

# Agenda – Y Pwyllgor Materion Allanol a Deddfwriaeth Ychwanegol

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Lleoliad: I gael rhagor o wybodaeth cysylltwch a:  
Ystafell Bwyllgora 2 – Y Senedd Rhys Morgan  
Dyddiad: Dydd Llun, 24 Medi 2018 Clerc y Pwyllgor  
Amser: 14.00 0300 200 6565  
[SeneddMADY@cynulliad.cymru](mailto:SeneddMADY@cynulliad.cymru)

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- 1 **Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau**  
(14.00)
- 2 **Papurau i'w nodi**  
(14.00–14.10)
  - 2.1 **Gohebiaeth gan Dr Richard Greville, Cymdeithas Diwydiant Fferyllol Prydain ynghylch yr ymchwiliad dilynol i sut mae Llywodraeth Cymru yn paratoi ar gyfer Brexit – iechyd a meddyginiaethau – 15 Awst 2018**  
(Tudalennau 1 – 3)
  - 2.2 **Gohebiaeth gan Adrian Greason–Walker, Cynghrair Twristiaeth Cymru ynghylch yr ymchwiliad dilynol i sut mae Llywodraeth Cymru yn paratoi ar gyfer Brexit – porthladdoedd – 30 Awst 2018**  
(Tudalennau 4 – 7)
  - 2.3 **Gohebiaeth gan Tina Donnelly, Coleg Nyrsio Brenhinol Cymru ynghylch yr ymchwiliad dilynol i sut mae Llywodraeth Cymru yn paratoi ar gyfer Brexit – iechyd a meddyginiaethau – 31 Awst 2018**  
(Tudalennau 8 – 32)
  - 2.4 **Gohebiaeth gan Nesta Lloyd–Jones, Confederasiwn GIG Cymru ynghylch yr ymchwiliad dilynol i sut mae Llywodraeth Cymru yn paratoi ar gyfer Brexit – iechyd a meddyginiaethau – 3 Medi 2018**  
(Tudalennau 33 – 50)



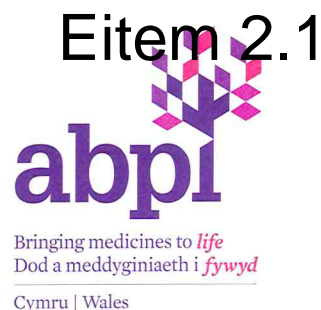
- 2.5 Gohebiaeth gan Robin Smith, Grŵp Cludo Nwyddau ar y Rheilffyrdd ynghylch yr ymchwiliad dilynol i sut mae Llywodraeth Cymru yn paratoi ar gyfer Brexit – porthladdoedd – 4 Medi 2018**  
(Tudalennau 51 – 52)
- 2.6 Gohebiaeth gan Anna Malloy, Porthladd Aberdaugleddau ynghylch yr ymchwiliad dilynol i sut mae Llywodraeth Cymru yn paratoi ar gyfer Brexit – porthladdoedd – 7 Medi 2018**  
(Tudalennau 53 – 57)
- 2.7 Gohebiaeth gan Liam Anstey, BMA Cymru Wales ynghylch yr ymchwiliad dilynol i sut mae Llywodraeth Cymru yn paratoi ar gyfer Brexit – iechyd a meddyginiaethau – 7 Medi 2018**  
(Tudalennau 58 – 60)
- 3 Cynnig o dan Reol Sefydlog 17.42 (vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod**  
(14.10)
- 4 Sut mae Llywodraeth Cymru yn paratoi ar gyfer Brexit? – ystyried yr ymatebion a gafwyd**  
(14.10–14.30) (Tudalennau 61 – 68)
- 5 Cymru yn y Byd: ymchwiliad i ymagwedd Llywodraeth Cymru tuag at faterion allanol – crynodeb rapporteur**  
(14.30–14.50) (Tudalennau 69 – 80)
- 6 Cymru yn y Byd: ymchwiliad i ymagwedd Llywodraeth Cymru tuag at faterion allanol – ystyried llythyr drafft**  
(14.50–15.10) (Tudalennau 81 – 84)
- 7 Blaenraglen waith**  
(15.10–15.30) (Tudalennau 85 – 93)

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David Rees AM  
Chair of the External Affairs and Additional Legislation Committee  
National Assembly for Wales  
Pierhead Street  
Cardiff, CF99 1NA

15<sup>th</sup> August 2018

Dear *MR REES,*

Thank you for the opportunity to comment further on Wales' preparedness for exiting the European Union in relation to medicines. As you noted in your letter, this is done amid ongoing negotiation between the UK Government and the European Union (EU), and the continued uncertainty about the eventual outcome. Any comment below should be seen in this light.

You have particularly requested our views on:

- the preparedness of the healthcare and medicines sector in Wales for the UK's departure from the EU;
- how the Welsh Government is leading efforts to prepare the Welsh healthcare and medicines sector for the UK's departure from EU, including contingency planning for a 'no deal'; and
- any other issues you would wish to bring to the attention of the External Affairs Committee.

We have outlined these below, under your headings. I hope that this is useful.

The Association of the British Pharmaceutical Industry (ABPI) represents innovative research-based biopharmaceutical companies, large, medium and small, leading an exciting new era of biosciences in the UK. Our industry, a major contributor to the economy of the UK, brings life-saving and life-enhancing medicines to patients. We represent companies who supply more than 80% of all branded medicines used by the NHS and who are researching and developing the majority of the current medicines pipeline, ensuring that the UK remains at the forefront of helping patients prevent and overcome disease.

**Tudalen y pecyn 1**



## **Preparedness of the healthcare and medicines sector in Wales for the UK's departure from the EU**

Since the day of the referendum result, the ABPI has been working with companies to understand the impact of the UK leaving the EU on the supply of medicines to patients. The priority for the pharmaceutical industry is to make sure patients across the whole of the UK and the EU experience no disruption to getting the medicines they need. Every month, 45 million patient packs of medicine move from the UK to the EU27, with 37 million packs moving in the other direction<sup>1</sup>.

The ABPI has been supporting companies to make all necessary preparations and have advised companies to prepare for all possible outcomes from the Article 50 negotiations, including the UK leaving the UK without a deal from March 2019. This includes underlining the importance of evaluating supply lines for individual products, particularly for products with complex supply lines and those with temperature control requirements, short shelf lives.

Each company is preparing in the best way possible that reflects their individual circumstances. For some companies, this means duplicating processes in both the UK and the EU to ensure that medicines can be made available in both the EU and the UK.

The ABPI has also been taking an approach of working closely with the UK Government, through both the UK EU Life Sciences Steering Group, and specific working groups on medicine supply, to prepare for the UK's exit from the European Union.

We have also carried out specific activity in Wales, working closely with our members and colleagues across the sector. This has included providing updates on discussions at a UK-level, when this has been appropriate. We have proactively participated in the *Welsh NHS Confederation Policy Forum Brexit Sub-Group*, which provided a briefing to Assembly Members in July 2018 (available from: <https://www.nhsconfed.org/media-centre/2018/07/impact-of-brexit-on-the-welsh-health-and-social-care-system>).

The ABPI's position continues to be that regulatory cooperation is essential in order to ensure that UK and EU patients have access to medicines and clinical research, and that the UK remains a leading force in life sciences. This is the best way to ensure that patients in the UK and Wales are able to continue to access the medicines they need after the UK's exit from the EU.

### **How Welsh Government is leading efforts to prepare the Welsh healthcare and medicines sector for the UK's departure from EU, including contingency planning for a 'no deal'**

ABPI Cymru Wales has met with the Welsh Government Health Department to discuss the issues facing the pharmaceutical industry as a result of the UK's departure from the EU. Our discussions included a very short discussion on supply chain issues - the outcome of which was that this was an issue that would need to be handled on a pan-UK basis, and covered a range of subjects that have the potential to adversely affect the work of our members.

We would encourage the Welsh Government to reach out to the UK Government's Department for Health and Social Care (DHSC) and the other Devolved Administrations, so

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<sup>1</sup> *EFPIA Brexit Survey*, <https://www.efpia.eu/media/288531/brexit-survey-outcome-08112017.pdf>



that contingency planning and delivery for the continued supply of medicines across the UK is co-ordinated and aligned.

**Any other issues you would wish to bring to the attention of the External Affairs Committee**

The draft Withdrawal Agreement sets out the terms of the implementation period that will operate between March 2019 and December 2020<sup>2</sup>. Agreement on the terms of the implementation period is dependent on agreement between the UK and EU on the overall Withdrawal Agreement. The terms of the draft Agreement indicate that the UK would have a very limited role in the European Medicines Agency (EMA) during the implementation period.

Article 123 indicates that ‘the UK shall not act as leading authority for risk assessments, examinations, approvals and authorisations at the level of the Union’ and that the UK may only ‘upon invitation, exceptionally attend meetings or parts of meetings or the committees’ in the event that a number of conditions are fulfilled.

The ABPI are seeking for a future relationship between the UK and the EU which is based on closer collaboration than that described in the draft Withdrawal Agreement. It is essential that the future relationship between the UK and the EU regarding medicines regulation is closer than that described for the implementation period.

I hope that the above is useful. Please do not hesitate to contact me if I can provide any further information or clarification.

Best Regards,

**Dr Richard Greville**  
**ABPI Director Wales and Supply Chain**

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<sup>2</sup> *Draft Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community*, [https://ec.europa.eu/commission/sites/beta-political/files/draft\\_agreement\\_coloured.pdf](https://ec.europa.eu/commission/sites/beta-political/files/draft_agreement_coloured.pdf)

# Eitem 2.2



## **Wales Tourism Alliance Consultation Response**

**'Inquiry into the implications of Brexit for Welsh and Irish ports  
additional questions'**

Response to:

External Affairs and Additional Legislation Committee:  
The National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Company No: 4449548

30/08/2018

## 1. The Wales Tourism Alliance

The Wales Tourism Alliance (WTA) is the recognised over-arching representative organisation for the tourism industry in Wales, liaising with and coordinating the views of all concerned and informing and working with Government at Westminster, Cardiff and at Local Authority levels.

The WTA also acts as an intermediary between Government and all involved in tourism, disseminating information to the industry via our member organisations and we work with colleagues in organisations in other parts of the UK.

The membership of the WTA includes sectoral, national, regional and local representative bodies comprising accommodation (hotels, guest houses, bed and breakfast establishments, holiday home parks, touring caravan and camping sites, hostels and self-catering cottages), attractions, activities, training and skills, tourism guides and transport.

The Wales Tourism Alliance is a pan-Wales umbrella group with member organisations resting within its general membership. This amounts to around 6000 working operators and means WTA contacts and representatives are now found in every part of Wales. A full list of our current members can be found at [www.wta.org.uk](http://www.wta.org.uk)

The WTA therefore works with and on behalf of operators ranging from major players to the micro-businesses that make up so much of the tourism industry.

## 2. WTA Response to the External Affairs and Additional Legislation Committee: inquiry into the implications of Brexit for Welsh and Irish ports additional questions

***-the preparedness of Welsh ports for the UK's departure from the EU and any observations you may have on the current state of play (when compared with the time of the Committee's original report publication);***

Firstly, we have a great deal of concern in relation to the debate in and between Govt. that there is now a high chance of a no deal Brexit scenario. There are obvious negative implications for Wales particularly given our location and the likely priority we will be given in the UK. The current situation is shaping up to be the 'perfect storm'.

The '24 No Deal Brexit Papers' for the main part are not tourism or indeed port related. Granted there are a number of papers that have tourism-related implications. These include Trading with the EU, but it is not inspiring reading.

We are concerned that there is now not enough time available for detailed analysis and planning and that there has been little or no reassurance from Welsh Government as to the negotiation/discussions going on with Westminster. The Welsh Government **appears** to be in a 'passive aggressive' mode with Westminster taking a 'not of our making stance'. This may not be the case of course and we hope it is not, but there needs to be a more open transparent demonstration as to the negotiations that are, perhaps, taking place? If indeed there is actually little or no negotiation going on, this is worrying, it may serve well in the party political world, but in actuality the voter will seek to punish politicians, of whatever party, if Brexit damages the

Welsh economy and it is found that negotiation was not occurring to at least minimize impact. We would like re-assurance that this is not the case?

One large area of concern out of many is the Irish market. It is one of our most important markets for inbound tourism. Incidentally, overseas spend is 17% down, 2017 figures over 2016. The Irish border question has in no way been resolved, again there appears to be no real moves to solve this question either from Westminster; Cardiff or indeed Brussels.

At the time of writing, (August 30<sup>th</sup>, 2018) we don't believe Wales is at all prepared. There has been a singular lack on information and direction given by WG, which we believe has caused much widespread frustration.

**- the proposals for new UK-EU customs arrangements;**

What proposals? A no deal, hard border option would be the worst possible option. Seamless travel - "no change, no delays, no inconvenience" is the best and preferred option. However, again the lack of information about customs arrangements is giving rise to conjecture. It would be helpful, particularly in terms of WG demonstrating some form of leadership, to disseminate information to transport operators through the provision of updates/ bulletins etc. Action is needed to allay fears and to provide reassurance.

We reiterate, the Customs Union and the European Travel Information and Authorisation System (ETIAS) pose risks for Welsh Ports and the tourism industry across Wales. It is not clear as to how the cruise ship market could be affected. Currently customs procedures are carried out at the cruise ship's first port of call (for example Southampton) with no further need for checks for ships undertaking "Round UK" tours. If border policies change, then additional checks will be needed with subsequent resource implications for all UK ports.

Again we continue to have an over-riding concern the lack of time available for detailed analysis of the issues and the negotiations that are required. These issues are complex and will require a great deal of examination and agreement between the UK and the EU. The resource implications are daunting. A tight detailed timetable needs to be agreed and qualified, experienced personnel need to be in place. The industry needs the re-assurance that Government can deliver.

**- how the Welsh Government is leading efforts to prepare Welsh ports for the UK's departure from the EU, including contingency planning.**

We continue to have concerns about Border Control, the recommendation we previously made about "Wales taking the lead" does not seem to have been acted upon. No action that we are aware of has been taken. It would seem that no lead has been given.

In Fishguard for example, no action or communication has been received from Cardiff. The WTA spoke with representatives from the port of Fishguard, who would appreciate clarification from Welsh Government on planning arrangements made to cover all possible negotiated outcomes. A comment was made that WG has NOT been in contact with the port and neither has the local authority, whose services may also be affected by new measures introduced at the port.

It is also unclear as to whether the Welsh Government has consulted with local authorities on the issue?



***- any other issues that you would wish to bring to the attention of the External Affairs Committee.***

In terms of tourism it has to be said that all Welsh ports differ. Again by example Fishguard has a far greater dependency upon tourist visitors than Holyhead. In respect of this particular consultation, it might be helpful to suggest classifying all ports in terms of usage and function and then carry out individual impact assessments -or action plans.

Tourists are already asking questions about travel arrangements for next year. People do book holidays in advance! Without any meaningful information available, it is not being alarmist to conclude that passenger volumes may fall which will impact upon all industry sectors. We could still maximise the exchange rate boost. In our 2017 Consultation Response we had anticipated there would be a boost overseas visitors to Wales, sadly the forecast made in light of the most recent IPS figures for last year has shown it actually reversed in terms of spending 17% down on the previous year. This heightens our concern that more has to be done in terms of investment and the need for Welsh Government to ensure, as a matter of priority, that arrangements at Welsh ports are in place to enable visitors and trade to flow freely.

Currently foot passengers can simply turn up to a ferry port, buy a ticket and depart with no need to produce a passport. Although this segment is relatively small, it is significant. Border checks or the tightening of borders may impact upon the spontaneity of travel movements, which would be regretful.

**Future Involvement of the Tourism Industry in Wales in This Process**

We would like to be part of any future consultation affecting policy on this important issue as it is certain that such future and further activity will impact on the tourism industry and the tourism/visitor economy in general.

***Adrian Greason-Walker  
Wales Tourism Alliance***

***30<sup>th</sup> August 2018***



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**Tina Donnelly CBE, TD, DL, FRCN,  
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RGN, RM, RNT, RCNT, Dip N, PGCE**  
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31 August 2018

David Rees AM  
Chair of the External Affairs and Additional Legislation Committee  
Ty Hywel  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

Dear David

**RE: Follow-up inquiry into how the Welsh Government is preparing for Brexit – health and medicines**

Thank you for your letter and invitation to respond to your Committee's follow-up inquiry into how the Welsh Government is preparing for Brexit. This is a vitally important issue and we are very pleased that the Committee is looking at it in detail. We outline our response to the specific areas of interest to you below.

