



## GOVERNING BODY

<b>Agenda Item No.</b>	<b>16</b>
<b>Reference No.</b>	<b>IESCCG 19-10</b>
<b>Date.</b>	<b>22 January 2019</b>

<b>Title</b>	<b>Brexit Planning</b>
<b>Lead Chief Officer</b>	Amanda Lyes – Chief Corporate Services Officer
<b>Author(s)</b>	Colin Boakes – Governance Advisor
<b>Purpose</b>	To inform the Governing Body about health and social care planning for the UK exit from the European Union

<b>Applicable CCG Clinical Priorities:</b>	
1. To promote self care	
2. To ensure high quality local services where possible	✓
3. To improve the health of those most in need	
4. To improve health & educational attainment for children & young people	
5. To improve access to mental health services	
6. To improve outcomes for patients with diabetes to above national averages	
7. To improve care for frail elderly individuals	
8. To allow patients to die with dignity & compassion & to choose their place of death	
9. To ensure that the CCG operates within agreed budgets	

<b>Action required by Governing Body:</b>
To Note

## 1. Overview

1.1 There are on-going plans being developed, for a potential “no-deal” exit from the EU, which would take effect on 29 March 2019. A scenario in which the UK leaves the European Union (EU) without agreement (a ‘no deal’ scenario) is becoming a more likely event. Whilst the Parliamentary meaningful vote on the EU Withdrawal Agreement was delayed until 15 January 2019, the Department of Health and Social Care (DHSC) published EU Exit Operational Readiness Guidance on 21 December 2018, this having been developed and agreed with NHS England & NHS Improvement.

1.2 The key risks for the system are the following.

- Retention of EU workforce in a no deal scenario
- Loss of specialist and unskilled labour especially impacting the carer workforce
- Legal changes to data framework in a no deal scenario
- Failure or disruption to critical suppliers for drugs, vaccines, clinical and non-clinical supplies and services
- Administrative increases with an end to EU reciprocal healthcare provisions
- Increased demands on health and social care by British expatriates returning from EU countries
- Access to public service contracts
- Possible financial constraints on top of existing financial pressures within the NHS social care
- Political instability and what the implications of a change of Government might mean

1.3 It must also be noted, that any perceived opportunities following Brexit are at present extremely unclear and some way off given the uncertainties around a possible no deal scenario. As such, the health and social care community are expected to focus upon the very real risks and how these might be mitigated.

## 2. Background

2.1 A referendum took place on Thursday 23 June 2016, to decide whether the UK should leave or remain in the European Union. Leave won by 51.9% to 48.1%. The referendum turnout was 71.8%, with more than 30 million people voting. Since then the UK Government has been in negotiations with the EU to agree a deal on what the future UK relationship will be. On 15 January 2019 Parliament will vote on the current proposed EU Withdrawal Agreement. Parliamentary approval remains extremely uncertain and what could follow a defeat, even more so.

## 3. Current Status

3.1 Over recent months the DHSC has been in correspondence with individual Trusts regarding the impact on their procurement contracts in the likely/unlikely event of a no deal scenario with the EU. Organisations are working collaboratively with their Local Resilience Forums (LRF) and are sharing information. Suffolk LRF held a further workshop on Brexit on the 5<sup>th</sup> December 2018. Given that EU no deal exit remains a significant possibility, the DOHC published **EU Exit Operational Readiness Guidance** on 21 December 2018. This lists the actions that providers and commissioners of health and care services in England should take if the UK leaves the EU without a ratified deal and aims to ensure organisations are prepared for and can manage the risks in such a scenario.

- 3.2 The guidance also includes a number of action cards, one of which is for healthcare commissioners, including CCGs and STPs, a copy of which is attached to this paper.
- 3.3 The CCG has also produced an action log to monitor compliance. A copy of this is also attached.

