



Department  
of Health &  
Social Care

# **Covid-19: Personal Protective Equipment (PPE) Plan**

Published 10 April 2020



# Contents

Foreword by the Secretary of State for Health and Social Care .....	3
Strand 1 - Guidance.....	5
PPE in health and care settings.....	5
PPE in non-health and non-care settings .....	10
Strand 2 - Delivery .....	12
Supplying PPE to NHS Trusts .....	14
Supplying PPE to primary care providers and pharmacies.....	14
Supplying PPE to social care providers.....	14
Mobilising the National Supply Disruption Response .....	15
Distributing PPE to Local Resilience Forums .....	16
A new website for ordering PPE .....	17
Taking a UK-wide approach .....	17
Supplying PPE to other sectors responding to the Covid-19 outbreak .....	18
Funding our supply .....	19
Measuring progress.....	19
Strand 3 - Future Supply.....	20
Buying more PPE .....	20
Business lending a hand .....	21
Unleashing the potential of industry to make more PPE– a call to action.....	21

# **CORONAVIRUS**

**Our plan to ensure everyone gets the PPE they need**

**1 Guidance**

**2 Delivery**

**3 Future supply**

# Foreword by the Secretary of State for Health and Social Care

NHS and care staff protect us. Every day, while we're safe at home, they go off to work to care for us. We owe it to them to get them the kit they need to protect themselves.

The goal I've set is that everyone should get the personal protective equipment (PPE) they need. To achieve that we've got to overcome a huge number of complex challenges. This plan sets out how.

Global demand for this equipment is at unprecedented levels and several countries have placed export bans on the sale of PPE. While we entered the crisis with a stockpile designed to respond to an outbreak of pandemic influenza and a no-deal Brexit, our supply chain for PPE was designed to accommodate delivering to 226 NHS Trusts.

As of this week, we are now providing essential PPE supplies to 58,000 different providers including care homes, GP surgeries, hospices and community care organisations. We also went into this crisis without a large-scale domestic PPE manufacturing industry to draw on.

None of these challenges are insurmountable and since the start of the crisis all four governments of the UK have been working around the clock to get a national PPE distribution network up and running. This has already delivered hundreds of millions of items to the frontline and we're constantly ramping up further.

Our PPE plan has three strands: guidance, distribution and future supply.

Strand one is about being clear who needs PPE, what type and in what circumstances. There is enough PPE to go around, but it's a precious resource and must be used only where there is a clinical need to do so.

Our guidance states that any clinician or care professional working within two metres of a confirmed or suspected Covid-19 patient should wear an apron, gloves, a surgical mask and eye protection. Clinicians carrying out tasks that could generate airborne droplets are required to use an even higher standard of protection, including disposable gowns, filtering respirators and face shielding visors.

We've also published PPE guidance for cleaners working outside the healthcare system, those involved in the care and management of the deceased, and first responders. Beyond these roles, the current clinical evidence says there is not a widespread benefit from wearing PPE. Instead, the best way to protect yourself and others is to use regularly wash your hands and to keep at least two metres between you and other people whenever you leave your house. All of our guidance can be easily accessed on our new online GOV.UK hub and we keep this evidence under constant review.

Strand two is distribution: getting PPE supplies to where they're needed.

We've brought together the NHS, industry and the Armed Forces to create a giant PPE distribution network almost from scratch. This is working to deliver critical PPE supplies to those who need it.

We've arranged a priority drop of millions of items of PPE to Local Resilience Forums (LRFs): local partnerships that bring together the NHS, councils and the police to coordinate the emergency response locally and plug local gaps. The LRFs are prioritising delivery to key frontline workers according to local need.

In the coming weeks we will be scaling up our PPE delivery system even further, with a new website allowing the health and care system to order from a central inventory.

The third strand is about making sure we have enough supply of PPE to see us through the crisis.

This is about buying more from abroad and making more at home. We've set up a cross-government PPE sourcing unit to secure new supply lines from across the world and published rigorous standards against which we will buy. We're also asking our homegrown industries to come forward to create new PPE manufacturing capabilities in the UK. Many businesses have generously come forward with offers to turn over their production lines as part of the national effort. We want more to step up to the plate. If you've got the production facilities and you can demonstrably meet our technical specifications, we want to hear from you.

That's our plan. Clear guidelines, the right logistics system, and a way to secure future supplies, both from abroad and by making it at home.

We will do whatever it takes to protect the people who protect us, so they can do their jobs with confidence, keep safe and focus on saving lives.

