

NHS Trust contingency planning in the event of a no deal Brexit

Introduction

Since the outcome of the referendum on the UK's membership of the European Union (EU) in June 2016, the Government's stated aim has been to secure a deal with EU, both on the terms of the UK's withdrawal and its future trading relationship with the bloc. The Government has been equally clear, however, that it would be prepared to leave the EU without an agreement in the event that the terms of the deal offered by the EU are considered to be worse than the prospect of leaving without a deal agreed. Similarly the EU has indicated that, whilst its strong preference is to secure a deal during negotiations, it would be prepared to end negotiations without one if reconciliation on key issues cannot be achieved.

Although a withdrawal agreement on the terms of exit has been agreed by the UK Cabinet and EU leaders, it is not until this has been approved and ratified by both the UK and EU Parliaments and the EU Council that a deal will be confirmed (see our [earlier briefing](#) for further detail on the agreement). As such, and given the hurdles to ratification by the UK Parliament especially are considerable, it is reasonable to continue contingency planning for a no deal situation. Indeed, whatever form Brexit takes, be it on a negotiated basis with a transition period to December 2020 or without a deal, it will herald a degree of change for the NHS and context in which it operates; in anticipation, trusts should consider planning for a range of possibilities.

To support trusts' development of their no deal Brexit contingency plans, this briefing provides information on:

- What a 'no deal' Brexit is, how this outcome could come about and what it may mean in practice
- Contingency planning relevant to health taking place at a national level
- What contingency planning trusts have been asked to undertake by the Department of Health and Social Care (DHSC) to date
- Key considerations for trusts, including an overview of how trusts have indicated to us that they are developing their contingency plans
- Details of NHS Providers work around trusts' planning for Brexit

What is a 'no deal' Brexit?

A no deal Brexit means UK withdrawal from membership of the EU with neither a withdrawal agreement, nor an agreement on the future relationship between the UK and the EU. In such a scenario, the UK would cease to be a member of the EU at 11pm on 29 March 2019, at which point it would assume 'third country' status with no customs agreement or free trade deal in place.

A proposed deal, comprising a withdrawal agreement and political declaration setting out the framework for the future relationship between the UK and the EU, has now been agreed by the UK Cabinet and EU leaders. The EU has been clear that this deal cannot be renegotiated and is the “**only deal possible**”. If this deal goes ahead, there would be a transition period, where legal and regulatory frameworks largely remain the same while new arrangements are put in place.

Nevertheless, there remain a number of potential routes to a no deal outcome, including:

- An extension to the negotiation period is needed to ratify the negotiated withdrawal agreement; either the UK refuses to request such an extension or this request is rejected by the EU
- The negotiated withdrawal agreement is rejected by the UK parliament at any of the following points and cannot be renegotiated thereafter:
 - On 11 December 2019, when Parliament is given a ‘meaningful vote’ on the proposed deal; or
 - At a potential second vote in January 2019 on an amended deal (amendments to the political declaration are most likely as it not a legally binding document, unlike the withdrawal agreement); or
 - When the government seeks to ratify the deal through the EU (Withdrawal Agreement) Bill ahead of exit day on 29 March 2019.
- The negotiated withdrawal agreement is rejected by the European Parliament, where it fails to secure a majority of votes or, later, by the European Council where 20 countries, representing at least 65% of the EU population, must agree it.

A no deal Brexit could also occur in the event that a withdrawal agreement is agreed but that at the end of the implementation period in December 2020, an agreement on the future relationship between the EU and UK has not been reached or ratified.

In the event of a no deal Brexit, there would be no transition period. The degree of impact this could have would depend in part on whether the UK and EU, or the UK individual EU member states (EU27), agreed to take any mitigating actions to coordinate key aspects of the ongoing relationship, such as establishing memorandums of understanding or producing a legally binding agreement.