#### **4. Central Guidance**

- 4.1 The EU Exit Operational Readiness Guidance has been sent to all health and care providers, including adult social care providers, to ensure the health and care system as a whole is prepared. A further letter has also been sent in parallel to local authorities and adult social care providers to address specific adult social care issues.
- 4.2 In preparation for a 'no deal' exit, DHSC, with the support of NHS England and Improvement, and Public Health England, has set up a national Operational Response Centre. This will lead on responding to any disruption to the delivery of health and care services in England that may be caused or affected by EU exit. The Operational Response Centre will co-ordinate EU exit-related information flows and reporting across the health and care system. The Operational Response Centre will also work with the devolved administrations to respond to UK wide incidents.
- 4.3 The Operational Response Centre has been established to support the health and care system to respond to any disruption, and will not bypass existing local and regional reporting structures.
- 4.4 Working closely with the Operational Response Centre, NHS England and Improvement will also establish an Operational Support Structure for EU exit. This will operate at national, regional and local levels to enable rapid support on emerging local incidents and escalation of issues into the Operational Response Centre as required.
- 4.5 Contact details for the regional EU exit lead for the East of England is: [England.eoe-euexit@nhs.net](mailto:England.eoe-euexit@nhs.net)
- 4.6 Commissioners are required to nominate their organisation's Senior Responsible Officer for EU exit preparation and identify them to the regional EU exit team as soon as possible. It is noted that this role should be held by a board level member and will entail providing information returns to NHS England and Improvement, reporting emerging EU exit-related problems, and ensuring organisations have updated business continuity plan to factor in all potential 'no deal' exit impacts. Organisations are also expected to identify named staff to work in a team with the Senior Responsible Officer to support EU exit preparation, implementation and incident response.
- 4.7 As set out on the Commissioners' Action Card attached, there is a requirement, in addressing local EU exit readiness preparations to:
- 4.7.1 Undertake an assessment of risks associated with EU exit by the end of January 2019, covering, but not limited to:
- The seven key areas identified nationally:
- Supply of medicines and vaccines
  - Supply of medical devices and clinical consumables
  - Supply of non-clinical consumables, goods and services
  - Workforce
  - Reciprocal healthcare
  - Research and clinical trials

- Data sharing, processing and access.

4.7.2 Potential increases in demand associated with the wider impacts of a 'no deal' exit.

4.7.3 Locally specific risks resulting from EU exit.

4.8 Continue business continuity planning in line with your legal requirements under the Health and Social Care Act 2012, including taking into account the guidance and working with wider system partners to ensure plans across the health and care system are robust. These organisational and system-wide plans should be completed at the latest by the end of January 2019.

4.9 Support providers to test existing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure these are fit for purpose.

4.10 In order to ensure completion of all the necessary actions, the CCG has produced an action log.

## **5. Local Preparedness**

5.1 Organisations are currently working through the potential risks and mitigations and completing the relevant returns back the DHSC. Some organisations have formed their own working groups to ensure business continuity plans are reviewed and to highlight those areas of high impact. Existing plans are already in place in the unlikely event of any public disorder incidents, where mutual aid would or mass casualty scenarios occur. A Brexit no deal scenario is forming part of the Local Resilience Forum agenda in Suffolk in considering the planning of some exercises to test the system resilience. The last workshop meeting was on the 5 December 2018 and there is an indication that the Suffolk LRF Executive will conduct monthly telephone conference calls to track intelligence and associated actions. These may occur at short notice.

## **6. Local Actions**

6.1 Suffolk has formed a Brexit workshop hosted by the local authorities. The Suffolk CCG Director of Corporate Services along with other system colleagues will continue to attend the monthly meetings in order to share intelligence with the wider system.

6.2 Completing the necessary actions set out in the Commissioners' Action Card and within the required timescales and ensuring that all items within the consequent CCG Action Log are completed.

6.3 Continuing to work collaboratively across the system using existing governance forums (LRFs) to share and plan for a Brexit no deal scenario. As regards Essex, their LRF group are taking parallel steps in their preparation, with ESNEFT and North East Essex CCG attending those meetings.

6.4 The STP Board is to support any arrangements around system exercising on business continuity plans and Brexit contingencies, through the LRF forum.

6.5 Continuing with consistent reassuring messages to colleagues who originate from outside of the UK, that their contribution is highly valued and appreciated.

6.6 The UEC lead for the STP (under the direction of the Chief Corporate Services Officer) making contact with system wide nominated colleagues to test assumptions and share intelligence.