## Strand 1 - Guidance

- 1.1 As we face the current global pandemic of Covid-19 the demand for Personal Protective Equipment (PPE) has never been greater. The UK Government and devolved administrations are committed to ensuring that those on the frontline in responding to Covid-19 are provided with the critical PPE they need to do their job safely.
- 1.2 PPE is only part of the story. The first steps that we all must take, regardless of where we work, to protect people from the transmission of Covid-19 are:
- to remain more than two metres away from anyone who is confirmed to have Covid-19 or someone who is showing symptoms unless absolutely necessary
  - remain more than two metres away from anyone who doesn't live in your household, wherever possible
  - self-isolate if you are symptomatic
  - follow 14-day household quarantine rules if someone you live with becomes symptomatic
  - employ good hand hygiene, following advice and appropriate thorough handwashing.

### PPE in health and care settings

- 1.3 Those most at risk within the UK are professionals working in the health and social care sectors. This is because these sectors are responsible for providing essential treatment and care for those who are either confirmed to have Covid-19, are symptomatic or are highly vulnerable. They are often in prolonged close contact with individuals who are symptomatic or particularly vulnerable to infection.
- 1.4 They are also the professionals who are most likely to conduct the most high-risk procedures called aerosol generating procedures (AGPs), for which the highest level of PPE is recommended. It is therefore fundamental that health and care staff conducting these procedures are prioritised for access to and supply of PPE so that they can do their job safely.
- 1.5 The social care sector plays a vital role in the response to Covid-19, providing care to some of the most vulnerable in our society, as well as helping to move patients who no longer require acute care into the most appropriate settings. Equally, care

workers must provide personal care for vulnerable individuals. Consequently, ensuring their access to PPE is important.

- 1.6 The UK Government and devolved administrations have published clear [guidance](#) on appropriate PPE for health and social care workers. This has been written and reviewed by all four UK public health bodies and informed by NHS infection prevention control experts.
- 1.7 Our guidance is consistent with World Health Organization (WHO) guidance for protecting health and social care workers from Covid-19. The WHO's statement on this can be found [here](#). The updated guidance was widely welcomed by clinicians, nursing and Medical Royal Colleges (see box below) but we recognise that because social care settings are so diverse, there is more to do to clarify the guidance in some specific settings.
- 1.8 To help direct people to the clinical PPE guidance that is appropriate for them and their job we have created a new [central hub on GOV.UK](#).

### **Support from clinicians, nursing and Medical Royal Colleges and the World Health Organisation**

The Academy of Medical Royal Colleges, Royal College of Nursing and Royal College of Midwives have played a lead role in developing the guidance with member organisations providing practical input into the advice.

Professor Carrie MacEwen, Chair, Academy of Medical Royal Colleges said:

This is the combined result of experts in infection control working with front line clinicians to provide the best guidance on the protection and safety of all healthcare staff, in any circumstances, based on scientific evidence; while taking into account the real-life clinical circumstances faced by staff and the concerns they have raised about their own, and their patients', safety.

Professor Martin Marshall, Chair of the Royal College of GPs said:

"This new guidance provides much of the clarity the College has called for and it is appreciated that Public Health England and NHS England have been receptive to our concerns. It should provide GPs and their teams with much-needed reassurance around how and when to use protective equipment when they are seeing patients face to face in the best interests of their patients, their teams and themselves."

Ruth May, Chief Nursing Officer said:

It's vital our staff are safe and ensure they feel safe and confident that they are being properly protected, as they look after increasing numbers of people during this global health pandemic, which will put health services across the world under pressure. This new guidance should give each and every member of staff the confidence that they are wearing the right level of equipment to keep them safe as they care for our loved ones.

Fran Leddra and Mark Harvey, joint-Chief Social Worker for Adults (England), said:

It's so important for social workers and social care staff to feel safe working and serving their communities. The social care sector is vital in helping our NHS colleagues to respond to the challenges this pandemic is posing and this new guidance will give the information and reassurance people need to keep them safe as they care for the people we love at the most difficult time.

Andrew Goddard, President of the Royal College of Physicians, said:

Today's updated guidance provides what clinicians have been asking for - a single set of recommendations which cover all NHS settings. We know that there has been a lot of confusion and concern over the past few weeks. I hope that this guidance will both reassure clinicians that they are being listened to and give them the confidence that they are safe when caring for Covid-19 patients.