Whether such actions could be taken is, however, not yet clear. The EU’s chief negotiator Michel Barnier has suggested that the EU would not be prepared to engage in any kind of “**managed no-deal Brexit**”. In addition, exactly when it became apparent that a no deal outcome was inevitable – which could be as late as March 2019, the latest point at which the EU could ratify the deal without an extension to the negotiating period – would determine the amount of time available to make such last-minute preparations to minimise disruption.

How is the Government preparing for a no deal Brexit?

To date, the government has allocated £4.1bn to support planning across the UK for a no deal Brexit between 2018 and 2020. A key part of national level contingency planning since August 2018 has been the publication a raft of technical papers outlining current arrangements across key public services and

what would happen in the event of no deal. More than 100 have been published to date, 17 of which are particularly relevant to health and care.

To support trust consideration of the potential impacts of a no deal Brexit, trusts may wish to refer to our briefing series summarising each of the relevant technical papers published to date:

- **Briefing one** covers: medicines, medical devices and clinical trials regulation; submitting medical information on regulatory products; batch testing medicines; quality and safety of organs, tissues and cells; and blood and blood product safety.
- **Briefing two** covers trading in drug precursors; accessing public sector contracts; data protection; European social fund grants; common travel area; trading under the mutual recognition principle; and trading goofs under the 'new approach' procedure.
- **Briefing three** covers: merger review and anti-competitive activity; exhaustion of intellectual property rights; patents; aviation security; and flights to and from the UK.
- Briefing four covers: recognition of professional qualifications (see **Appendix 1**)

The full set of technical papers is available here: <https://www.gov.uk/government/collections/how-to-prepare-if-the-uk-leaves-the-eu-with-no-deal>

Further planning documents are expected in the coming months, including in relation to immigration.

Independent analysis on the implications of no deal

Trusts may find the following independent information sources helpful in identifying relevant issues to take into consideration in their Brexit planning, and particularly that for a no deal scenario (although we would highlight that this is a developing situation and so the date of publication should be borne in mind):

- **What if there is no Brexit deal?** – House of Commons Library briefing paper (see pp. 99-112 for healthcare content), 12 October 2018
- **Brexit unknowns** – House of Commons Library briefing paper, 26 September 2018
- **No deal Brexit preparations** – Institute for Government explainer, 18 October 2018
- **House of Commons Health and Social Care Select Committee briefing note on the draft withdrawal agreement and political declaration on the framework for the future UK/EU relationship from the perspective of health and the NHS** – Health and Social Care Select Committee advisers, 26 November 2018

What contingency planning for health and care is taking place?

Government-led planning

Contingency planning around the NHS supply chain is the joint responsibility of government and trusts. The DHSC sent a series of communications to trusts between August and October to highlight the split in

responsibilities and provide tools to support the self-assessment of those aspects of the supply chain falling in the scope of trust responsibility (see below for further details).

The government is leading on contingency planning around the below aspects of the NHS supply chain; trusts are not required to assess the potential impact of a no deal Brexit or make contingency plans in these areas. Full details of government-led planning and suppliers with which DHSC is directly engaged can be found in a letter sent by Steve Oldfield, Chief Commercial Officer at the Department, to all trust heads of procurement in October 2018. The below list is a summary of the categories that are in scope for national contingency planning:

- **Licensed medicines and vaccines**
- **Medical devices and clinical consumables**
 - A list of all suppliers falling in scope of national planning led by the DHSC can be found in Annex A of the above letter. Trusts are responsible for reviewing other non-clinical /non-medical goods purchased (e.g. office solutions) and assessing the supply chain for products supplied as part of service contracts (e.g. purchased healthcare).
- **Food and catering**
- **Nutritional feeds**
 - A number of suppliers have been identified as in scope for national contingency planning
- **Pathology/ in vitro diagnostic (IVD) devices**
 - A number of suppliers have been identified as in scope for national contingency planning
- **Capital equipment and spare parts**
 - The DHSC is not putting any specific contingency measures in place in relation to the continuity of supply of capital equipment given the Department's anticipation of the short term nature of any supply disruption and the ability to extend service life, but all the associated spare parts will be considered as part of the medical devices and clinical consumables (i.e., national) contingency plans
- **Hotel services**
 - The DHSC are managing the supply chain for **laundry services** named on the Crown Commercial Service framework Laundry and Linen Services RM1031. Trusts are responsible for assessing the supply chain for all other Hotel Services including cleaning products not bought through NHS Supply Chain.
- **Other major suppliers**
 - Other major wholesalers and distributors with which the DHSC is working to understand their preparedness and contingency plans, and a number of suppliers have been identified as in scope of national contingency planning

