

Leaving the EU: NHS

Sarah Wollaston Chair, Health and Social Care Committee, Chair, Liaison Committee (Commons)

I thank the Minister for giving way and apologise for not making a fuller contribution to this important debate; I had a long-standing commitment as Chair of the Health and Social Care Committee that could not be delayed.

On the workforce, will the Minister comment on a small area that the Committee highlighted in its report but many people are not aware of: the role of qualified persons? Those are the individuals who are legally responsible for batch-testing drugs before they are released on to the market or made available for clinical trials. Will he pay close attention to the problems that will arise and the impact on clinical trials and the safety of medicines if qualified persons are no longer recognised in the UK after it leaves the European Union? That workforce is in great demand, and there is clear evidence that many of them will have to leave to the EU if that happens, leaving Britain short.

Stephen Barclay Minister of State (Department of Health and Social Care)

I am very happy to recognise my hon. Friend's point, which is well made. As she knows, I am keen to have close discussions with her about such issues. However, through our adoption of the *acquis* into UK law, our desire for a transition deal, our protection of workers' rights and our clear signal to EU citizens, the Government have signalled that we are committed to working collaboratively with the European Union and to maintaining high standards. Indeed, science and healthcare is one of the areas where collaboration is best and where the EU has the strongest desire to maintain that collaboration. We work from firm foundations as we take on some of these specific issues, which the Department will continue to explore.

At the same time as attracting talent from overseasâ€”from both the EU and beyondâ€”we should not lose sight of the importance of growing our own workforce. Again, the Government have clearly signalled our intention in that regard, with a 25% expansion of undergraduate places for nursing and our announcement earlier this week of five new medical training centres, in Sunderland, Lincoln, Lancashire, Chelmsford and Canterbury. There is a clear desire to strengthen training for the existing workforce.

That sits alongside other initiatives, such as apprenticeships and ensuring that there are different pathways for people to progress in the NHS. That will ensure that people can develop their careers at different stages, so that someone who enters the system as a healthcare assistant, for example, is not trapped in that role but is able to progress through the nursing associate route and go on to be a qualified nurse. There are myriad ways in which we need to ensure that the NHS has the right skills.

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Sarah Wollaston Chair, Health and Social Care Committee, Chair, Liaison Committee (Commons)

Will the Minister comment on the need for contingency planning, which is one of the central themes of our report? As he knows, nothing is agreed until everything is agreed, and there is genuine concern that we could have a last-minute no-deal scenario, which would have major implications for supply chains in the life sciences industry. Will he confirm whether he will publish a detailed list of the areas in which contingency planning is taking place? Will he also publish the detailed contingency planning?

Stephen Barclay Minister of State (Department of Health and Social Care)

The Chair of the Health Committee is absolutely right about the importance of contingency planning. In the Scottish context, on the steps of No. 10 recently, a critic of the Government as fierce as the First Minister praised the level of discussion between the devolved Government in Scotland and the UK, and her discussions with the Prime Minister.

It may reassure my hon. Friend that the Department has secured additional funding from the Treasury—more than £20 million—as part of our preparation for Brexit. The right hon. Member for Exeter has previously asked in the House whether the Department's preparation and staff resource is at the level that he and other colleagues seek. That is a fair observation, and the situation is continually being improved. Alongside that, considerable work is going on within the wider NHS family—in NHS England, NHS Improvement and elsewhere.

Like the Prime Minister and the Secretary of State, I emphasise once again the importance of EU staff within the NHS. They are hugely valued and will continue to be so, and we are keen to protect their workers' rights. That is reflected in the agreements reached by the Prime Minister in December and those reached earlier this week by the Secretary of State for Exiting the European Union. Alongside that, considerable work is going on within the Department to address a number of these issues as part of our contingency planning. We continue to seek a very close co-operative deal with our partners in the European Union. In areas such as science, there is a long and strong tradition of working in such a collaborative manner. As part of continuing those preparations, this debate and the Health Committee's informed report provide much material on which we can work.