Health and Social Care Select Committee evidence session: Preparations for Coronavirus
Friday 17 April 2020

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.

Overview

Coronavirus is putting the NHS under unprecedented strain at a time when demand for health and care services was already at an all time high. Despite these challenges, trusts across the acute, community, mental health and ambulance sector have achieved an extraordinary amount in the last ten weeks to ensure they are well placed to cope with peaks in demand caused by the virus. From expanding critical care capacity and the number of staff who can look after critically ill coronavirus patients and diverting planned care for patients, to striking a comprehensive deal with the independent hospital sector to access their capacity, trust leaders are rightly proud of the significant transformation by the NHS to meet the demands the pandemic has placed upon it.

However, despite these achievements, there have been questions about government's approach in preparing for coronavirus and well-publicised operational challenges in a range of areas at a national level. Alongside ongoing concerns over the supply and use of personal protection equipment (PPE) for frontline NHS workers, issues remain over staff testing and the supply of ventilators. These challenges need to be addressed as a matter of urgency as the peak of the pandemic approaches.

Supply and access to personal protective equipment (PPE), timing of updated guidance on the use of PPE

For leaders of trusts and foundation trusts all over England, nothing could be more important than ensuring their staff have the personal protection equipment they need. Staff are rightly concerned about their own safety and trust leaders are well aware of the frustration and concern of frontline staff over concerns that the right PPE is not always available. Trust directors have a legal obligation to ensure their staff have the right equipment, so when it is not available in sufficient quantities, this creates serious concerns.

We have seen some welcome improvements in the supply and distribution of PPE since the outbreak of the virus, with national leaders reacting to our calls to urgently improve the situation. An emergency distribution system has been set up to proactively deliver pallets of PPE from the national stockpile to trusts and we understand from trust leaders that a majority of their PPE needs are now being consistently met. However, we note that overall concerns about PPE will only be resolved when trust leaders and staff are confident that they, and their colleagues in primary and social care, are receiving adequate supplies of all types of equipment.

Gaps remain in supply and distribution

Despite efforts from Government and the national bodies, gaps remain in PPE supply and that there continue to be unhelpful, but understandable, complications in the new, trust specific, PPE dedicated distribution chain.

In terms of the gaps in *supply,* there is a lack of visors and high protection level clinical gowns within the national PPE strategic stock reserve. Gown shortages remain extremely problematic. China is one of the few manufacturers open to exporting and able to produce gowns of sufficient quality at the scale required. Although national NHS leaders have been buying stock from China in recent weeks, there have been delays in receiving this stock, and we have heard reports of stock being mislabelled. Furthermore, upon arrival in the UK, this stock needs to be tested to ensure it meets standards required. This is not guaranteed, thereby leading to additional delays in supplies reaching frontline NHS staff.

Trust leaders have told us that over the last week, stocks of gowns have become extremely low with some trusts only just receiving emergency supplies in time. Public Health England recently approved the use of coveralls in recent days in place of a gown, which have been tested for use. Although national leaders and trust leaders are working hard to ensure staff are provided with gowns, it is vital that we move towards a sustainable situation as soon as possible.

In terms of *distribution* issues, there remains a need to ensure a consistent single brand of mask is delivered in sufficient quantities to each trust regularly (saving valuable frontline time by avoiding the need for repeated fit testing when different makes arrive) and there are shortages of certain items for trusts, such as mask fit testing liquid. There is also a pressing need to ensure all health and care settings across a pathway including colleagues in primary care, social care and care homes have sufficient access to PPE. Trusts are operating mutual aid between themselves and with wider health and care colleagues where possible, and also receiving much needed contributions from organisations within local resilience forums such as councils, police and fire services and water companies

PPE in community care settings

There have been growing concerns regarding the availability of PPE in NHS community and social care settings, and the increase in COVID-19 cases and deaths in care homes.

Providers of NHS community services (including trusts and social enterprises) were frustrated that their organisations were not initially a priority for national distribution of PPE despite providing essential care for

newly discharged patients. Social enterprises were only added to the NHS supply chain register last week. Until then, these organisations ordered their PPE from individual commercial suppliers who had no stock due to global shortages. NHSEI has acknowledged difficulties in supplying PPE to community settings, and has taken action to increase logistical support, including emergency 'push' deliveries, improving national lists of providers and developing a new website which will be rolled out in the coming weeks to improve distribution for primary, social and community care providers.

