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**QUESTIONS TO ASK THE SOS FOR HEALTH**

**BUYING BEDS FROM PRIVATE HEALTHCARE PROVIDERS**

**Can the minister explain why the Government has chosen to buy beds from private healthcare providers rather than requisitioning private hospitals and staff as the Spanish Government has done?**

The Centre for Health and Public Information (CHPI) has demonstrated that the government’s deal to purchase their entire capacity in return for covering their “[operating costs, overheads, use of assets, rent and interest](https://investors.spirehealthcare.com/news/news/heads-of-terms-signed-with-nhs-england-to-provide-covid-19-support/)” is in effect a bailout for private hospitals. <https://chpi.org.uk/blog/who-benefits-from-the-nhss-bailout-of-private-hospitals/>

Based on the accounts (2017 or 2018) of their operating companies, four of the largest private hospital providers (Spire, BMI, Nuffield, Ramsay) have an average gearing (total debt / equity) of over 300%. This means that they are heavily reliant on debt to finance their businesses, and are therefore potentially vulnerable to a prolonged period of low or non-existent demand.

Without the deal, private healthcare providers would face the same fate as other industries who are experiencing a significant drop off in demand due to the virus. Crucially it also represents a bailout for the landlords and lenders of the private hospitals whose investments would also be at risk if the hospitals were unable to honour their payments.

Why is the Government acting to protect private healthcare providers, and the profits of their investors, rather than taking the alternative approach of requisitioning private hospitals and their staff to support the NHS?

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What payments will the government have to make for requisitioned private health care capacity?

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Can the government provide assurances that the contracts signed for ventilators from known Tory backers like Dysons and JHB are of the required standard to enable gradual re-establishment of breathing?

**CARE AND NURSING HOME RESIDENTS**

Are you confident that all care and nursing home residents who are symptomatic are being tested for COVID-19?

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Why there is a difference in priority for the NHS and Care sector?

Please supply any figures of death rates and infection rates as incidence and prevalence.  It should surely be easy for every care home retirement village and other institutions to collect daily stats and report regionally.

How can you ensure that Trusts, NHS charities and local authorities work together to provide a system coordinated response?

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**PUBLIC HEALTH ADVICE**

Why does the Government advise 7 days isolation for those who are symptomatic for COVID-19 while the WHO advice, followed in most of Europe is to isolate for 14 days?

**CONTACT TESTING, TRACING AND NUMBERS**

* What is the best estimate of the proportion of the population who have had Covid-19?
* What is this estimate based on?
* Is there any community surveillance for Covid-19 taking place? If so what are the details? What are the results?
* How much contact tracing is done for patients who have been diagnosed as having Covid-19?
* What role will contact tracing play in managing the easing of the current public health measures?
* What steps is the government taking to have a robust tracing capacity in place as we emerge from the current public health measures?
* What criteria will be government use in terms of R0, new cases, patient deaths, herd immunity, contact tracing capacity etc to inform any decision to ease current public health measures?
* How many of the NHS and care staff who have died in this epidemic are from overseas?

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The figures now emerging for the deaths of those working in the NHS cover the very substantial numbers of outsourced workers, a cohort that the public just don’t know about. Aside from being cheaper and allowing corporates to cream off a profit, these workers are treated as second class employees, with worse conditions, oppressive supervision, abysmal support and non-existent occupational health. Aside from low pay and the insecurity of zero hours contracts there are countless ways in which they are coerced to “just get on with it”, risking serious harm.

The DHSC is undercounting numbers of health workers infected, can the government give assurances that they will provide accurate figures and include out sourced agency and locum staff?

Hospitals have been asset-stripped for years by outsourcers, PFI partners and management and IT consultants, and Lansley’s Health and Social Care Act has undermined the structural coherence of the NHS. The malign results of this we now see with hospitals struggling against collapse with the untold sacrifices of heroic staff. And even here, the government (Matt Hancock) has consistently under stated the numbers of deaths of NHS staff: on Friday he said the number was 19 when it was 31 and he repeated the 19 figure on Saturday when it was in the 40s and in the public domain. Can we be assured that Mr Hancock will provide accurate figures and strive to remain on top of his brief?

We know the numbers of front line workers losing their lives to Covid is now in excess of 40  - why has the government not acknowledged this nor yet apologised for their gross mishandling of PPE supplies.

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The finger-prick antibody tests that Hancock has ordered are widely regarded as unreliable with low sensitivity and specificity. Can we be assured that this is not the case?

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With respect to testing - why has the government wasted millions on a test which quickly proved not to be reliable. Who sanctioned this?

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**What are the step changes to increase current testing capacity to 100,000 by the end of the month?**  When will each new site come on stream and how much capacity will be added - and then say what actually happened - on a weekly basis?

**What really is the approach to testing front line staff?** Pretending to test all front line staff is pointless as someone who is negative today could be positive tomorrow - so this would mean testing everyone everyday which would need significantly more capacity than planned. Are they testing staff who are currently self isolating and not at work and those who become symptomatic?

**What is their approach to testing care home residences and staff?** Initially this should focus on those home with assumed cases and needs to be done in a consistent way

**FUTURE FUNDING**

We are pleased to hear of the Prime Minister's recovery, and noting his praise for the dedication and commitment of NHS staff, will he now reinstate the NHS as the preferred provider when work is commissioned?

Given the inability of local Public Health teams to provide an adequate local response to the epidemic given recent cuts and reorganisation, will be now ensure the reinstatement of Public Health powers and budgets?

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 Public support for the NHS has never been higher, arguably because the population understands better than this and the previous Tory government how vital it is to national life. Will the government undertake to reinstate the NHS on its former footing as a *National* health service, and undertake to spend the same proportion of GDP on it as comparable countries?

**COMMUNITY SERVICES**

There is likely to be a wave of people being discharged from hospitals who remain very ill. Given the shortfall in GP and District Nurse numbers, how does the SoS expect that these patients will be adequately supported?

Is now the time to commit to a significant increase in District Nurse numbers with upskilling to enable more people to remain at home post-Covid with GP support?

**PPE**

PHE has continually prevaricated about the spec - and in comparison to other countries still falls short, yet even that is still proving impossible to obtain for too main frontline workers, both in hospitals and in the community. We know the supply chain in England in particular is flawed because the Cabinet Office brought in an a 'middle man' without any experience of handling PPE or the manufacturing industry. Cabinet Office must be told they should be stood down with immediate effect from their role in England and allow industry to liaise directly with hospital Trusts, primary care bodies and care organisations for fast track targeted purchasing to unblock this ASAP.

Why has the government persisted in shipping PPE/ventilators equipment from abroad  -  some of it substandard or out of date  - when we have received skilled offers from such as GTech in Worcester offering 30k ventilators ( not CPAPs) and the British textiles manufacturing industry being continually blocked from their significant capacity to provide PPE  - some of which is now going abroad in frustration?