

# **A consultation on the future supply of pandemic Personal Protective Equipment in Scotland**

**Analysis of consultation responses**

**Final Report**

## Contents

Contents .....	2
<b>Executive Summary .....</b>	<b>3</b>
<b>Introduction .....</b>	<b>5</b>
<b>Part 1: Lessons learned .....</b>	<b>7</b>
<b>Part 2: Preparing our PPE stocks for future pandemics .....</b>	<b>12</b>
National arrangements .....	12
Sector-specific arrangements .....	26
PPE payment mechanisms .....	28
<b>Conclusions .....</b>	<b>30</b>
<b>Appendix A: Respondent Profile .....</b>	<b>31</b>
<b>Appendix B: Quantitative Analysis .....</b>	<b>32</b>
<b>Appendix C: Consultation Questions .....</b>	<b>52</b>

# Executive Summary

The Covid-19 pandemic brought unprecedented challenges to Personal Protective Equipment (PPE) supply in Scotland. In June 2021 an [Audit Scotland report](#) stated that a new, long term approach to PPE supply was required, for business as usual PPE needs, and in preparation for future pandemics. The Scottish Government is now working with partners such as the NHS to ensure Scotland is fully prepared for any future pandemic situation through the [PPE Supply Implementation Project](#).

A public consultation on the future supply of pandemic PPE ran between 25 January and 22 March 2022 and received 164 responses. It included 19 closed and 10 open questions exploring lessons learned from the Covid-19 pandemic and the broad principles of the proposed new arrangements.

## Lessons learned

There was widespread agreement with each of the seven lessons outlined in the consultation. The consensus was that: collaboration and communication between the Scottish Government and stakeholders are an integral part of PPE supply (96% agreed); primary care and adult social care require a long term, sustainable PPE supply strategy (96%); surge capacity should be incorporated to future PPE supply and stockpiling arrangements (96%); progress made during the Covid-19 pandemic must be built upon to support new, domestic supply chains and data modelling (93%); cross public sector collaboration with the NHS on PPE supply issues should be considered (92%); a reformed stockpiling and buying approach for pandemic PPE is required (91%); and the strategy should consider how private and third sector organisations can prepare for pandemics (91%).

Open comments from respondents largely reinforced or added to these lessons. However, a few additional lessons were identified including issues around more equitable access to supplies across different sectors; inflated PPE prices; and minimising waste.

## Support for the proposed stockpile

There was broad support for Scotland having its own pandemic PPE stockpile: 80% were in favour. Respondents commented on the importance of Scotland having its own stockpile to ensure it has adequate access to PPE based on its own needs as distinct from the rest of the UK.

## Access to the stockpile

Questions about which organisations or sectors should have access to the stockpile elicited some mixed views. However, a prevalent theme was that it should be available to all workers in essential services that have close contact with the general public including health and social care workers and other important sectors such as retail and transport.

## Scottish Government support for the private and third sectors

Respondents expressed differing opinions around access for private and third sector providers in free text comments, but there was strong support for the Scottish Government having a role in supporting private businesses providing an essential public service and

the third sector (79%). Respondents felt this could include allowing access to the stockpile, ensuring these sectors have equitable access to supplies, and/or taking steps to ensure that organisations pay a fair price for PPE.

## **Costs**

Another important issue was the extent to which organisations with access to the stockpile should contribute to its costs. Comments were relatively evenly split between those who felt organisations should pay towards the costs of the stockpile and those who argued that the Scottish Government should fund it, either for all organisations or for certain sectors.

There were some differences in opinion as to whether private and third sector organisations should pay for PPE. Many argued that, if organisations are expected to contribute to the costs, their share should be proportionate to their size based on factors such as the number of staff, service users or the amount of PPE used.

Almost two thirds (64%) agreed that mechanisms should be found to split the cost of pandemic PPE between the organisations using the stockpile. A recharge system, where the Scottish Government would charge or invoice organisations for all or a share of the cost of the PPE they have used, was the most common suggestion.