6.7 All on call managers in the system appropriately briefed through their own organisational resilience teams on any emerging intelligence and business continuity plans.

7. **Patient and Public Engagement (if appropriate)**

Not applicable.

8. **Recommendation**

8.1 The Governing Body is requested to note the Brexit planning update with any further developments following the meaningful vote on 15 January to be provided as an additional verbal report.

## EU NO-DEAL EXIT OPERATIONAL READINESS ACTION LOG

ACTION No	ACTION DETAIL	RESPONSIBLE PERSON(S)	DUE BY	UPDATES
1.	Undertake an assessment of risks associated with EU Exit covering, but not limited to: <ul style="list-style-type: none"> <li>• The seven key areas identified nationally (see action card)</li> <li>• Potential increases in demand associated with the wider impacts of a 'no deal' exit</li> <li>• Locally specific risks resulting from EU Exit</li> </ul>	Amanda Lyes Richard Watson Maddie Baker Woods Kate Vaughnton Lisa Nobes	<b>31/01/19</b>	
2.	Support providers to test existing business continuity and incident management plans against EU Exit risk assessment scenarios to ensure these are fit for purpose	Chris Chapman	<b>28/02/19</b>	
3.	Ensure COT, Clinical Executives & Governing Bodies are sighted on EU Exit preparation	Amanda Lyes	<b>31/01/19</b>	
4.	Explanatory papers to Clinical Executives & Governing Bodies	Amanda Lyes	<b>31/01/19</b>	
5.	Takes steps to raise awareness amongst staff	Amanda Lyes Isabel Cockayne	<b>31/01/19</b>	
6.	Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019.	Chris Chapman Darren McGuire	<b>28/02/19</b>	
7.	Confirm CCGs Senior Responsible Officer for EU Exit preparation	Amanda Lyes	<b>11/01/19</b>	<b>Completed</b>

8.	Identify named staff to work in a team with the Senior Responsible Officer to support EU Exit preparation, implementation and incident response.	Amanda Lyes Chris Chapman	31/01/19	
9.	Attendance at meeting with Chief Pharmaceutical Officer with Chairs of regional hospital & CCG Chief Pharmacist networks	Lisa Nobes	January 2019 Exact date TBA	
10.	Ensure providers publicise the EU Settlement Scheme to their health and care staff that are EU citizens, and support them to apply for the scheme	Amanda Lyes Giles Turner	28/02/19	
11.	Monitor the workforce impacts of EU Exit in primary and secondary care providers' business continuity plans and highlight risks to <a href="mailto:WorkforceEUExit@dhsc.gov.uk">WorkforceEUExit@dhsc.gov.uk</a> .	Amanda Lyes Giles Turner	28/02/19	
12.	Publicise the EU Settlement Scheme to CCG staff who are EU nationals and actively support them to apply for the scheme when it opens in March 2019.	Amanda Lyes Giles Turner	28/02/19	Completed
13.	Monitor the impact of EU Exit on CCG workforce regularly and update local business continuity plans as necessary	Amanda Lyes Giles Turner	Ongoing	
14.	Inform relevant CCG staff and healthcare providers that EU/EEA & Swiss health and care professionals whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point	Amanda Lyes Giles Turner	28/02/19	
15.	Inform relevant CCG staff and healthcare providers that EU/EAA & Swiss health and care professionals who apply to have their qualification recognised in the UK before	Amanda Lyes Giles Turner	28/02/19	

	23:00 on 29 March 2019, will have their application concluded under current arrangements			
<b>16.</b>	Investigate the CCGs reliance on transfers of personal data from the EU/EEA to the UK, especially those that are critical to patient care and/or would have a serious impact upon the system if they were disrupted	Amanda Lyes Paul Cook	<b>28/02/19</b>	
<b>17.</b>	Ensure that data and digital assets are adequately protected, by completing the annual <a href="#">Data Security and Protection Toolkit</a> assessment. This self-audit of compliance with the 10 Data Security Standards is mandatory, to be completed by end March 2019	Amanda Lyes Paul Cook	<b>28/02/19</b>	
<b>18.</b>	Record costs (both revenue and capital) incurred in complying with the guidance. Costs with a direct financial impact should be recorded separately to opportunity costs & be discussed with the regional NHS EU Exit support team	Jane Payling	<b>Ongoing</b>	

## Card 2 – Action Card for Commissioners

### Role

In addition to current responsibilities, commissioners – including Clinical Commissioning Groups, Primary Care Commissioning and specialised commissioning – should ensure that their contracted health and care services are ready to manage the risks arising in a ‘no deal’ exit.