Sara Gorton, UNISON head of health, said:

Any uncertainty about what equipment to wear and when causes unnecessarily anxiety. Staff need clear guidance and to know the risks have been assessed. Unions will work with trusts to make sure this crucial information reaches every single member of staff, so they know they are properly protected when they care for us.

Dr Katherine Henderson President of the Royal College of Emergency Medicine, said:

We are pleased our concerns have been listened to and the inherent risk to the frontline recognised. It is essential that healthcare workers are protected so we can treat patients with confidence – this guidance helps us to do that.

Professor Jim McManus, Director of Public Health, Hertfordshire County Council, said:

Keeping residents and staff in social care settings including home care safe from Covid-19 is extremely important and its vital that social care staff and volunteers feel safe when they are providing support to people. This guidance will be welcomed by frontline social care staff.

1.9 While UK PPE guidance has always been informed by scientific evidence, the updated guidance reflects the fact that coronavirus is now widespread in the community, meaning clinicians and social care workers are more likely to see patients with the virus, some of whom may have minimal or no symptoms. It recommends the appropriate level of PPE to protect NHS and social care workers.

The updated guidance advises that:

- any clinician or care worker who is working in a hospital, primary care or community care setting, including care homes and delivery of home care who are within two metres of a possible or confirmed Covid-19 patient should wear an apron, gloves, surgical mask and eye protection, based on the risk of transmission
- in some circumstances, critical PPE items, particularly masks, gowns and eye protection can be worn for an entire session and doesn't need to be changed between patients, as long as it is safe to do so. Details on sessional use is set out in the guidance
- when carrying out aerosol generating procedures (AGPs) clinicians should wear a higher level of protective equipment. These are listed out in the guidance
- use of aprons rather than gowns for non-AGPs is appropriate, including advice on thoroughly washing forearms if there is a risk of exposure to droplets, consistent with the UK policy of bare below the elbows and evidence reviews on the risks of healthcare acquired infections.
- WHO recommends the use of FFP2 respirators for APGs but the UK has gone further and recommends the use of FFP3 respirators. However, we are clear that FFP2 have been approved by the WHO and can be used safely if needed.

1.10 In addition, to better support those on the frontline access simplified guidance we published four new tables which show at a glance what PPE is required for different settings:

- [PPE for healthcare workers by secondary care inpatient clinical settings, NHS and independent sector](#)
- [PPE for primary, outpatient, community and social care settings](#)
- [PPE for ambulance staff, paramedics and pharmacists](#)
- [PPE for instances where Covid-19 transmission is sustained](#)

- 1.11 We are working with nursing, Medical Royal Colleges and the care provider industry bodies to ensure that frontline staff are aware of this guidance. This is crucial to ensuring we are all using this precious and expendable resource in the right way, minimising waste and maximising safety. We will provide specialist training resources for those working in the care sector.
- 1.12 As part of the updated UK guidance we have included detail on the correct use of PPE dependent on the procedure and the area of work. For example, all PPE worn during the highest risk AGPs should be single use. For other items it depends on the place of work and the tasks being completed. For example, items such as respirators, fluid resistance (Type IIR) surgical masks (FRSMs), eye protection and long sleeves fluid repellent gowns can be used for a single session (e.g ward round or GP session).
- 1.13 The social care sector plays a vital role in the response to Covid-19, providing care to some of the most vulnerable in our society. Here, the following guidance should be observed:
- For provision of direct care to any member of a household where one or more occupants may be suspected to have Covid-19 or are confirmed to have, plastic aprons, FRSMs, eye protection on risk assessment basis.
  - For delivery of care to any individual who meets the [criteria for shielding \(vulnerable groups\)](#) or if there is someone in their household who meets shielding criteria, a minimum, single use disposable plastic aprons, surgical mask and gloves must be worn for the protection of the patient. If the individual is encountered in any context described or if they meet the [case definition](#) then additional PPE should be applied as above.
  - For direct care of possible or confirmed cases of Covid-19 in facilities such as care homes, mental health inpatient units, learning disability residential units, hospices, prisons and other overnight care units, plastic aprons, FRSMs and gloves should be used and subject to risk assessment eye protection may also be needed.
- 1.14 Wearing the right PPE is critical, but so too is putting it on and taking it off in the right way, which otherwise presents a risk of contamination. To support this we have also published guidance for donning and doffing [standard PPE](#) and the enhanced [PPE required for AGPs](#). It is critical that health and care workers make themselves aware of, and follow these procedures so they do not contaminate themselves with Covid-19 as they remove PPE.