Any contracts or spend categories not included in the full table should be reviewed at a local trust level using the Self-Assessment Methodology, with a return made to DHSC by 30 November.

Government-coordinated planning

To ensure the continuity of medical supplies, [the DHSC has instructed pharmaceutical companies](#) to:

- Stockpile a minimum of six weeks additional supply of medicines coming from, or via, the European Union or EEA, over and above business as usual operational buffer stocks
- Put in place plans to air freight products that have short shelf lives and cannot be stockpiled to avoid any border delays that may arise as a result of no deal
- Provide evidence of company contingency plans, including on a product by product basis

To ensure the continuity of clinical devices and clinical consumables, [the DHSC has contacted medical device and clinical consumable suppliers](#) to:

- Signal that NHS Supply Chain is contacting suppliers who routinely import products from other EU countries to determine how this can be maintained
- Ask suppliers that source products from EU countries to review their supply chains and determine what measures they need to take so that they can continue to provide products in a no deal scenario
- Communicate [the establishment of an industry working group](#) to test and refine contingency plans, with details of the arrangements established to be communicated in November

The Association of British Healthcare Industries (ABHI), whose members supply over two thirds of all medical devices used in the NHS, also provided a statement to trusts on 11 October 2018 to update on their own members' preparations for a no deal scenario (see [Appendix 2](#) for the full statement). In this, the ABHI highlighted their engagement in and input to the government's contingency plans to protect the supply of medical devices and provided reassurance about the level of detailed planning underway both nationally and locally.

Trust-led planning

The secretary of state has written to trusts to set out government expectations on preparations for a no deal Brexit:

- [23 August](#):
 - The government's view that "hospitals, GPs and community pharmacies throughout the UK do not need to take any steps to stockpile additional medicines, beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions", noting that "any incidences involving the over ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly".
 - The expectation that trusts will develop local contingency plans for a no deal Brexit as part of standard business continuity planning through the emergency preparedness and rapid response (EPRR) process
- [12 October](#): On securing supply chains:

- A self-assessment methodology for trust heads of procurement to use to identify contracts that may be impacted by a no deal Brexit.
- The need for a board-linked Senior Responsible Officer to oversee no deal contingency planning within each trust.
- The Department’s request for a summary of contracts deemed through contingency planning as highly impacted, with mitigating activities, to be returned by 30 November.

On 27 November, NHS England Chief Executive Simon Stevens, stated to the Health and Social Care Select Committee that trust contract summaries will be taken, together with information gathered from NHS Supply Chain and the pharmaceutical, medical devices and life sciences sectors, to enable the DHSC and national bodies to make a comprehensive assessment of impact within the first 10 days of December.

A further communication to trusts to support their preparations to ensure continuity of supply of goods and services is also expected.

Key considerations for trusts

Work within trusts towards developing no deal contingency plans is at different stages, with trusts telling us that they are considering potential impacts on a wide range of areas. A number of trusts have shared their early plans with us, which we draw together below as some of the areas identified as at risk in a no deal Brexit scenario, along with examples of impacts and potential actions. This is not a comprehensive list of considerations, as these are likely to develop as negotiations and government planning moves on, and as they will need to be tailored to local circumstances.