The social care sector, including hospices, care homes and domiciliary care providers, play a vital role in enabling hospitals to free up critical care capacity for the most seriously ill. Social care providers are coming under increased pressure, with 92 care homes reporting COVID-19 outbreaks in a single day and 13.5% of all care homes reporting COVID-19 positive residents as of 13 April (although anecdotally this rises to two thirds).[1] It is clear that the shortages of PPE have been more extensive, serious and difficult to overcome in these places partly because as a sector care homes are much more diffuse than the trust sector which is connected as a national network.

Some trusts are reporting that care homes are refusing new admissions due to worries about treating COVID-19 positive residents, despite the national guidance. There have been reports of staff resigning over the lack of PPE, putting greater strain on the workforce which is seeing rapid increases in staff sickness.[2] It is absolutely vital that care homes have access to necessary PPE so staff can work safely and maintain the flow of patients through the system. National leaders are working as hard and fast as they can to solve these problems but it is taking time. Trusts are helping by sharing as much PPE stock as they can with local partners.

Development and effectiveness of antibody tests, medicines that could be used to treat coronavirus

The antibody (serological test) test assesses if an individual has been exposed to the COVID-19 infection and has developed antibodies. Testing is underway to evaluate the antibody tests currently being developed. These tests will be vital in identifying how many people will need to be immunised in the future, inform the development of a vaccine, as well as the proportion of the population who could still catch it. In turn, this will inform the easing of social distancing measures and potentially support economic recovery as more people are 'cleared' to go back to work.

Public Health England are advising against the use of the existing tests being sold by some manufacturers: there is no evidence they are sufficiently accurate and at this stage, none of the three million antibody tests ordered by the government are good enough, only accurately identifying immunity in people who have been seriously ill.

[1] Professor Chris Whitty, Chief Medical Adviser, government daily coronavirus press conference, 13 April 2020

[2] Sir David Behan, chair of Britain's largest home care provider HC-One, Radio 4 Today programme, 14 April 2020

It is clear that we need to both boost testing as a strategy for our overall management of COVID-19 and also put genuine emphasis on testing all frontline NHS staff and their families so that key staff can return to work as soon as possible.

Progress of the Government's plans to carry out 100,000 tests for COVID-19 everyday by the end of April.

There has been widespread criticism of the Government's approach to testing, with trust leaders highlighting early on that they wanted to test significant numbers of staff to ensure staff who were self-isolating as a precaution - but did not have COVID-19- could return to work as soon as possible.

Trusts were formally instructed to use all capacity for patient testing until 29 March when they were allowed to use 15% of that capacity to test staff. This 15% cap was subsequently lifted on 1 April. Since then, after a time lag, staff testing capacity has grown. Trust leaders tell us they are now broadly able to get staff tested when required. The Government has since committed to carrying out 100,000 tests for COVID-19 a day by the end of April.

In order to achieve this, the Government set out a new testing strategy[3] on 4 April to significantly increase the number of tests being carried out. Professor John Newton, Director of Health Improvement for Public Health England, was appointed to help deliver the new plans and bring together industry, universities, NHS and government behind the ambitious testing targets.

New testing centres are being established. The National Biosample Centre in Milton Keynes, which has been repurposed for swab testing for coronavirus on a mass scale, will be able to conduct up to 25,000 tests a day. As of 10 April, the test centre is currently performing 1500 a day. Two further labs in Alderley Park and Glasgow will come online in the next two weeks.

Alongside these national centres, many small labs are now conducting tests, including a lab in Oxford, which is running 100 tests a day for local NHS workers and the Crick Institute, which is running 500 a day. Global life sciences company, Thermo Fisher announced on 9 April that that it would supply all the equipment necessary to conduct 100,000 tests a day, with the equipment to complete the tests being manufactured in the UK. AstraZeneca and GSK are working with Cambridge University on a new testing lab which should have 1-2,000 a day testing capacity by mid-April and ramp up to 30,000 a day.

While these are all positive developments, it remains unclear whether the Government will reach its stated target of 100,000 tests by the end of April. The UK currently only has capacity to test approximately 14,000 individuals a day maximum because of shortages of the equipment needed for testing such as swabs, reagents and testing kits. As of 13 April, the government tested 14,982 tests people including 2,486 key workers and their households[4].