## PPE in non-health and non-care settings

- 1.15 Covid-19 is unprecedented. It is therefore understandable that people outside of health and social care sectors want to know more about use of PPE as they respond to this outbreak.
- 1.16 We understand the important role that those outside the health and care system are playing in society's Covid-19 response. However, it is vital we continue to take an evidence-based approach to the use of this precious resource to ensure that we can always provide appropriate PPE for those who work in genuinely higher risk areas.
- 1.17 To this end, the UK Government and devolved administrations have published guidance for those [cleaning non-health care settings](#), those working in the [management and care of deceased](#), and [prisons and other prescribed places of detention](#) and [first responders](#) on how these sectors should be using PPE. Currently, these are the only sectors outside of health and social care which that we believe have a clinical need for PPE. You'll find all relevant PPE guidance in the newly created PPE [guidance hub](#).
- 1.18 For all other workers and sectors, based on current evidence, there is very little scientific evidence of widespread benefit from PPE. Instead practicing good hand hygiene and social distancing are key to minimising the risk of infection.
- 1.19 World Health Organization research also shows that compliance with these recommended behaviours reduces over time when wearing face masks for prolonged periods, such as in the community. There is also the risk that wearing a mask can offer a false sense of security. This may lead wearers to stop, or reduce other practices to protect themselves and others. WHO and UK guidance follows the science and is not advising the use of masks in public places and for those working in supermarkets, waste collection, schools, transport and similar settings.
- 1.20 We emphasise and reassure employers that for the majority the most effective way they can ensure that their employees are safe at work is to:
- Where possible alter business as usual ways of working to ensure social distancing can take place. In some circumstances this could involve the erection of physical 'splash barriers' to decrease staff anxiety, or re-design of customer flows to minimise contact opportunities.
  - Ensure that staff are aware and signs are visible in the workplace reminding employees and customers not to enter the premises if they have Covid-19 symptoms such as a high temperature or persistent cough (or a member of

## Personal Protective Equipment Strategy

their household displays symptoms) and to avoid touching their eyes, nose and mouth with unwashed hands

- That employees are provided with regular breaks to allow them to wash their hands for 20 seconds. Break areas and break times should also be set up to allow for social distancing to occur to minimise contact during these times.

1.21 Employers should familiarise themselves with the [guidance for employers on Covid-19](#).

1.22 It's important to remember that Covid-19 is a new infection and we're learning more and more about it every day. We will continue to engage with stakeholders to understand the level of risk and all four UK public health bodies, alongside NHS infection prevention control experts, will keep the scientific evidence under review. We will change this advice should emerging evidence suggest we should do so.

## Strand 2 - Delivery

- 1.23 The second key pillar of our plan is about ensuring that those people who need PPE equipment can get it and get it quickly.
- 1.24 The UK was well prepared with a national stockpile of PPE which had been reserved for our preparations for an outbreak of pandemic influenza and no-deal Brexit.
- 1.25 The Government had stockpiled sufficient medicines and consumables (including PPE) to respond to a reasonable worst-case influenza pandemic where 50% of the UK population becomes symptomatic. In England we held circa. 50,000 pallets of medicines and consumables (including PPE) to be able to respond to a future UK pandemic with the Devolved Administrations holding stockpiles separately for each of their nations. Circa. 25,000 of those pallets held PPE and hygiene products.
- 1.26 This has been released in response to Covid-19 and we have made substantial progress in getting this stock to those who need it.
- 1.27 Since the beginning of the Covid-19 outbreak, we have delivered over **761 million** items of PPE to ensure our frontline is protected.<sup>1</sup> This has included **158 million** masks, **1 million** gowns, **135 million** aprons and **360 million** pairs of gloves.



<sup>1</sup> PPE deliveries include aprons, body bags, eye protectors, face masks, fit test kits and solutions, gloves, gowns. These figures also include deliveries of hand hygiene, pulse oximeters, swabs, clinical waste containers, cleaning equipment and detergent to NHS Trusts in their response to the Covid-19 outbreak

## Personal Protective Equipment Strategy

- 1.28 This has required a huge increase in the logistics capability, as the system that was set up to supply 226 NHS Trusts has needed to increase its operations in a matter of weeks to provide drops of critical equipment to 58,000 healthcare settings including GPs, pharmacies and social care providers.
- 1.29 We have therefore had to upgrade and expand our systems significantly to meet the challenge of Covid-19. We quickly brought in the Armed Forces to support the NHS supply chain and to better enable the service respond to the unprecedented demand. We are working around the clock to deliver this equipment and meet demand and we are grateful to the recipients of those deliveries for being able to receive at these out of normal hours.
- 1.30 Like many industries and sectors, the making and supplying of PPE has for many years been based on 'just in time' manufacturing principles. However, we recognise that this can be an anxious situation for some, especially if they are waiting for key supplies. Be assured that we are working around the clock to fulfil orders – and assisted by the Armed Forces – get PPE to where it needs to go quickly.