Additionally, potential impacts will evolve as further details emerge and issues are clarified – for instance around mutual recognition of professional qualifications – and so contingency plans will need to be living documents. It is also worth noting that there will be impacts for trusts across all Brexit scenarios, with the greatest being in the event of no deal; contingency planning will therefore need to reflect these multiple potential scenarios. This is reflected, to a degree, in table 1 below.

Snapshot of potential no deal impacts and actions

Area	Potential no deal impacts	Actions under consideration by some trusts
Supply of medicines and devices	<p>The DHSC has instructed pharmaceutical companies and suppliers of medical devices to stockpile six weeks worth of their products to avoid supply shortages resulting from temporary disruption to supply chains in the event of no deal.</p> <p>In a no deal scenario, the UK would leave Euratom; arrangements to maintain the continuity of the supply</p>	<ul style="list-style-type: none"> • Consult trust’s chief pharmacist on any anticipated medicines supply issues • Set up a drug shortage page on the trust website for daily updates

	<p>chain for radioisotopes need to be clarified.</p>	
<p>Other supplies of goods and services</p>	<p>Imposition of World Trade Organisation (WTO) customs and tariff arrangements, together with any potential devaluation of the pound, could increase the operating costs of a range of non-UK businesses who supply the NHS.</p> <p>New customs checks could also extend supply chains and cause delays to delivery.</p> <p>These impacts would apply to a broad range of products and also to some capital projects, where building contractors may experience their own workforce supply issues and increased costs.</p> <p>A potential risk exists to IT services where IT servers are based in the EU.</p> <p>Also investigate: uniforms sourced from the EU; back office support services, such as waste collection; contracts delivered abroad</p>	<ul style="list-style-type: none"> • Establish a stand alone Brexit 'task and finish' group under the umbrella of the trust's business continuity framework • Assess which supply chains are at risk, as per instruction from the DHSC • Explore options with long-term suppliers and contracts around pricing controls to ensure increases can be effectively managed • Seek to make cost efficiencies wherever possible to mitigate the impact of any cost increases
<p>Workforce</p>	<p>It is expected that EU nationals resident in the UK would be eligible to apply for UK settled status if (it is understood, although not confirmed) they are resident by 31 December 2020</p> <p>Recruitment processes would very likely become increasingly complex, with implications for staff time and creating a potential disincentive for prospective employees from the EU.</p> <p>A no deal scenario could create a shortage of workers in lower skilled roles in particular; this includes in social care, as well as the NHS. Recruitment and retention issues in the social care system would have a direct impact on trusts.</p> <p>A reduced availability of specialist expertise is also anticipated.</p> <p>It is not clear whether mutual recognition of professional qualifications (MRPQ) would continue in a no deal situation. Arrangements under the draft deal are also unconfirmed.</p>	<ul style="list-style-type: none"> • Conduct an in depth breakdown of trust workforce by UK/EU/non EU nationality and professional group • Achieve enhanced understanding of potentially affected working population, for instance through use of online survey tools • Develop briefing materials and clear messaging based on available information on the status of EU staff in the event of a no deal Brexit to ensure the trust can address staff concerns, provide assurance and offer effective support • Offer to pay for staff visas and support completion of associated paperwork • Develop an HR role with responsibility for the retention and ongoing recruitment of EU staff in the event of a no deal Brexit

	<p>In all Brexit scenarios, there could be a downward impact on the numbers of EU citizens wishing to come to the UK to work, certainly until the medium-term outlook became clearer.</p>	
<p>Research and development</p>	<p>Trusts will no longer have legal access to networks, databases and information resources which are reserved for EU member states; this has implications for clinical trials data.</p> <p>EU funding for research projects, such as Horizon 2020, has only been guaranteed by the government until 2020; ongoing access to funds thereafter is uncertain.</p> <p>Though it will not be incorporated into domestic law, the intention is that the UK will seek to align with the EU clinical trials regulation, due to come in to force following Brexit. The UK will not, however, be able to independently implement the use of a shared central IT portal and participation in the single assessment model, both of which would require a negotiated UK/EU agreement regarding UK involvement.</p> <p>Additional sources of funding from outside the EU may be needed to support future research within trusts.</p> <p>Also investigate: connections to European networks</p>	<ul style="list-style-type: none"> • Undertake detailed assessment of the risks to trust research and clinical trials activities, current and likely in the future • Develop an HR role with responsibility for the retention and ongoing recruitment of EU staff in the event of a no deal Brexit

