

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

The NHS was born out of the ashes of the Second World War and was intended to offer comprehensive free at the point of use healthcare to everyone in society, no matter what your background or financial means were.

This concept is envied across the world, and I have been on study trips to the USA speaking to friends in a campaigning group called Physicians for a National Health Programme who aspire to single payer' healthcare in the USA. I have spoken to community groups across the country explaining the dangers of commercialisation and have been an active member of Keep Our NHS Public.

Right leaning governments in Westminster have chipped away at this ethos and we have many private companies holding multi million-pound contracts in the NHS creaming off profits that could have been used to better patient care. The forthcoming legislation in 2021 is likely to make this problem worse. We must do all we can to help preserve and support these founding NHS principles. Once they are gone it will be hard to go back.

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

BMA views on privatisation

- The BMA has long been concerned about the deepening privatisation of the NHS and has longstanding policy opposing outsourcing.
- Since the onset of the pandemic, BMA members have been telling us that they were growing seriously concerned by the level and nature of the contracts handed out to large firms in important areas of the Government's response, such as Test and Trace and PPE logistics.
- Member concerns and our policy positions prompted our research and analysis '*The role of private outsourcing in the Covid-19 response*¹ that looked at the role of private providers in supporting services, how this has been working to date, and what the impacts on patients and healthcare workers are from outsourcing contracts. Furthermore, we wanted to investigate whether services were being outsourced without a clear rationale for why they could not be provided by the public sector, whether value for money was being delivered, and to understand if outsourcing was being used to fill gaps created by sustained underinvestment in public services.

¹ BMA (2020) [The role of outsourcing in the Covid-19 response](#)

- We found that the government had failed to deliver a Test and Trace system which is well enough integrated with the NHS and our nation's public health infrastructure to function properly; considerable amounts of testing data has gone missing; the delivery of vital PPE to the frontlines of our health service has been mismanaged; the government's ability to mount a co-ordinated and swift response to the most significant health emergency in a century has been constrained.
- The BMA has since submitted evidence to various National Audit Office (NAO) reviews and Public Accounts Committee (PAC) inquiries on PPE and Procurement², and Test and Trace (attached to submission).

BMA views on pandemic preparedness

- Although a pandemic on the scale of COVID-19 was always likely to cause major disruption to health services, the drastic extent to which the NHS had to shut down routine care is a consequence of over a decade of underinvestment and (in the case of public health and social care) cuts to services. As a result, NHS capacity has lagged behind many other EU countries, including in terms of bed numbers, critical care facilities, workforce numbers (with 10,000 medical vacancies in the NHS in England in 2019) and resources in primary and community care. The BMA has consistently warned that the NHS was already in crisis before the pandemic hit.³
- Indeed, before COVID-19, the BMA, the Royal College of Nursing and the Royal College of Physicians had jointly been calling for legislation in each UK nation enshrining government accountability for safe staffing levels in all health and care settings. The workforce shortages across the NHS have had a devastating impact on the mental wellbeing of doctors and staff, left the NHS unprepared to cope with the COVID-19 pandemic and raise serious questions about the sustainability of services in the future.
- Additionally, the BMA has consistently raised concerns around bed shortages
- The fact that the NHS did not have the capacity to deal with a pandemic was identified during a simulation exercise carried out in 2016. The Exercise Cygnus report that focused on the UK's *influenza pandemic* preparedness strategy, uncovered crucial gaps in the UK's ability to plan and prepare for a flu pandemic at both the local and national level. The recommendations from the report appear to have been largely overlooked by the government which meant that the UK started out at a significant disadvantage, with inadequate resources and resilience mechanisms. Cost-cutting exercises as a result of austerity policies and pre-existing levels of outsourcing are likely to have exacerbated this lack of preparedness.⁴
- The BMA has been clear that the government's dependence on private firms during the pandemic follows a decade of health system reorganisation, marketisation and underfunding of public services and local authorities in England. These factors have consequently weakened and fragmented NHS services and public health departments and have therefore undermined the country's ability to respond to Covid-19. An NHS which was properly resourced and not weakened by outsourcing and privatisation would have been in a much stronger position to respond to the pandemic.

