



The Scottish Parliament  
Pàrlamaid na h-Alba

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Via email only

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Dear Cabinet Secretary

The Health and Sport Committee has asked me to write to you regarding the Scottish's Government's (SG) preparations in the case of 'no-deal' exit of the European Union. In particular the Committee are interested in your position in relation to the actions suggested in Operation Yellowhammer which identify health and social care services, and food and water supplies as being at risk.

The Health and Sport Committee has taken a close interest in the Brexit implications for health and public health safety. In May 2018 we published a report setting out what we considered to be the main challenges. Those challenges still hold today:

- **Health & Social Care workforce:** The NHS and social care sector in Scotland has benefited from the EU Freedom of Movement principle which allows citizens to live and work in other countries without requiring permits and employs many workers from the EU and EEA countries. The UK government plans to end Free Movement in its current form when we exit the EU when additional restrictions will come into force for EU/EEA citizens. The

risk to current and future workforce shortages across various disciplines in the NHS and in social care remains high. The Committee believe this as an area of crucial importance to the safe running of our NHS and social care sector. We continue to hold the view Scotland needs to be able to impact its own immigration policy to allow us to satisfy our employment needs, in particular to fill positions in essential health and social care services. The First Minister stated within her letter to EU citizens living in Scotland on 5 April that

“...Although immigration is a reserved issue, as a nation, Scotland has a long history of welcoming people of all nationalities.... we do want all those who have made their lives here to be able to stay”.

How is the SG working with Health Boards and IJBs to ensure NHS and social care services will be able to continue safely, particularly in the short-term?

The Committee is also interested to know what more the SG is doing to secure the stay of all EU health and social care workers already living and working in Scotland. Please advise details of representations it has made to the UK government relating to powers to allow Scotland to fill essential positions.

- **Reciprocal healthcare:** As a member of the EU and the European Economic Area (EEA) the UK is party to several reciprocal healthcare arrangements. These allow our citizens to access healthcare services whilst visiting any EU Member for a period of less than three months providing they hold a European Health Insurance Card (EHIC). EHIC cardholders can access health services for free or at a low cost.

Reciprocal arrangements also allow for UK citizens residing in another member state to receive their state pension. In the event of no-deal, and the lack of any transitional arrangement, the Committee remains concerned about the detrimental impact to our citizens wishing to visit other Member States and to those citizens who have made their homes in other parts of the European Union. The Committee also believes there is a risk health and social services will become further stretched as citizens who reside in other Member States

return to Scotland to utilise health and social services they can no longer access in their country of residence. The UK has suggested that EHIC may not be valid if there is a no-deal exit and future cover will depend on arrangements with individual countries.

Can you update the Committee on proposals for bilateral arrangements in relation to health and social care services and what estimates has the SG made about the impact and cost to the NHS from citizens returning from overseas to receive health and social care?

- **Medicine and Medical Supplies:** The Operation Yellowhammer document of 2 August suggests in Point 6 of the key planning assumptions that:

“The reliance of medicines and medical products’ supply chains on the short straits crossing make them particularly vulnerable to severe extended delays; three-quarters of medicines come via the short straits.

Later in the same paragraph:

“Whilst some products can be stockpiled, others cannot due to short shelf lives – it will also not be practical to stockpile products to cover expected delays of up to six months.

What discussions have you had with the UK Government since August 2 to mitigate against the risk of shortages and what contingency plans are in place?

The regulation of medicines in the UK will change after our exit. Currently the European Medicines Agency (EMA), a centralised coordinated body, assesses and approves (or not) medicines across the EU. This avoids duplication at the national level, reduces national costs and also ensures the UK and other EU countries are priorities for the introduction of new drugs.

For medicines not assessed at the EU level, the UK has its own process for approval, led by the Medicines and Healthcare products Regulatory Agency (MHRA). Once MHRA grants approval it is then the responsibility of the Scottish Medicines Consortium (SMC) to assess how these medicines perform in Scotland. In the event of a no deal, can you explain to the Committee the process of medicines licensing in the UK?

The UK and SG's position is to agree a deal that would maintain regulatory alignment with EMA. What plans and what contingencies have been made to maintain the supply of medicines?

Similarly, the Committee remains very concerned that the withdrawal from EURATOM will result in delays to the UK receiving medical isotopes, subsequently delaying cancer and other treatments. What contingencies are in place to mitigate against this serious and life-threatening impact?

- **Food and Water:** Operation Yellowhammer sets out in its key assumption plans (point 7) that the availability of certain food stuffs may decrease due to delays to the flow of food imports, that food supply chains may be disrupted and that public water services could be put at risk due to failures in the chemical supply chain. Additionally, in February 2019 the Cabinet Secretary for Government Business and Constitutional Relations told Parliament about potential price increases:

“Studies by the British Retail Consortium and others suggest that, in the absence of a trade agreement between the UK and the EU, reversion to WTO tariffs for imports and exports could lead to significant price increases, particularly for food and drink. The Governor of the Bank of England has identified potential rises of five and ten per cent.”

Can you update on what plans are now in place to minimise the disruption to the flow imported goods, including food, food supply chains and chemical supply chains in Scotland?

Exiting the EU also impacts on the regulation of food and food labelling. As an EU member the European Food Safety Authority and the European Commission lead on this area. However, in the event of a no-deal exit the responsibility for making sure food is safe to eat and ensuring consumers know what they are eating falls to Food Standards Scotland. The Committee has taken evidence from FSS on their state of preparedness. In your view how prepared are they and what additional resources have been allocated to them to assist?

- **Research and Academia:** Scotland enjoys a strong reputation as a leader in health innovation and research. Funding from the EU, networks stretching across Member States and exchanges of academics all have had a positive and significant impact on this. The Committee is concerned research funding and collaborations will decrease on our exit. The SG has been making a strong case on the importance of funding and that Scotland remains an attractive area for innovation and research. We encourage the SG to continue to do this and would be interested to hear what schemes are planned to maintain current levels of funding into science and research.

Our exit from the EU also throws up several **domestic issues**. On leaving the EU many powers that were exercised at the EU level will be repatriated. Some of this will be reserved to Westminster (e.g. immigration, trade and competition policy) but many policies will fall within the legislative competence of the Scottish Parliament (e.g. health and social care). Is the SG satisfied there will be a smooth transition in repatriating powers in the event of a no-deal, i.e. is the governance robust enough and prepared to cope with an escalation of primary and secondary legislation, and what impact do you expect a no deal exit would have on the SG's legislative (and Committees') work programme?

In areas of health and social care where there is sense for UK common frameworks (e.g. blood safety, organs and tissues, data protection) the Committee urged the SG to press for frameworks mirroring those of the EU as closely as possible. The Committee strongly believes it is not in Scotland's interest for these to diverge. Can

you update on negotiations and plans in this area and indicate when you envisage the Committee considering drafts?

The Committee would be pleased if you could provide updates on the specific areas set out above, as well as a more general update on SG's exit preparations post-Operation Yellowhammer looking at risk, mitigating these risks and what support is being provided to public bodies, EU citizens residing in Scotland and businesses in the event of a no-deal scenario.

I would be grateful for a reply by Friday 18 October.

Yours sincerely



Lewis Macdonald  
Convener, Health and Sport Committee