BMA

PUBLIC SERVICES

PRIVATE PROFIT

The role of private outsourcing in the COVID-19 response

July 2020

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Executive summary

The Westminster government is relying on private contractors in a number of areas to support its epidemic control strategy.

The fragmentation of the health system and subsequent underinvestment in the NHS and public health services in England, as well as a longer-term trend towards increasing outsourcing of NHS support activities, have been significant factors in limiting the Westminster government's ability to mount a coordinated response during the public health emergency.

Outsourcing has been accelerated under new contingency measures put in place during the pandemic, with the government recently contracting:
— DHL, Unipart and Movianto to procure, manage logistics of and store PPE.
— Deloitte to manage the logistics of national drive-in testing centres and super-labs.
— Serco to run the contact tracing programme.
— Palantir and Faculty A.I. to build the COVID-19 datastore.
— Capita to onboard returning health workers in England.

The BMA opposes outsourcing and is very concerned about the current level and nature of contracting to these large corporations. Our concerns include that services are being outsourced without a clear rationale for why they could not be provided by the public sector, that poor outcomes and value for money are being delivered, with increased fragmentation and reduced information sharing, and that outsourcing is being used to fill gaps created by sustained underinvestment in public services.

This paper sets out a number of recommendations, calling for:
— 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.

1 Background

This document collates information about the use of outsourcing in response to the Coronavirus pandemic. It aims to answer questions on the role of private providers in supporting services and how this has been working to date, and what the impacts of outsourcing contracts are on the delivery of services, on patients and on healthcare workers.

The BMA's concerns regarding outsourcing of public health and NHS functions in response to the pandemic relate to decisions taken in Westminster at a UK government level, rather than in the devolved nations. Successive governments in Westminster have long taken a 'marketisation' approach to healthcare in England and this is not the case in the devolved nations. Decisions taken in Westminster to pursue austerity policies have also contributed to an overreliance on private sector support. The NHS and, in particular, public health services in England have struggled to cope due to government policies which have seen inadequate budgets lead to cuts to services. This paper therefore focuses primarily on England, although it does note that in some areas, such as the coordination of new testing and lab capacity and PPE logistics, UK government decisions to outsource services have also affected the devolved nations.

The Westminster government's dependence on private firms during the pandemic follows a decade of health system reorganisation and 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 and 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.

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. Exercise Cygnus uncovered crucial gaps in the UK's ability to plan and prepare for a 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.[1] An overreliance on outsourcing risks removing crucial elements of major incident management – the ability to command and control. Successful major incident management depends on the capacity to adapt any and all responses rapidly with complete agility, a situation that may be limited when private companies are contracted.

There are circumstances where outsourcing certain support services may have been appropriate during the pandemic to safeguard patient care. However, this should be done transparently and not as an alternative to properly funding the NHS.

2 The BMA's view on privatisation

The BMA has long been concerned about the involvement of private profit-making companies in the delivery of NHS frontline clinical services and has longstanding, clear policy opposing privatisation.

BMA policy from the 2011 Annual Representative Meeting states:

'That this Meeting calls on the Secretary of State for Health to maintain a publicly funded NHS and condemns any attempt to privatise the NHS, directly or indirectly, wholly or in parts.'

During the COVID-19 outbreak, the UK Government has relied on private companies in its response to the virus in England. BMA members have raised concerns about this level of outsourcing of support services and other functions to the private sector. Based on existing policy the BMA's concerns in this area include the following:

— The potential for precious public resources to be wasted in unnecessary private outsourcing, where there is not a clear rationale behind the decision to outsource and the same function could have been delivered by the public sector without relying on commercial arrangements

— That outsourcing is being used to fill gaps created by sustained underinvestment in public services. Had the NHS and public services been adequately funded and resourced, a more rapid response may have been established to manage the pandemic

— That where the government has chosen to outsource services, this potentially leads to fragmentation, with outsourced services not integrated well with the public sector to enable a coordinated response.

— Concerns over transparency and the robustness of procurement processes. Where there has been external procurement, are services likely to achieve good results and value for money? Related to this, there are concerns that companies associated with past high-profile mismanagements are still being awarded contracts.

— The development of "just in time delivery systems and lean inventories" working against maintenance of stockpiles required for use at times of surges in demand and disruptions of supply.

3 The role of private outsourcing in the pandemic response

The government has employed private companies in a number of areas of its pandemic response, covering PPE procurement, testing centres and laboratories, the government's track and trace strategy, and staff recruitment.

