

BMA submission to Public Accounts Committee inquiry on Government procurement and contracts for PPE

About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

1. Summary

1.1 The BMA welcomes the opportunity to respond to the Public Accounts Committee's inquiry on Government procurement and contracts for Personal Protective Equipment (PPE). The Government's response to the COVID-19 pandemic has led to drastic changes in the way it has procured services due to the need to meet increased demand on services, increase testing capacity and procure the PPE needed to keep our frontline workers safe.

1.2 Access to PPE was the main concern for our members during the first wave of the pandemic, and repeated surveys on its availability and suitability found it often to be inadequate. Delegating large parts of the management of procurement processes and supply chains to a complex web of external companies has arguably left the Government less able to respond in an agile and rapid way to the dramatic increase in demand for PPE caused by the pandemic.

1.3 Delays and shortages in PPE have had grave impacts on healthcare worker and patient safety. At the end of April, a BMA survey of over 16,000 UK doctors found that half of the respondents claimed that they resorted to purchasing their own PPE or relied on donations. More troubling, 65% of doctors reported that they only felt partly or not at all protected from COVID-19 in their workplace.¹

1.4 Our report, 'The role of private outsourcing in the COVID-19 response'² concluded that the Government's reliance on private outsourcing reflects a decade of health system reorganisation and increasing marketisation, combined with severe funding cuts to public services and local authorities in England. These factors have consequently weakened and fragmented NHS services and local councils' public health departments, undermining our ability to respond effectively to COVID-19.

1.5 Although there are circumstances where outsourcing certain support services may have been appropriate during the pandemic to safeguard patient care, this should be done transparently and the priority must be funding the NHS to reduce reliance on private procurement. As the NAO's recent report³ uncovered, this has not been the case, with insufficient documentation on key decisions or the consideration of risks and contracts awarded retrospectively.

1.6 The impact of this has led to performance issues, for example tests being lost or vital data not shared⁴, problems in the delivery of high-quality PPE to frontline workers⁵, and a lack of mechanisms through which to hold companies to account for their handling of these contracts.

¹ The Guardian (May 2020) [How a decade of privatisation and cuts exposed England to coronavirus](#)

² BMA (2020) [The role of outsourcing in the Covid-19 response](#)

³ NAO (November 2020) [Investigation into government procurement during the COVID-19 pandemic](#)

⁴ BBC News (October 2020) [Covid: Test error 'should never have happened' - Hancock](#)

⁵ The Guardian, 14 May 2020, [Drivers tell of chaos at UK's privately run PPE stockpile](#)

1.5 By mid-November, the UK government had awarded 8,600 COVID-19 related contracts valued at £18.6 billion. Approximately two thirds of this was allocated for products and supplies, and the remaining awarded to procuring services.⁶ The contracts awarded to date must be urgently scrutinised to ensure that adequate safeguards are in place and lessons learnt going forward, with the recent Spending Review allocating further significant sums expected to be spent on the Covid-19 response over the next two years.

1.6 The Government has relied heavily on private outsourcing to meet demand in the procurement of PPE. In the early stages of the Covid-19 pandemic there were drastic shortages of PPE in many parts of the NHS and social care. These shortages were caused by the lack of a sufficient and correct stockpile and delays in procuring PPE. The BMA also raised concerns⁷ during the first wave that PPE being supplied fell short of the requirements by the World Health Organisation (WHO), potentially putting healthcare staff at risk.

1.7 The Government's strategy to address these problems was ineffective and slow, with reports of some batches sent into the NHS being faulty or past the expiry date.⁸ There were missed opportunities regarding the potential to join the EU scheme to procure PPE, which the Government ruled out applying for, even though the UK was still entitled to participate⁹, as well as reports of chaotic management at the UK's (privately run) stockpile warehouses¹⁰.

