

Q130 **Chair:** May I ask you, Simon, to respond to this because I think staff will want to hear it?

Sir Simon Stevens: Sure.

Q131 **Chair:** On the basis of what Amanda said, you are confident that you will have enough protective equipment to keep staff safe, and if there are gaps at the moment they are localised, but will you have enough to keep staff safe in the months ahead?

Sir Simon Stevens: I underline and endorse what Amanda said: as we sit here today, nationally the Department of Health and Social Care procurement team has sufficient for the PPE that we are going to need over the coming weeks, but there is a distributional issue around the country and we are going to need more of it.

Let us be clear that this is a challenge facing every country. A lot of the Chinese supply for some of the more basic items has been disrupted, so we are going to need to ramp up production for gowns in particular, and some of the face masks. This is not a flash in the pan. As we know, it is not something that is just going to be resolved in a fortnight or a month; the coronavirus pandemic is going to be with us for months to come, so we are going to have to ramp up domestic production of those items as well. It is a combination. Have we got aggregate supply now? We are being advised yes. Do we need to improve distribution to every part of the service? We think so, hence the approach that Amanda set out. Will we need more stock over the coming months? Yes, we will.

Q132 **Chair:** Perhaps I could read you a couple of comments that have been sent in from people on the frontline because there is such a lot of concern about it. This is from an A&E doctor in London, writing yesterday: "It's absolute carnage in A&E, utter chaos. We don't have any proper PPE. We are being given paper masks, not the gowns, not the FFP3 masks we need and not everyone even gets those. Literally, the doctors seeing the sickest patients, the ones with suspected heart attacks, PE, sepsis, all they have to protect themselves is a bit of paper across their mouth. I am in shock. I feel like we are being thrown to the wolves here. Some of us are going to die." How long is it going to take to sort out those localised problems?

Professor Willett: First of all, our staff are critical and they are doing an enormously important job and we need to respect what they are saying.

As to the PPE, as Amanda said, there will be establishment of a hotline to deal with the immediate issues of distribution so that hospitals where there are problems can contact us directly or contact the hotline directly to ensure that we get immediate supplies out to them. The PPE guidance from Public Health England has changed in recent days, so there is some education about what is appropriate, depending on whether the case is a confirmed or a suspect case. Now, an important part of what we have to do is to educate our NHS staff as well so that they feel assured that what they have is correct.

We are in a unique position in the UK for two reasons. One is that we have always held a pandemic influenza stockpile, and that is what the Department is now drawing on and pulling down into the distribution chain. That is now happening. That is an enormous replenishing stockpile that we have had long term. As you know, many countries do not have that.

We also—a silver lining—inherited the EU exit stockpile, which we managed to retain before a lot of it was taken down. There is a significant amount, but we have to listen to staff, and we have to respond and assure them that the personal protection equipment will get to them.

Q133 **Chair:** The one thing that would reassure them most right now is if you give me a date by when the localised distribution problems will be sorted out. Can you commit