***The preparedness of the healthcare and medicines sector in Wales for the UK's departure from the EU***

On 10<sup>th</sup> July the Royal College of Nursing Wales held a seminar to discuss the implications of Brexit on the health and social care sectors. This was attended by a number of professional bodies and other trade unions and provided an excellent opportunity to discuss in detail the issues and concerns for the sector. As such, whilst as the Royal College of Nursing we do not represent the entire healthcare and medicines sector and cannot speak for it, we are able to provide an overview of the discussions which we have had with colleagues from across the sector. We are also attaching the follow-up report which we produced following the event on 10<sup>th</sup> July and this can be found attached.

A central theme to all areas of concern is uncertainty, and the fact that the full implications and risks posed by Brexit are, to a certain extent, an unknown quantity. This makes it difficult to predict or plan for the future. Until the full implications of Britain leaving the European Union are fully understood, there will be uncertainty around

issues such as workforce supply, workers' rights terms and conditions, research funding and collaboration and reciprocal healthcare arrangements. It is essential therefore that the Welsh Government commissions research and engages with experts in order to help mitigate this uncertainty, and enabling an informed assessment of possible risks.

Furthermore, throughout this period of uncertainty it is vital that quality of care is maintained and that nurses and health care workers from the EU who are working across the UK continue to feel valued. We know that there has been a decline across the UK in the number of nurses from the European Economic Area (EEA) joining the UK workforce, whilst at the same time there has also been a significant number of staff from the EEA who have left the Nursing & Midwifery Council (NMC) Register in order to return to their home country.

***How the Welsh Government is leading efforts to prepare the Welsh healthcare and medicines sector for the UK's departure from the EU, including contingency planning for a 'no deal'***

The Royal College of Nursing Wales have held a number of meetings with Welsh Government officials regarding Brexit which have provided opportunities to be updated on the efforts of Welsh Government in preparing for Brexit. We are reassured that work is being undertaken in many of the key areas of health and social care, and that a certain amount of contingency planning for a possible 'no deal' scenario is being conducted. We remain concerned however that this work is relatively early on in its development and that sufficient time to work through all of the detail may be running out.

The UK Government has recently published a number of technical papers setting out information to help prepare for the event of a 'no deal', a number of which are related to health and medicine. We hope the Welsh Government is working closely with the UK Government on the detail of this guidance notes, particularly in relation to vital areas such as the supply of medicines.

With only a matter of weeks left before the UK Government is expected to have a deal on the table, there are a number of significant unknowns and areas of uncertainty which must be clarified. For instance, there were a number of questions which were raised during discussions at our event in July and included in our final report, and these are directed at both Welsh Government and UK Government. These questions are:

1. What plans does the UK Government have to update the EU/EEA agreement to ensure that nurses from the EEA looking to revalidate post-Brexit are able to do so?

Currently all nurses who are on the Nursing and Midwifery Council register have to re-register every three years through a process known as revalidation. Post Brexit if there is no clear EU/EEA agreement in place then potentially those nurses who are currently on the register and looking to revalidate may not be able to do so under the Nursing and Midwifery Order 2001.

2. Is the Welsh Government planning new guidance for the NHS on data sharing and access to the relevant international electronic systems in relation to public health protection?

Central to the control of infectious diseases is data protection and data sharing. Without rules underpinning the EU system of data sharing, it is unclear how necessary data will be shared and accessed. It is thought that this could even lead to reintroducing a system of quarantine in order to control the spread of disease. The centre for disease control is based in Stockholm but, under data protection legislation, they would not be able to share their data legally with the UK once is outside of the EU. The UK must retain the ability to contribute to, and compare, surveillance data to ensure health systems can deal with cross-border health threats e.g. infectious diseases and the threat of antimicrobial resistance and have robust protection arrangements.

3. Has the Welsh Government completed an assessment of risk to the continued and uninterrupted supply of medicines, medical radioisotopes, vaccines, equipment, devices and other supplies?

After Brexit the UK may find it more difficult to access medicines and medical devices if we choose to create new frameworks which are different from EU regulations. This may cause delays in new drugs being made available for patients, with the potential to cause significant harm. Ensuring timely access to medicine is critical for all patients in the UK. The UK Government should also agree mutual recognition of the CE mark between the UK and the EU. The CE mark indicates compliance with EU health and safety standards and allows for free movement of products.

Similarly, there are serious concerns within the health arena in relation to radioisotopes and their movement (currently governed by Euratom). Radioisotopes are highly valuable in medicine, and are widely used in the diagnosis and treatment of disease. Not surprisingly, there are tight regulations surrounding the transportation and importation of radioactive materials. Radioisotopes also have a very short half-life and rapid decay meaning there cannot be any delays in the products reaching patients if they are to be effective. Plans need to be put in place now to ensure that the supply of these resources is not interrupted.

4. What are the arrangements for implementing the Falsified Medicines Directive and what will happen after March 2019?

the Falsified Medicines Directive which is due to be rolled out across EU member states from 9 February 2019. The Directive aims to address the significant problems and threats caused by fake medicines. Under the Directive, all new packs of prescription medicines put on the market from February 2019 will need to be booked onto a European Medicines Verification System (EMVS) and will have to have two safety features: a unique identifier and an anti-tampering device. Health

professionals will be required to scan medicines prior to administering them and that would then record them as decommissioned from EMVS. IT systems will have to register with SecureMed which is setting up 13 national hubs, and the equipment to scan medicines will need to be available in all GP practices, pharmacies and hospitals.

There are clearly significant logistical and financial implications for complying with this Directive, and there is a complete lack of clarity over what work is currently underway to prepare for being compliant, or what alternative measures will be put in place after Brexit to ensure the UK is still safeguarded against false medicines.

5. What scenario-planning is the Welsh Government doing in case of a 'no deal'?

Although this is a question which is being posed to stakeholders as part of your Committee's inquiry, this is an area which we would also value more information, and we would be grateful for any detail the Committee is able to gather and share with stakeholders in this area. Through our meetings with Welsh Government officials we know that some work is being undertaken by Welsh Government in relation to a 'no deal' and this is certainly very welcome. However, what this work entails, or the Welsh Government's official line in terms of what a 'no deal' would mean for Wales is not clear. Considering the increasing amount of consensus that a 'no deal' is a distinct possibility, more information should be in the public domain about what scenario-planning the Welsh Government is conducting.

In addition to the above questions, our report also makes a number of recommendations for the Welsh and UK Governments:

1. The Welsh Government needs to prepare a strategy for international and EU recruitment. The needs of the health and social care sector in Wales need to be a factor in any future UK immigration framework.
2. Health and Social Care professions in Wales value highly the ability of the Welsh Government to make and implement policy and legislation for Wales to be responsive to the country's needs. Our hope is that the Welsh Government and the UK Government will work together over the repatriation of legal powers from the EU in a manner that robustly protects the devolution settlement for Wales.
3. The Welsh Government must engage as widely as possible with relevant experts and agencies within the health sectors in order to inform future policies or legislative changes.
4. The Welsh and UK Government should work closely to ensure that statutory employee protections continue.
5. The Welsh Government needs to prepare a strategy around continued access and promotion of participation in international and EU research collaboration specifically considering its impact on improving patient care and workforce retention. The UK Government also need to consider this matter at UK level.

6. The Welsh and UK Governments should ensure a regulatory system is in place, without break of continuity, to ensure the continued mutual recognition of professional qualifications
7. The Welsh and UK Government should ensure that clear arrangements are in place protect the healthcare rights of Welsh citizens living in Europe and EU citizens living in Wales. Furthermore these arrangements need to be clearly communicated to the communities concerned and to health and social care service providers.
8. The Welsh and UK Government should ensure that arrangements for the continued surveillance of infectious diseases, sharing of relevant data and cross-border health control are in place. Moreover these arrangements need to be communicated clearly to the relevant health and social care organisations and other public bodies both accountable and responsible for action

As with the other areas of uncertainty, the Royal College of Nursing and other organisations across the profession would welcome any work that the Committee is able to carry out which might encourage or support the Welsh Government in progressing these recommendations and in engaging with stakeholders.

We would be very happy to provide further information or to discuss with you in more detail if that would be helpful.

Kind regards

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tina Donnelly', written in a cursive style.

**TINA DONNELLY, CBE, TD, DL, FRCN, CCMi  
DIRECTOR, RCN WALES**



**Coleg Nyrsio Brenhinol**  
Cymru  
**Royal College of Nursing**  
Wales

## **Brexit Symposium: Implications for Health & Social Care in Wales**

Recommendations from the Health & Social Care Professions  
10<sup>th</sup> July 2018

### **Participating Organisations:**

British Medical Association  
Royal College of GPs  
Royal College of Midwives  
Royal College of Nursing  
Royal College of Physicians  
Royal Pharmaceutical Society  
Welsh Local Government Association

## **Executive Summary**

Wales' relationship with the EU has a direct and indirect impact on delivery of health and social care. Both the UK Government and the Welsh Government have a responsibility to ensure that the health and social care needs of the population of Wales are not negatively impacted by the UK's departure from the EU. It is critical that both Government's consider the potential impact of departure on the health and social care sector with the same level of priority and concern as the manufacturing or agricultural sectors.

Until the full implications of Britain leaving the European Union are fully understood, there will be an uncertainty around many issues, including the workforce supply chain, workers' rights terms and conditions, research funding and collaboration and reciprocal healthcare arrangements. However commissioning research, engaging experts in the process of risk assessment and engaging stakeholders in the planning process will mitigate this uncertainty.

Throughout this period of uncertainty it is vital that quality of care is maintained and that nurses and health care workers from the EU who are working across the UK continue to feel valued.

On 10<sup>th</sup> July 2018 the Royal College of Nursing Wales held a Symposium for fellow Royal Colleges and professional bodies in Wales to discuss the implications that Brexit has for the delivery of health and social care services. The programme and full list of attendees is included as an annex to this report. The intention was to discuss issues of common concern.

The discussion was lively and informed and the opportunity to discuss the issues in detail welcomed by all present. Indeed, there was a consensus that the implications of Brexit in the context of health and care is not yet fully understood, and deserves greater focus and attention at UK and Welsh Government level.

### **Common Themes of Concern:**

- The regulation of medicines (i.e. public protection and issues of supply)
- Access to international collaboration in higher education and research (and the impact of this on patient care and workforce recruitment, retention)
- Access to largescale funding to tackle health inequalities (e.g. infrastructure projects)
- The need to safeguard international recruitment as part of ensuring a sustainable workforce
- The need to safeguard working conditions and employment rights as part of ensuring a sustainable workforce.
- A desire to protect the current constitutional ability of Wales to set health policy and legislation as part of the devolution settlement
- Reciprocal healthcare arrangements
- Threats to public health (cross-border disease control etc.)



## 8 Recommendations for Government

1. The Welsh Government needs to prepare a strategy for international and EU recruitment. The needs of the health and social care sector in Wales need to be a factor in any future UK immigration framework.
2. Health and Social Care professions in Wales value highly the ability of the Welsh Government to make and implement policy and legislation for Wales to be responsive to the country's needs. Our hope is that the Welsh Government and the UK Government will work together over the repatriation of legal powers from the EU in a manner that robustly protects the devolution settlement for Wales.
3. The Welsh Government must engage as widely as possible with relevant experts and agencies within the health sectors in order to inform future policies or legislative changes.
4. The Welsh and UK Government should work closely to ensure that statutory employee protections continue.
5. The Welsh Government needs to prepare a strategy around continued access and promotion of participation in international and EU research collaboration specifically considering its impact on improving patient care and workforce retention. The UK Government also need to consider this matter at UK level.
6. The Welsh and UK Governments should ensure a regulatory system is in place, without break of continuity, to ensure the continued mutual recognition of professional qualifications
7. The Welsh and UK Government should ensure that clear arrangements are in place protect the healthcare rights of Welsh citizens living in Europe and EU citizens living in Wales. Furthermore these arrangements need to be clearly communicated to the communities concerned and to health and social care service providers.
8. The Welsh and UK Government should ensure that arrangements for the continued surveillance of infectious diseases, sharing of relevant data and cross-border health control are in place. Moreover these arrangements need to be communicated clearly to the relevant health and social care organisations and other public bodies both accountable and responsible for action

## 5 Key Questions for Government

1. What plans does the UK Government have to update the EU/EEA agreement to ensure that nurses from the EEA looking to revalidate post-Brexit are able to do so?
2. Is the Welsh Government planning new guidance for the NHS on data sharing and access to the relevant international electronic systems in relation to public health protection?
3. Has the Welsh Government completed an assessment of risk to the continued and uninterrupted supply of medicines, medical radioisotopes, vaccines, equipment, devices and other supplies?
4. What are the arrangements for implementing the Falsified Medicines Directive and what will happen after March 2019?
5. What scenario-planning is the Welsh Government doing in case of a 'no deal'?

## **Discussion Summary - Impact on the workforce**

The potential for Brexit to have a negative impact on Wales' ability to recruit and retain staff from Europe is a significant concern across health and care professions. Wales must be able to continue to attract high calibre professionals, students and trainees, whether in the NHS, social care or independent sector, in order to be able to maintain a stable workforce that can deliver high quality services. The UK Government's approach to immigration has yet to be made clear, with a White Paper expected in the autumn. Participants in the discussion were clear any new rules should allow for the health and social care sector to be prioritised in terms of recruitment, both from within and outside the EU.

While there have been estimates of the number of healthcare professionals from the EU working in the NHS in Wales (e.g. around 300 nurses) the number working in the independent sector is not known, nor the number of health and social care workers. The Welsh Government has recently commissioned research in this area which was strongly welcomed by the participants<sup>1</sup>.

The Wales Migration Service has analysed the Labour Force Survey data. Their figures show that there are around 69,000 EU citizens working in Wales: around 4 per cent of the work-force. The Wales Migratory Service analysis shows that around a third of all migrant workers (EU and non-EU) work in public services. If the pattern is the same for both EU and non-EU migrants, that would mean around 23,000 EU citizens working in Wales' public services.<sup>2</sup> This demonstrates that the social care sector is particularly reliant on migrant workers from the EU.

The RCN estimates that there is a shortfall of about 3000 nurses in Wales, and in England the number of vacancies is approximately 44,000. In the context of Brexit and recruitment from Europe, it is also important to note that figures from the World Health Organisation suggest that by 2030, we will need an additional 9 million nurses and midwives in order to be able to meet demand<sup>3</sup>. Nurse recruitment is therefore a global issue, and Wales and the UK are competing in a global market to attract nurses from Europe and around the world.

Another area of concern was the mutual recognition of professional qualifications across European countries. For example the education and training of registered nurses in the UK must conform to standards set out by the EU. This is contained in a law called the Mutual Recognition of Professional Qualifications (MRPQ) Directive.<sup>4</sup> As well as raising the standards of nursing education, the MRPQ Directive has enabled the UK to recruit nurses and doctors from Europe to help fill our own workforce shortages. If the UK decides to move away from these jointly developed standards, the UK may lose important safeguards, lose access to alert mechanisms, and miss out on

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<sup>1</sup> <http://record.assembly.wales/Plenary/4994#C103879>, Vaughan Gething AM, Section 380

<sup>2</sup> *Implications of Brexit on public services in Wales*, Nuria Zolle, Wales Public Services 2025, May 2016

<sup>3</sup> <http://www.who.int/mediacentre/factsheets/nursing-midwifery/en/>

<sup>4</sup> EU Directive 2005/36/EC Annex V.2 (5.2.1)

crucial exchanges between professional regulators. This may have implications for the UK's ability to recruit and retain nursing staff who are EU/EEA nationals.

Also discussed was the issue of revalidation. Currently all nurses who are on the Nursing and Midwifery Council register have to re-register every three years through a process known as revalidation. Post Brexit if there is no clear EU/EEA agreement in place then potentially those nurses who are currently on the register and looking to revalidate may not be able to do so under the Nursing and Midwifery Order 2001.

- How is the Welsh Government going to recruit and retain the European workforce, both within the NHS and the independent and care sectors?
- What more can be done to ensure Wales remains an attractive and welcoming place to live and work?
- What processes are being put in place to ensure the continued recognition of professional qualifications after Brexit?
- What discussions have Welsh Government had with UK Government regarding an EU/EEA agreement to ensure that nurses from the EEA looking to revalidate post-Brexit are able to do so?

### **Discussion Summary - Reciprocal healthcare arrangements**

The current arrangements on reciprocal healthcare are mutually beneficial for UK citizens and citizens from the EU. As such, it is welcomed that the UK Government is currently proposing to continue with these arrangements post-Brexit for UK citizens living in the EU (and vice versa). However, there remains considerable uncertainty and anxiety regarding the details, particularly around the requirements for UK citizens who currently benefit from 'S1' arrangements, to apply for residency within the EU country they are living and the associated costs of local taxes. The future of the EHIC card is also uncertain and it is not clear whether UK citizens will be required to take out private health insurance to travel to Europe.