The contracts have been awarded to the private sector under special pandemic powers that circumvent normal tendering processes. As a matter of urgency and because of the public health risk associated with COVID-19, private firms have been contracted without competition, public scrutiny or demonstrating value for money.

There are serious questions to be asked about the way in which these contracts have been set up, how companies have performed in the delivery of these critical services and the extent to which they will be accountable.

Logistical support for personal protective equipment

Problems with the supply of PPE during the COVID-19 outbreak are well documented with many healthcare workers reporting that they were not provided with adequate PPE, leaving them exposed to the virus. The BMA has led the way in voicing concerns about inadequate supply of PPE and highlighting the fragmented system of procurement that has undermined coordination and accountability.[2] A BMA survey conducted in April 2020 of over 6,000 doctors found that around half of those working in high risk areas said there were shortages or no supply at all of long-sleeved disposable gowns and disposable goggles, while 56% said the same for full-face visors. In general practice, more than a third of GPs said they had no eye protection, with a further third saying there were shortages[3].

Given the challenges with PPE supply during the pandemic, there are serious questions about the UK government's approach to procurement and supply chains, whether more could have been done to prepare, and whether over-reliance on private outsourcing in Westminster has contributed to the problem.[1]

In recent years large parts of the management and logistics of procuring and stockpiling items such as PPE for the NHS in England has been outsourced to a complex web of private companies. Although NHS procurement is ultimately the responsibility of NHS Supply Chain Coordination Ltd – a publicly owned company responsible for sourcing, delivery and supply of healthcare products across England and Wales[4] – in reality, most of the management and coordination of procurement for items such as PPE has been outsourced.[5]

OUT OF STOCK   OUT OF STOCK

1   The devolved nations took individual measures to source PPE, with assistance from the UK wide procurement frameworks to provide additional assurance. PPE is being sourced worldwide by the NHS Wales Shared Services Partnership which is a public body. PPE procurement for the NHS and social care sector in Scotland has largely lain with National Services Scotland which is a national NHS body and Scotland's multi-agency team has reportedly enhanced their self-sufficiency in PPE through working with domestic private companies

DHL currently has responsibility for finding wholesalers to supply ward-based consumables, including PPE kits. Unipart manages supply chain logistics, overseeing the delivery of PPE, and Clipper Logistics was contracted by the NHS supply chain to deliver PPE. The PPE stockpile is sub-contracted to Movianto. In addition, there are a growing number of examples of firms with no former appropriate experience or expertise – in one case including a pest control company – being contracted to supply PPE. The contracts, awarded by the Ministry of Justice and DHSC are reportedly worth between £25m and £120m.[6]

On 1 May 2020, amid concerns around supply of PPE across the NHS, the Westminster 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). This information pertaining to stock levels is being gathered by US data mining company Palantir. [7]

Outsourcing PPE sourcing, management and distribution to a network of private providers has resulted in fragmentation and bureaucracy. 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.[8] 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.[9] The BMA also called on the Westminster government to repurpose industry (which was dormant) to make PPE for the NHS and social care sectors.[10]

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 arguable 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.

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.[11] Delays and shortages in PPE were having grave impacts on healthcare worker and patient safety. At the end of April, the BMA carried out a survey that was completed by over 16,000 UK doctors and 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 in their workplace.[12]

Running of testing centres and labs

The UK government's approach to building up testing capacity from its initial low base appears to have relied substantially on the private sector. This primarily relates to the development of new labs and testing centres across England — a government decision that has, in part, affected the devolved nations.

A contract of undisclosed value was secured by Deloitte, one of the 'Big Four' consultancy firms, to set up and manage a network of 50 off-site testing centres in England and Scotland. The firm has been responsible for managing logistics across these sites as well as booking tests, sending samples to laboratories and communicating test results.[13] Deloitte further nominated Serco, Sodexo, Mitie, G4S and Boots to staff and manage operations at the testing sites.[14] Those unable to access the testing sites were advised to request home testing kits that are produced and processed by diagnostics company Randox (which was awarded a contract worth £133m)[15] and dispatched by Amazon.[16] In July it emerged that the swabs in some batches of these home testing kits were not up to standard, and had to be withdrawn[17].

