

Spotlight on...

THE SUPPLY OF PERSONAL PROTECTIVE EQUIPMENT

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.

This is the first of a new series of *Spotlight on...* briefings aimed specifically at sharing key information with parliamentarians on the impact of the coronavirus pandemic on NHS trusts.

Key points

- For trust leaders across England, nothing could be more important during the COVID-19 pandemic than ensuring their staff have the personal protection equipment (PPE) they need, when they need it. Trust leaders have repeatedly raised serious concerns over the supply of PPE throughout the pandemic and yet, despite the efforts of national leaders to ensure consistent supply, delays in the availability of have PPE persisted.
- Failure to resolve these supply problems continues to be a source of frustration for trust leaders and for frontline staff, who are treating high risk COVID-19 patients day-in-day-out, and are rightly concerned for their safety.
- Since the end of last week, trusts across England have come precariously close to running out of gowns.
- While last minute attempts have been made to plug the significant gap between existing PPE reserves running out and the arrival of stock which was ordered weeks ago, this is not a long-term sustainable solution.
- NHS trusts are demonstrating their resilience and enterprise in seeking alternative sources of gowns wherever possible, or finding more sustainable ways of using the current supply.

Why has a shortage of PPE arisen?

Put simply, the NHS Supply Chain came under unprecedented levels of strain when the pandemic hit, with demand from trusts and other healthcare providers for PPE escalating exponentially overnight. While there was sufficient stock of most items of PPE in the national pandemic stockpile, delivering so much of it so quickly and so widely presented a significant logistical challenge. Coupled with an overwhelming worldwide demand for PPE caused by the pandemic, the NHS has been hit by a significant and difficult shortfall in PPE.

What impact is the PPE shortage having on NHS trusts?

Despite efforts by the government and national bodies to deliver improvements in the supply and distribution of PPE since the outbreak of the virus, including the establishment of an emergency distribution system to deliver PPE from the national stockpile to trusts, gaps in PPE supply remain. These complications are having an impact on trusts' ability to deliver care during the pandemic. For example:

- The current emergency PPE distribution system means trusts are receiving up to five different brands of face mask. Allocation of the 'usual' or a consistent single brand of FFP3 mask to each trust would save valuable time on the frontline by avoiding the need for repeated fit testing when different makes arrive. Fit testing can take up to an hour per person.
- Shortage of mask fit testing liquid is exacerbating this situation (though we note this situation has improved as all fit test fluid is now being made in the UK).

Why is there a specific issue regarding the supply of gowns?

Gown shortages remain extremely problematic. This shortage has arisen for several reasons:

- The national pandemic stockpile did not include large amounts of the highest protection level clinical gowns.
- The UK did not have a high-volume industry to manufacture clinical gowns prior to the pandemic. Gowns must meet a high technical specification and require specialised fluid-repellent treatment and textiles.
- High volume use of gown stock.

How is the gown shortage being addressed?

The UK government ordered new stock from other countries several weeks ago, but these orders have been unreliable due to the international shortages of gowns.

China remains the only immediate source of high-volume quantities of gowns, amid intense global competition for this specific form of PPE. National NHS leaders bought stocks from China many weeks ago, but deliveries have been erratic despite daily freight flights. National leaders, working closely with the Foreign Office and Department for International Trade, have worked hard to overcome constraints, including quality control. Recent examples include stock being mislabelled as gowns (but containing masks) and stock needing to meet stringent safety tests on arrival in the UK, but with no guarantee that these will be passed. For example, we note that a consignment of 200,000 gowns that arrived from China last week contained only 20,000 gowns. The UK has therefore been forced to take measures to bridge the gap between existing reserves and stocks ordered after the start of the pandemic, but which have not yet arrived.

This has been extremely challenging for hospitals and other types of health and care trusts. They tell us that they are adopting a number of different approaches to bridge this gap, including sharing stock with neighbouring providers, securing 250,000 gowns from Northern Ireland on 15 April, and relying on stocks from councils, police forces, dentists, vets and water companies.

Additionally, trusts have been concentrating the use of fluid repellent gowns in areas of highest risk such as intensive and critical care and using fluid resistant (as opposed to fluid repellent) coveralls with an additional apron, in line with the Public Health England advice issued last week, which approved the use of coveralls in place of a gown. To reflect this, on 17 April, NHS England and Improvement issued an alert setting out emergency advice for trusts in the event that they ran out of certain items of PPE, in particular the highest grade of gowns.

Despite these efforts, the reality is that, for some trusts, stocks of gowns and other key pieces of PPE continue to run critically low. We are concerned that the updated guidance from PHE on the use of coveralls has not assuaged anxieties amongst frontline NHS staff who are concerned about treating COVID-19 positive patients.

What impact are PPE shortages having on wider health and care settings?

Alongside the challenges facing providers in the acute, mental health, and ambulance sectors, 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.

There are continuing issues regarding community providers, GP practices and care homes not having access to the PPE they need. This was partly because they were not part of the formal NHS **supply chain** and received their PPE from commercial suppliers. The national bodies have recognised the challenges of delivering to over 58,000 providers (compared to just 217 trusts) and responded by setting up emergency 'push' deliveries and an emergency telephone ordering line.

Providers of NHS community services (including trusts and social enterprises) have expressed their frustration that their organisations were 'not a priority' for national distribution of PPE despite providing essential care for newly discharged patients.

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. Some trusts are reporting that care homes are closing to new admissions due to worries about treating COVID-19 positive residents, despite national guidance supporting this. 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.

How have national leaders responded to the PPE shortage?

National, regional and NHS trust leaders have been working extremely hard to address these shortages across all sectors. Despite the early response, which included quick mobilisation of help from the army and the UK logistics industry, and co-ordination with the existing supply chain and national strategic reserve, this does not remove the short to medium term risks to PPE supply, which must be addressed as a matter of urgency.

The gown supply crisis over the past few days is a prime example of last minute attempts being made to plug the significant gap between existing reserves running out and the arrival of stock which was ordered weeks ago. It is possible that this situation will happen again.

The current system is not sustainable and must be rectified as a matter of urgency.

¹ Professor Chris Whitty, Chief Medical Adviser, government daily coronavirus press conference, 13 April 2020
<https://www.youtube.com/watch?v=tWORpOSnmBA&list=PL5A4nPQbUF8Ck7csEOg98U0-bA970noXS>

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 other national NHS bodies for the coronavirus pandemic. The NHS has not been able to prepare for everything that has subsequently proved to be critical, such as access to PPE, which have hampered the NHS' response. While there will be a time for reflection on national level preparations for the pandemic in the future, the immediate focus must be on the urgent challenges facing the NHS now and the need to ensure frontline staff have sufficient alternative equipment to treat patients safely.

It is vital that we move towards a sustainable situation as soon as possible rather than instituting a series of short-term measures to bridge the gap between the depleting stock of existing PPE reserves and the arrival of stock which was ordered weeks ago. There must be greater transparency over PPE supplies and trust leaders must be involved in early conversations when problems arise over PPE supply arise.

It is clear that concerns about PPE will only be resolved when trust leaders and staff are confident that they are receiving adequate supplies of the right equipment at the right time. Until this is achieved, there is a very real risk that frontline staff confidence and trust in national leaders could be significantly undermined.

Meanwhile, trust leaders and their staff are focusing on how they can maintain a safe, caring and effective environment for patients given the constraints they face. They are being highly resourceful and innovative against a backdrop of intense pressure, uncertainty and growing demand.

**Your feedback is
very welcome.**

**For any comments
or questions
please contact**

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For more information:

www.nhsproviders.org/coronavirus