## Supplying PPE to NHS Trusts

- 1.31 NHS Supply Chain and Clipper Logistics supported by the Armed Forces, are working to regularly push critical PPE supplies to every single NHS Trust in England. Since 25 February 2020, at least **654 million** items of PPE have been supplied in this way. From today, these deliveries will take place every day, and we are working to ensure hospitals have sufficient advance notice of what will arrive to make sure they can make the most of this service.
- 1.32 The new system has started by operating a 'push' model, with essential equipment being issued to NHS Trusts based on the expected number of Covid-19 patients. Once the flow of PPE stabilises, we anticipate returning to a more systematic approach based on the demand signals from each Trust.

## Supplying PPE to primary care providers and pharmacies

- 1.33 For primary care providers in the community we have organised emergency drops of PPE. These were delivered to individual GP surgeries, community pharmacies, dentists, urgent dental centres and hospices across England. We have also released PPE to wholesalers for onward sale to these providers. In total, **22 million** items of PPE have been made available in these ways.
- 1.34 We have also written to all Local Authorities to ask them to communicate directly with local care providers with details of how to contact and escalate service continuity issues.

## Supplying PPE to social care providers

- 1.35 We are working around the clock to ensure those working in social care are receiving the PPE they need. This is a sector where we have seen a significant spike in demand for PPE to ensure some of the most vulnerable in our communities are protected.
- 1.36 As an initial step, social care providers across England received an emergency drop of **7 million** items of PPE, so that every CQC registered care home and social care provider received at least 300 face masks to meet immediate needs. Starting in the week beginning 6th April 2020, we have authorised the release of a further **34 million** items of PPE across 38 local resilience forums (LRFs), including **8 million** aprons, **4 million** masks and **20 million** pairs of gloves.
- 1.37 The additional PPE stocks distributed to LRFs will be managed and distributed via Local Authorities and should primarily to be distributed to health and social care

settings. If necessary, this equipment can also be used for wider public services where LRFs identify need and in line with the clinical need as advised by PHE clinical guidance on PPE.

- 1.38 We recognise that the social care sector operates differently to the NHS, and we need to take different steps to ensure that providers can continue to access PPE. **23 million** items of PPE have been released to designated wholesalers for onward sale to social care providers. We have made arrangements with seven wholesalers to supply PPE to the social care sector. Careshop, Blueleaf, Delivernet, Countrywide Healthcare, Nexon Group, Wightman and Parrish and Gompels will all provide supplies to care providers registered with the Care Quality Commission.
- 1.39 We have taken further steps to make it easier to get PPE. DHSC, NHSE&I, NHS Supply Chain, Clipper logistics and the Armed Forces are working together to develop a Parallel Supply Chain (PSC) to support the normal supply chain. This is a dedicated channel for critical PPE, and core PPE products for Covid-19 are flowing through this.
- 1.40 The PSC is supporting improved speed and reliability of delivery for these items, whilst relieving pressure on the established supply chain so that it can deliver 'business as usual' products. The PSC is intended to service social care providers, as well as others across the health and care system.
- 1.41 This is in addition to a new website for ordering PPE, described in more detail below, which we aim to expand to service social care providers.

## Mobilising the National Supply Disruption Response

- 1.42 To further strengthen the resilience and responsiveness of our supply chain operations we have mobilised a National Supply Disruption Response (NSDR) system to respond to emergency PPE requests.
- 1.43 The NSDR has three core functions to support delivery of emergency PPE.
- (a) It operates a 24/7 helpline for providers who have an urgent requirement (e.g. require stock in less than 72 hours) for PPE, which they have been unable to secure through their business as usual channels. Call handlers take details from requestors about the PPE needs, including ensuring they have tried to use business as usual routes first; whether the provider is managing Covid-19 patients; details to ensure the need for PPE is in line with the national guidance; and the provider's current levels of stock cover. The call handlers

log these details into a system that automatically prioritises cases in line with the information provided.