A network of Lighthouse Laboratories was developed through a partnership with the DHSC, Medicines Discovery Catapult, UK Biocentre and the University of Glasgow. Deloitte was handed further responsibility for coordinating these labs, located in Milton Keynes, Glasgow, Cheshire and Cambridge. These centres were built over several weeks to cope with testing on a mass scale, processing 75,000 tests of the government's 100,000 target [18]

Clinical staff in the NHS in England were concerned that the development of a parallel system bypassed the existing network of NHS labs and encouraged competition in supplies and reagents required — effectively reducing the capacity of the established labs.[19]According to a former director of the World Health Organisation, Professor Anthony Costello, 44 NHS labs in England were left "under-used".[20] It was also reported that in the early stages of the pandemic, leading scientific centres such as the Francis Crick Institute and Oxford University offered their expertise and resources, such as PCR (Polymerase Chain Reaction) machines and trained personnel, to help increase testing capacity, but these offers were routinely ignored.[21]

There is emerging evidence that outsourcing the coordination of testing is resulting in adverse effects. The Lighthouse laboratories were reportedly taking three days from the time they received the samples to process the results. National leaders in pathology have indicated that this delay limits the usefulness of test results in understanding the spread of the virus to inform national policy, and has left NHS staff, who have reportedly waited up to seven days to receive their results, unaware of their COVID status. Conversely, local NHS laboratories were able to determine the results in just six hours.[22]

Delays in delivering test results have been compounded by reports of lost test samples, leaking test vials and incorrectly labelled samples at testing sites and laboratories.[23] It is understood that standards vary greatly between the Lighthouse labs, with reports that labs have been disposing large proportions of batches of tests and others not being fully utilised, with dozens of shifts cancelled as a result of a lack of test samples.[24,25]

Early accounts have documented that staff, who may be unwell and suffering with an illness, are having to drive and make round trips of hundreds of miles to reach their nearest centre. Patients are having to queue for long hours at testing sites, only to be turned away from appointments because of delays. Chief executives of hospitals have raised concerns over the logistical management of these privately-run sites, and some have actively discouraged their staff from getting tested there.[26]

Problems encountered with IT systems and data protection has meant that during the first two months of lockdown, GPs and local authorities were unable to receive timely, detailed information on tests conducted in privately-run sites, despite the commitment in "pillar two" of the government's testing programme to link data with patient medical records.[27] Contract stipulations with Deloitte however do not oblige the company to share detailed data with PHE or local authorities- rather, it is held in central government.[28] Local public health officials require the postcode data to understand whether there is a local outbreak (for example in a care home) or in the general community.[29] This missing information highlights the repercussions of fragmentation, and has been deemed responsible for allowing the virus to spread undetected in England, including in Leicester, which recently had to impose local lockdown measures.[30]

These issues have primarily affected England but have also impacted on Scotland, with reports that data on testing undertaken in Deloitte-run Scottish testing centres was not initially shared with the Scottish Government due to narrowly drawn data disclosure policies that subsequently had to be changed. The Welsh government reportedly decided to opt out of the UK government's rapid testing centre programme because it realised there would be a problem with data-sharing and patient confidentiality.[31]

The inadequacies of the testing services, including the lack of a proper system for relaying timely information to public sector staff who require it, is putting public health at risk. Despite the risks observed with the national testing strategy, the government has proposed a two-year contract notice worth £5bn to establish a largely privatised, wider testing framework. This would see an expansion of the Lighthouse laboratories to cover the 29 pathology regions across England.[32]

There is a need to further explore whether and how these functions could have been delivered without relying on commercial arrangements. Public health doctors in England have argued that greater involvement of local public health experts in devising and implementing strategies would have enabled the government to identify and control new cases and local outbreaks in real-time.[33] Also, the unique national comprehensive primary healthcare system may not have been used to its full extent during the pandemic, as evidenced with the lack of involvement in information dissemination.

Procurement of logistical and IT support for the test and trace strategy

On 28 May, the government launched a new NHS Test and Trace service in England. Contact tracing is considered a crucial part of the government's Coronavirus strategy that aims to reduce transmission through identifying and notifying people who have been exposed to the virus so they can isolate and protect themselves and others. As in other areas of its response to the pandemic, the government is relying on private companies to help support key parts of its track and trace programme, leading to a number of concerns including the quality of work delivered and how personal data will be stored and used.

Serco and Sitel have been awarded contracts (valued at £108 million)[34] to support the government's test and trace strategy and have since recruited up to 25,000 contact tracers to work in remote call centres.

