

People's Covid Inquiry February-June 2021

Witness Statement Dr Michelle Dawson

Session 7: 19 May 2021 Privatisation of the People's Health

STATEMENT

I (name) Michelle Dawson
Job title/ role/ NHS consultant anaesthetist, trustee of Healthcare Workers' Foundation charity

will say as follows:

1. I make this statement for the purposes of the People's Covid Inquiry, which is to be held on 19 May 2020.
2. I am able/unable to attend and give evidence. If unable to attend, I agree to my statement being considered by the Inquiry.
3. What is your job/ role/ occupation – how long doing this for/ brief summary of background/ experience - if possible, attach CV to statement

Consultant anaesthetist in a Northern Trust since 2000.

Clinical lead in Procurement 2009-present.

Clinical Advisor to NHS England during the development of the Life Science Industries Register.

Board member of National Association of Medical Devices, Educators and Trainers.

Co-Founder and Trustee of the charity HEROES, now called Healthcare Workers Foundation.

4. What is your connection/ interest/ background/ experience relevant to the pandemic in England?

I worked on Covid ITU during the first wave and in Critical Care and Theatres throughout the pandemic. I was very aware, in early March 2020, that procuring PPE was going to be a major problem.

I worked initially with NHS England and Cabinet Office, sourcing new supply chains of PPE for them but these were not followed up.

I then teamed up with Paul Ford and Dominic Pimenta to found HEROES and SHIELD, parallel charities that sourced, purchased, manufactured and delivered PPE to wherever it was needed. We raised over £1,200,000 and delivered hundreds of thousands of items of PPE, keeping hospitals functioning, hospices open, and care home workers protected.

I also worked with my local procurement team, local industry and the local Women's Institute to manufacture PPE for the Royal Derby Hospital when NHS Supply Chain was unable to deliver what we needed.

5. How are you able to assist the Inquiry – what is your expertise/ knowledge/ specialism?

I have first-hand experience of what it was like working in ITU during the pandemic.

I am one of the only hospital doctors in the UK with experience working in procurement.

I facilitated several supply chains directly from China of 50 million and a further 30 million FFP3 masks. This was mid-March when my local ITU was so short of PPE we were wearing no PPE at all unless we were going within 6 feet of a ventilated patient in order to conserve stocks. Later on staff on ITU were wearing bin bags due to PPE shortages. The Government did not follow up on the FFP3 masks and they were sold to Germany. That was when I realised I'd have to do what I could without Government help and the charity was founded.

I was told how low the national pandemic stocks were early in March. There was estimated to be enough to visors for 10 days but they were aware that they had underestimated usage and the stock was closer to 2-3 days. Later that week my hospital ran out of visors as they were not in the delivery from NHS Supply Chain. HEROES was able to courier 200 pairs of goggles to get us through until the next delivery was due.

The shortages kept changing. A few weeks later there was a worldwide shortage of PPE gowns and also the raw material to make them from. This was when my local hospital had washable, reusable gowns made by a local company that could be used 100 times to ease the shortage. We also worked with local companies designing and making reusable visors. Early in 2021 the Government audited all NHS hospitals and any that had bought/made/sourced PPE outside of NHS Supply Chain were told that they would not be reimbursed for those costs, despite the fact that NHS Supply Chain was not delivering the PPE that hospitals needed, forcing them to find other suppliers. This cost runs into several million pounds per hospital. They have to find savings elsewhere to cover it.

At the peak of the gown shortages Public Health England dropped the standard required for PPE gowns so low that they didn't even need to be water-repellent any more. A poly cotton wrap would do. HEROES worked with Sew Sussex and Makerversity, designing, making and delivering water-repellent gowns wherever they were needed.

I co-founded the charities HEROES and SHIELD to make, buy and deliver PPE wherever it was needed. The charity, now called Healthcare Workers Foundation, supports the welfare and wellbeing of healthcare workers during the Covid-19 crisis and beyond.

6. What in your view were the original vision and principles underpinning the NHS?

That everyone should have equal access to healthcare, free at the point of delivery, regardless of wealth, ethnicity or illness.

We have listed a broad number of Session 7 questions for the four witnesses to address. Tony O'Sullivan has discussed with you the particular areas we would like you to talk about but in addition here are the general questions for the

Session. The ones you may also be interested are highlighted in red, but please feel free to comment more widely.

7.1: How does the procurement policy in the pandemic align with this Government's policies on the NHS since 2010 and its stated policy direction (White Paper)?

7.2: Some important NHS functions had been outsourced prior to coronavirus, (e.g. NHS logistics and PPE procurement and stockpiling): what impact did this have on the ability to respond to the pandemic; why were adequate supplies of Personal Protective Equipment (PPE) not available from the start?

The government ran Exercise Cygnus in October 2016 which highlighted multiple failings in the UK's preparedness for a theoretical influenza pandemic. It showed that at the height of the theoretical pandemic, the country's health system would collapse from lack of resources. The recommendations of Operation Cygnus were not acted upon. The national pandemic stockpile was run down and completely inadequate when the Covid-19 pandemic struck in 2020.