- (b) It incorporates a case management function. We have increased capacity in the last two weeks to **80** staff because of the high volume of cases being managed. The case management team access the cases directly via the system, and work through them in a prioritised process. This process involves triangulation of data, including e.g. deliveries recently received by the organisation; contact with the organisation to understand the volumes requested and when they can receive a delivery.
- (c) It coordinates an express freight desk solution. Once the case has been reviewed and approved by the case management team, the freight desk is instructed to pick, pack and deliver an allocation of PPE to the provider. The NSDR is focussed on fulfilment of urgent requests, so we will prioritise shipping products which are available at the time of picking. Once a delivery has been received the NSDR case will be closed.

- 1.44 The NSDR does not have access to the full lines of stock held at other large wholesalers or distributors but can mobilise small priority orders of critical PPE to fulfil an emergency need.
- 1.45 Between 16th March and 9th April 2020, the NSDR has delivered nearly **3,000** emergency packs of PPE. The longest wait time for a call handler has been less than **10 minutes**. Over **90%** of calls to the NSDR hotline have been answered within **1 minute**.

## Distributing PPE to Local Resilience Forums

- 1.46 In England, we have also arranged for a priority drop of PPE to all Local Resilience Forums (LRFs). These multi-agency LRF partnerships are made up of representatives from local public services, including the emergency services, Local Authorities, the NHS, the Environment Agency and others.
- 1.47 This drop to LRFs is a complex logistical task so the deliveries are being phased. As stated above, starting in the week beginning 6th April 2020, we have authorised the release of a further **34 million** items of PPE across 38 local resilience forums (LRFs), including **8 million** aprons, **4 million** masks and **20 million** pairs of gloves.
- 1.48 The level of PPE provided to each LRF was determined by the number of people within each area, adjusted for the number of people aged 70 and over. In discharging the supply drop, LRFs have been advised to prioritise the local

distribution of PPE to those organisations whose staff have close unavoidable contact with confirmed or suspected Covid-19 cases that include highly vulnerable groups.

## A new website for ordering PPE

- 1.49 The capabilities of our supply chain have strengthened to meet the urgent need for PPE and increase our ability to monitor PPE needs across the UK in line with the clinical recommendations.
- 1.50 To enable those working in the system to register their PPE requirements more easily, we are working with e-commerce expertise to pilot a new website for ordering PPE. 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. The prototype of this new initiative is undergoing the first live tests with an initial group of primary care providers this week. Once the new system is up and running, we will look to expand further to meet the demands of the health and care sectors, including those of social care providers.
- 1.51 However, we recognise that it will take time to stand up this new approach for the wider health and care system, so in the meantime we will continue to operate a 'push' model, with essential equipment being issued to NHS organisations based on the expected number of Covid-19 patients. We will continue to refine our approach, using the routes set out below and through working with organisations across the UK to understand their PPE needs and develop a more sophisticated demand signal.