Serco is known to hold a broad assortment of government contracts despite the firm's history of serious mismanagements. In 2012 Serco admitted that it presented false data to the NHS 252 times on the performance of its out-of-hours GP service in Cornwall[35], and in 2018 was reported to have provided inadequate staff training at a breast cancer hotline service, leading to patients being assessed by call handlers with just one hour's training[36]. The company has recently agreed to pay the government a large fine for claiming taxpayer money to monitor prisoners who were later discovered to be deceased.[37] In light of these examples of mismanagement, it is highly concerning that the company was entrusted to support critical services on behalf of the UK government during the pandemic.

Upon recruitment, the firm accidentally shared 296 contact tracers' email addresses. Serco has since apologised and reportedly reviewed its privacy processes; however, public trust in medical confidentiality is crucial to a successful infection control strategy.[38]

There have also been early warnings that call handlers were inadequately trained and would work from scripts to advise people who test positive for Coronavirus.[39] Consequently, employees have reported that they felt unprepared.[40] In the first week of COVID tracking in England, government figures indicated that approximately one third of positive cases transferred into the system were not contacted by call handlers, leaving patients potentially unaware of their illness. Meanwhile, contact tracers were left with minimal or no work for several days, waiting to be allocated cases that did not arrive. [41]

Half of respondents to a recent poll said they do not trust Serco's ability to manage the test and trace programme and two in five said they were less inclined to hand over their private information due to the involvement of private companies.[42] These findings around public trust, are not surprising given Serco's poor track record.

Public health directors have voiced concerns over the use of remote call centres that are removed from local knowledge. Environmental health officers and community teams would have arguably been better placed to work with the NHS to respond to the pandemic, as observed during the 2009 swine flu outbreak. The prolonged underfunding of public health and local authorities, following austerity economics in 2010, has effectively reduced staff capacity, weakening the potential for an effective track and trace system.[43] Despite this underinvestment, figures have indicated that public health networks have traced eight times more contacts than the national service. [44]

The devolved nations followed a different response. Wales, for example, has delivered its contact tracing programme through local health boards with staff mainly recruited from local authorities, being overseen by regional public health experts. Scotland's 'Test and Protect' strategy, particularly in terms of contact tracers, has been led by local health board public health teams, with further support from a national programme to recruit contact tracers. The tracing strategy in Northern Ireland has been managed by the Public Health Agency in Northern Ireland – a government body.

The COVID tracking programme was supposed to be supplemented with the contact tracing smartphone app that was to be launched in May, with VMWare Pivotal Labs initially contracted to lead development. The app was reported to be central to the government's test-and-trace strategy, and essential to easing lockdown measures while safeguarding public health. Following concerns expressed by experts, the press and members of the public around the potential for data breaches and alleged technical shortcomings, it is now understood that the government has discontinued the model they had developed in favour of the Google/Apple model, that is widely used throughout Europe.[45] It has however been reported that £12m of public money was spent in the manufacturing process, despite early advice from technology experts who issued warnings that the app would not work.[46]

Separate to this, the UK government also recruited large data mining and artificial intelligence companies, Palantir and Faculty, to help build the centralised 'COVID-19 datastore' that has been used to provide logistical support for the service in England. [47] The full and ultimate remit of this store remains unclear, as does the role that Faculty and Palantir will play in it in the future, but it has been reported that Pivotal were set to be given access to the datastore when developing the initial app before this was abandoned[48].

The contracts awarded to Palantir and Faculty have raised public concerns with respect to transparency. There have been documented links with advisors and senior politicians in government and Faculty Science.[49] Moreover, it was reported that the deal with Palantir was worth £1, raising questions about why the company was willing to take the contract on[50]. Indeed, prior to the app's discontinuation, campaigning organisations called for transparency and put pressure on the government to publish the contract governing the deals with Palantir and Faculty. The organisations had learnt that the original contract misled the public about how their data was being used; it granted Faculty intellectual property rights and would allow the company to train AI models on the data, and profit off the unparalleled access to NHS data in the long haul.[51] It was subsequently found that the terms of the deal were amended following a freedom of information request.[52]

Recruitment of returning nurses and doctors

On 29 March, the UK government enlisted Capita to help the NHS onboard returning health workers in England. The value of this contract has not been specified.[53]

The process Capita has used for re-enlisting doctors has been slow and bureaucratic – with the quickest turnaround time of 4 weeks. To this day, many returning public health doctors have not been allocated to local teams despite a need for more staff – a need that is expected to continue for the next 6-12 months.[54]

Capita is already responsible for the delivery of NHS England's primary care support services. The BMA has been concerned about the quality of support provided by the company after it wrongly archived 148,000 active patient medical records[55].