In addition, there are a number of areas that are likely to be impacted by a no deal Brexit where trusts will have little if any direct control, including:

- Funding and macroeconomic impacts
- Regulation (e.g., around UK-wide arrangements to replace the functions of EU agencies)
- Public health (e.g., in relation to early warning systems for medicines safety)
- Drugs pipeline (e.g., slower approvals for the UK market compared to the EU)

Feedback from trusts fed in to our recent submission to the Health and Social Care Select Committee on the impact of a no deal Brexit on health and social care. Therein, we posed a series of questions for the national NHS leaders – looking at both national and local issues – which may also be helpful to consider when developing local plans. Our submission is available here:

<http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/impact-of-a-no-deal-brex-it-on-health-and-social-care/written/91741.pdf>

As usual, the guiding principle for the development of local no deal plans is that boards must be satisfied that it has put in place sufficient controls, and taken all reasonable steps, to manage and mitigate

foreseeable risks in all areas of potential impact in the event of a no deal Brexit. A clear record of decisions made in the development of contingency plans and the associated rationale for each is particularly important.

NHS Providers' Brexit-related activities

NHS Providers is supporting sector-wide efforts to assess the implications of a no deal Brexit and highlight these to key decision makers through our membership of the Cavendish Coalition and Brexit Health Alliance.

The Cavendish Coalition works to ensure that the health and social care system is able to continue to recruit and retain staff from the EU, as well as domestically and internationally, following Brexit. The focus of our work with the Coalition in the coming months will be around the government's proposed post-Brexit immigration system applicable to EU nationals. Our aim is to ensure that in any Brexit scenario, the future immigration system is sufficiently flexible to ensure that the health and social care sector remains able to recruit necessary staff from the EU at all skill levels.

The Brexit Health Alliance was established to safeguard the interests of patients, and the healthcare and research they rely on, during the Brexit negotiations. Through this, we are engaged in influencing activities to ensure following the UK's withdrawal from the EU:

- Maximum levels of research and innovation collaboration
- Regulatory alignment for the benefit of patients and population health
- Preservation of reciprocal healthcare arrangements
- Robust coordination mechanisms on public health and wellbeing
- A strong funding commitment to the health and public health sectors

As trusts undertake and finalise their contingency plans, they may have questions for national bodies. We would suggest trusts to raise these with NHS Improvement and NHS England. NHS Providers is also communicating the views and questions of trusts to the national bodies on a regular basis. This will help develop understanding of the potential impacts for trusts of Brexit and how trusts are developing their contingency plans, as well as gather clarifications that trusts need from the national bodies. If you would like us to raise any Brexit-related issues with the national bodies, please contact Ferelith Gaze (Ferelith.gaze@nhsproviders.org).

Appendix 1: Briefing four – technical notice on recognition of professional qualifications

The latest batch of technical notices outlining the government's preparations for a no deal Brexit scenario was released on Friday 12 October. It included guidance on providing services as a qualified professional. The notice states that, in the event of no deal, the Mutual Recognition of Professional Qualifications (MRPQ) Directive will no longer apply to the UK. The government will develop a new recognition procedure for EEA professionals which will differ from existing arrangements (for example, automatic recognition and temporary access to regulated activities on the basis of a declaration will no longer be applicable). The government will work with the devolved nations and the regulatory bodies to ensure a UK-wide system of recognition.