- What joint working is the Welsh Government undertaking with the UK Government to protect the healthcare rights of Welsh citizens living in Europe (and EU citizens living in Wales)?

## **Discussion Summary - Threats to public health**

The EU plays a vital role in maintaining public health across all its member states, and there are sector-wide concerns that Brexit and the withdrawal of EU funding for public health measures will negatively impact the health of our population.

The EU facilitates collaboration on cross-border health threats, such as communicable diseases which can spread easily and anti-microbial resistance through the European Centre for Disease Control (ECDC). The ECDC identifies and assesses risks posed to European citizens' health from infectious diseases. Their work monitors potential outbreaks and recommends early warning response systems to protect our health. It is unclear currently what the ongoing relationship with ECDC will be both in terms of submission and comparison of UK data on infections/antibiotic resistance, and the management of outbreaks in Europe that could impact on the UK.

The lack of a contributory relationship to ECDC activities would exclude the UK from reporting and comparing important surveillance data on communicable diseases and health threats. This could affect the preparedness of the UK's health and social care system if a communicable disease outbreak develops and we need to respond rapidly.

Central to the control of infectious diseases is data protection and data sharing. Without rules underpinning the EU system of data sharing, it is unclear how necessary data will be shared and accessed. It is thought that this could even lead to reintroducing a system of quarantine in order to control the spread of disease. The centre for disease control is based in Stockholm but, under data protection legislation, they would not be able to share their data legally with the UK once it is outside of the EU. The UK must retain the ability to contribute to, and compare, surveillance data to ensure health systems can deal with cross-border health threats e.g. infectious diseases and the threat of antimicrobial resistance and have robust protection arrangements.

- What are the arrangements for surveillance of infectious diseases and cross-border health control? How will we receive and respond to international health alerts?
- What risk assessments have the Welsh Government conducted into our continued ability to protect the population against cross-border health threats?
- What is the Welsh Government's assessment in relation to data sharing and access to the relevant IT systems in order to enable public health protection?

## **Discussion Summary - Regulations on medicines**

EU regulations contribute a wide range of areas including: the standards of training for nursing staff; the development and approval of medicines; clinical trials participation and regulation; licensing of medical devices (e.g. contact lenses, x-ray machines, pacemakers and hip replacements); licensing of in-vitro medical devices (e.g. pregnancy tests and blood sugar monitoring systems for diabetes).

There is a possibility that the UK will find it more difficult to access medicines and medical devices if we choose to create new frameworks which are different from EU regulations. This may cause delays in new drugs being made available for patients, with the potential to cause significant harm. For instance, we could see delays of 12 to 24 months for UK patients receiving cancer drugs<sup>5</sup>. Ensuring timely access to medicine is critical for all patients in the UK. To achieve this, the UK Government is likely to require a formal agreement with the EU to continue to support and participate in relevant assessments, with a commitment that the UK will maintain and enhance these standards in the future.

The UK Government should also agree mutual recognition of the CE mark between the UK and the EU. The CE mark indicates compliance with EU health and safety standards and allows for free movement of products.

Similarly, there are serious concerns within the health arena in relation to radioisotopes and their movement (currently governed by Euratom). Radioisotopes are highly valuable in medicine, and are widely used in the diagnosis and treatment of disease. Not surprisingly, there are tight regulations surrounding the transportation and importation of radioactive materials. Radioisotopes also have a very short half-life and rapid decay meaning there cannot be any delays in the products reaching patients if they are to be effective. The departure from the Euratom treaty, which governs EU trade in nuclear materials, will potentially create obstacles to these products being imported. Plans need to be put in place now to ensure that the supply of these resources is not interrupted.

Related to this are the concerns around the Falsified Medicines Directive which is due to be rolled out across EU member states from 9 February 2019. The Directive aims to address the significant problems and threats caused by fake medicines. Under the Directive, all new packs of prescription medicines put on the market from February 2019 will need to be booked onto a European Medicines Verification System (EMVS) and will have to have two safety features: a unique identifier and an anti-tampering device. Health professionals will be required to scan medicines prior to administering them and that would then record them as decommissioned from EMVS. IT systems will have to register with SecureMed which is setting up 13 national hubs, and the equipment to scan medicines will need to be available in all GP practices, pharmacies and hospitals.

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<sup>5</sup> Ross Hawkins, *Cancer drugs may be delayed after Brexit, say experts*. Available at: <http://www.bbc.co.uk/news/health-38922366> February 2010.

There are clearly significant logistical and financial implications for complying with this Directive, and there is a complete lack of clarity over what work is currently underway to prepare for being compliant, or what alternative measures will be put in place after Brexit to ensure the UK is still safeguarded against false medicines.

- What is Welsh Government doing to ensure continuing and uninterrupted medicines, medical radioisotopes, vaccines, equipment, devices and supplies?
- What are the arrangements for implementing the Falsified Medicines Directive and what will happen after March 2019?

### **Discussion Summary - Working conditions and employment rights**

Much of existing UK employment law is derived from the EU and it is vital that the protections that this provides for health and social care staff in Wales are continued, and existing terms and conditions preserved. Participants urged the Welsh Government to work closely with the UK Government on this matter. For instance, the existing legislation covers areas such improvements in the safety and health of workers in the UK, and promotes workers' rights around health and safety. There is also the European Working Time Directive which sets out the number of hours an employee can work without taking a break, and the maximum number of hours that can be worked in a week.

Any weakening in the protections which health and care workers in Wales currently benefit from, could result in staff having to work longer hours or in less favourable conditions. This in turn could risk patient safety by increasing the pressure which the workforce is under and reducing morale. The Welsh Government should conduct a risk assessment into the likely impact of Brexit in these areas and work with the UK Government on making sure that they continue.

- The Welsh Government should assess the impact of Brexit on the areas of employment law and employee protections and work closely with the UK Government to ensure they continue

## **Higher Education and research**

Clinical research is undertaken as a partnership between universities and the NHS often across many EU countries. Participants were concerned that Wales will lose opportunities to engage in and lead this type of research. It is well evidenced that international research collaboration increases research excellence, and mobility increases researcher productivity<sup>6</sup>. Opportunities for collaborative research and academic exchange must therefore continue. For instance, £33m was recently announced for health innovation, funded jointly by European Regional Development Fund and Welsh Government. Access to these kinds of funds that must continue.

Furthermore, the impact of withdrawing EU funding from Higher Education could have a serious impact on Welsh Universities' ability to recruit and retain high calibre staff. This is also true for senior medical, nursing and other staff working in higher education. If Wales and the UK become less attractive in terms of academic and research credentials and opportunities, it is likely that some individuals will look to work elsewhere. Similarly, the uncertainty around Brexit and the significant unknowns which surround a number of areas, could see the Higher Education and research sectors losing a number of high calibre and irreplaceable staff members.

There is a risk of loss of access to the EU's research funding programme (Horizon 2020 and the subsequent 9th EU Research and Development Framework Programme) and student exchange programmes (Erasmus+). The UK is currently not expected to be able to participate in the wider policy exchange mechanisms that European Commission initiates and funds, in particular the Health Programme, an initiative which mandates the EU to protect public health.

However participants also noted that the UK is a global player in the fields of research, education and health – collaborating both within Europe and beyond – and Brexit may give Welsh Government an opportunity to re-focus on Wales' strengths in this regard.

- What assurances can Welsh Government provide those working within the fields of research and Higher Education that Wales will remain a place of excellence and opportunity?
- What scoping of opportunities is Welsh Government carrying out for future collaboration and research projects in the EU and beyond?

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<sup>6</sup> Department for Business, Innovation & Skills, International Comparative Performance of the UK Research Base – 2013. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/263729/bis-13-1297-internationalcomparative-performance-of-the-UK-research-base-2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263729/bis-13-1297-internationalcomparative-performance-of-the-UK-research-base-2013.pdf)



### **Discussion Summary - Impact on health inequalities**

Wales has some of the poorest regions in the European Union and has been a major beneficiary of EU funds aimed at tackling poverty and reducing health inequalities. Withdrawal of this funding without adequate replacement risks increasing levels of deprivation and exacerbating health inequalities. It is likely that this will be felt most acutely in Wales' rural communities. The UK Government is looking to replace EU Structural Funds, but it is unclear whether Wales would receive the same proportion of funding as it currently does; indeed the alternative currently being discussed at UK Government level is that Welsh local authorities should compete with English local authorities for funding from a new UK fund. The fund will not be distributed on the basis of need but on who can compete effectively. Participants believed the Welsh Government must work hard to advocate for Wales and do everything in its power to ensure that the money that Wales deserves comes to Wales.

Welsh Government must also be mindful of the wider determinants of health, and work hard to ensure that living standards and public services do not decline post-Brexit, as this will have an inevitable impact on the health and well-being of the population as a whole. To quote Dr Julian Tudor Hart FRCGP FRCP – *“Medical services are not the main determinant of mortality or morbidity; these depend most upon standards of nutrition, housing, working environment, and education, and the presence or absence of war.”*

- What work is being undertaken by the Welsh Government on the wider determinants of health to ensure that Brexit does not negatively impact on the health and well-being of the population?

### **Discussion Summary – Devolution and health policy/legislation**

The symposium also discussion the devolution and the potential threat which Brexit poses to powers currently held by the National Assembly for Wales. Participants were unanimous in asserting the final deal on leaving the European Union must respect the devolution settlement and should not undermine it in any way. There were concerns that not all EU laws that currently fall with the Assembly's competency will be transposed into Welsh law, and will rather be held by the UK Government before being redistributed. The current devolution settlement which allows health policy to be shaped for Welsh need and encourages citizen participation should be protected.

- What assurance can Welsh Government give that it is firmly and robustly protecting the devolution settlement for Wales and working with the other devolved nations to do the same?

## **Conclusion & Future Actions**

The opportunity to discuss the issues relevant to the health and social care sectors was welcomed and valued by attendees to the event, and it was agreed that it had been a fruitful and worthwhile discussion.

A number of actions and next steps were agreed:

A report outlining the discussion, identifying common themes and proposed recommendations would be drafted and once agreed by participants would be submitted to:

- Alun Cairns MP, Secretary of State for Wales
- Professor Mark Drakeford AM, Cabinet Secretary for Finance
- Vaughan Gething AM, Cabinet Secretary for Health & Social Services
- Dr Dai Lloyd AM, Chair of Health, Social Care & Sport Committee
- Angela Burns AM, Welsh Conservatives Health Spokesperson
- Rhun ap Iorwerth AM, Plaid Cymru Health Spokesperson
- Caroline Jones AM, UKIP Wales Health Spokesperson

In addition the RCN and other participating organisations would continue to collaborate and look to create other opportunities to raise the profile of these issues, and enhance political and public awareness.

## Annex A – Copy of Symposium Programme

### Brexit Symposium: Health & Social Care Concerns

Tuesday 10 July 2018 Future Inns Hotel, Cardiff Bay

- 09.45 Registration and refreshments
- 10.00 **Welcome and overview of RCN concerns**  
Tina Donnelly CBE, TD, DL, FRCN  
Director, RCN Wales
- 10.15 **Opening Discussion - General Concerns**
- Dr Stephen Monaghan, Chair – BMA Welsh Council’s legislation subcommittee, BMA Cymru Wales
  - Julie Richards, Chair - Royal College of Midwives Wales
  - Cheryl Way, Member Welsh Pharmacy Board, Royal Pharmaceutical Society Wales
- Chair: Dr Dai Lloyd AM,  
Chair of the Health, Social Care & Sport Committee
- 10.45 **The Political Response**
- David Rees AM, Labour, Chair, External Affairs and Additional Legislation Committee, & Chair of Cross Party Group on Nursing & Midwifery  
Chair - Cross Party Group on Nursing & Midwifery
  - Rhun ap Iorwerth AM, Plaid Cymru  
Shadow Cabinet Secretary for Health, Well-being and Sport
- Chair: Dr Dai Lloyd AM,  
Chair of the Health, Social Care & Sport Committee
- [Please note the Conservative Party and UKIP both gave apologies for this session]*
- 11.15 *Break for tea and coffee*
- 11.30 **A Message to the Welsh Government: Break out Session**  
Opening remarks from Rosie Raison,  
Policy & Public Affairs Officer, RCN Wales  
*In groups attendees will be asked to decide on key questions for Welsh Government. These will be published as a report.*
- 12.00 **Brexit: Higher Education and Research**
- Professor Daniel Kelly FRCN RN PhD,  
Royal College of Nursing Chair of Nursing Research
  - Diane Powles RGN,  
Education and Lifelong Learning Advisor RCN Wales
- Chair: Nigel Downes,  
Associate Director, Professional Practice, RCN Wales
- 12.30 Break for LUNCH

- 13.30      **Brexit and Health Inequalities**
- Dr Rebecca Payne,  
Chair - Royal College of General Practitioners Wales
  - Lowri Gwilym , Team Manager, Europe and Regeneration,  
Welsh Local Government Association
  - Dr James Coulson,  
Fellow - Royal College of Physicians
- Chair: Nigel Downes  
Associate Director, Professional Practice, RCN Wales
- 14.00      **A Message to the Welsh Government: Break out Session**  
Opening remarks from Lisa Turnbull,  
Policy & Public Affairs Advisor, RCN Wales  
*In groups attendees will be asked to decide on key questions for Welsh  
Government. These will be published as a report.*
- 14.30      **Overview of Discussion**  
Tina Donnelly CBE, TD, DL, FRCN  
Director, RCN Wales
- 14.45      **Closing Remarks and Vote of Thanks**  
Billy Nichols, Vice Chair, Royal College of Nursing Wales.
- 15.00      Close of event

## Annex B – Attendee List

Name	Job Title	Organisation
Dr Stephen Monaghan	Chair, BMA Welsh Council's legislation subcommittee	Public Health Wales. BMA Cymru Wales
Julie Richards	Chair, Royal College of Midwives UK & Wales	Royal College of Midwives
Cheryl Way	Pharmacy Lead, NHS Wales Informatics Service and Member Welsh Pharmacy Board	Royal Pharmaceutical Society Wales
Lowri Gwilym	Team Manager, Europe & Regeneration	Welsh Local Government Association
Dr Rebecca Payne	Chair, RCGP Wales	Royal College of General Practitioners
Dr James Coulson	Clinical senior lecturer at Cardiff University, Fellow of Royal College of Physicians	Royal College of Physicians
Professor Danny Kelly	RCN Fellow, Royal College of Nursing Chair of Nursing Research	School of Nursing & Midwifery, Cardiff University
Diane Powles	Education & Lifelong Learning Adviser	Royal College of Nursing Wales
David Rees AM	Chair of External Affairs Committee & Chair of Cross Party Group on Nursing & Midwifery	Welsh Labour/National Assembly for Wales
Dr Dai Lloyd AM	Chair of Health & Social Care Committee	Plaid Cymru/National Assembly for Wales
Rhun ap Iorwerth AM	Plaid Cymru Health Spokesperson	Plaid Cymru/National Assembly for Wales
Joshua Bell	Research for David Rees AM	National Assembly for Wales
Gillian Knight	Nursing Officer	Welsh Government
Liam Anstey	Public Affairs Officer	BMA Cymru Wales
Ross Gregory	Head of External Relations	Royal Pharmaceutical Society Wales
Catherine Evans O'Brien	Health, Housing & Social Care Lead	Older Peoples Commissioner for Wales
Louis Urruty	Policy & Public Affairs Officer	Royal College of General Practitioners Wales
Oliver John	Policy Officer	Royal College of Psychiatrists
Louise Walby	Primary Care Nursing Nurse of the Year Award 2018 winner, Respiratory Nurse Facilitator	Cwm Taf University Health Board
Billy Nichols	Vice Chair, RCN Welsh Board	Royal College of Nursing Wales
Tina Donnelly CBE, TD, DL, FRCN	Director	Royal College of Nursing Wales

Nigel Downes	Associate Director, Professional Practice	Royal College of Nursing Wales
Dr Sue Thomas	Primary Care & Independent Sector Adviser	Royal College of Nursing Wales
Jean Christensen	Education & Lifelong Learning Adviser	Royal College of Nursing Wales
Lisa Turnbull	Policy & Public Affairs Adviser	Royal College of Nursing Wales
Rosie Raison	Policy & Public Affairs Officer	Royal College of Nursing Wales
Liz Newton	Policy & Public Affairs Assistant	Royal College of Nursing Wales

## **Annex C – RCN Wales Policy Briefing**

### **Brexit Briefing: Implications for Health & Social Care in Wales**

Wales' relationship with the EU has had a substantial direct and indirect impact on delivery of health and social care within the UK. Both the UK Government and the Welsh Government must ensure that the health and social care needs of the population of Wales are not negatively impacted by the UK's departure from the EU.