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4 BMA analysis on the role and impact of outsourcing during the pandemic

Public resources are being wasted on unnecessary private outsourcing

Public sector expertise is not being used enough and instead there has been an over-reliance on large firms such as Deloitte, Serco, Sodexo, Mitie, Unipart and Palantir to manage the COVID-19 response. This means, the response has been disconnected from local communities and local health. Generous sums of money paid to companies with no relevant public health experience also represent a missed opportunity to restore and resource the UK's public health network.

Recent announcements by the Treasury have reported that an extraordinary £10bn was spent on the test and trace strategy.[56] Questions need to be asked about how these contracts were set up and how this money was used, given that despite this significant investment the UK still does not have an effective test and trace strategy in place. Precious time and billions of pounds of public money have been wasted on an inadequate testing system coordinated by Deloitte, an ineffective tracking service run by Serco, and a now discontinued centralised contact tracing app.

Outsourcing is being used to fill gaps created by underinvestment.

Since the 2015 Government Spending Review, the public health grant in England was subject to severe funding cuts, which by 2020/21 are estimated to amount to a £1 billion real terms cut relative to 2015/16 levels. There is no doubt that sustained underfunding of public health and the NHS as a whole has left the UK more reliant on outsourcing to private companies in its response to the pandemic. The austerity policies of the UK government since 2010 and the Health and Social Care Bill 2012 sowed the seeds of the problems we now face.

This is in part a consequence of the decision via the Health and Social Care Act 2012 to move public health services in England from the NHS into local government, which has been hardest hit by public sector spending cuts in recent years. The coalition Government in Westminster in 2012 promised the funding for public health in local authority budgets would be ring fenced, however this subsequently did not happen. With reduced resources (including people) and therefore capacity, it is unsurprising that the existing public health departments were unable to deliver testing and tracing of the scale and scope needed to deal with the size of the pandemic.

Outsourcing has caused fragmentation of services disabling a coordinated response

'Pillar two' of the government test and trace strategy stated that test results from privately run centres would be made accessible through patient medical records. Yet GPs have reported absent and delayed test results. These lags in data sharing have made it difficult to understand local disease clusters and have prevented healthcare workers from returning to work.

In addition, fragmentation of the NHS supply chain has severely impacted the distribution of PPE supplies. There needs to be accountable and coordinated leadership instead of a disconnected web of private providers who have acted independently and with ineffective oversight.

There are legitimate concerns over transparency and the robustness of procurement processes.

The contracts awarded to private providers under special pandemic powers bypass normal tendering processes. The contracts that cover testing centres, laboratories, PPE procurement and staff recruitment are agreed without competition or public scrutiny making it difficult to demonstrate value for money. Emergency procurement is said to have enabled a rapid response to the crisis, but has reduced transparency around the contracts signed with private firms. This has also been the case with the Nightingale Hospitals (not raised in this paper), where it is still unclear how the sites were procured. The hospitals have cost up to £350m for three months but treated fewer than 100 patients.[57] Deals were struck without competition or public scrutiny making it difficult to demonstrate value for money.

Guidelines have stated that departments must publish the details of awarded contracts within 30 days of agreement.[58] To date, the DHSC has not published information about the value of these contracts, despite reports stating that 115 contracts — worth over £1 billion — were granted under the fast-track rules.[59]

As well as the visibility of contractual terms and conditions, there are also concerns that certain companies have been entrusted with responsibilities despite their poor track record (see comments regarding Capita and Serco above).

Greater transparency around private sector spending is essential considering the risk that taxpayer money is spent on insufficient services. 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.

5 Key recommendations

The BMA is calling for:

— In any public inquiry into the UK government's handling of the Coronavirus outbreak the role of outsourcing must be scrutinised, including PPE shortages and delayed test results

— The UK government must be more transparent about private sector outsourcing that has taken place during the pandemic and publish details of contractual arrangements with private companies where taxpayer's money is being used (despite the government commonly citing commercial confidentiality to keep these deals removed from public scrutiny)

— 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

— Government must significantly strengthen NHS and local public health capacity and expertise through 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

References

1   The Telegraph, 28 March 2020, Exercise Cygnus uncovered: the pandemic warnings buried by the government, https://www.telegraph.co.uk/news/2020/03/28/exercise-cygnus-uncovered-pandemic-warnings-buried-government

