22 June 2020

Parliamentary briefing: Contingencies to ensure adequate stocks of PPE for a potential second wave of Covid-19 and sustainable long-term infection control management in the UK

House of Lords debate, 24 June 2020

Overview

For trust leaders across England, nothing has been more important during the COVID-19 pandemic than ensuring their staff have the personal protection equipment (PPE) they need, when they need it.

However, ensuring the effective supply and distribution of PPE has been a significant challenge for the provider sector during the COVID-19 pandemic. The overwhelming worldwide demand for PPE compounded difficulties in accessing particular items of PPE, such as gowns and visors, while highlighting that the stockpile in the UK was not fit for the coronavirus pandemic.

While most trusts report that they are now regularly receiving the right PPE when they need it, supply is still not as consistent and reliable as it needs to be. This is particularly concerning for trusts who need greater security of supply as they seek to fully restart services, to clear the backlog of cases that has built up during the first peak, and ahead of a potential second wave of COVID-19.

Earlier issues facing PPE supply

PPE shortages arose as 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, the NHS was hit by a significant and difficult shortfall in PPE. This led to NHS national leaders quickly mobilising help from

the army and UK logistics industry, moving to a 'just in time' distribution method,[1] and instructions to trusts encouraging them not to purchase a number of items of PPE themselves.

In April, trusts struggled with securing gowns as the national pandemic stockpile did not include large amounts of the highest protection level clinical gowns. While the government ordered new stock from other countries, these orders were unreliable, and deliveries were erratic due to a wider international shortage of gowns. This was extremely challenging for hospitals and other types of health and care trusts, who had to use several different approaches to bridge this gap in supply. This included sharing stock with neighbouring providers, securing 250,000 gowns from Northern Ireland in April, and relying on stocks from councils, police forces, dentists, vets and water companies.

Trusts also raised concerns over early emergency distribution systems, which meant that trusts were receiving up to five different brands of face mask. Trusts asked for a consistent single brand of mask, delivered in sufficient quantities regularly, saving valuable time on the frontline by avoiding the need for repeated fit testing when different brands arrive and for resolution of the shortage of mask fit testing liquid. (This situation has improved as now all fit test fluid is made in the UK). While visors also seem to have been inadequately stocked in the national reserve, this was been slightly easier to resolve through reuse and 3D printing.

Trusts' access to PPE supplies were also hit by defective stocks of PPE being recalled: in May, 'Tiger Eye' protectors were recalled by the government while a widely reported consignment of 400,000 gowns from Turkey never reached the frontline as the gowns fell short of UK safety standards.

Current issues regarding PPE

While most trusts report that they are now regularly receiving the right PPE when they need it, supply is still not as consistent and reliable as it needs to be. Trusts still need greater security of supply to fully restart services, to clear the significant backlog of cases that built up during the first peak and to be ready in case a second wave of COVID-19 occurs.

The government has taken steps to increase supply of PPE with the appointment of Lord Deighton to oversee the manufacturing of PPE, stablishing supply, and ensuring resilience. Trusts welcome government progress in signing contracts with domestic suppliers, including a contract to

[1] National Audit Office (June 2020) Readying the NHS and adult social care in England for COVID-19

manufacture 70 million FFP2 and FFP3 masks in the UK over the next 18 months[2], and the securing of 100 new suppliers overseas. Trusts have reported that while type II or IIR masks, and FFP3 masks are in good supply, there is a shortage of cone masks.

Trusts are currently working on contingency plans to source, share secure more supplies. For example, Barbour have used their factory in South Shields to make gowns for a range of trusts in the surrounding area while New Cross Hospital in Wolverhampton is now producing its own visors in-house.

These are positive developments given that trusts have come precariously close to running out of medical face masks. The government has sought to reassure the NHS that as part of the new guidance for easing lockdown, measures have been put in place to expand PPE supply from overseas, to improve domestic manufacturing capability and to expand and improve the logistics network for delivering to the frontline.

Furthermore, it is vital that trust leaders are consulted on national decisions which affect PPE supply and the operational running of their trusts. On several occasions, trust leaders have felt that they have had no notice of, or input into, key decisions affecting their organisations, patients and staff. The requirement for all hospital staff to wear masks was officially communicated to trusts by letter from NHSE/I on 9 June with the associated guidance published on 12 June. Trusts were simply not given enough time to make complex and difficult operational changes requiring significant volumes of PPE; nor were they given cast iron guarantees that supplies of masks would be available.

Impact on BAME groups

Over the past few months, the disproportionate impact of COVID-19 on black, Asian and minority ethnic (BAME) people has become increasingly clear. As organisations which collectively employ over 1.3 million staff – including a significant number of BAME individuals – trust leaders are deeply concerned about the evidence showing higher prevalence of the virus and significantly worse health outcomes for BAME groups.

Organisations including the British Association of Physicians of Indian Origin have been vocal in highlighting the risk factors to their members and calling for proper protection and testing to be prioritised by all employers, including stratified risk assessments for those on the frontline. The Royal

[2] Department of Health and Social Care (May 2020) 70 million face masks for NHS and care workers through new industry deal

College of Nursing meanwhile has surveyed its members in relation to access to personal protective equipment (PPE), with a much smaller proportion of those from BAME groups reporting they had adequate protection, compared to those from white ethnicities

Since evidence of the disproportionate impact of COVID-19 on BAME staff first began to emerge, national NHS bodies and trusts at a local level have sought to find the best way to respond to protect both staff and patients. Trusts would welcome concrete action and recommendations following numerous national reviews with a clear steer from the centre to support the process of identifying and managing the increased risk from COVID-19 for BAME staff. Trust leaders have been raising concerns about a shortage of PPE and will continue to work at a local level to address the risks to their BAME staff.

NHS Providers view

It is an absolute priority for trust leaders to ensure staff can treat and care for patients with confidence in their safety. There needs to be a guarantee that every frontline health and care worker will receive the PPE they need, when they need it. Trust leaders want greater transparency about estimated stock levels and need to know as early as possible whether national deliveries will definitely be coming, or if alternative arrangements are needed due to certain items running short, in order to help communicate with staff.

Trusts must also be consulted ahead of decisions affecting the operations. It is vital to ensure that following the sustainable supplies are secured. It was disappointing that trust leaders were not consulted prior to the secretary of state's announcement on Friday 5 June that all NHS staff, including back office workers will be required to wear type 1 and 2 masks[3], given the impact this would have on PPE supplies.

There needs to be a move away from meeting need day by day to ensuring a secure, reliable supply. Alongside this, trust leaders want guarantees that they will have access to 14 days' worth of all PPE supplies in order to safely restart services. This is critical for a number of reasons, including enabling trusts to plan for those patients being asked to self-isolate for 14 days prior to a planned operation, enabling trust leaders to plan better to protect their staff and meet future demand for a wide variety of services and for restarting planned care.

[3] Department of Health and Social Care, 5 June 2020, Press release