

# Memorandum

## Personal Protective Equipment (PPE) distribution across the health sector: Follow up

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<b>To:</b>	Hon Dr David Clark, Minister of Health		

### Contact for telephone discussion

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### Action for Private Secretaries

N/A

Date dispatched to MO:

Released under the Official Information Act

# Personal Protective Equipment (PPE) distribution across the health sector: Follow up

## Purpose of report

1. To provide an update on the rapid stocktake of district health boards (DHBs) PPE distribution to community-based frontline health services, with a particular focus on those DHBs with less detailed responses
2. To provide a detailed account of the Ministry of Health's approach to PPE distribution to DHBs
3. To provide the results of a rapid stocktake of DHB's internal PPE distribution processes

## Background

4. As you requested, the Ministry has followed up post stocktake with a few DHBs to gather more detail on their distribution of PPE to frontline health and disability providers and services.
5. The DHBs will continue to be followed up over the next week including Canterbury, Capital Coast DHB, Lakes, MidCentral, Nelson Marlborough, Northern Region, Southern, Tairāwhiti and West Coast. Follow up has been based on information received in the initial stocktake with a requirement for more detail on their provider distribution landscape. The MOH PPE team are reassured that distribution processes are working well and that this is more an opportunity for improvements and cross pollination of ideas.
6. The Ministry was also asked to further detail their considerations for PPE distribution to DHBs including the modelling used.
7. Demand modelling considers a number of factors including workforce, clinical guidance, epidemiology trending, hospitalisation rate, input from clinical experts and basic reproductive numbers. A number of assumptions are then applied for example staff using PPE rationally, i.e. assuming people are not overusing PPE items. We are working with DHBs to better understand actual utilisation versus demand.
8. On 4 May 2020, all DHBs were asked two additional questions by email to provide information on the way DHBs are distributing PPE within their organisations across all of their settings. These responses were returned by 5 May 2020 and consolidated to provide a picture of the differences across the DHBs
9. The rapid stocktake asked DHBs for:
  - How does each DHB calculate the quantities required for their own staff (in any given time frame e.g. per week) and how does each DHB allocate this between different occupational groups in accordance with their risk guideline?
  - Noting that national risk guidelines exist, is your DHB using these?

The collated information from the stocktake has provided me with confidence that all DHBs have appropriate processes in place to distribute PPE internally. Whilst there is variability in process type and governance, all have approaches that respond to need across services and wards. Allocations are not specifically considered in terms of occupational groups but rather based on clinical need. There is resilience built in to all processes including trend analysis, buffer allocations and 24-hour availability to account for 'peak' demands. Some DHBs are completing regular independent stocktakes of all PPE stocks to ensure there is no stockpiling. Future modelling is occurring in some DHBs with project teams set up to determine ongoing PPE demand dependent on level changes.

All DHBs are referencing the national guidelines issued by the Ministry of Health, often in consultation with local Technical advisory groups and/or Infection prevention and control expertise. Some cited that requests have been higher than predicted by the guidelines mostly due to staff apprehension. A few DHBs have created specific governance overseeing these 'excessive' orders with guidelines to create an objective review of such requests. Many DHBs acknowledged the role of Colleges in providing guidance to their members on use of PPE.

## Update on Progress

10. There are areas that the Ministry has been working on with DHBs to further strengthen and improve the process of DHB distribution and use:
  - a) Updated guidance has been drafted, by our clinical leaders, for community care providers for release this week which provides updated FAQs and key risk assessment questions to support that sector
  - b) The Ministry have established an issues resolution and feedback process. The process outlines points of escalation and resolution at different stages and key responsibilities. Feedback to date suggests that having clarity about resolution pathways has helped address the PPE distribution situation
  - c) The Ministry is working closely with DHBs through an established and coordinated approach to the procurement of PPE and national logistics. There is the recognition that distribution of PPE to remote areas remains a challenge with solutions constantly being reviewed. Local production opportunities are also being explored
  - d) We are working closely with DHB procurement partners to build an understanding of demand and usage. Modelling continues to have a heavy reliance on information provided to us by DHBs and data extracted by two ordering portals. A demand and supply monitoring framework is currently being developing and bi-weekly meetings occur with procurement networks (including PHARMAC, Health Partnerships, Health Source and DHB's procurement leads)
11. In summary it is clear that, despite early challenges, there has been significant work both at the DHB and Ministry level to create a PPE distribution network that is resilient to the health and disability care system's needs. There will continue to be review and improvement of all processes and systems to enable flexibility against changing needs.

## Next steps

12. The Ministry will continue to work hard with DHBs to improve distribution, timeliness and procurement to secure sufficient PPE to meet the needs of the wider New Zealand health system as part of its COVID-19 response.
13. The Ministry has established a formal 'Issues Resolution and Feedback' process to manage and resolve supply and distribution issues with positive feedback to date.
14. The Ministry will circulate the collated findings of the stocktake this week to all DHBs so they can consider the approaches taken by other DHBs with a view to identifying improvements they could make to their own approach.
15. As you know, the Office of the Auditor-General is independently reviewing the management of PPE during the COVID-19 response. The OAG report with recommendations should be completed in two weeks and will publicly released.
16. Having completed stocktakes of DHB's internal and external distribution of PPE, it is clear that despite early challenges the Ministry and DHBs are working well together to constantly review and improve PPE distribution.

Dr Ashley Bloomfield

**Director-General of Health**