1.8 Throughout the course of the pandemic there have also been problems with transparency and trust in the Government's statements relating to PPE. Frequent references to very large amounts of PPE being ordered for the NHS did not match up to doctors' experience on the ground and trust was further damaged when it emerged that gloves were being counted individually in such estimates.¹¹

1.9 To mitigate against such problems in future the BMA is calling for:

- A PPE strategy that ensures health and social care professionals have speedy access to the high-quality PPE they need in future. This must include equalities considerations.
- Private outsourcing in England to be scrutinised in any future public inquiry on the UK government's handling of the COVID crisis
- Transparency of private contractual agreements
- A more robust governance system under NHS control that has oversight of management and coordination of procurement
- A substantial and sustained increase in funding for the NHS and local public health departments, including clarity on funding beyond 2020/21
- A publicly funded, publicly provided and publicly accountable NHS.

2. How have procurement rules changed?

2.1 The NHS' lack of capacity to deal with a pandemic was identified during a simulation exercise carried out in 2016.¹² Exercise Cygnus uncovered crucial gaps in the UK's ability to plan and prepare for a pandemic at both the local and national level. This was borne out when the COVID-19 pandemic hit, the UK started out at a significant disadvantage with inadequate resources and resilience mechanisms. Cost-cutting exercises as a

⁶ Tussell (November 2020) [Latest Updates on UK Government COVID-19 Contracts and Spending](#)

⁷ BMA (April 2020) [Doctors step up push for PPE as frontline fears continue](#)

⁸ BMA (July 2020) [Distribution of faulty and out of date PPE nothing short of a scandal says BMA](#)

⁹ The Doctor (15 April 2020) Doctors step up push for PPE as frontline fears continue

¹⁰ The Guardian, 14 May 2020, Drivers tell of chaos at UK's privately run PPE stockpile

¹¹ The Telegraph (April 2020) [Government counted gloves as single items to reach one billion total](#)

¹² PHE (October 2016) [Exercise Cygnus Report: Tier One Command Post Exercise Pandemic Influenza](#)

result of austerity policies and pre-existing levels of outsourcing are likely to have exacerbated this lack of preparedness.¹³

2.2 Consequently, normal tendering processes have been bypassed and procurement procedures expediated in response to the public health risk posed by COVID-19.¹⁴

2.3 There are clear risks to this approach that have not been effectively mitigated and have been demonstrated by problems in performance. Concerns remain about how the contracts have been set up, who they were given to, how money was used and the extent to which private companies and the Government can be held to account for underperformance.¹⁵

2.4 Guidelines stated that departments must publish the details of awarded contracts within 30 days of agreement.¹⁶ Despite these rules, award notices for many of these contracts have yet to be published and a reported £4.6 billion spent on private COVID-19 contracts remains unaccounted for.¹⁷

2.5 The BMA has called for greater transparency regarding private contractual agreements.¹⁸ This must include publishing award notices within 30 days of agreement, as is in line with Public Contracts Regulations. Public scrutiny limits the risk of fraud and is crucial for demonstrating value for money. Furthermore, greater transparency around private sector spending is essential considering the risk that taxpayer money is misused or spent on poorly performing services.

3. Scale of problems in the availability of PPE throughout the Covid-19 emergency

3.1 It is clear that shortages of PPE were experienced by NHS staff across the country when the pandemic hit. During the first peak of the virus, the BMA surveyed its members to better understand the frontline experience of PPE shortages. From these surveys it is clear that doctors working in high-risk environments and environments with possible or confirmed cases reported dangerous shortages in PPE.

3.2 The BMA conducted its first survey of members at the height of the first wave (3-6 April)¹⁹. Large numbers of doctors working in AGP (Aerosol generating procedures) settings did not have sufficient PPE:

- 48% of respondents reported a shortage in the supply of FFP3 respirators
- 35% of respondents reported a shortage in the supply of gowns and 8% reported they had no supply at all
- 54% of respondents reported a shortage in the supply of face visors and 17% reported they had no supply at all
- 42% of respondents reported a shortage in the supply of disposable goggles and 23% reported they had no supply at all

3.3 Doctors working in an environment with possible or confirmed COVID19 cases reported shortages.

- 35% of respondents reported a shortage in the supply of facemasks
- 17% of respondents reported a shortage in the supply of aprons
- 43% of respondents reported a shortage in the supply of eye protection and 22% of respondents reported they had no supply at all

¹³ The Telegraph, 28 March 2020, [Exercise Cygnus uncovered: the pandemic warnings buried by the government](#)

