



Hospice UK's response to the Department of Health and Social Care's consultation on extending free PPE to the health and care sector

October 2021

**To what extent do you agree that free PPE should be extended beyond 31 March 2022 for 12 months?:**

Strongly agree

**If you wish, please explain your position and provide any supporting evidence (preferably no more than 500 words):**

Whilst preparing this consultation response, Hospice UK consulted with hospice services, including those that act as regional hubs for PPE drop-offs, and our own staff who manage the logistics of the hospice hub system. First and foremost, the hospice sector is extremely grateful to the Government for the provision of free PPE for the sector in response to the risks associated with the COVID-19 pandemic and hospices have asked that we pass on their most sincere thanks. However, the pandemic is far from over and there is a crucial need for this free provision to continue past March 2022.

The hospice sector was collectively ordering over 1 million items of PPE per week at the height of the pandemic (1,053,126 items, January 2021). Today, demand remains high, with the most recent data showing that hospices continue to order over 700,000 items per week (707,981 items, October 2021). As long as the Infection Prevention and Control (IPC) guidance remains unchanged, the hospice sector will require a high number of PPE items to remain compliant with this guidance and protect both their workforce and their patients. Furthermore, with the future of the pandemic uncertain, hospices will need easy access to free and high quality PPE to respond to any future spikes in COVID-19 infections and deaths to protect their staff and highly vulnerable patients.

The provision of free PPE across the health and social care sector, including hospices, needs to be extended for at least the proposed 12 months beyond the current end date of 31 March 2022. It is also important that equitable access across the system continues in order to prevent patients in NHS settings being afforded a higher degree of protection from COVID-19 than patients with comparable needs in non-NHS settings. Patients who receive hospice care, either as an in-patient or in the community, are some of the most vulnerable in our health and care system. The complexity of the needs of hospice patients is also increasing, which means that higher grade, and more expensive, PPE is required than prior to the pandemic. It is vital that patients can be confident that they will receive appropriate protection from COVID-19, wherever they receive care, for as long as necessary.

Funding the high level of PPE required by current Infection Prevention Control guidance would be particularly punitive for the hospice sector. If provision were no longer free, NHS organisations would still be able to access taxpayer-funded PPE. However, hospices would have to draw on charitable funding to cover the costs of PPE. This makes up the majority of hospice income now that the additional funding provided by the Government to respond to the pandemic has come to an end. Hospice charitable funds are also only just recovering from the dramatic drop in hospice fundraising over 2020 and 2021.

Before the pandemic, hospices required a lot less PPE and therefore did not have high costs associated with its provision. Therefore, to pay for the level of PPE currently required, hospices would have to divert funding away from frontline care and, as a result, reduce or even cease services. As an example, one hospice told us that funding the required level of PPE would cost them £50,000 per annum, 'inevitably reduc[ing] frontline care resources by an equivalent amount' and resulting in 100 dying patients in their community not receiving care.

**Are there other options you think we should consider?:**

No

**Hospices currently receive free PPE via a series of regional hubs which are largely reliant on volunteers, rather than via the PPE portal or local authorities or LRFs. Instead, hospices could use the PPE portal to access their COVID-19 PPE needs from 1 April 2022. To what extent do you agree that the regional hubs should be stood down and hospices on boarded to the portal?:**

Agree

**If you wish, please explain your position and provide any supporting evidence (preferably no more than 500 words):**

Hospices currently receive free PPE via a network of 19 centrally co-ordinated regional hubs. Hospice UK and the 19 hospices acting as regional PPE hubs are proud to have worked together with the Department for Health and Social Care to ensure that hospices can access free PPE during the COVID-19 pandemic. As you are aware, staff at Hospice UK collate the PPE orders from hospices across England, split these orders into regions and place these orders with the DHSC. Then, the hospice hubs receive PPE for all the hospices in their region and divide it up according to each hospice's individual order. Some regional hubs deliver this PPE and others ask neighbouring hospices to collect it. This system was established at the start of the pandemic to ensure free PPE could be distributed to hospices via the push pallet system as hospices' access to NHS supplies closed down and they were not able to access the PPE portal. The national co-ordination of this system and each regional hub are run on a completely voluntary basis and are therefore reliant on the goodwill of each person involved.

After consultation with hospice services, including all of the hospices currently acting as 'regional hubs', Hospice UK would like to confirm its support for the onboarding of hospices on to the centralised online PPE portal, providing the portal is adapted in a way that meets the needs of the charitable hospice sector.

The hospice hubs have all shown willingness to continue to act as regional hubs for the time being, providing the supply of free PPE continues. However, there is a reluctance to commit to another 12 months, given the clinical space they have given to storing PPE for their regions and the staff resource it takes to divide up the orders and, where offered, deliver PPE to local hospices. Where regional hubs do not deliver PPE to their local hospices, individual hospices have to use volunteer resource to pick it up. One hospice mentioned to us that they face a 100 mile round trip (taking up to 5 hours) to collect PPE from their regional hub.



However, there is also significant anxiety among hospices about whether the centralised portal will be able to meet their needs and provide the same level of supply and variety of PPE provision as the current system. The central online portal does not currently offer the same variation in PPE and often does not carry items that are available via the regional hubs. For example, in June 2021, the DHSC informed Hospice UK and other stakeholders that not all products required by hospices were available on the portal (body bags, gowns); there were occasion delivery issues that could impact sustainability and consistency of supply; and that delivery dates via the portal could not be confirmed in advance. Hospices we have consulted feel strongly that the portal needs to offer the same variety and supply of PPE that is currently offered though the push pallet system and distributed via the regional hubs.

This is why we would recommend that DHSC and NHS Supply Chain work closely, and consult, with hospices to ensure the portal is fit for purpose before onboarding them on to the system. We anticipate that this process will not be completed before April 2022 and therefore the hub system will likely need to stay in place for several more months before onboarding can take place. However, Hospice UK and the regional hospice hubs would only be able to continue coordinating the current hub system were PPE to remain free for hospices.

**Do you have any other views related to this consultation that you would like to express? If 'yes', please explain (preferably no more than 500 words):**

Some regional hospice hubs have also asked whether the DHSC and NHS Supply Chain could explore the potential for PPE drops at regional hubs to take place every month or every fortnight, rather than every week, to reduce carbon emissions and the costs to local hospices collecting PPE from their local hub.