2   BMA, 18 April 2020, Doctors still without adequate supplies of PPE, major BMA survey finds, https://www.bma.org.uk/news-and-opinion/doctors-still-without-adequate-supplies-of-ppe-major-bma-survey-finds

3   The Doctor, 15 April 2020, Doctors step up push for PPE as frontline fears continue, https://www.bma.org.uk/news-and-opinion/doctors-step-up-push-for-ppe-as-frontline-fears-continue

4   NHS Confederation, 5 May 2020, Member briefing: The use and supply of personal protective equipment, https://www.nhsconfed.org/resources/2020/05/the-use-and-supply-of-personal-protective-equipment

5   University of Greenwich and We Own It, May 2020, Privatised and Unprepared:The NHS Supply Chain, https://weownit.org.uk/sites/default/files/attachments/Privatised%20and%20Unprepared%20-%20The%20NHS%20Supply%20Chain%20Final.pdf

6   The Lowdown, 7 July 2020, Expensive failures could cost lives, https://lowdownnhs.info/news/8144

7   The Guardian, 4 May 2020, UK government 'using pandemic to transfer NHS duties to private sector', https://www.theguardian.com/business/2020/may/04/uk-government-using-crisis-to-transfer-nhs-duties-to-private-sector

8   Telegraph, 22 April 2020, How the decision to take control of PPE is coming back to bite the government, https://www.telegraph.co.uk/news/2020/04/22/decision-take-control-ppe-coming-back-bite-government

9   BMA, 18 April 2020, Doctors still without adequate supplies of PPE, major BMA survey finds, https://www.bma.org.uk/news-and-opinion/doctors-still-without-adequate-supplies-of-ppe-major-bma-survey-finds

10   BMA, 3 April 2020, Health and manufacturing unions join forces in call for mass PPE manufacturing effort, https://www.bma.org.uk/news-and-opinion/health-and-manufacturing-unions-join-forces-in-call-for-mass-ppe-manufacturing-effort

11   The Guardian, 14 May 2020, Drivers tell of chaos at UK's privately run PPE stockpile, https://www.theguardian.com/world/2020/may/14/coronavirus-uk-privately-run-ppe-stockpile-chaos-movianto

12   BMA, 3 May 2020, BMA survey reveals almost half of doctors have relied upon donated or self-bought PPE and two thirds still don't feel fully protected, https://www.bma.org.uk/news-and-opinion/bma-survey-reveals-almost-half-of-doctors-have-relied-upon-donated-or-self-bought-ppe-and-two-thirds-still-don-t-feel-fully-protected

13   The Guardian, 28 April 2020, Concerns over delays and errors at UK drive-in coronavirus test centres, https://www.theguardian.com/society/2020/apr/28/concerns-over-delays-and-errors-at-uk-drive-in-coronavirus-test-centres

14   The Guardian, 4 May 2020, UK government 'using pandemic to transfer NHS duties to private sector', https://www.theguardian.com/business/2020/may/04/uk-government-using-crisis-to-transfer-nhs-duties-to-private-sector

15   The Guardian, 11 May 2020, Healthcare firm advised by Owen Paterson won £133m coronavirus testing contract unopposed, https://www.theguardian.com/world/2020/may/11/healthcare-firm-advised-by-owen-paterson-won-133m-coronavirus-testing-contract-unopposed

16   Department of Health and Social Care, July 2020, Testing for coronavirus: privacy information, https://www.gov.uk/government/publications/coronavirus-COVID-19-testing-privacy-information/testing-for-coronavirus-privacy-information

17   Department of Health and Social Care, 15 July 2020, Update on Randox test kits, https://www.gov.uk/government/news/update-on-randox-test-kits

18   The Guardian, 31 May 2020, How a decade of privatisation and cuts exposed England to coronavirus, https://www.theguardian.com/world/2020/may/31/how-a-decade-of-privatisation-and-cuts-exposed-england-to-coronavirus

19   The Lowdown, 27 April 2020, Why bypass NHS labs for mass testing? Concerns over new super-labs, https://lowdownnhs.info/comment/why-bypass-nhs-labs-for-mass-testing-concerns-over-new-super-labs

20   Independent, 31 March 2020, Coronavirus: UK's failure to carry out mass testing condemned by former WHO director, https://www.independent.co.uk/news/uk/politics/coronavirus-uk-testing-cases-deaths-who-germany-update-a9437126.html