¹⁴ Cabinet Office (March 2020) [Procurement Policy Note 01/20: Responding to COVID-19](#)

¹⁵ NAO (November 2020) [Investigation into government procurement during the COVID-19 pandemic](#)

¹⁶ The Public Contracts Regulations 2015: [Regulation 50](#)

¹⁷ The Guardian (November 2020) [UK Government fails to publish details of £4bn Covid contracts with private firms](#)

¹⁸ BMA (July 2020) [The role of private outsourcing in the Covid-19 response](#)

¹⁹ BMA (April 2020) [Most doctors still lack PPE finds survey](#)

3.4 In total the survey of over 6,000 doctors showed that around half of doctors working in high-risk areas said there were shortages or no supply at all of crucial PPE items. Also, in general practice, more than a third of GPs said they had no eye protection, with a further third saying there were shortages.

3.5 The Royal College of Nursing (RCN) member surveys also show a similar experience for nurses. A survey conducted on 13 April with nurses working in high-risk environments showed shortages in vital PPE²⁰: 22% of respondents reported a shortage in the supply of eye protection, 27% reported a shortage in the supply of respirators and over 30% of nurses had not yet received training on correct use of PPE.

3.6 Shortages in PPE supply persisted through into the summer. For example, a BMA survey conducted on 3 May²¹ showed doctors were still reporting shortages of gowns, eye protection and respirators. Even in July as the national lockdown was lifted, doctors were still experiencing PPE shortages. In a BMA survey on 9 July²², approximately 10% of respondents reported shortages in FFP3 masks, gowns and eye protection. Also, 25% of respondents said that they'd felt pressured to see a patient without adequate protection.

3.7 Our tracker surveys have also consistently found that BAME doctors were much more likely, as much as two to three times more,²³ than white doctors to say they felt pressured to see patients without adequate PPE. Worryingly, the RCN reported similar concerns, their surveys found over half of BAME nursing staff felt pressure to work without the correct PPE²⁴ and twice as many BAME respondents said there were not enough surgical masks, disposable aprons and gloves than white British respondents.

3.8 Finally, the BMA has heard cases of doctors who wear beards for religious reasons such as Sikh, Muslim and Jewish doctors being told there are no alternatives available to FFP3 masks and they must abandon their religious practise and shave, even though the HSE recognises that suitable alternatives like PAPR hoods should be provided. There are also instances of women struggling to find face masks that fit, and doctors who are deaf and reliant on lip-reading have highlighted the need for transparent face masks to be developed.

4. Private outsourcing in the pandemic response

PPE

4.1 From the beginning of the pandemic, the BMA stressed the importance of ensuring healthcare workers on the frontline received the potentially life-saving PPE equipment they needed.²⁵

4.2 The BMA has raised serious concerns about the role of private companies in the management and logistics of procuring and stockpiling PPE²⁶. Whilst we recognise that the Government had to act fast to obtain PPE supplies and deliver it to the frontline, the growing number of examples of small companies with few or no employees, assets or previous relevant experience or expertise having been handed contracts ranging from £25 million to £410 million for the procurement of PPE, is concerning.²⁷

²⁰ RCN (April 2020) [Personal protective equipment: Use and availability during the COVID-19 pandemic](#)

²¹ BMA (May 2020) [Survey reveals almost half of doctors have relied upon donated or self bought PPE and two-thirds still don't feel fully protected](#)

²² BMA (July 2020) [COVID-19 Tracker Survey](#)

²³ BMA (June 2020) [COVID-19 Tracker Survey](#)

²⁴ RCN (May 2020) [Second personal protective equipment: Use and availability during the COVID-19 pandemic](#)

²⁵ BMA (March 2020) [BMA calls on Prime Minister to Guarantee proper protection for NHS workers and make testing immediately available](#)

²⁶ BMA (2020) [The role of outsourcing in the Covid-19 response](#)

²⁷ NAO (November 2020) [Investigation into government procurement during the COVID-19 pandemic](#)

4.3 During the first wave, DHL was responsible for finding wholesalers to supply ward-based consumables, including PPE kits; Unipart was responsible for supply chain logistics, overseeing the delivery of PPE; Clipper Logistics was contracted by the NHS supply chain to deliver PPE; and the PPE stockpile was sub-contracted to Movianto.²⁸