Commissioners should continue with their business continuity planning, taking into account the instructions in this national guidance, incorporating local risk assessments and escalating any points of concern on specific issues to the relevant mailboxes.

Commissioners should also liaise with providers of services that they commission, to ensure they are taking account of the actions for providers outlined in this guidance. EU Exit and its implications on health and care services should be discussed at commissioner board level on a regular basis to ensure sufficient oversight.

### Actions for Commissioners

#### Local EU Exit readiness preparations

##### ***Risk assessment and business continuity planning:***

- Undertake an assessment of risks associated with EU Exit by the end of January 2019, covering, but not limited to:
  - The seven key areas identified nationally and detailed below.**
  - Potential increases in demand associated with the wider impacts of a ‘no deal’ exit.**
  - Locally specific risks resulting from EU Exit.**
- Continue business continuity planning in line with your legal requirements under the Health and Social Care Act 2012, including taking into account this guidance and working with wider system partners to ensure plans across the health and care system are robust. These organisational and system-wide plans should be completed at the latest by the end of January 2019.
- Support providers to test existing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure these are fit for purpose

## ***Communications and escalation***

All commissioners to:

- Ensure your board is sighted on EU Exit preparation and take steps to raise awareness amongst staff.
- Ensure Local Health Resilience Partnerships, Local Resilience Forums and Local A&E Delivery Boards are sighted on EU Exit preparation in your local health economy.
- Be ready for further operational guidance from NHS England and Improvement as contingency planning work progresses.
- Review capacity and activity plans, as well as annual leave, on call and command and control arrangements around the 29 March 2019.

NHS commissioners to:

- Confirm escalation routes for different types of issues potentially arising from or affected by EU Exit, into the regional NHS EU Exit teams listed in this document.
- Note your nominated regional NHS lead for EU Exit and their contact details (included in the overview at page 5).
- Escalate any issues you have identified as having a potentially widespread impact immediately to your regional EU Exit team.
- Confirm your organisation's Senior Responsible Officer for EU Exit preparation and identify them to your regional EU Exit team as soon as possible. This role should be held by a board level member and will entail providing information returns to NHS England and Improvement, reporting emerging EU Exit-related problems, and ensuring your organisation has updated its business continuity plan to factor in all potential 'no deal' exit impacts. Organisations should also identify named staff to work in a team with the Senior Responsible Officer to support EU Exit preparation, implementation and incident response.

## ***Reporting, assurance and information***

NHS commissioners to:

- Be aware that if additional reporting is required, NHS England and Improvement will provide further guidance on requirements. However, existing reporting from NHS

organisations will be used to develop a baseline assessment of the EU Exit impact on the health and care system.

- Note that regional NHS EU Exit teams will be in contact shortly to confirm your progress on these actions.
- For queries relating to specific topics areas in this guidance, please contact the relevant departmental mailboxes. Any immediate risks or concerns about provision of NHS service continuity should be escalated to the relevant regional NHS EU Exit mailbox.

## Supply of medicines and vaccines

- Promote the Secretary of State's [message](#): healthcare providers should not stockpile medicines beyond their business as usual stock levels, and no clinician should write longer prescriptions for patients. The Department's UK-wide contingency plan for the supply of medicines and vaccines is being developed alongside pharmaceutical companies and other government departments.
- Advise providers that there is no need to contact suppliers of medicines directly.
- Ensure providers are encouraging staff to reassure patients that they should not store additional medicines at home as the Government is working with industry to ensure a continued supply of medicines from the moment we leave the EU.
- Inform providers that Chief and Responsible Pharmacists are responsible for ensuring their organisation does not stockpile medicines unnecessarily. Any incidences involving the over-ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.
- Inform providers that the Department and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines.
- Be aware that the UK-wide contingency plan for medicines and vaccines is kept under review, and the Department will communicate further guidance as and when necessary.
- Share letters from the Department aimed at an NHS and wider health and care provider audience (such as the third sector, private sector and home care).

