



From the chief executive

21<sup>st</sup> July 2020

**By email**

Dear Ms Moran,

**Initial evidence submission: APPG on Coronavirus**

The NHS Confederation welcomes the establishment of the All-Party Parliamentary Group (APPG) on Coronavirus and your cross-party [inquiry](#) on the UK's handling of the pandemic.

Please accept this letter as initial evidence to the inquiry.

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Wales and Northern Ireland. We reach every NHS organisation in the jurisdictions in which we operate.

The evidence from our members suggests that although the UK Government and the devolved administrations, as well as the central authorities which support them, took unprecedented action which prevented the NHS from being overwhelmed, there are lessons to be learned that should help to inform the response both to the immediate challenges of localised-outbreaks and a second surge and to the longer-term preparedness for further pandemics. These lessons should have a sense of urgency, given that COVID-19 remains in our communities and that there is the threat of a second peak this winter.

I have set out below the NHS Confederation's main reflections on the handling of the pandemic.

**Key Reflections**

- **Workforce capacity:** Before the pandemic, the NHS in England had around 106,000 FTE vacancies, including nearly 44,000 nurses and more than 9,000 doctors<sup>1</sup>; and

---

<sup>1</sup> <https://fullfact.org/election-2019/ask-fullfact-nhs-vacancies/>



there were more than 100,000 vacancies in social care<sup>2</sup>. Even without the demands of the pandemic, there was (and remains) an urgent need to expand the health and social care workforce.

In response to the virus, the NHS diverted staff, stopped activity, and increased its workforce, creating enough capacity to manage the demand from patients with COVID-19.

However, given the level and pace at which many staff on the front line have been working, there is a need for significant ongoing support to manage the considerable impact this intense period will have had on their mental health. This will also be important if we are to support staff to cope with local outbreaks and a possible second-peak.

- **Urgent care capacity:** The NHS successfully secured adequate beds and capacity largely by discharging medically fit patients, pausing non-urgent procedures, establishing field hospitals, and making use of capacity within the independent sector. It was a major and disruptive exercise, but it was much easier to suspend services than it will be to restart them. The challenge of resuming elective and other care will be considerable.
- **Personal protective equipment (PPE):** The supply and adequacy of PPE has been a major challenge for the NHS and even more so for social care. While over £15 billion worth of investment<sup>3</sup> has seen the situation improve significantly, shortages and uncertainties persisted for months and concerns in some areas remain as more patient services resume across the country, while the NHS also maintains capacity for a possible second wave of the disease this winter.
- **Testing:** Testing availability was slow to develop, and access to testing throughout the pandemic has been challenging for staff, particularly for those working in primary care, community services and social care. Our members are clear: regular testing, and successful track and trace systems are essential to both tackling the virus and enabling the NHS to resume services.

---

<sup>2</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

<sup>3</sup> <https://www.nhsconfed.org/resources/2020/07/summer-statement>



With regard to NHS Track and Trace, recent statistics<sup>4</sup> show a slight improvement in the percentage of people who had tested positive for COVID-19 and were reached by the system's contact tracers and asked to share details of their close contacts (78.7 per cent). But the system is still not reaching the 80 per cent target recommended by the Government's Scientific Advisory Group for Emergencies (SAGE) for reaching those people who have been in close contact with someone who has tested positive for the virus.

- **Ventilators:** While ventilator capacity within the NHS did not meet the Government's target, supplies were increased enough to meet demand.
- **Staff wellbeing:** Many NHS staff have experienced intense working, stress and, in some cases, trauma responding to the pandemic. However, there does appear to have been a good level of psychological support. Many mental health trusts have implemented fast-track access to psychological support for NHS staff, and initiatives such as [Our Frontline](#), which was launched by charities, has provided round-the-clock one-to-one support for health and care workers across various digital platforms. Staff will have ongoing support needs, and this support will need to continue for at least two years.
- **Protecting and supporting vulnerable patients:** The information flow for the shielding programme between national and local systems did not always operate effectively. GPs found this challenging and there was uncertainty around who should be on the shielded list.
- **Tension between local and national responses:** the response to the pandemic often worked best when partnerships of public sector leaders developed local solutions at pace, informed by the differing needs of their communities. National responses, in areas such as PPE and Testing, were by comparison often markedly weaker. Getting the right balance between national and local will be vital in any future response with more emphasis on local partnerships empowered to develop local solutions.
- **Social Care:** The pandemic highlighted inequalities in how we deliver health and social care support. The need for a new settlement for social care, for some sense of parity has never been clearer. In the short term, social care will need ongoing investment to stop the sector from falling over in the face of a second surge.

---

<sup>4</sup> [https://www.gov.uk/government/publications/nhs-test-and-trace-statistics-england-2-july-to-8-july-2020?utm\\_source=8a6e3c39-cfef-4398-9344-7c88f008fd0b&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/nhs-test-and-trace-statistics-england-2-july-to-8-july-2020?utm_source=8a6e3c39-cfef-4398-9344-7c88f008fd0b&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)



- **Health inequalities:** There are clear links between deprivation and ethnicity and the impact of the virus. There is a need for a much stronger focus on the impact of health inequalities on the resilience of communities and individuals to the virus.

We hope this initial evidence submission is useful. If you require anything further from us at this stage, or if we can help by giving oral evidence, please do let us know.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Niall Dickson', with a horizontal line underneath.

Niall Dickson CBE  
**Chief Executive, NHS Confederation**