4.4 On 1 May 2020, amid concerns around supply of PPE across the NHS, the Government appointed Deloitte to develop a new procurement plan to boost the production of PPE and source stocks from the UK and abroad. Separately, trusts were told by NHS England that a new data collection process was being rolled out nationally to establish an equitable distribution of PPE (replacing the previous approach through which trusts ordered PPE themselves from approved suppliers).²⁹

4.5 Even after the decision was made to give Deloitte responsibility for leading on boosting stocks, there were ongoing concerns over delays in PPE supplies and how well this new procurement system has been managed, with some UK manufacturers pointing out that offers to help provide PPE were not responded to.³⁰ The BMA became aware of this issue as we were contacted by 70 private companies who were able to supply PPE but had struggled to communicate through official government avenues. We responded by forwarding the details of these companies to the DHSC.^{31, 32}

4.6 Delays over PPE have further highlighted issues around the level of oversight and governance of these processes in Whitehall. Delegating large parts of the management of procurement processes and supply chains to a complex web of external companies has arguably left the Westminster government less able to respond in an agile and rapid way to the dramatic increase in demand for PPE caused by the pandemic.

4.7 The current NHS procurement system operates on the basis of a “just-in-time” business model which is not well suited to coping with a pandemic situation where a sudden increase in supplies is needed. In addition, the decision in recent years to switch to a system of procurement where a smaller group of suppliers are placed on an approved list may have contributed to the problem. This approach may lead to better value for money in normal times (because the NHS can secure better prices by agreeing national contracts with specific suppliers), but during a pandemic this means some suppliers not on the approved list who could help increase PPE stocks are potentially overlooked. Movianto’s handling of the PPE stockpile has also been criticised, with drivers reportedly describing warehouse sites as disorganised, causing delays in locating PPE items.³³

4.8 As previously highlighted, delays and shortages in PPE have had grave impacts on healthcare worker and patient safety. At the end of April, a BMA survey of over 16,000 UK doctors found that half of the respondents claimed that they resorted to purchasing their own PPE or relied on donations. More troubling, 65% of doctors reported that they only felt partly or not at all protected from COVID-19 in their workplace.³⁴

4.9 The Department of Health has now produced a PPE strategy and has promised healthcare professionals will get access to the high quality PPE they need in future. However, more detail is needed on their modelling and the mechanisms in place for ensuring mistakes won’t be made again.

²⁸ University of Greenwich and We Own It (May 2020) [Privatised and Unprepared: The NHS Supply Chain](#)

²⁹ The Guardian (April 2020) [Concerns over delays and errors at UK drive in coronavirus test centre](#)

³⁰ The Guardian (May 2020) [UK government using crisis to transfer NHS duties to private sector](#)

³¹ The Guardian (May 2020) [Healthcare firm advised by Owen Paterson won £133m coronavirus testing contract unopposed](#)

³² DHSC (April 2020) [COVID-19 testing privacy information](#)

³³ The Guardian, 14 May 2020, Drivers tell of chaos at UK’s privately run PPE stockpile

³⁴ The Guardian (May 2020) [How a decade of privatisation and cuts exposed England to coronavirus](#)

4.10 One of the lessons learnt from the pandemic is that we need to reform procurement arrangements to ensure there is greater in-house expertise in managing complex procurement systems. Fragmentation of the NHS supply chain has severely impacted the distribution of PPE supplies, demonstrating the importance of accountable and coordinated leadership instead of a disconnected web of private providers who have acted independently and with ineffective oversight.

5. Test and Trace Programme

5.1 The Government has allocated £22 billion to the test and trace programme for 2020-21 and a further £15 billion for 2021-22. Of the funding allocated so far, most has been awarded to private companies.^{35,36} However, the Government itself has recognised that the effectiveness of the programme has been disappointing.³⁷

5.2 The BMA's COVID-19 Tracker Survey³⁸ from October, found that 38.6% of respondents listed efficacy of test and trace as one of their key concerns in the next four months, demonstrating the level of concern among doctors over the effectiveness of the system and the impact this is having on rates of COVID-19 transmission and the NHS.