Until the full implications of Britain leaving the European Union are fully understood, there will be an uncertainty around many issues, including the workforce supply chain, workers' rights terms and conditions, research funding and collaboration and reciprocal healthcare arrangements.

Throughout this period of uncertainty it is vital that quality of care is maintained and that nurses and health care workers from the EU who are working across the UK continue to feel valued.

#### **The key concerns for the RCN in relation to Brexit and its implications are:**

- The sustainability of the nursing workforce
  - The potential impacts on the recruitment and retention of the EU nursing workforce should be assessed now and monitored closely over the next decade.
  - The exact figures for the number of EU nurses and the healthcare workers in Wales is not known to the RCN – although we would estimate around 1000 EU nurses in the NHS in Wales
  - The RCN would welcome clarification on this figure as well an assessment of how many EU workers (both registered nurses and healthcare support workers) there are in the independent health and care sectors.
- Safeguarding employment and social law provision, and preserve existing terms and conditions
  - This includes health and safety regulations, working time, consultation on collective redundancies, and safeguarding employment rights in the event of transfers of undertakings (TUPE)
  - The Welsh Government should conduct a risk assessment into the likely impact of Brexit in these areas
- Reciprocal healthcare arrangements
  - Reciprocal healthcare schemes must be retained or suitably replaced, and the rights of EEA and UK citizens living abroad protected.
  - Nurses working in the NHS need to understand and be trained in any new guidance.

- Public health
  - The UK must retain the ability to contribute to, and compare, surveillance data to ensure health systems can deal with cross-border health threats e.g. infectious diseases and the threat of antimicrobial resistance and have robust protection arrangements.
  - The Welsh Government should conduct a risk assessment into the likely impact of Brexit in these areas
- Research collaboration & funding
  - The impact of withdrawing EU funding from Higher Education could have a serious impact on Welsh Universities ability to recruit and retain high calibre staff. This is also true for nursing higher education.
  - Clinical research is undertaken as a partnership between universities and the NHS often across many EU countries. We are concerned that Wales will lose opportunities to participate and lead this type of research.
  - Opportunities for collaborative research and academic exchange must continue e.g. £33m recently announced for health innovation funded jointly by European Regional Development Fund and Welsh Government – access to these kinds of funds must continue.
- Stability of trade arrangements
  - A new regulatory system for medical devices and drug safety must be put in place.
  - The Welsh Government should conduct a risk assessment into the possibility of disruption to supply of medicines and devices
  - New trade deals must not have a detrimental impact on patient care and health workers' employment conditions (e.g. a new TTIP). RCN members were strongly and vocally opposed to TTIP.
- Potential impact on the devolution settlement
  - While issues such as regulation are best dealt with at a UK level, any EU laws that currently fall within the Assembly's competency, should be transposed into Welsh law
  - The RCN is a supporter of the current devolution settlement which allows health policy to be shaped for Welsh need and encourages citizen participation.
- Tackling social and health inequalities
  - EU Structural Funds have seen significant amounts of money used to support projects which helped to reduce social and thus health inequality
  - Congress resolutions and Welsh Board discussion shows that our members recognise the causes of ill health and often in social inequalities (e.g. homelessness/housing, education and prosperity).
  - The UK alternative currently being discussed is that Welsh local authorities should compete with English local authorities for funding from a new UK fund that will not be distributed on the basis of need. We would argue that need should be the critical factor and funds for Wales given to Wales.



Key asks/recommendations:

- Welsh Government should engage widely with relevant experts and agencies within the health sectors in order to inform any future policies or legislative changes.
- Welsh Government conduct the necessary risk assessments relating to the potential impacts of Brexit on health and social care so that steps can be taken to mitigate those risks.
- Following a debate at the RCN's Congress event in Belfast, RCN Wales will be consulting with members about supporting a referendum on the final Brexit deal.

## Annex D –Relevant Recent Publications

Written Statement: Brexit – the risks for the future of health and social care in Wales, Vaughan Gething, Cabinet Secretary for Health and Social Services, 26 June 2018

<https://gov.wales/about/cabinet/cabinetstatements/2018/brexithealthandsocialcare/?lang=en>

External Affairs and Additional Legislation Committee Reports - Wales' future relationship with Europe – Part one: a view from Wales

<http://www.assembly.wales/laid%20documents/cr-ld11491/cr-ld11491-e.pdf>

Royal College of Nursing – Brexit: EU nurses in the UK -

<https://www.rcn.org.uk/professional-development/publications/pdf-006982>

Royal College of Nursing – Brexit: Protecting workers' rights after Brexit -

<https://www.rcn.org.uk/professional-development/publications/pdf-006985>

Royal College of Nursing – Brexit: Collaboration for research and learning -

<https://www.rcn.org.uk/professional-development/publications/pdf-006986>

Royal College of Nursing – Brexit: EU regulations on professionals and medicine -

<https://www.rcn.org.uk/professional-development/publications/pdf-006983>

Royal College of Nursing – Brexit: Addressing public health threats -

<https://www.rcn.org.uk/professional-development/publications/pdf-006984>

National Assembly for Wales 'In Brief' Brexit Blog articles and updates -

<https://seneddresearch.blog/category/brexit/>

	The Welsh NHS Confederation response to the External Affairs and Additional Legislation Committee follow-up inquiry into how the Welsh Government is preparing for Brexit – health and medicines.
<b>Contact:</b>	Nesta Lloyd – Jones, Policy and Public Affairs Manager, the Welsh NHS Confederation. <a href="mailto:Nesta.lloyd-jones@welshconfed.org">Nesta.lloyd-jones@welshconfed.org</a> Tel: 02920 349857
<b>Date created:</b>	3 September 2018

## Introduction

1. The Welsh NHS Confederation, which represents the seven Health Boards and three NHS Trusts in Wales, welcomes the opportunity to comment further on Wales' preparedness for exiting the European Union. As you noted in your letter, this is done amid ongoing negotiations between the UK Government and the European Union (EU) and the continued uncertainty about the eventual outcome. The comments below should be seen in this light, with developments happening on a weekly basis between the EU and the UK Government, the UK Government and the Welsh Government and the information shared and engagement between the Welsh Government and the NHS in Wales.
2. The Welsh NHS Confederation has previously provided detailed responses to the External Affairs and Additional Legislation (EAAL) Committee inquiries into Brexit, namely:
  - In November 2016 we provided a written response to the EAAL Committee consultation on the implications for Wales of Britain exiting the European Union;
  - In October 2017 we provided a written response and gave oral evidence to the EAAL Committee inquiry into resilience and preparedness: The Welsh Government's administrative and financial response to Brexit.
  - In January 2018 we attended and provided evidence to the EAAL Committee roundtable discussing the implications of Brexit for Wales.
  - In February 2018 we responded to EAAL Committee inquiry into Wales' future relationship with the European Union.
3. Our response on this occasion highlights the key developments following our written response in February 2018 in relation to how the Welsh Government and the NHS in Wales are preparing for the UK's departure from the EU.

## Key issues for health and social care organisations

4. As previously highlighted to the Committee, there are a number of issues for health and social care organisations as the UK prepares to leave the EU. Due to the issues being a concern for a range of health and social care organisations the Welsh NHS Confederation's Policy Forum published a briefing in June 2018, "*The key issues for health and social care organisations as the UK prepares to leave the European Union*",<sup>i</sup> which was endorsed by 20 organisations. The Policy Forum briefing is submitted with this written response because it provides the most up to date information around the key issues and puts forward the desired outcomes when the UK leaves the EU. The outcomes highlighted with the briefing include:

- a. A continued domestic and international pipeline of high calibre professionals and trainees in health and social care to deliver sustainable NHS, social care, and independent health services to ensure the best care for our communities and people who use our services.
- b. Continued recognition of professional qualifications for people trained in the EU27 and mechanisms to alert each other of health and social care professionals who are prohibited or restricted to practice.
- c. Protection of workers' employment rights and patients' rights post-Brexit.
- d. Health and social care organisations across the UK continuing to participate in EU collaborative programmes, and lead and contribute positively to European Reference Networks and other collaborative EU networks, such as those which support medical research, post-Brexit.
- e. Patients continue to benefit from early access to the wide range of innovative health technologies available on the EU market and not miss out on participation in EU clinical trials.
- f. Regulatory alignment for the benefit of patients and the public's health, so that UK patients continue to have early access to the wide range of innovative health technologies available.
- g. Reciprocal healthcare arrangements preserved.
- h. Robust co-ordination mechanisms on public health and wellbeing with the same or higher level of safety guaranteed through domestic standards and regulations.
- i. A strong funding commitment to the healthcare sector, promoting solutions to minimise any additional pressures which may result from Brexit, as well as advocating for any loss of EU funds to be offset by alternative funding.
- j. Continued engagement between the Welsh Government and the UK Government to ensure the interests of the health and social care sector in Wales are safeguarded during the withdrawal process and beyond.

### **Welsh Government and UK Government**

5. As previously highlighted, the exact terms on which the UK will leave the EU are not yet clear, and this presents challenges in terms of forward planning for the Welsh Government. However, over the period since the referendum the Welsh Government has engaged with health and care bodies to identify areas that may be affected by leaving the EU, including NHS Executive Board and Wales NHS Partnership Forum.
6. The Welsh NHS Confederation and our members have been working with Welsh Government officials to consider and assess the scale of impact for Welsh health and social care services post Brexit, including contingency options. Since October 2017 the Welsh NHS Confederation has agreed to be the main contact for coordinating specific Brexit actions across NHS organisations and working with the Welsh Government. This work is intended to support discussions on managing risks effectively within health and social care and will support the development of a shared work programme considering priority areas including; workforce, professional qualifications, reciprocal healthcare, regulatory issues, medicines, research and innovation, procurement and competition law, public health, disease prevention and employment rights. Other relevant areas will also be considered as they arise.

7. Since our previous written submission in February 2018 the Welsh Government has now established a Health and Social Care EU Transition Leadership Group, of which the Welsh NHS Confederation is a member. The Leadership Group met for the first time in August 2018 and will now be meeting on a monthly basis. The vision of the Group is to maintain a strategic oversight of arrangements for EU Transition, including risks and mitigation actions pre and post EU exit. The purpose of the Group is to advise the Director General for Health and Social Services in Wales on: the challenges faced by Welsh services, including potential impacts of Brexit on services and on outcomes for people and patients; the development of appropriate responses to address challenges and potential impacts, and co-ordinated actions by service providers and partners, including the Welsh Government's strategy on EU transition for health and social services; the status of contingency planning for different credible scenarios, including 'no deal'; and encouraging co-ordinated communication by service providers and partners, with the public and other stakeholders, across Wales and beyond.
8. Specifically in relation to medicines, during the NHS Chief Pharmacists monthly meetings the Welsh Government has made the Chief Pharmacists aware of the work being undertaken by the Department of Health and Social Care in England to assess risks to the UK medicines supply chain. The NHS Chief Pharmacists expect to have further discussions regarding mitigating actions once further information is made available and following the UK Government Technical Notices issued on 23 August 2018 around the planning for a potential no-deal Brexit. The Chief Pharmacists will continue to discuss Brexit during their regular conference calls and Brexit has been added as a standing agenda item in their face to face meetings.
9. On 23 August the UK Government published the first batch in a series of technical notices advising businesses and citizens what they need to do to prepare for an unlikely 'no-deal' Brexit scenario. The Secretary of State for Health and Social Care, Matt Hancock, **wrote to all health and social care organisations**<sup>ii</sup> in England to update them on the UK Government's ongoing preparations to protect patients and health and social care services in the event of a March 2019 "no deal" scenario. The letter sets out what the health and social care system needs to do to step up preparations on the ground to ensure business continuity. In particular it announces a new scheme to ensure a sufficient and seamless supply of medicines, in collaboration with pharmaceutical companies, which will mean that hospitals, GPs, pharmacies and patients will not need to "stockpile" unnecessarily. Under the scheme, pharmaceutical companies are asked to ensure they have an additional six weeks supply of medicines in the UK on top of their own normal stock levels. This is the current planning assumption but will be subject to revision in light of future developments. The scheme also includes separate arrangements for the air freight of medicines with short shelf-lives, such as medical radioisotopes. The UK Government is working closely with companies who provide medicines in the UK to ensure patients continue to get the medicines they need. On the basis of the work they have undertaken, the UK Government are confident that supplies of medicines to patients can continue unhindered in the event of a no-deal Brexit. The Department of Health and Social Care has also written to **pharmaceutical companies**<sup>iii</sup> and **suppliers of medical devices**<sup>iv</sup> asking for their contingency plans and pinpointing where their concerns lie (e.g.

short-life products, warehousing, distribution) in order to focus national-level support where necessary.

10. The UK Government published the first tranche of a series of papers setting out how the UK plans to deal with a range of issues, including health, in the event that we leave the EU in March 2019 without an agreement. Papers published so far cover:<sup>v</sup>
  - [How medicines, medical devices and clinical trials would be regulated](#)
  - [Submitting regulatory information on medical products](#)
  - [Batch testing medicines](#)
  - [Ensuring blood and blood products are safe](#)
  - [Quality and safety of organs, tissues and cells](#)
  - [Labelling tobacco products and e-cigarettes.](#)
11. Following the UK Government announcements, the Deputy Chief Executive – NHS Wales, Simon Dean, sent a letter (also on 23 August 2018) to all NHS Chief Executives setting out their applicability in Wales, especially around Continuity of Supply. The NHS in Wales has been advised that they do not need to take any steps to stockpile additional medicines beyond their current stock levels and there is no need for clinicians to write longer NHS prescriptions. Brexit will be a key agenda item for consideration at the next NHS Wales Executive Board meeting at the end of September.
12. The Welsh NHS Confederation will be hosting a Brexit Roundtable Event on 11 September. Over 25 health and social care organisations have been invited to the Roundtable event to discuss the key risks for the health and care system in Wales and what action is being taken to mitigate them. The Cabinet Secretary for Health and Social Services and the Minister for Children, Older People and Social Care will be attending the event and we will keep the Committee informed of any developments.

### **Brexit Health Alliance and Cavendish Coalition**

13. As an active member of the [Brexit Health Alliance](#)<sup>vi</sup> and [Cavendish Coalition](#)<sup>vii</sup> we have ensured that any briefings produced or any submissions to the UK Government, House of Lords or Westminster Committees reflect the issues impacting on the health and care system in Wales.
14. Since our previous submission to the Committee the Brexit Health Alliance has:
  - Published a briefing in February: [The impact of Brexit: Patient access to medical research](#).<sup>viii</sup>
  - Published a joint briefing with the Faculty of Public Health in June: [Protecting the public's health across Europe after Brexit](#).<sup>ix</sup>
  - Responded to the UK Government technical notices on 23 August "[Time for planning not panic, says Brexit Health Alliance after government publishes no-deal guidance](#)"<sup>x</sup> and "[No-deal guidance only a first step toward assurance for patients](#)".<sup>xi</sup> As highlighted in the "No-deal" press release the Brexit Health Alliance is calling for "*categorical assurance that patients will continue to get the medicines and treatment they need, no matter what happens in the negotiations. This guidance is a first step, but only a first step, towards*

*that. The NHS will now want to see more comprehensive operational advice on issues such as the stockpiling of medicines and equipment, medical research and public health, in time for them to take robust action locally well before the UK leaves the EU.....Of course the real prize must be no disruption in supply to or from the UK - it may be acceptable to argue about delays to some consumer products at the border - it cannot be acceptable when patient's lives are put at risk. We cannot afford to get this wrong".*

**NHS Workforce updated figure**

15. According to the latest figures (June 2018), 1420 individuals directly employed by the NHS in Wales identified themselves as EU nationals on the Electronic Staff Record. This equates to 1.6% of the total workforce.<sup>xii</sup> This is a significant number of trained, qualified and dedicated staff who could not be replaced in the short term – for example the percentage of medical and dental professionals working in the Welsh NHS is a higher percentage at 6.1%.