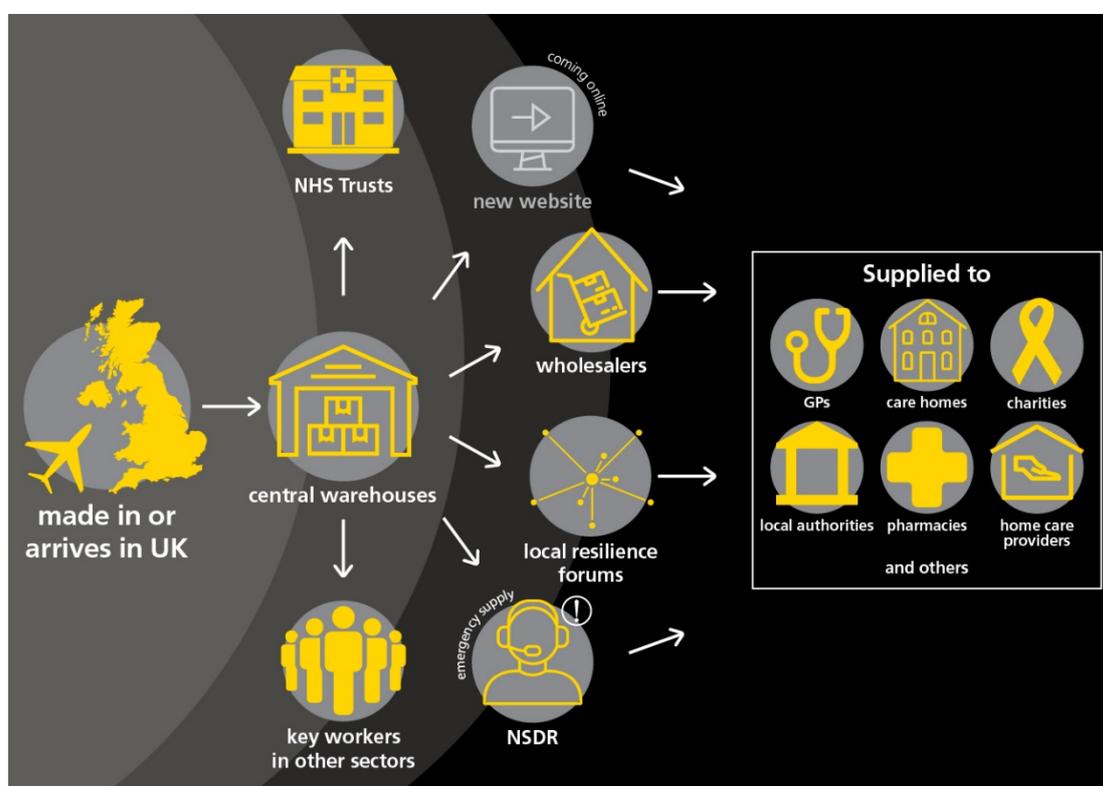
## Taking a UK-wide approach

- 1.52 It is vital that we meet this challenge as four united nations. At every step of the way we have ensured that we have worked side by side with the devolved nations and we have set up a weekly four nations PPE oversight board to manage demand and supply.
- 1.53 Each of the Devolved Administrations has their own supply chain operation for PPE and is responsible for ensuring distribution within Northern Ireland, Wales and Scotland.
- 1.54 We are working closely with colleagues in the devolved nations to ensure supplies of PPE are distributed equitably across the four nations. In the past week, we have authorised the release of nearly **20 million** items of PPE to the devolved

nations to address immediate shortages of specific items and we continue to work closely with the Devolved Administrations to meet the need for PPE across the whole of the UK.

1.55 However, it is recognised that, in particular circumstances, Devolved Administrations are also pursuing their own sourcing of PPE to meet their particular needs.

1.56 We are also working closely with colleagues in the Crown Dependencies and Overseas Territories to understand their needs and have already made significant stock available to them.



## Supplying PPE to other sectors responding to the Covid-19 outbreak

1.57 Whilst it is our top priority to ensure that those working in health and care settings are supplied with the PPE they need, we clearly recognise the need to ensure supplies to organisations and sectors with a critical role to play in responding to the Covid-19 outbreak. For example, we have provided emergency supplies of PPE to prison services and to the court service in line with the guidance.

1.58 To allow us to ensure that those facing supply issues and conducting essential work receive the PPE they need, we have set up a cross-government PPE board,

including the Devolved Administrations, to prioritise requests for PPE. We are using a clinical framework based on the UK guidance to help make these prioritisation decisions and we are getting this supply out as quickly as we can.

### Funding our supply

- 1.59 The Department of Health and Social Care is leading the sourcing and payment of all PPE for the public sector to ensure the UK operates swiftly and decisively in the global market for PPE - ensuring alignment across UK Government Departments and Devolved Administrations and giving a clear view of the supply coming in to the country. We continue to work on the basis that availability of funding should not prevent the right actions being taken at pace, so that those that need PPE receive it.
- 1.60 To assist social care the Government has made available **£1.6 billion** to Local Authorities to support their efforts to tackle Covid-19, with a clear expectation that the vast majority of this is to support adult social care providers. The Local Government Association and Association of Directors of Adult Social Services has published clear advice to LAs on how to ensure this funding reaches the frontline. This funding will help care providers to cover costs of additional PPE. The department will work with care provider representative bodies to keep the cost of PPE under review.

### Measuring progress

- 1.61 As part of our ongoing strategy we hope that the National Supply Disruption Response (NSDR) line will need to be utilised less in the future. As such we are monitoring calls to this hotline on a daily basis and would hope that as the strategy is implemented and logistics settle down the call numbers will reduce.
- 1.62 The call centre currently receives on average **1,420 calls** a day, in the past week they have all been answered within **10 minutes**. The NSDR deals with multiple issues across medical supplies but gives a good indication of how our wider systems are operating.