5.3 Since the start of the pandemic, national testing capacity increased too slowly and was rapidly outpaced by the rate of transmission across the country. As part of its [Pillar 2 strategy](#), the Government hired Deloitte to help accelerate and scale up testing capacity, overseeing the creation and management of the test and trace system.³⁹ Deloitte has since awarded a string of contracts to a complex network of companies to carry out the administration of tests, logistical support and produce, process and deliver home testing.⁴⁰ The consultancy firm was also tasked with setting up the centralised Lighthouse Labs to cope with testing on mass scale. This parallel system bypassed the existing network of NHS labs and encouraged competition for scarce testing supplied. Forty-four NHS labs in England were reportedly left "under-used".⁴¹

5.4 The Government has struggled to meet its testing targets⁴² throughout the pandemic and the testing system has faced numerous problems. These include shortages of tests, long queues and waiting times at testing sites, leaking test vials, wrongly labelled samples and lost test results. Failures at the Chessington testing centre led the Chief Executive of Epsom hospital to request taking over the running of the flagship operation from Deloitte.⁴³

5.5 There have also been issues with data sharing. GPs and public health officials have been unable to receive timely, detailed information on tests conducted in privately-run sites.⁴⁴ This missing information has been deemed responsible for allowing the virus to spread undetected in for example, Leicester, which has had to impose extensive local lockdown measures.⁴⁵

5.6 In addition, problems have been reported with faulty tests. In March, Randox was awarded a contract worth £133 million to supply testing kits. However, four months later, it emerged that swabs in some

³⁵ HMT (November 2020) [Spending Review 2020](#)

³⁶ The Guardian (November 2020) [Test and Trace fails to contact 110,000 in English Covid hotspots](#)

³⁷ The Independent (October 2020) [Inside Government: Boris Johnson admits to test and trace failures](#)

³⁸ BMA (October 2020) [COVID-19 Tracker](#)

³⁹ Open Democracy, [Deloitte's test and trace bonanza: this is how much the British public has paid them so far](#)

⁴⁰ Latest figures indicate that £146 million have been split between Serco, G4S and Mitie to run test centres – see OpenDemocracy, 16 October 2020

⁴¹ Independent, 31 March 2020, [Coronavirus: UK's failure to carry out mass testing condemned by former WHO director](#)

⁴² Health Service Journal (May 2020) Government counts mailouts to hit 100,000 testing target

⁴³ The Guardian (April 2020) [Hospitals sound alarm over privately run test centre in Surrey](#)

⁴⁴ Open Democracy, [Deloitte's test and trace bonanza: this is how much the British public has paid them so far](#)

⁴⁵ The Guardian (July 2020) [UK set to award Covid-19 testing contracts worth £5bn to private bidders](#)

batches of home testing kits were not sterile resulting in 750,000 of these kits being recalled, delaying plans to provide regular testing kits to care homes. The DHSC subsequently suspended the part of their contract to supply testing kits but continued to use their labs for COVID-19 testing. A new £347 million contract was recently awarded to Randox despite prior concerns of contamination.⁴⁶

5.7 Turnaround times have not met the necessary standards set out by SAGE's (Scientific Advisory Group for Emergencies), which has advised that in order for the programme to be effective, tests must be turned around within 24hrs and 80% of contacts needed to be traced.⁴⁷ The Test and Trace (TT) system in England has been falling consistently short of this, and in September, SAGE concluded that the TT programme was only having a 'marginal impact' on reducing the spread of the virus.⁴⁸

5.8 Despite Government awarding further contracts of up to £175 million⁴⁹ to consultancy firms to improve the system,⁵⁰ targets continued to be missed, with only 15% of in-person test results being returned within 24 hours by October 2020.⁵¹ Whilst this has since risen, with 54.2% of in-person tests now being returned within 24 hours, too many are still not meeting this critical time period.⁵²

Contact tracing

5.9 Serco and Sitel were awarded contracts worth £108 million and £82 million respectively to run the contact tracing's national call centre and online system.⁵³ Serco has further subcontracted work to dozens of firms, including debt collection companies and travel agencies.