- Note that the Department has engaged directly with specialist commissioning leaders about prisons and defence. This is to address their specific needs and concerns relating to medicine supply.
- Continue to report current shortage issues and escalate queries for medicine supply issues unrelated to current shortages through existing regional communication channels.

Regional pharmacists and emergency planning staff to:

- Meet at a local level to discuss and agree local contingency and collaboration arrangements. The Chief Pharmaceutical Officer will hold a meeting with the chairs of regional hospital and CCG Chief Pharmacist networks (and representatives of private hospital Chief Pharmacists) in January 2019 to help inform local plans.

### **Supply of medical devices and clinical consumables**

- Note that there is no need for health and adult social care providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels. Officials in the Department will continually monitor the situation and if the situation changes, we will provide further guidance by the end of January 2019.
- Send queries about medical devices and clinical consumables provided by NHS Supply Chain to your usual contact. If you receive medical devices and clinical consumables from other suppliers, you should contact them directly with any queries as you would normally do.
- Be aware that the contingency plan is kept under review, and the Department will communicate further guidance as and when necessary.
- Send queries regarding medical devices and clinical consumables to [mdcc-contingencyplanning@dhsc.gov.uk](mailto:mdcc-contingencyplanning@dhsc.gov.uk).

### **Supply of non-clinical consumables, goods and services**

- Be aware that the Department is conducting supply chain reviews across the health and care system, and work is in progress to identify risk areas specific to primary care, adult social care and public health services.

Continue commercial preparation for EU Exit as part of your usual resilience planning, addressing any risks and issues identified through your own risk assessments that need to be managed locally.

- Check your providers continue to update their local business continuity plans to ensure continuity of supply in a 'no deal' scenario.
- Await further advice from the Department on where actions should be taken locally by commissioners and providers of NHS-commissioned services.

## **Workforce**

- Ensure healthcare providers that deliver your commissioned services publicise the EU Settlement Scheme to their health and care staff that are EU citizens, and support them to apply for the scheme.
- Monitor the workforce impacts of EU Exit in your primary and secondary care providers' business continuity plans and highlight risks to [WorkforceEUExit@dhsc.gov.uk](mailto:WorkforceEUExit@dhsc.gov.uk).
- Ensure your providers' board-approved business continuity plans include workforce planning.
- Assess whether your organisation has incurred a reduction in the number of EU nationals in your workforce before the UK leaves the EU.
- Publicise the EU Settlement Scheme to your staff who are EU nationals and actively support them to apply for the scheme when it opens in March 2019. Further information can be viewed [here](#).
- Monitor the impact of EU Exit on your own workforce regularly, and update your local business continuity plans as necessary.
- Send workforce queries to [WorkforceEUExit@dhsc.gov.uk](mailto:WorkforceEUExit@dhsc.gov.uk)

## ***Professional regulation (recognition of professional qualifications)***

- Inform your staff and healthcare providers that health and care professionals (including UK citizens), whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point.

- Inform your staff and healthcare providers that health and care professionals (including UK citizens), who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements.
- Await further information from the Government on the future arrangements for health and care professionals (including UK citizens) with an EU/EEA or Swiss qualification, who apply to have their qualification recognised in the UK from 23:00 on 29 March 2019.

## Reciprocal healthcare

- Note that, in a 'no deal' scenario, the current arrangements for reciprocal healthcare and for overseas visitors and migrant cost recovery will continue to operate until 29 March 2019, depending on the reciprocal agreements that are concluded.
- Inform NHS Trusts and Foundation Trusts that they should continue to maintain a strong focus on correctly charging those who should be charged directly for NHS care.
- Note that the Department will provide updates and further information in due course. This information will cover migrant cost recovery charging after 29 March 2019 to enable NHS Trusts and Foundation Trusts to amend processes and train staff if reciprocal healthcare arrangements change.

