Joint Committee on Health

Meeting

Wednesday 30th January 2019

Opening Statement

By

Mr John Hennessy
National Director Acute Strategy & Planning
Health Service Executive
Good morning Chairman and members of the Committee and thank you for the invitation to attend this meeting to discuss HSE Brexit preparedness. I am joined by my colleagues, Mr John Swords, National Director for Procurement, and Ms Paula Keon, Assistant National Director, EU & North/South Unit.

The HSE has been preparing for Brexit on the basis of a ‘central case’ scenario and a potential ‘worst case’ scenario i.e. a no deal Brexit, while at all times aware that negotiations are on-going to help ensure that the necessary transition arrangements are in place in order to maintain continuity of health services.

A HSE Brexit planning group has been in place since 2017 and has been working closely with the Dept of Health on a wide range of Brexit contingency planning and mitigating actions. The focus of this work has been on Brexit implications across the following key work-streams:

- Continuity of patient and client health services
- Cross Border and Frontier arrangements, including CAWT
- Emergency Health services (including ambulance transport )
- Public Health matters
- Environmental Health services
- Workforce issues and recognition of qualifications
- Continuity of supply of Goods and Services / Procurement arrangements

In relation to the continuity of patient services, the focus of the mitigation measures is on ensuring that Service Level Agreements (SLAs) and Memorandums of Understandings (MOUs) are in place where necessary. This applies to specific service areas such as emergency cross border arrangements, cardiac and cancer services, treatment abroad placements and Co-operation & Working Together (CAWT) arrangements.

The EU / North South Unit is working to ensure that services currently available to people living in border areas continue to be available post Brexit: -
e.g. Cardiology and Radiotherapy services at Altnagelvin, and the specialist cardiac services provided on an all Island basis for children at Our Lady’s Hospital, Crumlin.
Arrangements in relation to other specific areas of healthcare (e.g. paediatric organ transplant) services are progressing and agreements are being finalised with the relevant UK Hospitals to ensure continuity of service post Brexit (this includes Great Ormond Street Children’s Hospital).

In relation to Emergency services, the National Ambulance Services here and in NI are liaising closely to ensure service continuity and agreement with regard to operating procedures. There are two key MOU’s in place between the respective Ambulance Services. Firstly, a ‘Memorandum of Understanding on the Provision of Assistance in the Management and Resourcing of Emergency and Urgent Calls’ and secondly, an MOU with regard to “A Declared Major Incident Mutual Aid”, which joins both jurisdictions in the response to a major emergency.

The Environmental health service is engaged in on-going discussions with the Departments of Health and Agriculture in relation to the import and export of food-stuffs and the possible divergence of food regulations and controls. Additional resources have been made available in 2019 to strengthen the EHO service capacity in this regard, and the recruitment of additional posts is being expedited.

The Workforce implications of Brexit have been examined by the HSE HR department and the key risks such as mutual recognition of Qualifications and Training for professional staff have been analysed in detail in the context of free movement of health workers. The HSE is liaising closely with the respective Professional bodies and the Regulators with a view to facilitating the continuation of existing recognition arrangements.

With regards to the provision of Goods and Services (such as medical and surgical supplies and Medicines), the key risks in the short term relate to potential disruption and delay to supply chains. A joint working group between the HSE and HPRA technical staff is engaged in intensive work which involves the identification of suppliers of critical medicines and detailed follow-up in relation to specific medicines at risk. The key supply chain challenges in the short or immediate term are likely to be related to medicines with a short shelf life, refrigerated supply chains, compounded products and time critical logistics.

The HSE/HPRA group is liaising closely with Hospitals and Community Pharmacists to identify short, medium and long term concerns regarding the continued supply of drugs and any risks to such supply and the proposed mitigation of those risks.
This work is being done in close collaboration with the Pharmaceutical Industry and both hospital and community pharmacy stakeholders.

With regard to vaccines, a 2-3 months stock is held in the HSE National Cold Chain Service which, with the stock held by companies in Ireland, gives approximately 6 month supply to ensure the continuation of service delivery. I am joined by my colleague Mr John Swords who can provide you with further details in relation to continuity of supply of Goods and Services.

In terms of next steps, the HSE is continuing to work closely with service providers, suppliers and patient groups in relation to Brexit preparedness. This involves identifying, assessing and addressing the necessary contingency measures and actions required to maintain service continuity in the event of both an orderly or a disorderly Brexit.

The HSE is also continuing to work on awareness of Brexit implications among HSE and Health service staff generally, along with the HPRA, FSAI, key suppliers, and with patients and the public in consultation with the Department of Health.

This concludes my opening statement and together with my colleagues we will endeavour to answer any questions you may have.

Thank you.