The notice sets out that:

- EEA professionals (including UK nationals holding EEA qualifications) who are already established and have received a recognition decision in the UK, will not be affected and their existing recognition decision will remain valid.
- EEA professionals (including UK nationals holding EEA qualifications) who have not started an application for a recognition decision in the UK before exit will be subject to future arrangements, which will be published before exit day.
- EEA professionals (including UK nationals holding EEA qualifications) who have applied for a recognition decision and are awaiting a decision on exit day will, as far as possible, be able to conclude their applications in line with the provisions of the MRPQ Directive.

The full notice is here: <https://www.gov.uk/government/publications/providing-services-including-those-of-a-qualified-professional-if-theres-no-brexite-deal>

Appendix 2: Brexit planning - a communication to trusts - from ABHI (11 October 2018)

Contingency Planning for the Supply of Medical Devices

We expect the DHSC to write shortly to trusts and suppliers to provide further information on contingency plans to protect the supply of medical devices to the NHS in the event of a no deal Brexit. These plans result from a detailed analysis of routes to market, via NHS Supply Chain and from manufacturers, and an assessment of current stockholding, the availability of warehousing and capacity at ports.

The Association of British HealthTech Industries (ABHI), the industry association whose members supply upwards of 2/3 of all medical devices used in the NHS, has been closely involved with this planning process. Discussions between DHSC and ABHI members have helped inform plans, and there is an ongoing dialogue between the two. ABHI members have received a steady stream of information and

resources since the referendum from government, and the Association has brokered a number of interactions to help officials understand the complex, international nature of supply chains in the health and care sector. The ABHI is therefore keen to reassure trusts about the level of detailed planning underway both nationally and locally.

ABHI fully recognises that NHS trust boards will need assurance that adequate local contingencies are in place. Clearly there can be no absolute guarantees should we exit the EU next March without a deal, but the industry is taking as many steps as is practicable to avoid delays and disruptions to supply. The ABHI is also offering support for their own membership, including template statements of assurance, to help them in responding accurately to questions about local supply.

Appendix 3: Details of new cabinet and reshuffle – Nov 18

Following the publication of the draft text of the proposed withdrawal agreement, which determines the terms on which the UK will leave the EU, and the political declaration, which sets out the basis of the UK's future relationship with the EU following Brexit, a number of Cabinet members and junior ministers resigned.

Resignations

Non-Brexit

- In advance of the other resignations Tracey Crouch resigned separately as a minister at the Department for Digital Culture Media and Sport over disagreements over policy relating to fixed-odds betting terminals.

Brexit

- Jo Johnson resigned as minister of state for transport and minister for London saying the deal being negotiated with the EU "will be a terrible mistake" and called for a public vote.
- The following ministers resigned over the draft withdrawal agreement;
 - Dominic Raab the Brexit secretary Ester McVey, work and pensions secretary
 - Suella Braverman, a junior Brexit minister
 - Shailesh Vara, the Northern Irish Minister resigned over the draft withdrawal agreement.
- Other MPs with junior posts in the Conservative Party and government resigned, including Rehman Chishti a Conservative vice-chairman and prime ministerial trade envoy to Pakistan, Ranil Jayawardena, Parliamentary Private Secretary to the ministerial team at the Department of Work and Pensions and Anne-Marie Trevelan, PPS to the education secretary

Appointments

- Former health minister, Stephen Barclay, was promoted to Brexit Secretary with a revised portfolio.
- Stephen Hammond has been appointed health minister.

- Kwasi Kwarteng (Con, Spelthorne) has been appointed Brexit parliamentary under secretary
- John Penrose has been appointed Northern Ireland minister.
- Amber Rudd has been appointed work and pensions secretary
- Nick Hurd appointed as Minister for London (while continuing as Minister of State for Policing and the Fire Service).