There was not equal access to government contracts for everyone who was trying to supply PPE. There was a VIP lane for people with connections to the Conservative Party who have been reported in the press to be 10x more likely to be given a contract than people who approached via the normal lane. (1)

Many contracts were given to companies with no knowledge of how to source PPE. During my work with HEROES/SHIELD I spoke many times to a company with many years' experience of buying PPE for the NHS. They expressed their shock at the "total rookies" from the UK who were over in China trying to buy PPE with no contacts and no local knowledge.

7.3: The government has stated that their contracts with private companies have been essential in the pandemic response – Coronavirus 111 service, manufacturing ventilators, sourcing PPE sourcing, Lighthouse laboratories, test and trace and the contact tracing app - and data. What became of these initiatives? What is known about the companies who got the contracts?

This is a huge topic and more than I can cover. To pick one part of it: ventilators. These are my bread and butter as I am an anaesthetist. There is a vast range of complexity in ventilators and the most complicated are ITU ventilators. When the government called for companies to manufacture ventilators, they showed no apparent understanding of the sheer complexity of what they were asking firms to do. It was like asking a fridge manufacturer to design and make a hybrid car from scratch in a month. There are multiple quality assurance criteria to meet and software testing and consumable compatibilities to be considered, CE marking, electrical safety, oxygen flow compatibility. It simply wasn't possible. It also wasn't necessary. There were already approved, tested ventilators on the market, UK companies offering to make them for the Government, the EU offering to allow the UK to have a joint contract with them as they sourced fit-for-purpose ITU ventilators. The UK companies were ignored. The EU was told that the UK government had not received their email (later shown to be untrue) (2)

At no stage did there seem to be any awareness that the limiting factor in all treatment of patients was staff. A hospital bed doesn't make someone better. Hospital staff do. A ventilator does not run itself. It needs dedicated and highly trained staff to operate it. When patients died of Covid they needed a hospital porter to take them to the mortuary and hospital cleaners to clean the bed space. Which brings me back to the PPE shortages and the damage that did to staff morale. There were NHS staff in tears at work on a daily basis throughout the first wave. We saw colleagues die and we were afraid we would be next.

7.4: What are the longer-term lessons for the NHS in relation to future pandemics?

Let's compare Test and Trace with the vaccine rollout. Test and Trace was outsourced to a private company and has cost the taxpayer £37,000,000,000 and is widely held to have been a failure. The assessment of it by the Government's own scientific advisors concluded that it "is having a marginal impact" in reducing Covid-19 transmission. (3)

In contrast the vaccine rollout was given to the NHS to deliver. Through a rapidly developed network of GPs and healthcare professionals the rollout has been fast and efficient and covered the whole UK equally.

I think the long-term lesson from this is don't try to re-invent the wheel. When you have experts and networks already in place, use them.

7.5: What were the ambitions for 'NHS Test and Trace' and were they achieved; how useful have the NHS contact tracing apps been?

7.6: Who was on the board of 'NHS Test and Trace' and were public health experts included?

7.7: What have been the consequences of outsourcing testing site staff and laboratory testing facilities and what are the future implications in relation to pathology services?

7.8: In previous sessions, a GP and bereaved families have spoken of the impact of an outsourced NHS 111 serving as first point of contact for covid enquiries, testing and contact tracing: do you have anything further to add?

7.9: The private hospital sector is being contracted to supporting the NHS during Covid and now with the 'recovery period'. What are the costs and what are the strategic implications for the future relationship between the NHS and the private hospital sector?

7.10: The Government has stated that cooperation between the private sector and the NHS is here to stay. What conflicts of interest can be foreseen if this continues?

This is another enormous topic. It touches, in part, on the work I did with NHS England, the Association of British HealthTech Industries and the Association of British Pharmaceutical Industries, developing the Life Science Industries Register (LSI Register). (4) Medicine is so complex now that it is commonplace for medical equipment representatives to be present during patient procedures, guiding the clinician in the use of their equipment. The LSI Register is the first step in regulating this as these representatives are essential to the procedure but are not NHS employees. There are issues around consent, probity, DBS checks, vaccinations, training

and governance in this. The LSI Register was in the process of being rolled out across the NHS when Covid struck.

Please outline your testimony below and/or attach references or articles which will provide the panel with relevant information.

- (1) <https://www.thelondoneconomic.com/politics/tory-linked-firms-given-vip-access-to-ppe-contracts-worth-billions-report-210004/>
- (2) <https://www.independent.co.uk/news/uk/politics/coronavirus-brussels-uk-ventilators-eu-scheme-communication-a9430571.html>
- (3) https://www.theguardian.com/world/2020/oct/13/uks-test-and-trace-having-marginal-impact-which-countries-got-it-right?CMP=Share_iOSApp_Other
- (4) <https://www.medicalindustry.co.uk/lsi-national-credentialing-register/>

I confirm that the opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

SIGNED

DATE

Michelle Dawson

15/05/21

Please return to inquiry@keepournhspublic.com

Thank you
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