## Strand 3 - Future Supply

1.63 Although the UK was prepared with a stockpile of PPE, we must ensure we are buying and making more to see us through this pandemic. To do this we are building new PPE production in the UK in a remarkable national effort.

### Buying more PPE

1.64 A new, dedicated unit has been set up to focus on securing supplies of PPE, whilst ensuring that specifications match clinical need, supply chains are secure, fraud is mitigated and the best value for money is achieved in a high demand market.

1.65 Expert procurement professionals from the NHS Supply Chain have been seconded into this dedicated new unit to work with a cross-government team of over 200 staff from the Government Commercial Function. This unit is identifying PPE suppliers from across the globe to meet the increasing demand for a growing list of PPE products. This effort has been equivalent to establishing a new national supply system in the space of two weeks.

1.66 Our Foreign and Commonwealth Office (FCO) teams across the world - and in China specifically - have ensured local sources are able to deliver the products required, as well as working with the central teams to secure inbound logistics and freight operations at speed. The Department for Trade has also stood up a global network to coordinate the PPE sourcing augmenting the FCO's work so that faster fulfilment can be delivered.

1.67 This is enabling us to pull together a global list of the UK's PPE needs. We are taking an open source approach and involving our partners around the world in a coordinated procurement programme.

1.68 We have also worked closely with the UK's public health agencies and clinicians to identify specifications to meet a variety of clinical needs. These specifications are used to engage with suppliers and to cross check that the products produced meet the specifications before they are dispatched to the UK. A further check against the specification is undertaken prior to products being delivered to the point of use.

1.69 Due to the rising demand for PPE, we recognise that organisations have been concerned about accessing such a limited market and have been frustrated in trying to source PPE themselves in competition with other countries. As the new sourcing system develops for the whole public sector, it will no longer be necessary for each organisation to compete for supplies in a very restricted market.

- 1.70 There are no restrictions in place on individual organisations sourcing PPE from suppliers, providing the PPE is compliant with requirements. It is important that where a supplier has further stock, organisations direct these suppliers to [www.gov.uk/coronavirus-support-from-business](http://www.gov.uk/coronavirus-support-from-business) so that the national buying team can follow up these suppliers to secure wider stock for the NHS.

## Business lending a hand

- 1.71 In addition to buying more PPE, businesses and organisations generously offered their own stocks of PPE in this national effort for use by the NHS and public organisations. For example:
- Kingfisher Group (B&Q, Screwfix) donated 240,000 goggles and safety glasses
  - Apple donated 215,000 Type II masks
  - BP donated 75,000 IIR masks.
  - Airbus donated over 700,000 IIR masks
- 1.72 Although many potential leads have not resulted in a viable product, we continue to work through the offers. These have resulted in orders placed of around £200m in the first three weeks of sourcing.
- 1.73 Each offer from industry is followed up with technical checks on their safety and effectiveness before the products are used within the NHS and care sector. The large number of offers means that, it has been taking some time to respond. This is because we have a rigorous process in place and are checking at every step to ensure that the offers meet our safety requirements and we are grateful for each offer that is being made.

## Unleashing the potential of industry to make more PPE– a call to action

- 1.74 We are also pursuing a brand new 'Make' strategy of encouraging UK manufacturers to produce PPE. There has been limited UK manufacture of PPE to date and so new supply channels for materials to make PPE have been sourced at pace in order to enable new manufacturing to commence.
- 1.75 We are working with industry partners such as the Royal Mint, Burberry, Rolls-Royce and McLaren to produce gowns and visors and with Ineos, Diageo and

Unilever to produce hand hygiene products. Tate and Lyle have supported the production of Fit Test solution, working with the Governments Defence Laboratories. We are also in conversation with several additional manufacturers regarding the production of eye protection, masks and gowns to start this new sector of UK manufacturing. A technical assurance process is in place, supported by the Health and Safety Executive, Public Health England, and other regulatory bodies so that new and alternative products are checked for effectiveness and safety.

- 1.76 We would also welcome support from other manufacturers who wish to offer their production facilities where they can meet the required specifications for use by the NHS and care sector. To assist in this call to action potential manufacturers can access the specifications at <https://www.gov.uk/government/publications/technical-specifications-for-personal-protective-equipment-ppe>
- 1.77 And new offers can continue to be made via [www.gov.uk/coronavirus-support-from-business](http://www.gov.uk/coronavirus-support-from-business)

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