<b>Number of directly employed staff identifying as EU National</b>	<b>September 2016</b>	<b>% of total directly employed workforce</b>	<b>Excluding Unknown %</b>	<b>June 2018</b>	<b>% of total directly employed workforce</b>	<b>Excluding Unknown %<sup>xiii</sup></b>
<b>Add Prof Scientific and Technic</b>	49	1.6%	2.8%	66	2.1%	3.2%
<b>Additional Clinical Services</b>	162	0.9%	1.6%	185	1.0%	1.7%
<b>Administrative and Clerical</b>	95	0.5%	0.9%	96	0.5%	0.8%
<b>Allied Health Professionals</b>	110	1.8%	2.9%	124	2.0%	3.1%
<b>Estates and Ancillary</b>	104	1.2%	2.1%	110	1.3%	2.3%
<b>Healthcare Scientists</b>	31	1.5%	2.8%	37	1.8%	3.1%
<b>Medical and Dental</b>	410	5.8%	7.1%	434	6.1%	6.9%
<b>Nursing and Midwifery Registered</b>	352	1.4%	2.5%	368	1.4%	2.5%
<b>NHS Wales</b>	<b>1,313</b>	<b>1.5%</b>	<b>2.5%</b>	<b>1,420</b>	<b>1.6%</b>	<b>2.5%</b>

## **Conclusion**

16. The Welsh NHS Confederation, on behalf of our members, will continue to highlight the possible implications of Brexit on NHS Wales with the Welsh Government, Assembly Members and our stakeholders. In addition, as a member of the Cavendish Coalition and the Brexit Health Alliance, we will ensure that the impact for Wales is being made clear at a UK level by highlighting the likely effects on Welsh policy and legislation.

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## **References**

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<sup>v</sup> <https://www.gov.uk/government/collections/information-for-the-health-and-care-sector-about-planning-for-a-potential-no-deal-brexit>

<sup>vi</sup> Brexit Health Alliance, [nhsconfed.org/BrexitHealthAlliance](https://nhsconfed.org/BrexitHealthAlliance)

<sup>vii</sup> Cavendish Coalition, [nhsemployers.org/your-workforce/need-to-know/brexit-and-the-nhs-eu-workforce/the-cavendish-coalition](https://nhsemployers.org/your-workforce/need-to-know/brexit-and-the-nhs-eu-workforce/the-cavendish-coalition)

<sup>viii</sup> Brexit Health Alliance, February 2018. The impact of Brexit: Patient access to medical research.

<sup>ix</sup> Brexit Health Alliance, June 2018. Protecting the public's health across Europe after Brexit.

<sup>x</sup> Brexit Health Alliance, August 2018. Time for planning not panic, says Brexit Health Alliance after government publishes no-deal guidance.

<sup>xi</sup> Brexit Health Alliance, August 2018. Brexit Health Alliance: No-deal guidance only a first step toward assurance for patients

<sup>xii</sup> This is the number recorded on the Electronic Staff Record as at November 2017. 34,563 individuals nationality are unknown/ blank therefore the number could be higher.

<sup>xiii</sup> Over 34,500 people, 38% of the workforce, do not state which nationality they are on the Electronic staff record.



# The key issues for health and social care organisations as the UK prepares to leave the European Union

**Health and social care organisations from across Wales have come together through the Welsh NHS Confederation's Policy Forum to outline the key issues and priorities during the Brexit withdrawal process and beyond.**

The Policy Forum does not take any stance on the merits or otherwise of Brexit. Its aim is to make sure that we are in the strongest possible position once the UK leaves the EU, and to this effect it advocates an implementation period that adequately reflects the time needed to achieve the following desired outcomes:

- Providing a continued domestic and international pipeline of high calibre professionals and trainees in health and social care to deliver sustainable NHS, social care, and independent health services to ensure the best care to our communities and people who use our services.
- Continued recognition of professional qualifications trained in the EU27 and mechanisms to alert each other of health and social professionals who are prohibited or restricted to practice.
- That workers' employment rights and patients' rights are protected post Brexit.
- Health and social care organisations across the UK will be able to continue to participate in EU collaborative programmes and lead and contribute positively to European Reference Networks and other collaborative EU networks, such as those which support medical research, post-Brexit.
- Ensuring patients continue to benefit from early access to the wide range of innovative health technologies available on the EU market and not miss out on the opportunities offered by participation in EU clinical trials.
- Ensuring regulatory alignment for the benefit of patients and the public's health, so that UK patients continue to benefit from early access to the wide range of innovative health technologies available.
- Preserving reciprocal healthcare arrangements.
- Ensuring robust coordination mechanisms on public health and well-being and securing the same, or higher, level of safety is guaranteed through domestic standards and regulations.
- Securing a strong funding commitment to the healthcare sector, promoting solutions to minimise any potential additional pressures which may result from Brexit, as well as advocating for any loss of EU funds to be offset by alternative funding.
- Continued engagement between the Welsh Government and the UK Government to ensure the interest of health and social care sector in Wales are safeguarded during the withdrawal process and beyond.

**Providing a continued domestic and international pipeline of high calibre professionals and trainees in health and social care to deliver sustainable NHS, social care, and independent health services to ensure the best care to our communities and people who use our services.**

A total exit from the single market, as put forward by the UK Government, will leave the UK completely free to determine its own policies on immigration, with possibly much greater implications for health and social care. Under this scenario we believe it is crucial to ensure that any future UK immigration rules recognise health and social care as a priority sectors for overseas recruitment, from both within and outside the EU.

According to the latest figures (April 2018), 1,462 individuals directly employed by the NHS in Wales identified themselves as EU nationals (1.6% of the total workforce) on the Electronic Staff Record. This might not seem much but it includes a significant number of trained, qualified and dedicated staff who could not be replaced in the short term e.g. the percentage of medical and dental professionals working in the Welsh NHS is higher at 6.2%.

Doctors from Europe make a vital contribution to the health services across the UK. Currently in Wales there are 104 (4%) GPs on the General Medical Council (GMC) register who gained their primary medical qualification (PMQ) from another country in the EEA. To date, the vote to leave the EU has not affected overall numbers of non-UK trained doctors registered to work in the UK.

In relation to the wider healthcare workforce there is still a great concern in the lack of robust data on the social care, independent and third sector workforce and what Brexit will mean for them. The number of EU nationals working in social care is far greater than NHS staff. Nearly one in five care workers were born outside of the UK (approximately 266,000 people across the UK), of whom 28% were born in the EU. However, on the cusp of withdrawal from the EU, there has been no risk assessments undertaken of the number of EU workers and any vulnerability in the social care and independent sector. If migrant workers are not able to supplement the social care workforce the outlook for the sector and the implications for the elderly, the vulnerable, the disabled, carers and health and social care workers who support them is worrying.

Finally, clarification is required around students and graduates. There were 5,424 EU students at Welsh universities in 2014/15, equivalent to 4% of the student population. It is unclear whether student mobility is on the UK Government's agenda.

## **Continued recognition of professional qualifications trained in the EU27 and mechanisms to alert each other of health and social professionals who are prohibited or restricted to practice.**

We want to ensure that EU27 and UK health and social care professionals, and the health and social care system, continues to benefit from mutually beneficial training and education opportunities and automatic recognition of their qualifications. We want continued recognition of professional qualifications of nurses, doctors, dentists, pharmacists, midwives and Allied Health Professionals trained in the EU27 and the UK before exit day and after the UK's departure from the EU.

Under a 'hard' Brexit scenario, all provisions deriving from the Recognition of Professional Qualifications (RPQ) Directive would be stripped out of the Medical Act 1983. As such, the GMC would be legally required to treat applications received from a doctor who qualified within the EEA as an International Medical Graduate (IMG). This would have an important operational impact on the GMC and also places pressures on both applicants and on the Royal Colleges who work with the GMC to process applications. Importantly, it may also result in a delay of around 18 months between application and acceptance onto the register, which is likely to impact on professional mobility and workforce planning. Finally, the Clinical Assessment capacity, the GMCs Professional and Linguistic Assessments Board test (PLAB), is already at full capacity and would find it difficult to cope if they had to include EEA doctors as well.

We also need to agree a way forward on simplifying the movement of professionals, including improving the checks we can put in place to ensure all professionals practising in the UK meet the same standards. It is important that the EU27 and UK competent authorities continue to use the mechanism through the Internal Market Information (IMI) System to alert each other of health professionals who are prohibited or restricted to practice.

The GMC has led the way in committing itself to international information sharing. As part of this, the GMC led the campaign for the introduction of a legal duty at European level to share fitness to practise alerts using the European Commission's IMI system. This came into force in January 2016. Participation in this system is contingent on single market membership. A 'hard' Brexit will result in the UK's removal from the system. The GMC will need to reach a decision on how they share information with European regulators and how they obtain similar information in return. This is particularly important as European regulators will continue to have access to the IMI system and may be unwilling to establish a separate system solely for UK health professional regulators.

## That workers' employment rights and patients' rights are protected post Brexit.

A substantial proportion of UK employment law originates from the EU and provides important protections for social care and health staff. The UK Government has already stated its intention to protect workers' rights after Brexit and we very much welcome this.

The following are some areas that impact on health and social care:

- The **European Working Time Directive** outlines the number of hours an employee can work before taking a break and how many hours can be worked in a week. This is crucial for health and social care staff. Any legislation developed to replace this must not put pressure on employers to force workers into working longer hours.
- The **Directive on measures to improve safety and health at work** encourages improvements in occupational health and safety in all sectors of activity, both public and private; promotes workers' rights to make proposals relating to health and safety, to appeal to the competent authority and to stop work in the event of serious danger; and seeks to adequately protect workers and ensure that they return home in good health at the end of the working day.
- The **prevention from sharp injuries in the hospital and healthcare sector Directive** regulates the prevention of sharps injuries, for example injuries caused by needlesticks. Sharps injuries are especially prevalent in healthcare settings and are a major hazard and cause of sickness absence in the healthcare sector worldwide. Workers who have suffered a sharps injury can experience anxiety and distress and can, in the most serious cases, result in infection with blood-borne pathogens such as HIV or hepatitis B or C.
- The **manual handling of loads Directive** lays down minimum health and safety requirements for the manual handling where there is a risk particularly of back injury to workers, for example the implementation of hoists and other lifting equipment for health and social care staff. The Directive reduces the risks of musculoskeletal disorder, which is particularly prevalent in the nursing workforce and the main cause of sickness absence in the sector.
- The **Charter of Fundamental Rights** brings together all the personal, civic, political, economic and social rights enjoyed by people within the EU. The charter contains rights and freedoms under six titles, including Article 3 which protects the right to and respect for physical and mental integrity, there must be free and informed consent from people and prohibiting making the human body as a source of financial gain.
- **Article 19 of the Treaty on the Functioning of the European Union** provides protection to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation.

Changes to workers' rights could result in health and social care staff working longer hours, exacerbating the pressures they are under, could lead to increase sickness and potentially posing risks to patient safety. In addition, without specific legal protection for patients and service users there is a risk that vulnerable people could lose out.

**Health and social care organisations across the UK will be able to continue to participate in EU collaborative programmes and lead and contribute positively to European Reference Networks and other collaborative EU networks, such as those which support medical research, post-Brexit.**

Through co-operation spanning decades, European nations have created a world-leading location for research and innovation, including a world-class funding agency, the European Research Council (ERC), which has invested in unique research facilities, including CERN (the European Organization for Nuclear Research) and the European Laboratory of Molecular Biology. Clinical research and innovation are key components of health and social care activity across the UK and healthcare organisations have a long tradition of EU collaborative research. The EU enables medical research collaboration by supporting the sharing of research staff and expertise, cross border trials, and the development of research facilities. The EU provides funding through programmes such as Horizon 2020 and the European Investment Bank has invested in UK research facilities, including in Swansea University and Bangor University.

Between 2008 and 2013, the UK received €8.8 billion of EU science funding. Access to funding and the formation of strategic partnerships are vital to the progression of medical research, but without access to EU funding and collaborative projects, Welsh science excellence risks falling behind, and organisations including the NHS will become less attractive for professionals wanting to undertake research.

We welcome the UK Government's commitment to underwrite funding beyond the date the UK leaves the EU for Horizon 2020 projects approved while the UK is an EU member. However, the future beyond 2020 is uncertain. The joint report from the EU and UK Brexit negotiators in December 2017 stated the UK *"may wish to participate in some Union budgetary programmes of the new MFF (Multiannual Financial Framework) post-2020 as a non-Member State"*. Access to EU research and development funding could be retained, for example, through the UK gaining *"associate member"* status for Horizon 2020's successor – Horizon Europe (as achieved by Switzerland and Israel for Horizon 2020). This would also allow UK-based academics to lead and participate in EU-wide collaborations. The UK will not be able to sign an association agreement for Horizon Europe until the programme has been legislated, probably in late 2020. Given that the Brexit transition period ends on 31 December 2020 and the new framework programme is due to begin the day afterwards, timing is clearly critical if a smooth transition is to be ensured.

The UK has one of the strongest science bases of all European countries. With this in mind, we welcome the UK government's intention to continue a strong collaboration with European partners in science and innovation. For health research in particular, this would mean securing that UK patients, the public and organisations can take part in pan-European research, innovation networks and clinical trials and that these can be supported through UK involvement in EU funding programmes and the EU Health programme.

The UK should continue to contribute knowledge to – and take the lead in – European Reference Networks. The Network is a virtual space for collaboration across the EU on rare diseases. This will ensure that patients in the UK and across Europe have access to the best treatment and knowledge available and that clinicians are supported in developing their knowledge of rare diseases.

Finally, we recommend that the UK continues to harmonise its data protection regulations with Europe. Data sharing between Europe and the UK is essential for public health, medical research and ensuring patient safety. The UK must retain the General Data Protection Regulation (GDPR) because it provides important protections for individuals, while also allowing data to be shared within the EU.

## **Ensuring patients continue to benefit from early access to the wide range of innovative health technologies available on the EU market and not miss out on the opportunities offered by participation in EU clinical trials.**

The UK is currently part of the EU's European Medicines Agency (EMA) network, which encompasses more than 500 million people. The EMA ensures that medicines are safe, effective and of a high quality. The EMA supports cross-border collaboration and provides a common framework for assessing and monitoring drug safety and efficacy, and provides timely access to new therapies and technologies. The EMA represents 25% of the global pharmaceutical sales market, compared to the UK's 3% share in isolation. If the UK leaves the EMA arrangements and develops its own drug approval system, it may lose its 'tier 1' status, which would lead to:

- Delayed access (potentially up to 12 to 24 months) to new medicines and medical devices. For example, in Switzerland and Canada, which have separate approval systems, medicines typically reach the market six months later than in the EU;
- Weakened post-approval regulation and pharmacovigilance; and
- Loss of expertise.

It is therefore crucial that any potential risks are minimised and that the UK's Medicines and Healthcare products Regulatory Agency (MHRA) is still able to retain its valuable role as an authority in the field, protecting and supporting innovation through scientific research and development. The relocation of the EMA will have a considerable impact, not only because it is moving headquarters and personnel, but also because the relationship with the UK MHRA will change. The UK's MHRA is a significant contributor to EU regulatory systems and processes, both for medicines and medical technologies. This includes scientific and clinical assessments, surveillance and supervision of products, and reporting of adverse events. Delay and expense in accessing treatments could be caused by a departure from the EU that separates the MHRA from the close working relationship it maintains with the EMA, in terms of vigilance, licencing, assessing medicinal products, offering scientific support and providing regulatory advice.

Finally, it is important that NHS patients do not miss out on the opportunities offered by participation in EU clinical trials. We want to ensure multi-country clinical trials can continue post Brexit, particularly for rare diseases and personalised medicine, as multi-country trials provide researchers with access to the large populations required. Currently, there are 1,500 clinical trials being conducted in multiple EU member states that have a UK-based sponsor, and over half of these trials are scheduled to continue beyond March 2019. The UK has the highest number of phase I clinical trials (those testing a new drug or treatment for the first time) in the EU and the second highest number of phase II and phase III clinical trials. It also has the highest number of trials across the EU for both rare and childhood diseases, many of which are scheduled to continue beyond March 2019. Clinical trials for new drugs are currently carried out on a national level but subject to EU regulations, including for their registration. The revised EU clinical trials Directive, due to take effect in 2019, will harmonise arrangements across the EU with the aim of creating a single-entry point for companies that wish to carry out trials of new drugs on participants in different countries. Some in the pharmaceutical industry have expressed concern that leaving the EU could result in the UK losing out on some trials that might otherwise benefit patients, as the UK would no longer be part of this harmonised procedure.

**Ensuring regulatory alignment for the benefit of patients and the public's health, so that UK patients continue to benefit from early access to the wide range of innovative health technologies available.**

Over 2,600 medicinal products have some stage of manufacture based in the UK. This equates, to 45 million patient packs of medicines supplied from the UK to other EU-27/EEA countries every month. Over 37 million patient packs of medicines come the other way, supplied from the EU-27/EEA to the UK. Securing continued cooperation and mutual recognition between the EU and UK regarding the authorisation, conformity assessments, testing and surveillance of medicines and medical technologies should be a priority outcome of the negotiations. If the UK establishes a separate regulatory framework, in order to continue to trade with the EU block of countries, we would still need to abide by their principles. This would impact all those involved in innovative health technologies, the pharmaceutical industry, medical devices and medical technology manufacturers, distributors, suppliers, researchers, NHS Wales and lastly, but most importantly, patients. In Wales, it would hurt the ambition to link the health and wealth of the nation. According to the Welsh Government website, the Life Sciences sector in Wales employs around 11,000 people in over 350 companies.