[3] Gov.uk (2020) Coronavirus testing strategy

[4] Gov.uk (2020) Covid-19 guidance for the public

We understand that if existing NHS pathology labs had unlimited equipment, enough capacity would be created to process around 100,000 tests a day. It is vital that every possible measure is taken to increase testing capacity. This will allow NHS staff members who do not have the virus to continue working, improve our ability to identify individuals with the disease such that they can self isolate (assuming they do not need hospital treatment), and improve our ability to track the disease. We would encourage Government to continue to learn from those countries which have implemented a more comprehensive approach to testing.

Government's overall strategy

For understandable reasons, much of the public debate has focused on the gaps in preparations by the Government and other national NHS bodies in the run up to the UK outbreak of the disease. There will be a time to reflect on whether Government could have acted differently on the basis of the scientific advice it received, whether the risk levels associated with coronavirus were escalated at the right time and whether the UK has adopted the right approach with regard to testing at scale. There will be useful learning from the approaches of different countries across the globe as we collectively tackle this virus.

Inevitably, national and local NHS leaders have not been able to foresee every difficulty and so adapted to the national response as the crisis evolved. Despite the significant scale of transformation undertaken, the NHS only had ten weeks- at most- to prepare.

However, the healthcare challenges presented by this pandemic are numerous, significant and varied. In our view now is the time for Government, the NHS and wider communities to pull together and address the pressing operational challenges facing the health and care service as constructively as possible.

PPE

As outlined earlier, trust leaders highlighted PPE and staff testing as early concerns and their frustration over ongoing problems in both of these areas is evident. Trust leaders acknowledge the NHS supply chain came under unprecedented levels of strain when the pandemic hit, with demand from trusts for PPE escalating exponentially and demand for some items increasing substantially overnight. While there was sufficient stock in the national reserve, delivering so much of it, so quickly and so widely, presented a significant logistical challenge.

We welcomed the response from national NHS leaders, which included rapid recognition of the problem, quick mobilisation of help from the army and the UK logistics industry, and effective co-ordination with the existing supply chain and national strategic reserve. The inclusion of an experienced hospital trust Chief Executive as a 'link' between the national NHS team working to solve problems with PPE supply and local trust leaders was a helpful development.

Similarly, trust leaders are aware of the significant global competition for gowns and the efforts by national leaders, working closely with the Foreign Office and the Department for International Trade, to overcome a range of constraints, including quality control. But despite these efforts, the reality is that, for some trusts, stocks of gowns and other key pieces of PPE have started to run critically low over the last week. This is

understandably exacerbating existing anxieties amongst frontline NHS staff. It is vital that national NHS leaders involve trust leaders in early conversations when problems over PPE supply arise and provide as much transparency as possible about estimated stock levels.

Testing

Questions will need to be asked about why UK testing capacity was so constrained and why it took so long for capacity to be expanded, given the importance of staff testing and mass public testing, which is vital for long term control of the virus. Trust leaders have identified four key issues with the national testing strategy, which have hampered the NHS' response to the pandemic:

1. Unlike some other nations, the UK did not have a single national testing regime with clear responsibility for policy, capacity levels and mobilisation in the early stages of the pandemic. It was only with the announcement of a clear testing plan and the appointment of a national testing co-ordinator on April 2 2020 that clarity was provided on the testing strategy.

2. Testing capacity is split across a number of different organisations, including NHS trusts and their pathology laboratories, Public Health England laboratories, the newly commissioned private sector Lighthouse Laboratories, and a wider group of smaller private laboratories. Prior to 2nd April, there was no clarity on how these different sources of testing capacity fitted together, what the purpose of each would be and how quickly their capacity was meant to be growing. The involvement of the private sector added an extra layer of complexity, bringing with it the involvement of the Government's Office of Life Sciences, the Cabinet Office and the Department for Business, Energy and Industrial Strategy (BEIS). Trust leaders continue to be unclear what contribution each of these of laboratories is making to the delivery of the 100,000 daily testing target.