21   Telegraph, 31 March 2020, Health officials ignored offers of coronavirus testing help as anger mounts at Government's failure to ramp up capacity,https://www.telegraph.co.uk/news/2020/03/31/public-health-england-ignored-offers-testing-help-amid-mounting

22   Independent, 28 June 2020, Failing the test: Slow start and flawed decisions in Britain's coronavirus testing have cost lives, warn health leaders, https://www.independent.co.uk/news/health/coronavirus-testing-lighthouse-labs-nhs-deaths-delay-a9589381.html

23   The Guardian, 28 April 2020, Concerns over delays and errors at UK drive-in coronavirus test centres, https://www.theguardian.com/society/2020/apr/28/concerns-over-delays-and-errors-at-uk-drive-in-coronavirus-test-centres

24   Independent, 28 June 2020, Failing the test: Slow start and flawed decisions in Britain's coronavirus testing have cost lives, warn health leaders, https://www.independent.co.uk/news/health/coronavirus-testing-lighthouse-labs-nhs-deaths-delay-a9589381.html

25   Independent, 2 July 2020, Dozens of shifts at coronavirus mega-lab cancelled and staff paid to stay away, whistleblower reveals, https://www.independent.co.uk/news/health/coronavirus-uk-test-mega-lab-lighthouse-laboratories-shifts-whistleblower-emails-a9593116.html

26   The Guardian, 28 April 2020, Concerns over delays and errors at UK drive-in coronavirus test centres, https://www.theguardian.com/society/2020/apr/28/concerns-over-delays-and-errors-at-uk-drive-in-coronavirus-test-centres

27   The Guardian, 2 July 2020, UK set to award Covid-19 testing contracts worth £5bn to private bidders, https://www.theguardian.com/world/2020/jul/02/uk-set-to-award-COVID-19-testing-contracts-worth-5bn-to-private-bidders

28   Department of Health and Social Care written question – answered on 11th June 2020, https://www.theyworkforyou.com/wrans/?id=2020-05-19.48980.h&p=11397

29   The Guardian, 23 June 2020, Whitehall not sharing Covid-19 data on local outbreaks, say councils, https://www.theguardian.com/politics/2020/jun/23/no-10-not-sharing-COVID-19-data-on-local-outbreaks-say-councils

30   The Guardian, 2 July 2020, UK set to award Covid-19 testing contracts worth £5bn to private bidders, https://www.theguardian.com/world/2020/jul/02/uk-set-to-award-COVID-19-testing-contracts-worth-5bn-to-private-bidders

31   The Guardian, 5 May 2020, Covid-19: Rapid test site data was not shared with Scottish ministers, https://www.theguardian.com/world/2020/may/04/rapid-coronavirus-test-site-data-was-not-shared-with-scottish-and-welsh-ministers

32   The Guardian, 2 July 2020, UK set to award Covid-19 testing contracts worth £5bn to private bidders, https://www.theguardian.com/world/2020/jul/02/uk-set-to-award-COVID-19-testing-contracts-worth-5bn-to-private-bidders

33   BMJ, May 2020, How the erosion of our public health system hobbled England's covid-19 response, https://www.bmj.com/content/369/bmj.m1934

34   The New York Times, 17 June 2020, England's 'World Beating' System to Track the Virus Is Anything But, https://www.nytimes.com/2020/06/17/world/europe/uk-contact-tracing-coronavirus.html

35   The Guardian, 20 September 2012, Serco gave NHS false data about its GP service 252 times, https://www.theguardian.com/society/2012/sep/20/serco-nhs-false-data-gps

36   The Guardian, 4 May 2018, Breast cancer screening hotline staffed by people with only an hour's training, https://www.theguardian.com/society/2018/may/04/breast-cancer-screening-hotline-staffed-by-people-with-only-an-hours-training

37   The Guardian, 7 May 2020, Outsourcing the coronavirus crisis to business has failed — and NHS staff know it, https://www.theguardian.com/commentisfree/2020/may/07/outsourcing-coronavirus-crisis-business-failed-nhs-staff

38   The Guardian, 20 May 2020, Serco accidentally shares contact tracers' email addresses, https://www.theguardian.com/business/2020/may/20/serco-accidentally-shares-contact-tracers-email-addresses-COVID-19

39   The Times, 4 May 2020, Coronavirus: Private call centres will run new contact tracing system, https://www.thetimes.co.uk/article/coronavirus-private-call-centres-will-run-new-contact-tracing-system-bjqnpsxqc

