Dear Sarah,

Thank you for the letter of 15 February on behalf of the Health Committee concerning an Implementation Period with the EU following exit day and the planning that is being undertaken to protect patients, the NHS and industry for any scenario of the negotiations. As Lord O’Shaughnessy and I made clear to the Committee when giving evidence in January, patient well-being and safety is at the forefront of our EU Exit negotiation and domestic planning.

**Implementation Period**

The UK and EU negotiating teams have reached agreement on the terms of an implementation period that will start on 30 March 2019 and last until 31 December 2020. The UK will no longer be a Member State of the European Union, but with market access continuing on current terms. To give business and citizens certainty, common rules will remain in place until the end of the period meaning businesses will be able to trade on the same terms as now up until the end of 2020.

I agree with your position that life sciences business and the NHS should not have to transition twice. The UK will be a third country during the implementation period, but EU rules, regulations and budgetary and enforcement mechanisms will continue to apply. This will enable access to and participation in the Single Market, Customs Union and existing security measures to continue on current terms. We are also agreed that the period should act as a bridge to our future relationship, laying the foundations for a smooth transition to the close partnership envisaged by the EU and the UK.
Contingency Planning

As David Davis has said, we are focused on getting a good outcome - one that works for the people and businesses of the UK and for those in the EU. As a result of the significant progress made in December and March, we are increasingly confident that we will secure a deal with the EU and that the prospect of leaving negotiations with 'no deal' has receded significantly.

However, as you will agree, a responsible government should prepare for all potential outcomes, including the unlikely scenario in which no mutually satisfactory agreement can be reached. That is why my department is working to ensure a smooth exit from the EU under all eventualities, including progressing work to assess the impact of EU Exit on the supply chain for all medicines and medical radioisotopes used by the NHS, and working at pace to make arrangements to ensure trade between the UK and EU - including essential supplies of medical radioisotopes - continues to be as frictionless as possible. The Government is working with businesses across the economy in order to provide the certainty they need to plan ahead and understand the challenges and opportunities they may face in the coming months and years.

As we said in our evidence to the Committee in January, we want to give transparency as soon as we can, but we are in a negotiation and so we will need to manage information carefully to protect UK interests and secure the best possible outcome for UK businesses and citizens. We have to ensure patients are not disadvantaged in their access to medicines, and that there are minimal additional burdens and barriers to industry. I look forward to continuing to work with your Committee to ensure this is the case.

Jeremy Hunt
Dear Jeremy,

I am writing on behalf of the Health Committee to stress the pressing need for clarity on the details of a transitional period after UK Exit day and the Government’s contingency planning to protect patients, NHS services and the UK’s life science industry.

The Health Committee welcomes the commitment given in your joint letter with the Secretary of State for Business, Energy and Industrial Strategy of 5 July 2017 to a continued close working relationship with the European Union after UK Exit day. Since then, as you know, our Committee has undertaken an inquiry into the impact of leaving the EU on life sciences, and we have heard compelling evidence from industry, patient groups and health professionals setting out the need for certainty.

Businesses and healthcare services need certainty on the transition arrangements as soon as possible

Patient care, both in the UK and Europe, is at risk of being compromised in the event of a disorderly Brexit. Businesses and services, like Government, need to plan for all outcomes to avoid any disruption to the supply of medical products. However, with only 13 months until the UK exits the European Union on 29 March 2019, healthcare services and businesses, including those manufacturing and distributing medicines, remain in the dark. Many businesses told us they are having to prepare for a worst-case scenario despite the cost because time is running out for a transition period to be announced. The Business Committee were told of risks that companies forced to invest in contingency plans for sites in Europe may not find those sites and associated roles returning to the UK, even if the contingency was no longer required. We are encouraged that both sides of the negotiations are now discussing the terms of a transition period. However, if the announcement, and details, of a transition period is delayed beyond March 2018, more businesses will be forced to invest money in contingency plans at the expense of this funding going towards advancing patient care. This is an unnecessary cost and distraction, which should be avoided.

Businesses and healthcare services must not be forced to transition twice
It would be unwelcome for life science businesses and the NHS to transition twice. The UK Government should seek to agree an implementation period wherein the current regulatory status quo is maintained to avoid imposing unnecessary burdens on the life science sector. The Health Committee urges the Government to reach a position by March that will enable both sides to set out detailed information on the arrangements of an implementation period for the life science sector.

**Political clarity is needed on patient care**

The Health Committee welcomes the commitment expressed by both sides to ensure patient safety is not compromised. Our view is that a “deep and special partnership” with the European Union and the European Medicines Agency after Brexit is in the interests of patients in the UK and Europe and we support the UK Government’s intention to negotiate a close partnership.

Despite this mutual interest, the outcome of the Brexit negotiations cannot be certain; the principle of “nothing is agreed until everything is agreed” means that a failure to reach an agreement on other sectors of the economy could jeopardise an agreement on medicines, devices and substances of human origin, and put patient care at risk. A disorderly UK exit could result in an immediate impact on the supply of essential medicines and medical products, both in the UK and the EU-27. The Health Committee calls on the UK Government and the European Commission to agree a joint public statement, setting out how both sides will protect the interests of patients in the event of a no-deal. A joint statement would allay fears of a disorderly exit and honour the commitment both sides have made to protect patient safety. Failing this, and in the event that agreement to a transition is not reached by the end of March, the Committee seeks a commitment from the Government to make its own statement about the UK’s unilateral preparations for a no deal situation.

**Public scrutiny of contingency planning will strengthen the Government’s position and manage risks to patient care**

You told the Health Committee on 23rd January that details of the Government’s contingency planning would not be made public as to do so would undermine the negotiating position of the UK. However, we believe that far from undermining it, clarity about contingency planning to guarantee patient safety and continued health supplies will strengthen the UK’s negotiating position by demonstrating that we have a credible fall-back position. The European Medicines Agency has published its guidance on what is necessary for the UK to maintain continued access to medicines in a ‘no deal’ scenario, and we believe that this one-sided picture may harm confidence if it is not possible to compare it to the Government’s planned approach. The Government should also publish the contingency planning it has undertaken to ensure that the UK maintains access to medical radioisotopes after Brexit, in the event that the desired close association with Euratom is not achieved. In these highly technical areas, with complex supply chains, extensive public scrutiny of any contingency planning
will ensure that all relevant aspects are covered to guarantee the health of UK patients regardless of the Brexit outcome.

I would welcome a response from your department on the points covered in this letter.

Yours sincerely,

Dr Sarah Wollaston MP
Chair of the Committee