

## Customs and Borders

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

Outside an effective customs union there is no such thing as a frictionless border. There is no escape from border checks, rules of origin and expensive infrastructure, and that means costs, delays and red tape. There will be implications for future investment, for people's jobs and livelihoods, and for the stability of peace in Northern Ireland. But there is one area that has not been touched on: the implications for patient safety.

I am privileged to chair the Health and Social Care Committee, and we have been hearing detailed evidence about the implications of leaving the customs union on patient safety. These consequences go far beyond the economic consequences for individual pharmaceutical companies, about which my right hon. and learned Friend Mr Grieve and my right hon. Friend Anna Soubry have spoken compellingly. In fact, these are consequences that directly affect patient safety.

The Committee heard clear and compelling evidence about the extent to which NHS care is dependent on a network of highly integrated, complex and time-sensitive supply chains for the delivery of medicines. For years, we have taken it for granted that when a prescription is issued, it will be available on the pharmacy shelf. I am afraid that we will not be able to take that for granted in the future, because the complex supply chain—from the research lab right through to the pharmacy shelf—will be disrupted by delays at the border, and that will affect costs.

Delays at the border will also directly affect the delivery of patient care. For example, every year in this country, about 700,000 diagnostic tests take place that rely on the availability of medical radioisotopes, which are very time-sensitive. Very many other products would be affected, such as blood plasma derivatives. There are products and devices that are not manufactured in the UK but which we know from past experience have very fragile supply chains, such as dialysis equipment. We have had problems with this before and it could happen again.

Ben Bradshaw Labour, Exeter

Speaking as a member of the hon. Lady's Committee, can I ask her to confirm that every single witness who provided written and oral evidence to our recent inquiry said that their preference was for us to stay in the customs union and the single market?

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

I thank the right hon. Gentleman; I can confirm that.

There are other very worrying examples. After the Manchester Arena attack, a very rapid

supply of 500 highly specialised trauma-related items was flown in at very short notice from a Belgian-based company. There are very many serious patient safety issues.

There is also an issue of cost. A report today from the King's Fund highlights the increasing cost of drugs to the NHS. The cost of medicines has grown from Â£13 billion in 2010-11 to Â£17.4 billion in 2016-17. However, that cost has been held down by the impact of the supply of generics and the way that primary care has actively switched to these products. Generics are pharmacologically equivalent products that become available when a medicine comes off patent. The British Generic Manufacturers Association told us in evidence that once a medicine comes off patent, a dozen to 20 companies will pick it up. The risk is that as costs and other non-tariff barriers go up, some companies will relinquish their licences and their marketing authorisations. Why would they bother with all the red tape and extra costs? That immediately means that the number of manufacturers goes down, and the likelihood of the cost of generics to the NHS increasing goes up.

I am afraid that the fast and unhindered free movement of medical equipment, medicines, devices, organs and blood products between the UK and the EU that has evolved over decades is at risk if we leave the single market and the customs union. I think there will be a huge crunch moment of reality. The public will never forgive us if, after we leave the European Union, people's drugs and life-saving equipment are not available. This is where we are starting to run into Brexit reality, as opposed to the overly optimistic, unrealistic prospectus that has until now been sold to the British public. It is time for the Government to respond to our request in the Committee to hear when the Ernst and Young-commissioned report on the supply chain will be available. We need far greater contingency planning and a great dose of reality.