

# How the health and care sector can access PPE

I have received this update from the Government:

HMG published a PPE Plan on 10 April, setting out how we are addressing the need for critical PPE for those responding to the Covid-19 outbreak.

**We are working closely with the devolved administrations to co-ordinate the distribution of PPE evenly across the UK.**

From 25th February to 16th April we have delivered nearly 850m items of PPE to NHS Trusts in England, plus tens of millions more items to Devolved Administrations, primary care and adult social care providers.

- Breakdown of items delivered to NHS Trusts:

- o 132 million masks;
- o 142 million aprons;
- o 1.2 million gowns; and
- o 456 million pairs of gloves.

Specifically for the social care sector, we have provided 7.8 million pieces of PPE to over 26,000 care settings around the country, with a further 34 million items of PPE released last week to local resilience forums.

**In England**, PPE can be accessed via:

1. The dedicated PPE Supply Channel set up by NHS Supply

Chain, the Ministry of Defence (MOD), Unipart Logistics and supported by Clipper Logistics, who will be delivering the service

(This is live for NHS trusts and will be rolled out to other health and social care providers in the coming weeks)

2. Business as usual PPE suppliers/distributors (Open to everyone)

3. Dedicated wholesalers specifically for primary and social care providers (Stock has been released for onward sale to primary and social care providers)

4. Local Resilience Forums (Prioritising based on clinical need)

Further detail is available in the [Covid-19: Personal Protective Equipment \(PPE\) Plan](#).

All health and social care providers have been provided with details of how to access PPE via these routes.

### **Additional routes we are bringing online**

In the coming weeks we'll be scaling up our PPE delivery system even further and will be rolling out a new website for ordering PPE, allowing primary and social care providers to request directly from a central inventory. Orders will be managed in line with the

published guidance from Public Health England, integrated with NHS Supply Chain's central PPE logistic operations and shipped directly via Royal Mail.

**In Northern Ireland**, PPE can be accessed via:

1. NI's Business Services Organisation who supply the Health and Social Care

Trusts, which then supply social care providers. Other primary care providers which provide Trust managed services get their supplies from BS0.

**In Scotland**, PPE can be accessed via:

1. National Health Services Scotland National Procurement

2. Direct contracts with existing suppliers

**In Wales**, PPE can be accessed via

1. NHS Wales Procurement Services

2. Direct contracts with existing suppliers

Health and social care providers across the UK can also contact the National Supply

Disruption Response system which can mobilise small priority orders of critical PPE to fulfil an emergency need. If providers do not already have the contact

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## **The management of the NHS**

There have been difficulties scaling up the NHS response to the virus outbreak. The NHS is a vast institution with a huge budget and many staff. It rightly needs some well paid managers to run it and deliver on the general tasks set for it by government.

In England we have NHS England and Public Health England at the top. I have written recently about the senior management of Public Health England. NHS

England is run by seven executive directors on salaries of around £200,000. In 2018-19 NHS England made 31 people redundant in the band £100,000 to £150,000 and made 29 redundant in the band £150,000 to £200,000. This implies it was not short of management. It had 24,000 employees to manage and direct its £114 billion budget.

It would be good to hear more from them about how they prepared with Public Health England for the kind of emergency we now are living through, and to learn more of how they organise their supply chains to scale up deliveries of PPE and medical equipment when needs demand.

There is also considerable management skill in the operating parts of the NHS at local level. Each area has a Clinical Commissioning Group with senior management to acquire and provide health services locally. A local District General hospital is organised as a Trust with a team of Executive Directors, as are the Mental Health and Community services through a separate Trust.

So the NHS has senior CEOs, Finance Directors, Medical Directors, Nursing Directors, Strategy and Operations Directors at the England level, and at the local level by main activity. The issue today is how they work together to ensure the smooth delivery of crucial supplies to hospitals, surgeries and care homes, and where ultimate management responsibility lies in each case. We need well paid high quality management, but we do not need excessive overlap or too many advisory rather than truly executive posts.

Given the numbers and the pay levels of these managers shouldn't we expect them to take some responsibility for delivery on PPE, equipment and capacity planning.

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## Hospitals and isolation

I have some questions for the senior managers at the top of the NHS.

Why did they decide that all the main District General hospitals should become the isolation and treatment centres for Covid 19?

Why did they decide to add several mega hospitals in open Exhibition space, but prefer not to use them as specialist and isolation units all the time case numbers could be absorbed by General hospitals?

Why didn't they opt to hire hotels with separate bedrooms with individual bathrooms for virus patients? Wouldn't it have been easier to control infection through simple modification of airflow systems for each room in such a configuration?

How do they keep enough non emergency surgery and treatment going when the general hospitals are so preoccupied with virus cases? What has happened to

workloads for non virus patients?

Isn't preventing cross infection from the virus for people needing other emergency treatment in a general hospital more difficult than if there were specialist virus hospitals?

What are plans for handling the backlog of other work as the virus subsides, bearing in mind obvious pressures on all staff involved fighting the virus cases.

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## Councils can pay their bills

I asked Wokingham Borough this week if they have sufficient cash to meet their payments. The Leader of the Council said their financial position is strong and they can pay all their bills. I am not therefore pressing for emergency facilities for them which the government has promised for cash strapped Councils. I have not heard of any problems at West Berkshire either.

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## Finding PPE

We have all got used to the initials PPE, meaning protective clothing for people working in the NHS and social care. The government has told us it wants there to be a plentiful supply, and Ministers have authorised spending to provide one. Despite this there is a persistent issue over whether supplies and stocks are adequate in a range of Health and Social care establishments.

I have spent time each day on this problem for the local organisations that report insufficient supplies and stocks. I have badgered the government through Ministers and the Cabinet Office. I have asked the Local resilience Forum for help, as we were told they had an important role locally. I have worked with Wokingham Borough who want to source more clothing for their social service responsibilities.

As a result of the strong MP and media interest and the demands from various hospitals and care homes the centre and the regions have set up organisations to try to ease the shortage. As an alert reader will have noticed, so far I have only mentioned organisations that are trying to buy or obtain PPE. The problem of course lies mainly with the supply. The world is short of PPE because there has been a big surge in world demand.

I have been able to pass on some leads to public sector bodies who need to

buy more PPE. There are various manufacturers and stockists out there who can provide more PPE, and who want the extra orders. Some potential manufacturers say they are experiencing delays in getting their product approved and registered as suitable for purchase and use. Clearly the public sector needs to make rapid decisions, though it should see and test a sample of the goods first.

It should not be a logistics problem. The army is doing great work strengthening public sector delivery systems. There are plenty of laid up trucks and vans in the private sector needing work, and plenty of us would volunteer to drive a load in the backs of our own vehicles to an individual local care home if needed.

Given the will to provide more, the money to pay for it and the flexibility of manufacturers in need of work, it should be possible to crack this problem. Companies wanting to supply need to send in urgent samples, and the buyers in the public sector need to respond quickly with orders.