3. Trust leaders running pathology laboratories reported significant shortages of the swabs, plastic testing kits and chemical reagents needed to complete the tests. These shortages were exacerbated by the number of different testing equipment manufacturers with the consumable swabs, reagents and plastic kits tied to the particular testing platform. NHS trust laboratories have the machine capacity to internally process around 100,000 tests a day. But shortages of swabs, reagents and plastic kits meant that in late March/early April, these NHS trust laboratories were only able to complete less than 10% of that number of tests.

4. Trust leaders expressed concerns over the mismatch between Government statements regarding testing capacity and the underlying reality on the ground. Overly positive statements made in the early stages of the pandemic over how much testing capacity was available, how quickly it would grow and when antibody tests would arrive, created difficulties for trust leaders trying to manage staff expectations and pressure from staff representative groups. The lack of detail on when they would actually be able to start and grow staff testing made a difficult situation for trust leaders worse.

5. Alongside the challenges felt by leaders in the acute sector, community, mental health and ambulance leaders also reported frustrations and disadvantaged by the national testing policy. These trusts were often not full members of the regional pathology networks that manage most NHS trust laboratories: when those laboratories started increasing staff testing capacity, tests were concentrated on acute hospital staff.

Ventilators

Countries who were earlier in the cycle of dealing with coronavirus highlighted the importance of ventilator capacity given that oxygen support to assist breathing is the only proven treatment option for those most affected by the virus.

The NHS, as part of its preparations, conducted a complete inventory of available ventilation capacity and was able to identify around 8,000 ventilators, including private sector and armed forces capacity. This preparation work made a significant difference to the NHS' pandemic response, with trust leaders reporting that their requests for ventilators from the national reserve have, up to now, consistently been met.

However, the Government-led process to secure new ventilators from a range of commercial partners and from other countries hasn't been without its challenges. We are concerned that the early focus on the need to reach a set figure of 30,000 ventilators was simplistic and ignored a number of key factors[5]:

1. Time – the Government's strategy ignored delivery and manufacturing timescales. Specifically, the timescale for manufacturing a ventilator, securing regulatory approval (even if expedited), testing, and getting it into service are hard to predict. Furthermore, we are aware some trusts expecting ventilators from abroad had export blocked by the host country Government.

2. Demand: Aiming for a single figure, at a single point in time, ignores demand patterns. Whilst ventilators are mobile, adequacy of supply will depend on actual demand. If every region is experiencing a peak of demand at the same time, it will be difficult to have adequate supply.

3. Responsibility: As with testing, the division of responsibility between key Government departments (such as the Cabinet Office, BEIS, Department of Health and Social Care, who were all involved in the procurement of new capacity) and NHS England, which was trying to ensure that the NHS had the right equipment it needed at the right time, was not always clear.

4. Communication: We are aware of frustrations amongst external suppliers that offers of help have not been properly or speedily taken up. We understand that the sheer number and range of offers of support has been difficult to cope with and that those offering help may not always be aware that there are exacting and complex technical specifications that must be met if the support

[5] The Guardian (March 2020) How the UK plans to source 30,000 ventilators for the NHS

offered is to be used safely – ventilators and PPE equipment being good examples. We note that the NHS has now published a detailed technical specification of the ventilation capacity it requires.

NHS Providers view

For understandable reasons, much of the public debate has focused on the problems, failures and gaps in preparations by the Government and national NHS bodies to deal with the coronavirus pandemic. Given the magnitude and range of challenges facing the health and care sector, the NHS has had to adapt as the crisis evolved. There have been well publicised challenges in a range of areas at a national level, such as access to PPE and staff testing. These delays have been a source of much frustration to both trust leaders and frontline staff, denting confidence and trust at a time when we are asking so much of them.

However, NHS Providers believes that any problems, failures and gaps must be balanced by recognition of the achievements at the frontline, and by national NHS bodies, to deal with this unprecedented challenge. Working with national NHS leaders, trusts have been working at unprecedented speed to free up staff, beds and space. They are postponing routine operations, speeding up patient discharges, boosting equipment supplies, buying in ventilators, training staff in new skills, scaling up testing and bringing in the private sector to support this huge effort.

There will rightly be a time when the pandemic has ended that we look back at what has gone well and what hasn't but at this moment, it is vital we do not lose sight of what has been achieved so far and the challenges that still lie ahead.

NHS Providers
15 April 2020