To avoid dangerous delays for patients and an impact on this important health / economic sector, all products used in healthcare should be exempt from any new customs, tariff or VAT arrangements, and afforded pre-shipping clearance and fast-track access across any new EU / UK borders.

## Preserving reciprocal healthcare arrangements.

The current arrangements on reciprocal healthcare work well for the mutual benefit of UK and EU citizens. We support the UK Government proposal to continue reciprocal healthcare arrangements both for UK citizens currently living in the EU, and vice-versa, after the UK has left the EU. They give peace of mind to travellers who know that if they carry a European Health Insurance Card (EHIC) they will be covered for urgent treatment, regardless of any pre-existing conditions, and to expatriates who can access healthcare in their country of residence. The system is also relatively simple for healthcare systems to administer.

Many UK citizens currently rely on the EHIC exclusively, even though it may not cover all costs (e.g. repatriation). Loss of access to the card would mean all citizens travelling across the UK/EU border having to take out private medical insurance, as they do now e.g. for visiting the USA. Some people with long term conditions/poor health/disabilities would be unable to afford the cost of private insurance and therefore effectively be unable to travel. Those who travel uninsured and need urgent/emergency care could be faced with large bills.

There are about 53 million visits made to the EU from the UK each year, and 25 million visits from the EU to the UK. Only around 1 per cent of these visits results in an EHIC claim. Every year the UK recoups about £70 million from other EU countries and spends about £150 million on EHIC reimbursements, plus the cost (approximately £500 million a year) of reimbursing other Member States for healthcare provided to British pensioners.

The current schemes also work very well for UK or EU citizens who need planned treatment in another EU country because, for example, the relevant expertise or equipment is not available in the country in which they reside. This provision is especially valuable for patients with rare diseases (there may be only a few centres of excellence in the EU where specialist treatment can be provided) or in border situations where the nearest suitable facilities may be in a different Member State.

Pensioners residing abroad currently benefiting from “S1” arrangements would, if allowed to stay in the host country after Brexit, have to make arrangements in the country in which they reside for healthcare insurance cover, in order to access local services. This could be expensive and bureaucratic. There are far more British pensioners living in the EU 27 countries than vice-versa (190,000 as opposed to 5,800) who have the right to receive healthcare on the same terms as the local population thanks to EU reciprocal healthcare arrangements. If these arrangements were to be discontinued, it is reasonable to assume that a proportion of these pensioners, many of whom may have chronic conditions or more complex healthcare needs than younger citizens of working age, would return to the UK and that planning and funding provisions would have to be made for them in the UK’s health and care system.

Another implication for healthcare providers relates to the administrative and resource burden that new arrangements could bring. Managing access to health services by non-EU citizens is bureaucratically more burdensome than managing access for EU nationals currently, as they are covered by reciprocal arrangements that regulate the administrative procedures and payment flows between countries.



## Ensuring robust co-ordination mechanisms on public health and well-being and securing the same, or higher, level of safety is guaranteed through domestic standards and regulations.

The EU has a significant impact on health and well-being in Wales, both directly and indirectly. Examples include supporting co-operation to protect against current and emerging infectious diseases, legislation to support food quality and environmental improvements, social policy and enabling research and development. The health of citizens across Europe, including the UK, needs to be protected from pan-European. Tackling these health risks effectively requires joined-up policies and action, and the UK and EU need to reach agreement on the best way of collaborating to fight these public health risks after the UK leaves the EU.

The EU has several agencies that are directly relevant to health and well-being these are the:

- European Centre for Disease Prevention and Control (ECDC);
- European Food Safety Authority (EFSA);
- European Medicines Agency (EMA);
- European Food and Veterinary Office (EFVO);
- European Agency for Health and Safety at Work (EU-OSHA); and
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

These agencies undertake monitoring, surveillance, trends analysis and risk assessments, as well as providing alerts to government and stakeholders. These agencies also support shared learning across borders and provide a platform for co-ordinated responses to global threats.

A significant proportion of the domestic legislation in public health and consumer protection originates from the EU, including:

- **Environmental Protection;** A range of EU policies related to water, waste, air pollution and climate change and have been transposed and implemented in the UK.
- **Food Standards;** EU law on nutrition and food (Food Information for Consumers Regulation) embed the principles of food law.
- **Health & nutrition;** Since 2007, EU institutions have established rules on both health and nutrition claims that allow businesses to demonstrate potential benefits of a particular produce.
- **Tobacco and Alcohol;** The EU has enabled a cross-border approach to anti-smoking measures through the Tobacco Products Directive; and
- **Cost and availability of fresh food:** Projections predict less availability and higher costs of fruit and vegetables. Currently 30% of the UK's food is imported from the EU.

Finally, to ensure that public health for all EU and UK citizens is maintained post-Brexit, it is key that there is strong coordination between the EU and UK to deal with pandemics, as well as other communicable diseases such as antimicrobial resistance, influenza outbreaks and infectious diseases. We must also seek the highest possible level of co-ordination on health promotion and disease prevention programmes.

Any reduced level of collaboration with the European Centre for Disease Prevention and Control (ECDC) could lead to delays in reporting and disease tracking, hampering outbreak response. It would also reduce the effectiveness of pandemic preparedness planning and co-ordinating appropriate responses.

We recommend that the UK Government negotiate an agreement to continue to share information, evidence and planning for pandemic preparedness with ECDC. Maintaining the fullest possible access to the ECDC's emergency preparedness systems would enable the UK to continue sharing data and evidence with the EU, and vice versa, to protect its citizens and ensure that preparedness is co-ordinated.

**Securing a strong funding commitment to the healthcare sector, promoting solutions to minimise any potential additional pressures which may result from Brexit, as well as advocating for any loss of EU funds to be offset by alternative funding.**

The Health Foundation has previously estimated that the NHS budget in England could be £2.8 billion lower than currently planned by 2019-20. In the longer term, the analysis concludes that the NHS funding shortfall could be at least £19 billion by 2030-31 – equivalent to £365 million a week – assuming the UK is able to join the European Economic Area. If this is not the case, the shortfall will potentially be as high as £28 billion – which is £540 million a week. The repercussions will be felt by NHS Wales and any decline in the economy will mean that socioeconomic inequalities increase, with a likely increase in health inequalities, and will impact on the most vulnerable in society, including at risk groups and people with disabilities.

In addition to the impact on the economy, EU structural funds have supported initiatives to close inequalities in health, tackle poverty and contribute to the promotion of well-being of Welsh for its citizens. Wales is home to some of the poorest regions in the EU, which is why it receives a disproportionately larger amount of EU funding compared with other parts of the UK. Wales is a net beneficiary of the EU, unlike other areas of the UK, receiving £245 million more from the EU than it pays in, with the net benefit from the EU equating to around £79 per head in 2014 (this compares with a net contribution of £151 per head for the UK as a whole). Any loss of funding could negatively impact on well-being (and inequalities) in Wales.

There is currently a great deal of uncertainty as to the availability of future replacement EU funding in Wales. EU funding that is currently administered on a Welsh level, which will cease upon our departure from the EU, include: European Structural Funds; Rural Development Programme & CAP Pillar 1 support; and the Ireland Wales Cross Border Programme (jointly with Ireland). Local Government has been a key partner in delivering EU Funding in Wales over several programming periods. Local Government plays a key role both in the delivery of EU funded activity within localities and regions through the direct delivery of capital and revenue schemes that supporting getting people back into employment. Local Authorities also play a strategic role in the delivery of these programmes on a local level. A key priority for Wales is to understand the rules of engagement for accessing any replacement funding after Brexit.

Finally, the period of uncertainty related to Brexit is likely to impact the mental health and well-being of the population and may disproportionately affect specific groups, such as farming communities, lower socio-economic groups and people with disabilities. We believe that it is important to understand the impacts on health and well-being during negotiation and transition.

**Continued engagement between the Welsh Government and the UK Government to ensure the interest of health and social care sector in Wales are safeguarded during the withdrawal process and beyond.**

Policy Forum members will continue to highlight the possible implications for the NHS Wales of the UK exiting the EU with the Welsh Government and Assembly Members, as well as the UK Government.

A number of Policy Forum members are UK wide organisations so have been speaking directly with the Department of Health in England, the Scottish Parliament and with colleagues in Northern Ireland regarding the border issue. In addition a number of organisations are members of the [Brexit Health Alliance](#) and [Cavendish Coalition](#). Through these groups we have ensured that any briefings produced or any submissions to the UK Government, House of Lords or Westminster Committees reflect the issues impacting on the health and care system in Wales.

The Brexit Health Alliance brings together the NHS, medical research, industry, patients and public health organisations. The Alliance seeks to make sure that healthcare research, access to technologies and treatment of patients are given the prominence and attention they deserve during the Brexit negotiations, and will argue that it is in both Europe and the UK's interests to maintain co-operation in research and in handling public health issues.

The Cavendish Coalition is a group of health and social care organisations united in their commitment to provide the best care to their communities, patients and residents. The Coalition is committed to working together to ensure a continued domestic and international pipeline of high calibre professionals and trainees in health and social care.

The following organisations have endorsed this



Children in Wales  
Plant yng Nghymru



Coleg Brenhinol y Meddygon (Cymru)



Tudalen y pecyn 50



4 September 2018



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Chair,  
External Affairs and Additional Legislation Committee,  
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By post and by e-mail to:  
[Yan.Thomas@assembly.wales](mailto:Yan.Thomas@assembly.wales)

Dear Mr Rees,

Thank you for your letter of 31 July asking whether the Rail Freight Group wishes, in the light of the evolving situation, to add to the written and oral evidence we submitted in 2017 to the Committee's inquiry into the implications of Brexit for Welsh ports.

In our written evidence we concentrated on activities on the port estates and on land-side connectivity with those ports and these remain important concerns to our members. We also stressed that whatever customs arrangements were put in place, it was essential that they were frictionless to ensure port operations were not constrained and transport operators were not adversely affected by delays and disruption.

In this context we welcome the current proposals by the UK Government for a Facilitated Customs Arrangement and hope that agreement can be reached and the necessary procedures speedily implemented. In particular, it is important that "Landbridge" traffic between Ireland, the UK and Europe, (another area of concern featured in our 2017 submission) continues to be facilitated in order to sustain throughput (and, hopefully, growth) at the major Welsh Ferry Ports.

If you require any clarification or additional information, please do not hesitate to get in touch.

Yours sincerely,

*Robin C Smith*

Robin C Smith  
Welsh Representative  
Rail Freight Group.

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## External Affairs and Additional Legislation Committee's inquiry: the implications of Brexit for Welsh ports

### Port of Milford Haven's submission

#### Summary

1. As one of the gateway ports to the Republic of Ireland and the largest energy, engineering and fisheries cluster in the UK, the Port of Milford Haven ("the Port") welcomes the opportunity to contribute to the work of the External Affairs and Additional Legislation Committee on Brexit and trade.
2. The Port is working with all frontier agencies, UK Government departments and the Border Planning Group to ensure existing and future operations are fit-for-purpose following Brexit. Milford Haven welcomes the Government's roll out of the new Customs Declaration System and commitment to maintain British membership of the Common Transit Convention.
3. Alongside our trade association, the British Ports Association ("the BPA"), we welcome the underlying objectives of the UK-EU Future Relationship White Paper: maintaining our border fluidity from day one, the UK constitutional integrity, and security partnership. We believe that the Customs Facilitated Partnership could be made to work, if the will on both sides was in place.
4. The Port's view of Brexit is mixed. We see both business opportunity and potential disruption, but this will be entirely shaped by the EU-UK end state relationship.
5. The opportunities centre on greater landside supply chain value added activity in fisheries and industrial processing, while potential frontier disruption (which is unlikely to be caused by UK authorities) could negatively impact goods (and people) flowing through our ferry terminal – predominantly accompanied ro-ro traffic and passengers – (see below) at Pembroke Dock.
6. The possibility of delays in loading and unloading ferries, longer check-in and processing times, traffic instead using ports in England and Scotland to reach Ireland through Northern Ireland, or bypassing the UK altogether<sup>1</sup>, will have an impact on the west Wales economy.
7. The latter point relates to the European Commission recent proposal to revise the 'North Sea-Mediterranean transport corridor' – which currently links Ireland with the UK, Benelux and France – to be amended to incorporate direct shipping connections between Dublin and Cork and ports such as Zeebrugge, Antwerp and Rotterdam i.e. offering financial incentives to bypass the British land bridge and Welsh ro-ro ports to Ireland.
8. In a letter to the EU's transport commissioner, the French transport minister, Elisabeth Borne, recently wrote: *'France and Ireland maintain important trade channels, both overland via Britain and via direct maritime routes... Surprisingly, the Commission proposal in no way takes this into account. This proposal therefore is not acceptable to France.'* The Port supports this position.

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<sup>1</sup> [https://ec.europa.eu/info/law/better-regulation/initiatives\\_en](https://ec.europa.eu/info/law/better-regulation/initiatives_en)

## **Port of Milford Haven overview**

9. The Port of Milford Haven is Wales' largest port and Britain's largest energy port. In 2017, approximately 32.1 million tonnes of cargo passed through the Port, comprising principally crude oil, fuel products and liquefied natural gas. A great deal of the land around the Port is designated as Haven Waterway Enterprise Zone.
10. The Port also owns and operates south Wales' largest ferry port – Pembroke Dock Ferry Terminal – handling around 70,000 freight units and 350,000 passenger movements each year. This service – Pembroke Dock to Rosslare – is operated by Irish Ferries.
11. The Haven Waterway constitutes the UK's single largest cluster of energy related businesses, handling or processing approximately 20% of the UK's energy requirements and supporting 5,000 jobs in Wales.
12. The Port also owns Pembroke Port where dry bulk, general and specialist and project cargo is handled, and Milford Waterfront which is the central location on the Milford Haven Waterway for leisure, tourism and cruise.

**Pembroke Dock Marine** – the Port is partnering with other key organisations to develop a well-resourced base for wave, tidal and floating wind renewable energy developers. The aim is to attract developers who are leading a rapidly growing global industry to carry out comprehensive early stage fabrication and development of marine renewable energy devices in Pembrokeshire. It will be a centre for marine renewable engineering development, with value to other industries, and is a key project within the Swansea Bay City Region Deal expected to generate over £60m of investment.

**Milford Waterfront development** – a 466,000 sq. ft. low-carbon, smart-living leisure, retail and tourism project under development. It will use advanced digital technology to create an exciting, next generation leisure and tourism experience.

13. Building on Milford Fish Docks' status as the largest fishing port in Wales, the Milford Waterfront aims to act as a hub for an efficient fishing and aquaculture industry supporting the growth of an indigenous fishing fleet and the economy of coastal communities.

## **Brexit and Freight**

14. The Brexit negotiations have highlighted that the continued growth of services, commerce and manufacturing is inter-dependent.
15. Ports are a nexus of transport connections where manufacturers want to be located and where value added activity occurs. The significant economic clusters that have built up around ports' natural capital – sheltered, deep water with good onward access – has allowed multi-national and regional businesses to thrive and have driven economic growth.
16. The Milford Haven Waterway is at the heart of one of the largest industrial clusters in Wales, where major added value takes place across the oil and gas, marine engineering and fishing sectors, and equipment, skills and people are utilised collectively.
17. It is a fact that the level of previous investment activity at Milford Haven has been driven by three factors:



- exceptional depth of water – over 17m at all states of tide – permitting operational scale and lower cost/lower carbon impact logistics
- quick access to Atlantic trade routes unimpeded by locks
- established and new infrastructure links (5GW electrical grid capacity, gas and fuel pipelines, and rail access).

### **A Sustainable Development Charter: “Port Development and Enterprise Zone”**

18. The Port believes there is an opportunity to “super-charge” the nation’s enterprise zones, in line with the UK Government’s Industrial Strategy or the Welsh Government’s Economic Action Plan, and in readiness for a post-Brexit business environment. This proposal dovetails with the BPA’s latest policy pamphlet<sup>2</sup>, which commits its members, including ourselves, to strong environmental stewardship, while supporting their licence to operate within their ‘zone’.
19. Milford Haven would like to see ports, airports and other major economic centres prioritised as economic zones – providing leadership and a regulatory environment which makes it easy for businesses to operate, invest and employ. This would boost regional development, business growth, and intra- and international trade.
20. With a greatly strengthened presumption in favour of development, the UK and Welsh governments could lower development risk, by shortening development time frames and lowering project costs.
21. The Port believes that the private and public sectors must be proactive to ensure Wales remains an attractive place to do business. During a period of public policy uncertainty, maintaining business confidence through a competitive regulatory and fiscal system is key.
22. Within super-charged zones, trade and industrial activity could be incentivised by favourable business, tax and planning regime. For the Port – and others – opportunities centre on maximising the value from existing economic clusters – energy, engineering and fishing – particularly in manufacturing and processing.
23. Manufacturers want to be located at the nexus of transport routes. Ports and airports thrive and drive economic growth by being able to respond rapidly to market need.