## Research and clinical trials

- Note that the Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes the payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after Exit, until the end of 2020.
- Ensure your providers who receive Horizon 2020 grants input basic information about their awards into a portal, which can be accessed [here](#), as soon as possible. Further guidance can be found [here](#) and all queries should be sent to [EUGrantsFunding@ukri.org](mailto:EUGrantsFunding@ukri.org).
- Ensure your providers who receive Third Health Programme grants contact officials at [EU-Health-Programme@dhsc.gov.uk](mailto:EU-Health-Programme@dhsc.gov.uk) with information regarding their awards and any queries that they have, as soon as possible.

## **Clinical trials and clinical investigations**

- Support your providers to respond to the Department's comprehensive assessment of the expected impact of a 'no deal' exit on clinical trials and investigations. The Department is working closely with the NHS to gain a greater understanding of who might be affected by supply issues.
- Support your providers who run clinical trials or investigations in the UK to consider their supply chains for those IMPs, medical devices, in vitro diagnostic devices, advanced therapy medicinal products, radioisotopes and other clinical consumables which come from, or via, the EU or EEA as soon as possible. Providers should contact relevant trial Sponsors, and if multiple sites are involved within the UK, then co-ordinate with the lead site or Chief Investigator in the UK, or organisation managing the clinical trial/investigation, e.g. Clinical Research Organisation, to ensure a single approach to the Sponsor.
- Support your providers to participate in and/or recruit to clinical trials and investigations up to and from 29 March 2019. This should occur unless providers receive information to the contrary from a trial Sponsor, organisation managing the clinical trial or investigation, or from formal communications that a clinical trial or clinical investigation is being impacted due to trial supplies.
- Send queries concerning IMPs or medical devices to [imp@dhsc.gov.uk](mailto:imp@dhsc.gov.uk).

## **Data sharing, processing and access**

- Investigate your organisation's reliance on transfers of personal data from the EU/EEA to the UK, especially those that are critical to patient care and/or would have a serious impact upon the system if they were disrupted.
- Note that many organisations tend not to disaggregate personal and non-personal data. As such, please be aware that restrictions on personal data may have knock-on effects on data more generally.
- Follow the advice from The Department for Digital, Culture, Media and Sport and the ICO on data protection in a 'no deal' scenario, which can be viewed on [gov.uk](http://gov.uk) and on the ICO [website](#), in particular to determine where to use and how to implement standard contractual clauses.
- Ensure that your data and digital assets are adequately protected, by completing your annual [Data Security and Protection Toolkit](#) assessment. This self-audit of compliance with the 10 Data Security Standards is mandatory, to be completed by end March 2019, but early completion will enable health and adult social care organisations more time to identify and quickly address any vulnerabilities.
- Await further guidance, which will be issued to health and care providers in due course. Assistance will also be available through webinars in early 2019.

## Finance

- Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact should be recorded separately to opportunity costs. Commissioners should discuss these costs with their regional NHS EU Exit support team. Feedback from commissioners will inform decisions on whether further guidance on cost collection is required.

## Queries

For queries relating to specific topics areas, commissioners should contact the departmental mailboxes listed in this guidance:

- Medicine shortage queries should be raised by business as usual routes
- Medical devices and clinical consumables to [mdcc-contingencyplanning@dhsc.gov.uk](mailto:mdcc-contingencyplanning@dhsc.gov.uk).
- NHS Trusts and Foundation Trusts' self-assessment on non-clinical consumables, goods and services to [contractreview@dhsc.gov.uk](mailto:contractreview@dhsc.gov.uk).
- Workforce to [WorkforceEUExit@dhsc.gov.uk](mailto:WorkforceEUExit@dhsc.gov.uk).
- Third Health Programme grants to [EU-Health-Programme@dhsc.gov.uk](mailto:EU-Health-Programme@dhsc.gov.uk).
- [Horizon 2020 grants to EUGrantsFunding@ukri.org](mailto:Horizon2020grants@ukri.org)
- IMPs or clinical devices to [imp@dhsc.gov.uk](mailto:imp@dhsc.gov.uk).

Any immediate risks or concerns relating to continuity of NHS service provision should be escalated to the relevant regional NHS EU Exit mailbox.