BMA concerns around the procurement policies in the pandemic

² PAC (2021) [Government Procurement and Contracts for PPE](#)

³ BMA (2020) [The hidden impact of Covid-19 on patient care in the NHS in England](#)

⁴ The Telegraph (2020), [Exercise Cygnus uncovered: the pandemic warnings buried by the government](#)

- The BMA has grown increasingly concerned by reports over the last year about procurement made outside of normal rules and with little transparency. At a time when frontline healthcare staff have been so focused on the pandemic and the huge pressures it has created it has also been particularly concerning to see public money leaving the NHS in this way.
- Public procurement of goods and services is subject to a number of rules and regulations. While the procurement rules allow for special procedures in the event of an emergency, the guiding features of the process, namely transparency and the delivery of value for money, should always be adhered to.
- Indeed, at the onset of the pandemic, the government enacted contingency measures with the stated intention of expediting procurement and enabling a rapid response to counter the crisis. While guidelines state that departments must publish the details of awarded contracts within 30 days of agreement to enable public scrutiny, billions of pounds spent on private COVID-19 contracts remain unaccounted for. Proper and timely scrutiny of contracts are no less important during a pandemic, where transparency and openness have been undermined by emergency decrees, often leading to poor value for money.
- The issue of transparency and accountability is sadly not new. We originally questioned the robustness of procurement processes in our report *'The role of private outsourcing in the COVID-19 response'*⁵, drawing attention to an emerging number of COVID-19 contracts for goods and services awarded to private firms:
 - with no relevant experience or expertise
 - involved in past high-profile mismanagements
 - with documented links to advisors and senior politicians in government
- This has led the BMA to question the integrity of how contracts have been set up, how money was used, and the extent to which private companies and the government will be held to account for underperformance and the misuse of public funds.
- The BMA's evidence to the PAC inquiry on Procurement and PPE⁶ and highlighted that public scrutiny limits the risk of fraud and is crucial for demonstrating value for money. Indeed, the National Audit Office and Public Accounts Committee have both indicated a lack of transparency and sufficient documentation in the way in which the government managed billions of pounds worth of procurement goods and services, and that emergency decrees opened up substantial procurement risks.⁷ An example of this was the introduction of the "high-priority lanes" that increased the risk of unequal treatment of providers, allowing some suppliers the privilege of direct access to government.
- The struggles that frontline health workers faced when trying to secure PPE are well established. The BMA has been campaigning on behalf of our members for the right level and type of PPE throughout the pandemic. I know Raymond Agius, the deputy chair of the BMA's Occupational Medicine Committee, has given evidence on this issue separately, albeit in a personal capacity. We've given evidence to the Public Accounts Committee, and we've written to MPs⁸ and Public Health England⁹ imploring Government to provide the correct protection.

⁵ BMA (2020) [The role of outsourcing in the Covid-19 response](#)

⁶ BMA (2021) [Government Procurement and Contracts for PPE](#)

⁷ PAC (2021) [Government procurement and supply of PPE](#)

⁸ BMA (2021) [Call for enhanced PPE](#)

⁹ BMA (2021) [Enhanced PPE protection for healthcare staff](#)

- As a result of our campaigning, we received a number of offers of help from PPE suppliers, some of whom said they hadn't received responses when they contacted Government even as some hospitals were reporting that they were on the verge of running out of essential equipment. The BMA sent these over to the Department of Health and Social Care. We did this in order to help them obtain desperately needed PPE at a time when many doctors were reporting feeling anxious and unprotected.
- In our submission to the PAC inquiry on procurement¹⁰, we set out a number of ways to mitigate against such risks in the future, and to ensure the Government is not in a position where it has to depend so heavily on new private procurement in emergency situations.