### **Harnessing Our Fisheries**

24. Regaining control of access and the management of our fishing resources will present the possibility to incrementally grow the domestic fishing fleet (10m+ vessels), increase domestic fish landings and facilitate more processing at British ports to the benefit of coastal communities.
25. The Port would like to see positive fiscal and funding policies to facilitate the growth of the domestic market, potentially through a reformed successor to the European Maritime and Fisheries Fund, coupled with other grant allocations and licensing

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<sup>2</sup> [https://www.britishports.org.uk/system/files/documents/british\\_ports\\_sustainable\\_development\\_resolution.pdf](https://www.britishports.org.uk/system/files/documents/british_ports_sustainable_development_resolution.pdf)

measures.

26. Tariff-free access to EU markets – and vice versa – is essential and of utmost importance. Norway and Iceland manage their own fisheries, have healthy fish stocks and trade with the EU. We would like to see a similar arrangement for the UK.
27. We believe the Welsh Government is best place to react to local need and, therefore, call for fisheries to remain a devolved matter. EU-UK trading and regulatory end state
28. Given the unknown EU-UK trading and regulatory end state, and guided by the principle that goods (and people) must be allowed to flow and grow, the Port's position on Brexit and observations about our facilities are as follows:
  - the border must be maintained as a tax point, rather than a check point
  - there is limited space at Pembroke Dock Ferry Terminal for additional frontier checks or marshalling. Checks should continue to be risk based and of no greater impact than competing modes of transport
  - the Common Travel Area must be maintained
  - continued membership of the Common Transit Convention is essential
  - supportive of a pragmatic deal on both customs and regulatory recognition that allows businesses to get their goods across borders as quickly as possible
  - regulatory equivalence or mutual recognition of animal and plant health standards is key. Currently, 75% of customs interventions are undertaken at the border on non-EU trade in goods are for animal and plant product inspections any new multi-agency border facilities must be funded by the UK and/or Welsh governments
  - support for the repeal of the inappropriate Port Services Regulation at the earliest possible opportunity
  - in an ever increasingly competitive global market place, 'trade' benefits should be more strongly incorporated into public infrastructure assessments, consenting and licensing decisions.

### **Conclusion**

29. Border processes will evolve, trade flows will adapt, but the outcome must be “as frictionless as possible”.
30. UK ports – including the Port of Milford Haven – are nationally and regionally significant in their own right. Their continued success is essential to the functioning of the British economy.
31. With two thirds of Irish exports going through English and Welsh ports, via the UK land bridge, to the Channel ports and onwards to the continent, any establishment of an island of Ireland regulatory system that diverges from the rest of the UK – i.e. a hard border in the Irish Sea – would be deeply unhelpful to our operations.
32. Whether it's the UK Government's Industrial Strategy or the Welsh Government's Economic Action Plan, providing the right policy, regulatory and fiscal conditions for

these clusters to grow and evolve relatively unfettered is crucial to the success of the British (and European) economy in the post-Brexit years ahead.

33. The conditions in the vicinity of major ports which offer unique characteristics and cannot be relocated need to be pro-development and have shorter decision-making time frames which would lower development risk and, therefore, drive up investment-led business growth. This is crucial when port operators need to be able respond nimbly to market opportunities that may arise from new trading relationships or changes in trade patterns following Brexit.
34. The Port is working with all frontier agencies, UK Government departments and the Border Planning Group to make sure their facilities and our port and I.T. infrastructure are in place to ensure that our current and future customers are able to move goods in-and-out of the UK as seamlessly as possible.
35. Opportunities exist, but without visible policy, regulatory and political support, global capital will move to a more receptive location.

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## **FOLLOW-UP INQUIRY INTO HOW THE WELSH GOVERNMENT IS PREPARING FOR BREXIT – HEALTH AND MEDICINES**

**Inquiry by the National Assembly for External Affairs and Additional Legislation Committee**

**Response from BMA Cymru Wales**

**07 September 2018**

### **INTRODUCTION**

BMA Cymru Wales welcomes the opportunity to provide a response to the follow-up inquiry by the National Assembly for Wales External Affairs and Additional Legislation Committee into how the Welsh Government is preparing for Brexit in the sphere of health and medicines.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

### **RESPONSE**

At our annual representative meeting in June 2018, doctors made clear their worries that Brexit poses a major threat to the NHS and the nation's health. Given what is now known about the potential impact of Brexit on the NHS and the dangers a 'no deal' Brexit presents for the NHS, the BMA voted to change our policy to opposition to Brexit and to support the public having a final say on the Brexit deal.

The BMA has published a series of briefings, which outline our policy positions on a range of key issues relating to the impact of Brexit on the UK healthcare system. These briefings can be read [here](#).

BMA Cymru Wales continues to work with other organisations to highlight the dangers of a 'no deal' Brexit and engage and raise concerns with the Welsh Government.

**Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):**

Rachel Podolak

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Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur 1974.  
Registered as a Company limited by Guarantee. Registered No. 8848 England.  
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Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.

## Workforce and future immigration policy

The EU's principles of freedom of movement and the mutual recognition of professional qualifications have enabled many health and social care professionals from countries within the EEA (European Economic Area) to work in the UK. Migration from the EEA and elsewhere provides a range of benefits to the UK beyond staffing services. Medicine and medical research thrives on the interchange of experience, knowledge and training across countries and backgrounds. Allowing doctors and medical researchers to work, train, teach, conduct research and practice in different countries contributes to widening the understanding of healthcare and advances new breakthroughs in medicine.

EEA doctors play a key role in staffing vital services. In Wales approximately 6.4% (624) of doctors currently working in the medical workforce are EEA graduates<sup>1</sup>. There is a very real risk that many EEA nationals, including highly skilled doctors and medical researchers will choose to leave the UK due to the ongoing uncertainty in the Brexit negotiations.

We remain deeply concerned that the UK Government is yet to provide detail on a framework for a future immigration system for managing migration from the EU. A 'no deal' scenario will create uncertainty about the status of future EU nationals wanting to come and work in the Welsh NHS. Any reduction in the number of doctors migrating to the UK, or an increase in the number leaving the UK because of Brexit, will have a destabilising effect on the medical workforce, and the staffing of health and social care services across the UK. This will impact on already over stretched staffing levels on hospital wards, in GP practices and in community settings across the UK, putting at risk the quality of patient care and patient safety.

We believe that the Welsh Government should work with the UK Government to ensure free movement for healthcare and medical research staff; permanent residence for EU doctors and medical researchers currently based in Wales and the rest of the UK and continued rights for EEA medical students in Wales to train, work and live in Wales.

## Employment rights

The UK's withdrawal from the European Union will have the potential to significantly affect working rights for doctors. The EWTD (European Working Time Directive) and the measures which it has transposed into the UK WTR (Working Time Regulations) – namely the limit of a 48-hour average working week, rest breaks and statutory paid leave – form key health and safety legislation, which alongside ECJ judgements (the SiMAP and Jaeger rulings which enshrined the principle of time spent on-call at the workplace being regarded as work, and other rulings such as those ensuring the correct calculation of holiday pay) has reduced fatigue amongst doctors and improved the safety of both patients and doctors in the UK. The EWTD could be repealed following Brexit.

To minimise these potential effects, the Welsh Government should work with the UK Government to protect and enhance the WTR after the UK's departure from the EU, maintain their incorporation of the EWTD. We believe that junior doctors should have protected training time within safe working limits to avoid tiredness-related accidents.

We also believe that the Welsh Government should work with the UK Government to fully incorporate the right to equal pay, in Article 157 of the EU Treaty, into UK law.

By adopting this approach, the Welsh Government would strengthen the current arrangements in the WTR, which allows doctors to opt out of the rules up to a maximum average 56-hour week if they wish and enables sufficient flexibility as well as ensure that current standards of equality in doctors' employment are upheld, rather than weakened.

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<sup>1</sup> [GMC \(November 2017\) Our data about doctors with a European primary medical qualification in 2017.](#)

**Health protection**

Health protection and security in Wales has been fundamentally shaped by the UK's membership of the EU. This includes efforts to combat infectious diseases such as measles and limit the spread of antimicrobial resistance. Other areas of shared competence include climate change, water, waste and air pollution and maintaining high food safety standards. It has also included facilitating the sharing of data, expertise and national strategies for pandemic preparedness planning and response via ECDC (the European Centre for Disease Prevention and Control).

It is imperative that the Welsh Government urges the UK Government to ensure that there is an agreement between the UK and EU to continue to share data and emergency preparedness planning in relation to cross-border threats.

Mae cyfyngiadau ar y ddogfen hon



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Cadeirydd y Pwyllgor Materion Allanol a Deddfwriaeth Ychwanegol  
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10 Medi 2018

Annwyl David

**Cais am wybodaeth ynghylch y cynnydd gyda'r argymhellion yn yr adroddiad 'Sut y mae Llywodraeth Cymru yn paratoi ar gyfer Brexit?'**

Rwy'n ysgrifennu mewn ymateb i'ch llythyr dyddiedig 19 Gorffennaf, yn gofyn am yr wybodaeth ddiweddaraf am y cynnydd gyda'r argymhellion yn yr adroddiad "Sut y mae Llywodraeth Cymru yn paratoi ar gyfer Brexit?". Fe wnaethoch ofyn yn arbennig am unrhyw gamau penodol a gymerwyd i gyflawni argymhellion y Pwyllgor, am syniad o'r adnoddau ychwanegol sy'n ofynnol i baratoi ar gyfer Brexit ac am awgrym o'r amserlen ar gyfer cwblhau unrhyw waith paratoi sy'n mynd rhagddo. Diolch am gytuno i roi estyniad byr, sydd wedi caniatáu i mi gynnwys y datblygiadau diweddaraf yn fy ymateb.

Rydych yn gywir i ddweud yn eich llythyr bod diffyg sicrwydd o hyd am ganlyniad tebygol y negodiadau. Yn amlwg, mae hyn yn arwain at ddyfalu cynyddol y gallai'r DU ymadael heb sicrhau cytundeb. Yn fy mam i, byddai canlyniad o'r fath yn fethiant gwleidyddol trychinebus ar ran Lywodraeth y DU, a fyddai'n fgygythiad sylweddol i ffyniant a llesiant pobl Cymru ac, yn wir, y DU yn gyfan.

Rwyf wedi pwysleisio hyn dro ar ôl tro wrth Lywodraeth y DU, ac fe fyddaf yn parhau i wneud hynny wrth i ni agosáu at gyfarfodydd tyngedfennol y Cyngor Ewropeaidd yn yr hydref. Er gwaethaf fy argyhoeddiad fy hun bod yn rhaid dod i gytundeb, rwy'n cydnabod bod cyfrifoldeb arnom i baratoi ar gyfer ymadael â'r UE heb gytundeb, yn yr un modd ag y byddem yn paratoi ar gyfer unrhyw drychineb sydd y tu hwnt i'n rheolaeth i'w atal. Ond ni fedraf esgus wrth Lywodraeth y DU na'r cyhoedd bod canlyniad o'r fath ond yn un mewn cyfres o opsiynau ymarferol sydd o'n blaen; ddylai neb fod yn ystyried cyrraedd sefyllfa o fod heb gytundeb, yn fwriadol neu beidio.

Bae Caerdydd • Cardiff Bay  
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.



Does dim modd i Gymru baratoi i ymadael â'r UE wrth ei hun; sydd eto yn bwynt rwyf wedi'i bwysleisio yn rheolaidd ac yn gadarn wrth Lywodraeth y DU. Mae'n hanfodol bwysig i bob gweinyddiaeth ar draws y DU gydweithio i gynllunio sut i leddfu effeithiau mwyaf difrifol methiant yn y trafodaethau rhwng y Deyrnas Unedig a 27 gwlad yr Undeb Ewropeaidd. Ac mae'n rhaid i hynny gychwyn gyda Llywodraeth y DU yn cydweithio â ni fe partner mewn llywodraeth, gan drafod yn agored a rhannu gwybodaeth mewn modd adeiladol. Am gyfnod rhy hir, ac yn rhy aml, maent wedi trafod rhy ychydig ac yn rhy hwyr â ni. Yn ddiweddar, rydym wedi gweld arwyddion calonogol o fwy o drafod mewn ymateb i bwysau oddi wrthym, ond fe ddylid gwneud llawer iawn mwy.

Nawr hoffwn droi at argymhellion penodol yn adroddiad y Pwyllgor. Mae'r ymatebion hyn yn ategu ymateb y Llywodraeth a gyhoeddwyd ym mis Mawrth.

*Argymhelliad 1: Rydym yn argymhell y dylai Llywodraeth Cymru archwilio ar frys paramedrau tebygol gwahanol sefyllfaedd Brexit, gan gynnwys "sefyllfa dim bargaen", ac adrodd ar gynnydd o fewn 6 mis.*

Fel y dywedwyd yn ymateb y Llywodraeth i adroddiad y Pwyllgor, mae'n bwysig pwysleisio na fydd yn bosibl lliniaru'n llwyr effaith peidio â chael cytundeb ar Gymru, a chyfrifoldeb Llywodraeth y DU yw gwneud y trefniadau angenrheidiol mewn nifer o'r prif feysydd.

Fodd bynnag, fel amlinellwyd uchod, fel Llywodraeth gyfrifol rydym wedi bod yn pwysu ar Lywodraeth y DU i ddatblygu rhaglen waith i baratoi ar gyfer sefyllfa bosib o fod heb gytundeb. O ganlyniad i'r pwysau hwn, mae Llywodraeth y DU wedi sefydlu fforwm rhwng y DU a'r gweinyddiaethau datganoledig, a fydd yn cwrdd bob yn ail wythnos i sicrhau bod gan yr holl weinyddiaethau ddealltwriaeth am y gofynion a'r paratodau.

O fewn Llywodraeth Cymru, sefydlwyd is-grŵp o Grŵp Swyddogion y Trefniadau Pontio Ewropeaidd. Mae'n cwrdd bob yn ail wythnos i sicrhau trefn gyson ar draws Llywodraeth Cymru o ran parodrwydd gweithredol, er mwyn sicrhau ein bod yn barod ar gyfer goblygiadau ymarferol ymadael â'r UE. Mae Grŵp Swyddogion y Trefniadau Pontio Ewropeaidd, gyda chyingor arbenigol gan y Grŵp Cyngori ar Ewrop, yn gweithio'n helaeth ar y materion niferus sy'n codi yn sgil Brexit, ac mae'r gwaith hwn yn ategu dull gweithredu seiliedig ar dystiolaeth Llywodraeth Cymru wrth i ni geisio dylanwadu a pharatoi ar gyfer ymadael â'r UE.

Yn ddiweddar cyhoeddodd Llywodraeth y DU y casgliad cyntaf mewn cyfres o Hysbysiadau Technegol. Mae'r hysbysiadau hyn yn amlinellu goblygiadau ymadael heb gytundeb ar gyfer busnesau, dinasyyddion a defnyddwyr, ac yn edrych ar faterion o ffiniau a thollau i gyflawni rhaglenni cymorth dyngarol. Disgwylir nifer o hysbysiadau eraill dros y misoedd nesaf. Drwy gydol y broses, gwelwyd arwyddion cadarnhaol bod Llywodraeth y DU yn gwella'i hymdrechion i weithio gyda'r Gweinyddiaethau Datganoledig, ond mae ymhell o fod yn berffaith. Roedd yn rhaid i ni ymateb ar faterion technegol manwl mewn cyfnodau llawer rhy fyr, sydd yn anochel yn effeithio ar effeithiolrwydd paratodau ar draws y DU.