Stephen Hammond MP, minister of state for health

MP for Wimbledon since 2005. Re-elected in 2017 with a majority of 5,622

Responsibilities

- Finance, procurement and operational performance
- Workforce pay and pensions and contracts
- Setting the government's mandate for NHS England
- Transformation and provider policy

Biography

- A former Merton Councillor and investment analyst who worked in financial markets for over 20 years.
- Hammond started work as a fund manager for Newton Investment Management and then Canada Life, and moved on to a series of investment banks.
- In his maiden speech, he attacked over-development, over-regulation, under-investment in local public transport, school budget deficits and the health risk from high concentrations of mobile phone masts.
- He supported Liam Fox in the 2005 leadership contest and Theresa May in 2016.
- A vocal pro-EU MP, he has been described as an "influential remainer" by the BBC's Laura Kuenssberg.
- He rebelled in December 2017, voting for Dominic Grieve's amendment on the EU Withdrawal Bill calling for MPs to have a final vote on the deal before it is ratified, losing his role as Party Vice-Chair.
- He then vowed to challenge the official Brexit policy to table amendments which would give MPs a chance to vote for the 'Norway option' of staying in the single market.

Parliamentary career

- Treasury Sub-Committee, 2017 – 2018
- Treasury Committee, 2017 – 2018
- Public Accounts Committee, 14-15
- Statutory Instruments Select Committee; Statutory Instruments Joint Committee, 2015-17
- Parliamentary Under-Secretary (Department for Transport) (Roads and Motoring) 2012-14
- Shadow Minister (Transport) 2005-10
- Political interests include: Health, financial affairs, transport, foreign affairs
- Unsuccessfully put his name forward to be chair of the Treasury Select Committee in 2017.

Stephen Barclay MP, secretary of state for exiting the European Union

MP for North East Cambridgeshire since 2010, majority of 21,270

Ministerial responsibilities

- Policy work to support the UK's negotiations to leave the European Union and to establish the future relationship between the EU and the UK
- Conducting the negotiations in support of the Prime Minister including supporting bilateral discussions on EU exit with other European countries
- Working closely with the UK's devolved administrations, Parliament, and a wide range of other interested parties on the approach to negotiations
- Leading and co-ordinating cross-government work to seize the opportunities and ensure a smooth process of exit on the best possible terms

Parliamentary career

- Minister of state at the Department of Health and Social Care, 2018
- Economic Secretary at HM Treasury, 2017 - 18
- Government Whip (Lord Commissioner of HM Treasury), 2016-17
- Assistant Whip at HM Treasury, 2015-16
- Member of public accounts committee, 2010 -14

Background

- A former solicitor and army officer, Barclay worked as an insurance company lawyer for Axa insurance and as a regulator for the Financial Conduct Authority
- He supported Theresa May in the 2016 Conservative Party leadership election and supported leave in the 2016 EU referendum
- In November 2018 he was promoted to the role of Brexit secretary, following the departure of Dominic Raab from government
- Barclay is said to be a close friend of Theresa May's chief of staff Gavin Barwell

Views on Brexit

- Voted leave in the 2016 EU referendum saying David Cameron's renegotiation "did not deliver the game changer we need to protect against further EU integration".
- In March 2018 he said, "Brexit is a defining moment in the history of our nation. We will be forging an ambitious new partnership with Europe and charting our own way in the world to become a truly global, free-trading nation"
- In the same month, he stated "I know from my previous role in the financial services sector in the City that there is a strong desire for a transitional period. That point was also raised by many in the healthcare sector."
- Barclay went on to say that addressing social care workforce challenges is one of the "key legitimate areas of the Brexit debate": "As the debate has reflected, social care, and how we address it from an

immigration perspective, and from a training and upskilling perspective, is one of the key legitimate areas of the Brexit debate. We are focused on that in our discussions with the Home Office and others.”

- The leader of Barclay’s constituency Conservative Association has said she does not support The Prime Minister’s EU withdrawal deal and has called for Theresa May to stand down.
- Speaking about the deal following his appointment, Barclay said: “This is a deal that takes control of our money, our borders, our laws, this is a deal that works for the entire United Kingdom and the alternative would be going all the way back to square one...”