40   Business Insider, 20 May 2020, The UK is paying contact tracers $12 an hour to do nothing because of chaotic training and problems as banal as not being able to log in, https://www.businessinsider.com/uk-contact-tracers-chaotic-training-process-with-sitel-2020-5?r=US&IR=T

41   The New York Times, 17 June 2020, England's 'World Beating' System to Track the Virus Is Anything But, https://www.nytimes.com/2020/06/17/world/europe/uk-contact-tracing-coronavirus.html

42   Mirror, 18 June 2020, Almost half don't trust Serco running test and trace programme, poll shows, https://www.mirror.co.uk/news/politics/almost-half-dont-trust-serco-22215235

43   The Guardian, 31 May 2020, How a decade of privatisation and cuts exposed England to coronavirus, https://www.theguardian.com/world/2020/may/31/how-a-decade-of-privatisation-and-cuts-exposed-england-to-coronavirus

44   BMJ, 22 June 2020, Covid-19: Local health teams trace eight times more contacts than national service, https://www.bmj.com/content/369/bmj.m2486

45   The New York Times, 17 June 2020, England's 'World Beating' System to Track the Virus Is Anything But, https://www.nytimes.com/2020/06/17/world/europe/uk-contact-tracing-coronavirus.html

46   The Guardian, 18 June 2020, This article is more than 1 month old UK abandons contact-tracing app for Apple and Google model, https://www.theguardian.com/world/2020/jun/18/uk-poised-to-abandon-coronavirus-app-in-favour-of-apple-and-google-models

47   The New York Times, 17 June 2020, England's 'World Beating' System to Track the Virus Is Anything But, https://www.nytimes.com/2020/06/17/world/europe/uk-contact-tracing-coronavirus.html

48   New Statesman, 8 June 2020, NHS Covid-19 data store doc raises questions about link to contact tracing app, https://tech.newstatesman.com/coronavirus/nhs-COVID-19-data-store-doc-raises-questions-about-links-with-contact-tracing-app

49   The Guardian, 2 June 2020, AI firm that worked with Vote Leave given new coronavirus contract, https://www.theguardian.com/technology/2020/jun/02/ai-firm-that-worked-with-vote-leave-wins-new-coronavirus-contract

50	New Statesman, 5 June 2020, Government finally publishes NHS contracts with Palantir, Faculty and big tech, https://tech.newstatesman.com/coronavirus/nhs-contracts-palantir-faculty-microsoft-google

51	Open Democracy, 19 June 2020, Fresh concerns over privacy and profit in NHS COVID data deals, https://www.opendemocracy.net/en/opendemocracyuk/fresh-concerns-over-privacy-and-profit-nhs-COVID-data-deals/

52	Healthcare IT News, 8 June 2020, UK government releases details of COVID-19 data-sharing deals with big tech firms after legal action threat, https://www.healthcareitnews.com/news/europe/uk-government-releases-details-COVID-19-data-sharing-deals-big-tech-firms-after-legal

53	The Guardian, 4 May 2020, UK government 'using pandemic to transfer NHS duties to private sector', https://www.theguardian.com/business/2020/may/04/uk-government-using-crisis-to-transfer-nhs-duties-to-private-sector

54	Source: comment by public health medicine committee member for BMA submission to Lord's inquiry into COVID response.

55	Practice Business, 17 May 2020, NAO report shows 'scandalous' failings in Capita's delivery of GP services, says BMA, https://practicebusiness.co.uk/nao-report-shows-scandalous-failings-in-capitas-delivery-of-gp-services-says-bma

56	HM Treasury, 8 July 2020, A Plan for Jobs 2020, https://www.gov.uk/government/publications/a-plan-for-jobs-documents/a-plan-for-jobs-2020

57	HSJ, 3 July 2020, Revealed: £350m for first three months of Nightingale hospitals, https://www.hsj.co.uk/finance-and-efficiency/revealed-350m-for-first-three-months-of-nightingale-hospitals/7027961.article

58	FT, 30 May 2020, Consultants in line of fire over projects to tackle coronavirus, https://www.ft.com/content/d45d8540-7bc0-4faa-aeda-a1ed73ed82f7

59	The Guardian, 15 May 2020, Firms given £1bn of state contracts without tender in Covid-19 crisis, https://www.theguardian.com/world/2020/may/15/firms-given-1bn-of-state-contracts-without-tender-in-COVID-19-crisis

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