*Argymhelliad 2: Rydym yn argymell y dylai Llywodraeth Cymru gyhoeddi'r naw dadansoddiad sectoraidd a ddisgrifiwyd gan Ysgrifennydd y Cabinet dros yr Economi a'r Seilwaith a chanlyniad yr ymchwil sydd i ddod gan Ysgol Fusnes Caerdydd.*

Fel amlinellwyd yn yr ymateb swyddogol i adroddiad y Pwyllgor, o ganlyniad i'n gwaith cychwynnol comisiynwyd ymchwil ehangach, sydd wedi goddiweddyd y dadansoddiadau cynnar. Er enghraifft, yr adroddiad "Cyfnod Pontio'r UE a Rhagolygon Economaidd ar gyfer Cwmnïau Mawr a Chanolig yng Nghymru", a gomisiynwyd gan Lywodraeth Cymru ac a baratowyd gan Ysgol Fusnes Caerdydd, sydd ar gael ar wefan Llywodraeth Cymru:

<https://gov.wales/topics/businessandconomy/economic-action-plan/eu-transition-and-economic-prospects-for-large-and-medium-sized-firms-in-wales/?skip=1&lang=cy>

Mae'r adroddiad hwn yn cynnwys dadansoddiadau sectoraidd ac mae gwaith polisi pellach yn cael ei ddatblygu ar hyn o bryd i adeiladu ar yr ymchwil gychwynnol, gan edrych yn fanylach ar gyfleoedd a bygythiadau o ran masnachu i Gymru.

Yn ogystal ag ymchwil a gomisiynwyd a rhaglen barhaus o ddigwyddiadau busnes uniongyrchol, rydym yn bwriadu defnyddio gwybodaeth sydd eisoes yn cael ei darparu i ni gan fusnesau i ddysgu mwy am baratodau ac ymatebion posib i Brexit.

Rydym hefyd yn ceisio dadansoddi gwybodaeth ymhellach am fasnachu rhwng Cymru, y DU a'r byd ymhellach. Ar hyn o bryd nid oes unrhyw ddata am allforion Cymru i, na mewnfurion Cymru o, wledydd eraill y DU ac i ba raddau y mae allbynnau busnes Cymru i rannau eraill o'r DU yn arwain yn y pen draw at allforion o'r DU, nac am y ffordd y mae cadwyni cyflenwi busnesau Cymru'n dibynnu – yn uniongyrchol ac yn anuniongyrchol - ar fewnfurion o'r tu allan i'r DU. Rydym yn ystyried ariannu gwaith, gan ddefnyddio Cronfa Bontio'r UE, i ddatblygu data masnach manylach i Gymru. Bydd manylion pellach am y gwaith hwn, os bydd yn mynd yn ei flaen, ar gael maes o law.

*Argymhelliad 3: Rydym yn argymell bod Llywodraeth Cymru yn gwella cyfathrebu â sefydliadau unigol trwy annog mwy o gyrrff cynrychioliadol i raeadru gwybodaeth i'r sefydliadau hynny. Rydym hefyd yn argymell bod sefydliadau unigol yn ymgymryd ag ymgysylltu dwy ffordd ynghylch Brexit o fewn eu strwythurau eu hunain.*

Gydag ychydig iawn o gynnydd yn y negodiadau ac yn absenoldeb eglurder a manylder gan Lywodraeth y DU ar y math o Brexit y mae am ei weld, rydym fodd bynnag wedi bod yn trafod mwy gyda'n rhanddeiliaid mewn amrywio ffyrdd.

Rydym yn defnyddio amrywiol strwythurau i drafod â sefydliadau ar draws Cymru, yn y sector preifat, y sector cyhoeddus a'r trydydd sector, er mwyn i ni gael trafodaethau am effeithiau posib Brexit, casglu gwybodaeth am eu profiadau a chydweithio i baratoi ar gyfer goblygiadau ymarferol ymadael â'r UE. Mae'r trafodaethau helaeth wedi parhau drwy ein fforymau cyson sy'n cynnwys cynrychiolwyr sefydliadau rhanddeiliaid. Ymysg y fforymau hynny mae Grŵp Bord Gron Rhanddeiliaid yr Amgylchedd a Materion Gwledig, Gweithgor Brexit ar Addysg Uwch, y Gweithgor Ymadael â'r UE (is-grŵp o'r Cyngor Datblygu Economaidd) a'r Grŵp Cyngori ar Ewrop, lle'r ydym wedi ehangu'r aelodaeth yn ddiweddar.

Mae trafodaethau uniongyrchol rhwng adrannau a'r rhanddeiliaid yn ategu'r cyfarfodydd penodol hynny, gan ganiatáu trafod materion yn ymwneud â Brexit; er enghraifft mewn perthynas ag iechyd mewn cyfarfodydd bob yn ail fis gyda'r Coleg Nyrsio Brenhinol, Cymdeithas Feddygol Prydain ac Undebau Llafur.

Mae Ysgrifenyddion y Cabinet a'r Gweinidogion hefyd wedi bod yn trafod mwy gyda rhanddeiliaid ers mis Ionawr, gydag amrywiol weithgareddau yn cael eu cynnal ar draws Cymru. Dyma rai enghreifftiau:

- Cynhaliodd Ysgrifennydd y Cabinet dros yr Economi a Thrafnidiaeth drafodaethau masnach Brexit gyda busnesau'r gogledd, cadeiriodd y Gweithgor Ymadael â'r UE a siaradodd yng Nghynhadledd Allforion Cymru 2018 ar ymagwedd ragweithiol Llywodraeth Cymru i helpu cwmnïau i baratoi ar gyfer bywyd ar ôl Brexit.
- Mae Ysgrifennydd y Cabinet dros Ynni, Cynllunio a Materion Gwledig wedi parhau i gadeirio Grŵp Bord Gron ar Brexit ac wedi cynnal digwyddiad i rhanddeiliaid gydag Ysgrifennydd Gwladol Cymru.
- Bu Ysgrifennydd y Cabinet dros Gyllid yn annerch dwy gynhadledd CLILC ac yn siarad yng nghynhadledd ymchwil a datblygu'r GIG yng Nghasnewydd ac mewn digwyddiad Plant yng Nghymru yn yr Eisteddfod.
- Bu Gweinidog y Gymraeg a Dysgu Gydol Oes yn cyfarfod cynrychiolwyr addysg bellach yng Nghynhadledd Colegau Cymru.

Gyda mwy o ddyfalu y byddwn yn gweld Brexit heb gytundeb, mae Tîm y Trefniadau Pontio Ewropeaidd a swyddogion adrannol hefyd wedi bod yn trafod yn uniongyrchol gydag amrywiol rhanddeiliaid – gan gynnwys Ffederasiwn Busnesau Bach Cymru, Cymdeithas Llywodraeth Leol Cymru, Confederasiwn GIG Cymru a Chymdeithas y Tîrfeddianwyr - i drafod materion yn ymwneud â Brexit a sut y gallwn gydweithio i hysbysu'r aelodau am oblygiadau amrywiol ffurfiau Brexit. Bydd y trafodaethau hyn yn parhau hyd at fis Mawrth 2019 a thu hwnt. Rydym hefyd wedi ysgrifennu at Gadeiryddion Fforymau Lleol Cymru Gydnerth gan ofyn iddynt ystyried camau gweithredu wrth gefn.

*Argymhellad 4: Rydym yn argymhell bod Llywodraeth Cymru yn rhoi arweiniad clir a hygyrch i fusnesau, sefydliadau'r sector cyhoeddus a'r trydydd sector ar yr hyn y gallai goblygiadau gwahanol sefyllfaedd Brexit, gan gynnwys sefyllfa "dim bargaen", ei olygu i'r sefydliadau hynny. Dylai'r arweiniad hwn gael ei gyhoeddi cyn gynted ag y bo'n ymarferol bosibl ar ôl cyhoeddi'r adroddiad hwn.*

Nid ydym damaid agosach at wybod pa ffurf fydd i Brexit, sy'n golygu bod y dryswch a'r ansicrwydd yn parhau. Rydym wedi cynhyrchu argymhellion polisi manwl, seiliedig ar dystiolaeth, yn egluro sut y gall y math cywir o Brexit ddiogelu swyddi, ac rydym wedi cyflwyno argymhellion ar fasnach, mewnfudo, dyfodol y DU ac amrywiol faterion eraill pan fyddwn y tu allan i'r UE.

Mae'r Hysbysiadau Technegol, y soniwyd amdanynt uchod, yn gwneud rhywfaint i amlinellu goblygiadau ymadael heb gytundeb ar fusnesau, dinasyddion a defnyddwyr. Lle bo angen, mae Llywodraeth Cymru yn ategu'r wybodaeth hon â gohebiaeth uniongyrchol i'r sectorau sy'n cael eu heffeithio. Er enghraifft, ysgrifennodd Dirprwy Brif Weithredwr y GIG at fyrdau iechyd ar ôl rhyddhau'r casgliad cyntaf o hysbysiadau. Mae Swyddfa Cyllid Ewropeaidd

Cymru (WEFO) yn ysgrifennu at ei holl randdeiliaid ar ôl cyhoeddi'r hysbysiadau ar y Cronfeydd Strwythurol a rhaglenni eraill sy'n cael eu hariannu gan yr UE.

Mewn meysydd polisi cafwyd trafodaethau manwl gyda'r rhanddeiliaid. Er enghraifft, ym mhorthfolio Ynni, Cynllunio a Materion Gwledig, rydym wedi bod yn gweithio'n agos gyda rhanddeiliaid i edrych ar fygythiadau a chyfleoedd posib Brexit, gan gynnwys cyhoeddi adroddiad ym mis Chwefror 2018 ar effaith ymadael â'r UE ar y sectorau bwyd, pysgodfeydd, ffermio coedwigaeth a'r amgylchedd. Mae'r adroddiad hwn, a ddatblygwyd gyda'r rhanddeiliaid, yn amlinellu goblygiadau pump o sefyllfaoedd posib gan gynnwys troi at delerau Sefydliad Masnach y Byd, Cytundeb Masnach Rydd rhwng y DU a'r UE, a mynediad llawn at y farchnad sengl a chytundebau masnach rydd newydd gyda thrydydd gwledydd.

Mae Llywodraeth Cymru yn paratoi i lansio Porth Brexit newydd yn yr hydref. Bydd yn cynnwys offeryn diagnostig i helpu busnesau i asesu pa mor barod y maen nhw ar gyfer Brexit. Rydym yn bwriadu defnyddio'r data sy'n cael eu cynhyrchu gan fusnesau sy'n defnyddio'r offeryn hwn i gryfhau ein dealltwriaeth o barodrwydd busnesau a lle gall ymyrraeth a chymorth Llywodraeth Cymru fod fwyaf gwerthfawr.

Bydd ein cefnogaeth i randdeiliaid yn parhau, byddwn yn cydweithio'n agos gyda nhw wrth i ni ystyried yn ofalus beth fydd goblygiadau datblygiadau yn y negodiadau, a'u heffaith ar Gymru.

*Argymhelliad 5: Rydym yn galw ar Lywodraeth Cymru i geisio eglurder gan Lywodraeth y DU ar sut y byddai'r Gronfa Rhannu Ffyniant arfaethedig yn cael ei dyrannu a'i gweinyddu.*

Fel nodwyd yn ymateb y Llywodraeth i adroddiad y Pwyllgor, mae datblygu economaidd yn faes lle y mae cymhwysedd wedi ei ddatganoli, ac mae'r posibilrwydd o gronfa wedi'i gweinyddu'n ganolog ar gyfer y DU yn anghydnaws â'r gwahanol ffyrdd o ddatblygu rhanbarthol yng ngwahanol wledydd y DU.

Mae Llywodraeth Cymru yn parhau i bwysu ar Lywodraeth y DU i egluro sut y bydd Cronfa Ffyniant Gyffredin arfaethedig y DU yn gweithio, gan sicrhau bod cymhwysedd datblygu economaidd Cymru yn cael ei barchu ac nad yw Cymru'n colli ceiniog o ganlyniad i Brexit.

Hyd yma, nid oes unrhyw fanylion penodol am y cynigion ar gael, ond gobeithio y bydd cyfarfod rhwng swyddogion Llywodraeth Cymru a Llywodraeth y DU ddechrau mis Medi yn cychwyn deialog ystyrlon.

*Argymhelliad 6: Rydym yn argymhell y dylai Llywodraeth Cymru - ar y cyd â'r Gweithgor Addysg Uwch - gyhoeddi unrhyw waith a gynhaliwyd hyd yn hyn wrth adolygu ei strategaeth mewn perthynas ag ymchwil ac arloesi yn y sector addysg uwch i ystyried goblygiadau Brexit yn y maes hwn.*

Cyhoeddwyd Adolygiad Reid gan Lywodraeth Cymru ar 6 Mehefin. Gwnaeth Reid dri argymhelliad: y dylai Llywodraeth Cymru gynyddu gwelededd a dylanwad ymchwil Cymru drwy greu Swyddfa Ymchwil ac Arloesi newydd yn Llundain; y dylai Llywodraeth Cymru

gryfhau sylfaen ymchwil Cymru a galluogi ymchwilwyr Cymru i ddenu cyfran fwy o gyllid ar draws y DU drwy weithredu argymhellion Diamond ar gyfer cyllid ymchwil yn ymwneud ag ansawdd a chreu Cronfa Dyfodol Cymru yn benodol i annog ymchwilwyr Cymru i ennill cyllid o'r tu allan i Gymru; ac y dylai Llywodraeth Cymru gynyddu gwelededd, cysondeb ac effaith ymchwil ac arloesi yng Nghymru drwy greu un brand unigol ar gyfer ei gweithgareddau arloesi. Mae'r argymhelliad cyntaf yn mynd rhagddo. Mae Llywodraeth Cymru yn parhau i ystyried ei hymateb i ail a thrydydd argymhelliad Reid.

*Argymhelliad 7: Rydym yn argymhell fod Llywodraeth Cymru yn nodi yn ei hymateb i'n hadroddiad sut mae'n bwriadu gwario'r dyraniadau canlyniadol a ragwelir fydd yn codi o wario arian ar lefel y DU i baratoi ar gyfer Brexit ac yn egluro a fydd y rhain yn cael eu neilltuo ar gyfer cefnogi gweithgareddau mewn perthynas â Brexit yng Nghymru.*

Drwy ein Cronfa Bontio Ewropeaidd gwerth £50m rydym hefyd yn darparu cymorth ariannol yn uniongyrchol i helpu rhanddeiliaid i baratoi ar gyfer Brexit. Mae hyn yn cynnwys cefnogaeth i'n sectorau amaethyddiaeth a physgodfeydd gan gynnwys £2.15 miliwn ar gyfer datblygu'r sector cig coch yng Nghymru, £150,000 i helpu i ddarparu pecyn cymorth Brexit i bob un o'r 22 awdurdod lleol yng Nghymru, £3.5m ar gyfer rhaglen sy'n cael ei rhedeg gan brifysgolion Cymru i ysgogi partneriaethau rhyngwladol a hyrwyddo Cymru fel cyrchfan i astudio ar ôl Brexit, a £200,000 i helpu'r sector gofal cymdeithasol yng Nghymru gydag ymchwil i'r ffordd y gallai proses Brexit effeithio ar y gweithlu a helpu'r sector i gynllunio ar gyfer unrhyw ganlyniadau posib.

Ers i'r DU bleidleisio dros ymadael â'r UE ar 23 Mehefin 2016, mae Llywodraeth Cymru wedi bod yn gwneud popeth o fewn ei gallu i sicrhau Brexit llyfn a llwyddiannus i Gymru. Ymysg ein camau i reoli'r gwaith hanfodol hwn, roedd creu Tîm y Trefniadau Pontio Ewropeaidd i roi arweiniad strategol a chydlynu safbwynt Llywodraeth Cymru ar Brexit, gan ganolbwyntio ar bolisi, negodiadau paratoi a deddfwriaeth. Mae'r Tîm wedi gweithio'n agos gyda thimau polisi ac eraill ar draws y sefydliad i gefnogi Gweinidogion wrth ddiogelu a hyrwyddo buddiannau Cymru.

Mae Brexit yn creu symiau sylweddol o waith newydd mewn meysydd fel cywiro a diwygio deddfwriaeth yn ogystal â mynnu gallu newydd mewn meysydd fel polisi gwledig a masnach a fydd yn ein galluogi i weithredu'n llwyddiannus yn y byd ar ôl Brexit. Hyd yma, rydym wedi rheoli'r gwaith heriol hwn yn bennaf drwy ail flaenoriaethu adnoddau yn fewnol, gan symud staff profiadol i rolau penodol Brexit. Recriwtiwyd staff ychwanegol yn allanol i weithio mewn swyddi Brexit yn ymwneud â'r amgylchedd a materion gwledig, a bydd cam pellach o recriwtio allanol ac aildrefnu mewnol yn dechrau dros yr wythnosau nesaf.

Yn gywir



**CARWYN JONES**

Mae cyfyngiadau ar y ddogfen hon

Mae cyfyngiadau ar y ddogfen hon

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Mae cyfyngiadau ar y ddogfen hon

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Yn rhinwedd paragraff(au) vi o Reol Sefydlog 17.42

Mae cyfyngiadau ar y ddogfen hon

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