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To: Len Duvall AM, Chair of the EU Exit Working Group
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15th March 2019

Dear Len

Re: EU Exit Working Group Meeting – 13 February 2019

I'd like to thank you for the opportunity to share with you the status of London regional NHS preparations for EU Exit at the London Assembly EU Exit Working group on 13th February 2019. It is encouraging to hear in your letter of 27 February that the meeting was found to be useful for the Members.

At the meeting I was asked to provide some more information on three points:

1. The analysis that Health Education England (HEE) has undertaken on the potential medium-term impact of EU Exit on the NHS workforce;
2. How many weeks' worth of medicines and medical supplies are stored routinely for general national supply issues, in comparison to the six weeks' worth of supplies planned for the period after the UK exits the European Union; and
3. The national list of priority medicines identified by the Department for Health and Social Care (DHSC)

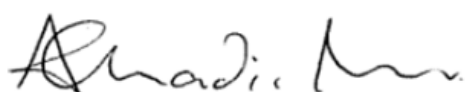
Please find below information relating to these aspects.

1. The analysis that Health Education England (HEE) has undertaken on the potential medium-term impact of EU Exit on the NHS workforce:
 - Planning for EU Exit has been a key priority for Health Education England, and has been a focal point for the London Workforce Board. Twenty-six percent of London's healthcare workforce is from overseas; comprising 12% EU and 14% from the rest of the world (ROW). Almost half (47%) of all overseas staff that work in the NHS across London are adult nurses or nursing support staff.
 - Most NHS professions rely on ROW workforce more than on EU, but there are a few exceptions:
 - Midwifery workforce includes 13% from the EU but only 7% from the ROW. The current workforce is stable.
 - Psychotherapists: 14% are from the EU and 4% from the ROW.
 - Available information suggests that there is stability and only a low risk to the medical workforce from EU Exit.
 - Initial work on scenario planning has focused on adult nursing because it is a key profession in shortage since 2015 and which is comprised, on average, of 17% EU staff for London.
 - Outside of the NHS the largest workforce impact is likely to be on social care staff (14% of the social care workforce in London are EU nationals), and this may materialise more quickly than impacts on nursing, with the potential to have significant knock-on impact on health services.
 - London trusts maintain detailed information on their workforce to enable them to undertake specific monitoring and planning where they see any potential issues.

- Any workforce impacts are unlikely to be at the point of EU Exit but may occur in the medium to long term future as a result of sustained attrition across healthcare professions.
 - The NHS Regional offices are supporting mitigating activity that is underway at varying levels across NHS organisations in London. Examples include:
 - Ongoing engagement with key stakeholders
 - EU Exit support groups at Trust level
 - Joint international recruitment across Sustainability and Transformation partnerships (STPs)
 - Some Trusts (large teaching hospitals mainly) are paying for settlement rights in advance of them being waived
 - HEE reviewing international recruitment at scale
2. How many weeks' worth of medicines and medical supplies are routinely stored for general national supply issues, in comparison to the six weeks' worth of supplies planned for the period after the UK exits the European Union
- These decisions would not be taken by the NHS. The quantity of stock held for routine supply depends on each individual supplier/manufacturer and the product area/medicines market. Each individual manufacturer therefore determines their routine business as usual stock holding.
3. The national list of priority medicines identified by the Department for Health and Social Care
- Whilst there is no specific list as such, the Department of Health and Social Care (DHSC) has analysed the supply chain for medicines, including radioisotopes and vaccines, which identified those products imported from the EU and the European Economic Area (EEA).
 - The stockpiling programme is for medicines and medical products that would require a prescription or that you would usually get under supervision from a pharmacist, and that are either made in the EU or contain ingredients or components that are made in the EU.

I hope that this provides sufficient information on the items requested and I look forward to continuing to work with the London Assembly going forward.

Kind regards.



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