BMA position on procurement and the government's White Paper

- The BMA have been deeply critical of present rules on competition within the NHS – as it has enforced profoundly wasteful bureaucracy, created widespread fragmentation of services, and pushed NHS organisations to compete rather than collaborate.
- The White Paper sets out proposals to remove Section 75 of the 2012 Health and Social Care Act and the present compulsion on commissioners to put all contracts above a certain value out to competitive tender. This is something the BMA and others have campaigned for since the introduction of the 2012 Act and may present a potential opportunity to create a more collaborative NHS.
- However, as we have argued strongly in response to the White Paper and NHS England's own proposals for legislation (both in 2019 and 2021), the proposals in their present form are insufficient and, without proper safeguards, risk giving commissioners the ability to hand contracts to private providers with little to no scrutiny.
- This is why the BMA has called for the NHS to be enshrined as the preferred provider of NHS services within the legislation and any new procurement regime. An 'NHS first' mantra must be at the heart of all decisions so as to prevent contracts being handed over to large multinational companies with little scrutiny. In our view, this is necessary not only to ensure and protect a publicly funded, publicly provided health service, but will also prevent the deeply troubling approach to procurement we have seen this Government take throughout the Covid-19 pandemic, notably handing contracts to incumbent outsourced providers for PPE and Test and Trace, from being applied more widely in the NHS.

Consequences of privatisation on the delivery of services

Outsourcing testing

- The BMA has consistently raised concerns about the substandard performance of the largely outsourced Test and Trace system. The Public Accounts Committee report on Test and Trace, to which the BMA submitted evidence, found that despite the eye-watering sums allocated to the system, Test and Trace failed to deliver its pledge to avoid a second national lockdown.
- Indeed, the BMA's COVID-19 Tracker Survey from October 2020, found that 38.6% of doctors listed efficacy of test and trace as one of their **key concerns** for 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.

¹⁰ BMA (2021) [Government Procurement and Contracts for PPE](#)

- The BMA report on '*the role of private outsourcing in the COVID-19 response*¹¹', notes that the government relied substantially on the private sector to build up testing capacity from its initial low base. Rather than utilise available resources in coordinating its testing strategy, the government bypassed the 44 NHS virology labs and employed private sector firms, such as Deloitte, to set up and manage a parallel system of testing sites and Lighthouse Labs. The use of private sector companies during the pandemic was deemed both a natural extension of and justified through a longer-term trend – the sustained disinvestment in local public health services and the NHS more broadly.
- The extent of outsourcing to large firms and the unaccountable manner in which this has been done has had grave repercussions for patients, doctors and the NHS. Testing targets set out by SAGE were routinely missed and the programme has been a far cry from the world-beating system promised by the Government. Issues include:
 - severe shortages of tests at the beginning of the pandemic, to shortages of tests during the autumn surge leading to patients travelling significant distances around the country for tests
 - delays in delivering test results
 - considerable amounts of testing data that has gone missing
 - major issues with data sharing and governance, with missing information limiting the usefulness of test results in understanding and managing outbreaks within a community, putting public health at severe risk.
 - Additional examples can be found in our submission (attached) to the PAC Test and Trace inquiry (p3,4,5)
- Test and Trace was set up with a lack of clarity around its aims – and the Government has been overly focused on the number of tests carried out. It still lacks clarity around those aims and there is still too much of a focus on how many tests we are doing, and not enough on the more meaningful activities of finding people who might be infectious, isolating and supporting them. Indeed, the BMA has repeatedly highlighted the need for greater practical and financial support to enable self-isolation, particularly for those on low incomes and with insecure employment. These calls are included in our report, '*Taking a cautious approach to easing restrictions*'¹²
- While not solely to blame, the ineffectiveness of Test and Trace has contributed to a higher number of cases, greater pressure on the NHS and ultimately a higher death toll – now the highest in Europe.