5.10 The national contact tracing system has been significantly underperforming, with both the Prime Minister and Chief Scientific Adviser admitting its failings.⁵⁴ Between 5th November and 11th November, only 60% of contacts of individuals who tested positive for Covid-19 were reached by the national system and asked to self-isolate.⁵⁵ This appears to be in stark contrast to the work of local public health teams which have set up specialised contact tracing teams due to hindrances with the centralised Serco/Sitel system. In some cases, local teams have been able to reach up to 97.9% of the contacts of individuals who tested positive for coronavirus.⁵⁶

5.11 Recent surges in cases have been putting more pressure on local public health services to respond. However, moving to more local contact tracing by councils has been compromised by the centralised nature of the system. Issues reported include delays in cases and contact details being transferred from national teams; cases passed lacking vital contact information, or duplicating cases that have already been contacted; and limited access to the centralised IT system used by TT, forcing councils to resort to recording information on spreadsheets.⁵⁷

⁴⁶The Guardian (November 2020) [Tory linked firm involved in testing failure awarded new £347m covid contract](#)

⁴⁷ [Minutes of the 32nd SAGE meeting](#) (May 2020)

⁴⁸ SAGE (September 2020) [Summary of the effectiveness and harms of different non-pharmaceutical interventions](#)

⁴⁹ Trussell (November 2020) [Latest Updates on UK Government COVID-19 Contracts and Spending](#)

⁵⁰ The Guardian (October 2020) [Consultants' fees up to £6250 a day for work on covid test system](#)

⁵¹ DHSC (October 2020) [NHS Test and Trace Statistics for 8 October to 14 October](#)

⁵² DHSC (November 2020) [Weekly statistics for NHS test and trace \(England\) and coronavirus testing \(UK\)](#)

⁵³ Commons Library (October 2020) [Coronavirus: Testing for COVID-19](#)

⁵⁴ The Guardian (October 2020) [PM admits failings as England's Covid contact-tracing system hits new low](#)

⁵⁵ DHSC (19 November 2020) [Weekly statistics for NHS Test and Trace \(England\) and coronavirus testing \(UK\): 5 November to 11 November](#)

⁵⁶ Sky News (November 2020) [Coronavirus: Just 59.9% of those who came into close contact with positive COVID cases reached by Test and Trace](#)

⁵⁷ BBC News (November 2020) [Coronavirus: Inside test-and-trace - how the 'world beater' went wrong](#)

5.12 The underperformance of the national system has been coupled with substantial problems including a failure to provide adequate training to its contact tracers and or place them in an environment where they could be trained by people who had expertise in contract tracing.⁵⁸ Serco also breached data protection legislation by sharing email contact details of 300 recruited contact tracers⁵⁹ and there have been reports of inoperable online administration systems.⁶⁰

5.13 Despite criticisms of the scheme's performance, the Government extended its £410 million contact tracing contract with Serco. The terms of the new contract do not appear to allow for the kind of scrutiny or oversight previous failings on behalf of private outsourcing companies, including Serco, have shown is necessary.⁶¹ There is no penalty clause to hold the company to account for underperformance and the contracts reportedly permits Serco to "refine its own service level agreements and oversee its own monitoring".⁶²

6. Private Hospitals

6.1 In March, the Government reached a national agreement with independent sector healthcare providers (IHSP) to secure all available inpatient capacity and resource in every area in England to form part of the response to COVID-19. This covered all inpatient facilities, including 8,000 beds, and the existing staff working for the providers.⁶³ The deal guaranteed the private sector cost recovery for its services including operating costs, overheads, use of assets, rent and external interest payments.⁶⁴ NHS England had block booking in place with IHSP from March to October, costing the taxpayer £1.58 billion.⁶⁵

6.2 Concerns over low bed occupancy rates, and NHSE's failure to release data on how many patients had been treated in private hospitals, resulted in the Treasury blocking plans to extend contractual agreements with private hospitals into 2021.⁶⁶ NHSE later announced in August that they had negotiated revisions to the contract the focus of which were to "*secure better value for money for taxpayers, migrate most contracts to a mechanism more closely aligned to delivery of activity at volume and to resolve barriers to mobilisation of the use of capacity in the short-term.*"⁶⁷

