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Dear health and social care colleague

UK:EU Trade and Cooperation Agreement and the Government's preparations for end of the EU transition period

I am writing to the health and social care sectors to provide an update on the UK:EU Trade and Cooperation Agreement and Government's preparations for the end of the transition period on 31st December 2020.

The deal is fantastic news for families and businesses in every part of the UK. We have signed the EU's first free trade agreement based on zero tariffs and zero quotas. It represents the biggest bilateral trade deal signed by either side, covering trade worth £668 billion in 2019.

It is also excellent news for the health and care system. It means we will continue to benefit from reciprocal healthcare arrangements – including EHIC style arrangements covering necessary healthcare - when travelling to Europe. It also signals opportunities across regulation and procurement, as well as continued close cooperation on areas such as medicines, health security and professional qualifications.

We will now work at pace to introduce the Future Relationship Bill in Parliament on 30th December so that our new relationship with the EU is in place on 1st of January 2021.

There will still be changes when the transition period ends on 31st December 2020 and we leave the Single Market and Customs Union. Along with other government departments, the Department of Health and Social Care's preparations for the end of the transition period have been taking place alongside our response to Covid-19 and winter pressures.

Every single person who works in health and social care has faced unprecedented challenges this year, which will continue through these winter months. I want to thank you for your dedication and reassure you that we are prepared for any temporary disruption we may see in the new year, as we leave the EU and make the most of the new opportunities open to us.

Continuity of Supply

The Department set out its plans and preparations on 3rd August (updated on 17th November) for a 'multi-layered approach' to help ensure continuity of medical supplies for the UK at the end of the transition period. This included a request of suppliers, where possible, to ensure a target level of six weeks' total stock on UK soil, understanding that a flexible approach to preparedness may be required that considers a mixture of stockpiling and re-routing plans as necessary. The plan also includes arrangements for the air freight of medicines with short shelf-lives, such as medical radioisotopes, if required.

We have been working in partnership with industry to help ensure they are ready for any changes they might need to make to their supply routes, have the right documentation ready and they are aware of regulatory changes. These plans have been tested as a result of recent disruption in Kent, where we continue to work with industry to monitor the situation and help ensure the continued supply of medicines and medical products to patients.

We have been assessing contract risks in the broader NHS and social care, and are working with suppliers to help ensure adequate mitigations are in place for non-clinical goods and services (e.g. hospital food, laundry, IT contracts etc).

If patients, service users, or their relatives are concerned about disruption to medical supplies, you should feel confident in telling them the government has plans in place to help ensure a continued supply of medical goods. Patients should continue to order their prescriptions as normal.

Adult Social Care providers should also continue to order medicines, medical products and any non-clinical goods as normal. For PPE, you should continue to get Covid-19 PPE via the PPE Portal. You should allow more time for non-clinical goods to arrive – an extra 72 hours where you rely on 'just in time' supply chains.

If everyone – including the Government, suppliers, freight companies, international partners, and the health and care system – takes the necessary steps, this will help ensure an uninterrupted supply of medicines and medical products.

Given the significant amount of work that has already been done, and what is planned over the next few months, I am confident this gives a clear basis for the health and care sector, and the life sciences industry, to deliver services so that citizens can continue to receive high quality care, and that we can continue to build on our new relationship with the EU.

Reciprocal Healthcare

The agreement we have reached with the EU ensures that UK residents will continue to have access to emergency and necessary healthcare when they travel to the EU, operating like the European Health Insurance Card (EHIC) scheme, from 1st January 2021.

Our new UK Global Health Insurance Card (GHIC) will be available from the new year in recognition of the new agreement with the EU, replacing the existing EHIC. However, people will still be able to use their EHIC after 1st January 2021 when travelling to the EU, as current cards will remain valid until their expiry date. Those travelling to the UK from the EU will also be able to continue to use their EHICs.

Planned healthcare arrangements will continue; and eligible pensioners, frontier workers and certain other groups – and their family members - will continue to benefit from reciprocal healthcare arrangements covering their healthcare costs. Providers should continue to use the processes already in place to recover these costs from Member States.

With the ending of free movement, EU citizens who move to the UK from 1st January 2021 for more than six months will be subject to immigration control and pay the immigration health surcharge as part of any visa application. However, certain groups, where a Member

State continues to cover their healthcare costs in full, will be able to seek reimbursement of the surcharge. Short-term visitors to the UK who are not covered by the new UK-EU agreement on reciprocal healthcare, including former UK residents, may be charged for NHS treatment.

Health Security and Science

The agreement with the EU will support effective arrangements and information sharing between the UK and the EU in the event of a serious cross border threat to health, which is particularly important in the context of Covid-19. The agreement enables the UK to request access to the EU's Early Warning and Response System in respect of a serious crossborder health threat so that the UK, the EU institutions and EU Member States can exchange information and coordinate measures to protect public health. The agreement also makes provision for cooperation on scientific and technical matters between the UK and the European Centre for Disease Prevention and Control (ECDC).

The Government has also put in place measures to manage the other potential implications of EU Exit for the health and care sector, including the continuing of research funding, and support for pan-European clinical and research collaborations.

Data

The agreement includes a provision to provide for the continued free flow of personal data from the EU and EEA EFTA States to the UK until adequacy decisions are adopted, and for no longer than six months.

The UK has, on a transitional basis, deemed the EU and EEA EFTA States to be adequate to allow for data flows from the UK. Our advice remains to maintain, or to continue to put in place, alternative transfer mechanisms to mitigate against any disruption to data flows in the future.

Professional Qualifications and other preparatory activity

Finally, the agreement we have reached provides professional regulators (e.g. the General Medical Council and the Nursing and Midwifery Council) with the opportunity to cooperate with EU equivalents to agree a process for recognising professional qualifications in one another's territories and form a Mutual Recognition Agreement (MRA). This allows regulators, once our two-year standstill period comes to an end, the flexibility to negotiate MRAs or use existing third country recognition routes to recognise EU qualifications.

Further Information

For updates on this, and other health-related issues, please visit gov.uk where key

information will be collated.

EDWARD ARGAR MP