



Department of Health & Social Care

Extending free PPE to the health and care sector

About this consultation

The Department of Health and Social Care (DHSC) is seeking views on whether it should extend its provision of free PPE to the health and care sector after 31 March 2022.

Responding to this consultation

Your response is automatically saved each time to click on 'Next' so you can leave and come back to complete it later by clicking on the link to the survey using the same browser.

The consultation runs until 31 October 2021.

Are you responding as an individual or an organisation? *

- Individual
- Organisation

Responding on behalf of an organisation

Which of these best describes your organisation? *

- Acute health service
- General Practice
- Dentistry
- Other primary care service
- Hospice or other end of life care

- Community health care service
- Social care
- Local government
- Central government
- Other public sector
- Charity/third sector
- Manufacturer
- Supplier
- Wholesaler

- Trade association

- Other (please specify)

What is your role in the organisation?

Policy, practice and innovation

What is the name of the organisation?

Homecare Association (previously United Kingdom Homecare Association)

How many employees does your business or organisation have? *

- Less than 10 employees

- 10 to 49 employees

- 50 to 249 employees

- 250 people or more

Where does your organisation operate? *

- England

- Wales

- Scotland

- Northern Ireland

- The whole of the UK

- Outside the UK

Questions on proposed options for the provision of free PPE beyond the current end date of 31 March 2022

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

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you wish, please explain your position and provide any supporting evidence

The Homecare Association would support the continued use of the PPE Portal for the following reasons:

- **Most social care is purchased by the public sector** – the vast majority (70% according to LaingBuisson's Homecare and Supported Living Market 2020) of homecare is commissioned by the public sector.
- **The homecare sector cannot easily absorb costs** – our latest [Homecare Deficit](#) report suggests that this year only 14% of public sector commissioners in England were paying at or above [the Homecare Association's minimum price for care](#) – which is what we calculate to be the minimum amount needed to meet employment and care regulatory requirements and ensure financial sustainability. Recruitment, wage, fuel, insurance and other costs are rising steeply. In March the [National Audit Office published findings](#) that around a third of care at home providers had current liabilities which exceeded their current assets. This means that providers are unlikely to have the margins to absorb additional costs.

If the additional PPE required for COVID-19 infection control is not supplied, then the additional costs of PPE purchase, over and above that required pre-pandemic, would need to be met. If the sector cannot absorb the costs then the cost would need to be met by Government through another route if the PPE Portal were closed.

- **Un-ringfenced funding via NHS and local authority commissioners may not reach providers in a reliable manner.** We have repeatedly seen local

authorities fail to increase rates in line with actual costs, for example, increasing rates in line with general inflation, measured by CPI, without taking into account minimum wage increases, which track well above CPI; this makes the operating environment for providers ever more challenging (for evidence, see the [Low Pay Commission's 2020 report](#), page 143). We suspect that if public sector social care commissioners were asked to ensure providers had sufficient funds for PPE that this funding would not reach all providers.

We would urge the Government to legislate (as part of its social care reforms) to ensure that in future providers are paid at least a minimum price for care that covers the costs of running a business sustainably and paying staff a fair wage, equal to public sector staff pay in equivalent roles. This minimum price must take account of PPE arrangements.

- **Changes in PPE costs would be harder to meet** – PPE costs may change due to market conditions or changes in guidance about what PPE is required. Fee rates for homecare provision are often calculated on an annual basis. While the PPE Portal has so far proved adaptive to changes in guidance mid-year, this would be more complex to manage without the Portal, potentially creating cash-flow issues. The bulk purchasing power of the government enables costs to be reduced.
- **Issues of financial viability and the safety of staff and service users may be at stake** – if PPE costs cannot be met this will increase financial pressures on businesses, some of whom may leave the market. There is urgent need for capacity in the homecare sector as many providers are operating waiting lists at present (see also ADASS Rapid Survey). Capacity in homecare is vital to ensure smooth hospital discharge processes, and also to prevent unnecessary hospital admissions, so can influence the NHS's ability to cope with COVID pressures and waiting lists also.

Safety of staff and people being supported by care services should be the priority of Government and providers. Providers should not cut corners in relation to compliance with PPE guidance, however, difficulties accessing or paying for PPE supply risks discouraging good practice and could leave providers facing difficult decisions.

- **Costs would increase for people who fund their own care** – if PPE costs were met by public sector commissioners for social care rather than through the supply of PPE, it may be the case that this won't cover people who fund their own care. In which care costs will increase further. Those who fund

their own care at home may already be seeing price rises associated with staffing shortages and fuel price increases.

- **Operational needs** – It has taken many months for the PPE portal to operate relatively smoothly. There were initial teething problems in terms of the ability of providers to register, order what they needed from the online system and regarding many other practical matters such as deliveries reaching the right locations in vehicles of appropriate size and so on. We believe that the system is working relatively well now, any changes will likely have their own teething problems, which suggests that maintaining as much continuity as possible is desirable while providers are facing ongoing pandemic and staffing pressures as well as a need to focus on other things, such as staff vaccination uptake.
- **Concerns about wholesalers profiting from emergency situations** – some providers were concerned about the behaviour of wholesalers at the start of the pandemic. Concerns were raised about huge price increases (see the [National Audit Office report](#), for example, hand hygiene costs rose by 450%), unreliability and poor customer service. While the global operating environment was undeniably more difficult, there remains a trust issue and a concern that if supply chain issues arise again that homecare operators (often SMEs) will not be provided with what they need and this will put their staff and the people they support at risk.
- **Security of supply** – the Government's continued involvement may allow for greater security in the supply chain which is vital if there are any future shocks to the system. The Government have been working on ensuring UK supply of PPE. We must not repeat the situation that emerged in April 2020 where large parts of the social care sector were not supported with the PPE they needed in a crisis situation.
- **PPE requirements will be ongoing** – while there may be changes to PPE guidance, we have no reason to think that social care settings will be able to return to pre-pandemic PPE levels in the near future.
- **The £0.8bn is urgently needed elsewhere** – the consultation suggests that the Government would spend an additional £0.8 billion if policy changed to purchase PPE from wholesalers rather than using existing stocks. Wage competition is rising and the Homecare sector is struggling to recruit. We estimate that it would cost around £776 million extra in public sector commissioning fees to pay enough that careworkers can be paid the Real Living Wage or London Living Wage in England.

Are there other options you think we should consider? *

- Yes
- No

Please describe alternative options and why these might be helpful and provide any supporting evidence

Not applicable.

As discussed above, if the Government were to decide to close the PPE Portal (we urge the Government to maintain it); we would suggest that:

- 1) The Government must consider how to ensure that social care commissioners are paying rates high enough to cover PPE costs. We would suggest legislating to ensure commissioners do not pay beneath a certain threshold for care and ensuring that PPE is considered in costing exercises undertaken in consultation with the sector.
- 2) Emergency PPE supply stockpiles must be maintained, and emergency response plans must include consideration of homecare recipients and staff.

Do you have any other views related to this consultation that you would like to express?

It remains important that the onboarding process is easy for new/start-up homecare organisations.