6.3 While the contract award notices have now been published, we still do not know how much the resources were used in this period, making it difficult to determine value for money. There have, however, been widely reported concerns^{68, 69} including anecdotal reports from BMA members, about the under-use of these private hospitals.⁷⁰ Available data from private hospitals between March and June shows that bed occupancy remained well below the 8,000 capacity figures previously cited, whilst September figures from NHSE indicate that 2,300 of the 8,000 beds actually had NHS patients in them.⁷¹

⁵⁸ [New York Times](#) (June 2020)

⁵⁹ BBC (May 2020) [Coronavirus: Serco apologises for sharing contact tracers' email addresses](#)

⁶⁰ [New York Times](#) (June 2020)

⁶¹ The Guardian, 7 May 2020, [Outsourcing the coronavirus crisis to business has failed – and NHS staff know it](#)

⁶² [Open Democracy](#) (October 2020)

⁶³ NHSE (March 2020) [IHPN partnership letter](#)

⁶⁴ CHPI (March 2020) [Who benefits from the NHS bailout of private hospitals?](#)

⁶⁵ TED (2020) [United Kingdom-Leeds: Health and social work services 2020/S 202-492193 Contract award notice](#)

⁶⁶ The Guardian (June 2020) [Treasury blocks plans for private hospitals to tackle NHS backlog](#)

⁶⁷ NHSE (August 2020) [COVID-19: Update on partnership working with the Independent Sector Providers and the Independent Healthcare Providers Network \(IHPN\)](#)

⁶⁸ The Times (June 2020) [Private hospitals sit empty as waiting lists for surgery grow](#)

⁶⁹ The Express (April 2020) [Coronavirus hospital beds are empty ite non-COVID patients denied treatment](#)

⁷⁰ The Times (June 2020) [Private hospitals sit empty as waiting lists for surgery grow](#)

⁷¹ NHSE (September 2020) [Covid publication 10-09-2020](#)

7. Mitigating risks in future

7.1 Whilst the BMA recognises that the emergency of the pandemic required the Government to procure goods and services quickly to safeguard patient care, the examples set out above demonstrate mitigations necessary to ensure risks arising from changes to procurement were not taken.

7.2 Guidelines have stated that departments must publish the details of awarded contracts within 30 days of agreement.⁷² Despite these rules, award notices for many of these contracts have yet to be published and reportedly £4.6 billion spent on private COVID-19 contracts remain unaccounted for.⁷³

7.3 Contracts that cover testing centres, laboratories and PPE procurement have been agreed without competition or public scrutiny, making it incredibly difficult to demonstrate value for money. The under-performance and failures in systems that have been outsourced, and absence of mechanisms through which to hold companies to account for delivery failures, suggests that risks have not been mitigated nor value for money achieved.

7.4 As well as the visibility of contractual terms and conditions, there are also concerns that certain companies have continued to be entrusted with responsibilities despite their poor track record. Greater transparency around private sector spending is essential considering the risk that taxpayer money is spent unwisely. Outsourcing to private firms has routinely been justified on efficiency and cost-effectiveness grounds. However, the pandemic has exposed the failures of some of these outsourced contracts awarded without transparency or accountability, and the impact of this on achieving value for money.

7.5 Where this led to a lack of access to high-quality PPE it resulted in healthcare workers' lives being put at risk whilst they worked tirelessly to tackle the virus and care for their patients.

7.6 To mitigate against such risks in the future, and ensure the Government is not in a position where it has to depend so heavily on private procurement in emergency situations, the BMA is calling for:

- A PPE strategy that ensures health and social care professionals have speedy access to the high-quality PPE they need in future. This must include equalities considerations.
- Private outsourcing and the supply of PPE in England to be scrutinised in any future public inquiry on the UK government's handling of the COVID crisis
- Transparency of private contractual agreements with public notice awards published within 30 days
- A more robust governance system under NHS control that has oversight of management and coordination of procurement
- A substantial and sustained increase in funding for the NHS and local public health departments, including clarity on funding beyond 2020/21
- A publicly funded, publicly provided and publicly accountable NHS.

⁷² The Public Contracts Regulations 2015: [Regulation 50](#)

⁷³ The Guardian (November 2020) [UK Government fails to publish details of £4bn Covid contracts with private firms](#)