Future implications of outsourcing on pathology services:

- Outsourcing seen during the pandemic is part of a long-term trend of privatising pathology services. In 2009, Guys and St Thomas NHS Foundation Trust and Kings College Hospital NHS Foundation Trust outsourced their pathology services to Viapath, a private partnership involving the two SE London trusts and Serco.
- The NAO report that examined '*the government's approach to test and trace in England*'¹³, found that £22 billion was allocated to the test and trace system for 2020-21 and a further £15 billion for 2021-22. Of the £15 billion, the NAO found that 85% was assigned to testing. The generous sums of money allocated to large firms to set up the private testing sites and

¹¹ BMA (2020) [The role of outsourcing in the Covid-19 response](#)

¹² BMA (2021) [Taking a cautious approach to easing restrictions](#)

¹³ NAO, (2020) [The government's approach to test and trace](#)

Lighthouse Laboratories represents a missed opportunity to restore and resource the NHS pathology services and workforce to tackle the growing backlog of care.

- It is vital that the Government is held accountable over this prolonged failure. Following a decade of huge public health funding cuts, this is a vital lesson in the importance of funding national and local public health services for the future.

PPE procurement and stockpiling

- 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.
- The BMA has raised serious concerns about the role of private companies in the management and logistics of procuring and stockpiling PPE. Delegating large parts of the management of procurement processes and supply chains to a complex web of external companies appears to have 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. 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.
- Access to PPE was the main concern for our members at the beginning of the pandemic and repeated surveys on its availability and suitability found it to be grossly inadequate:¹⁴
 - At the end of April 2020, 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
- These drastic shortages of PPE in many parts of the NHS and social care were caused by the lack of a sufficient and correct stockpile and delays in procuring PPE. The BMA also raised concerns 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.¹⁵
- To ensure such mistakes aren't repeated in the future, the BMA has called 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 and the latest scientific evidence.
- It is crucial that government learns valid lessons from the issues experienced to ensure diverse, high quality PPE is made available to health and care staff going forward. This means moving away from the current NHS procurement system's basis of a "just-in-time" business model to ensure our healthcare system is better prepared to cope with future pandemics.
- Another key lesson is that we must 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 act independently and with ineffective oversight.

¹⁴ BMA (2020), Press release: [BMA survey reveals almost half of doctors have relied upon donated or self-bought PPE and two thirds still don't feel fully protected](#)

¹⁵ BMA, RCN, Unite and Unison (2020), Press release: [Health and manufacturing unions join forces to call for mass PPE manufacturing effort](#)

Longer-term lessons for the NHS in relation to future pandemics:

- To ensure that government is not in a position where it must depend so heavily on private procurement in future pandemics, and that it has adequately mitigated the increased risks arising from emergency procurement, the BMA has called for:¹⁶
 - A publicly funded, publicly provided and publicly accountable NHS
 - Government to significantly strengthen NHS and local public health capacity and expertise through a substantial and sustained increase in funding for the NHS (including estates and beds) and local public health to take on more work so there is no need to repeatedly run to the private sector.
 - A much more robust governance system under NHS control that has oversight of the management and coordination of procurement in England or at a UK-wide level must be introduced.
 - Transparency of private contractual agreements with public notice awards published within 30 days.
- Workforce shortages across the NHS have had a devastating impact on the mental wellbeing of doctors and staff, left the NHS unprepared to cope with the COVID-19 pandemic. As per the recommendations set out in our '*Reset, recover, restore*' report¹⁷, the government must therefore adopt measures to retain doctors and expand the medical workforce, and ensure that the health, safety and wellbeing of the workforce is a priority.

Dr David Wrigley

15th May 2021

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

D WRIGLEY

15/5/21

SIGNED

DATE

¹⁶ BMA (2020) [The role of outsourcing in the Covid-19 response](#)

¹⁷ BMA (2021) [Rest, recover, restore: Getting UK health services back on track](#)