## **Collaborative approach**

Just under half (45%) indicated their organisation would be willing to take part in a collaborative buying approach for pandemic PPE with the NHS, 10% said they would not and 45% had no view. Willingness was highest among Health and Social Care Partnerships, other public sector bodies and local authorities. Over three quarters (77%) felt this would support Scottish manufacturing, and 79% agreed it would improve Scotland's resilience in a future pandemic.

In open comments, achieving best value and advantages in storage and distribution were potential benefits of collaboration identified by respondents. One challenge in establishing a collaborative approach appears to be a perception among some respondents outside the NHS that they may not receive equal treatment in any collaborative arrangement.

## **Sector-specific arrangements**

Respondents were invited to comment on the proposed arrangements for their sector. Fifty-nine per cent of respondents agreed with the proposed arrangements in their sector. In free text responses, there were some favourable comments, but the most common response was a request for more details about the proposals.

## **Conclusions**

The range of views identified in the consultation provide a useful evidence base for the Scottish Government in developing plans for a pandemic PPE stockpile. It is unlikely that the proposals will fully satisfy all stakeholders, given the variation in the opinions expressed, and the responses indicate that some of the finer details of the proposals need to be clarified. There is, however, clear support for the proposals to ensure adequate PPE arrangements for Scotland in any future pandemic.

# Introduction

## Introduction

The Covid-19 pandemic brought unprecedented challenges to Personal Protective Equipment (PPE) supply in Scotland. In response, the Scottish Government worked with partners to quickly establish new supply chains and put in place cross public sector collaboration with the NHS on PPE supply issues.

In June 2021 an [Audit Scotland report](#) examined the Scottish Government's approach to PPE supply during the Covid-19 pandemic. The report stated that a new, long term approach to PPE supply was required, for both business as usual PPE needs as well as preparing for future pandemics.

The Scottish Government is now working with partners such as the NHS to ensure Scotland is fully prepared for any future pandemic situation through the [PPE Supply Implementation Project](#). This Programme is implementing plans for new approaches to pandemic PPE which will ensure Scotland learns from experience, promotes innovation, and has strong, sustainable foundations for the provision of PPE in any future pandemic.

A public consultation on the future supply of pandemic PPE ran between 25 January and 22 March 2022. While aimed primarily at public sector organisations and social care settings, the consultation was an opportunity for the Scottish Government to understand a wide variety of stakeholders' views. This insight will be used to inform future policy development and to ensure pandemic PPE supply arrangements meet the needs of all the organisations within scope.

The [consultation paper published on the Scottish Government's website](#) comprised 19 closed and 10 open questions asked across two sections. Section one outlined the lessons learned from PPE supply during the Covid-19 pandemic and sought views on whether those lessons are appropriate and if any have been omitted. The second section asked for views on the broad principles of the proposed supply arrangements. This report presents an independent analysis of responses to the consultation questions.

## Profile of respondents

In total, 164 consultation responses were received; 85 from individuals and 79 from organisations. Most were submitted via the online consultation platform, Citizen Space. Those received in an alternative format, for example, a PDF document, were entered into Citizen Space by the Scottish Government.

Respondents were asked to select from a list which sector best represented who they worked for, or their organisation. There were 24 responses from local authorities including adult social care settings, private and third sector run adult social care settings, and NHS board services including hospital and community services. Private businesses and third sector organisations providing essential public services gave 23 responses, followed by 18 primary care independent contractors, 11 Health and Social Care Partnerships (HSCP) and nine other public sector e.g. prisons, fire service, police service. Seven membership / representative bodies also responded. A full breakdown is provided in Appendix A.

## **Analysis approach**

The Lines Between was commissioned to provide robust, independent analysis of the consultation responses. This report presents the range of views expressed by consultation respondents under each section of the consultation document. A public consultation means anyone can express their views; individuals and organisations with an interest in the topic are more likely to respond than those without. **This self-selection means the respondents' views do not necessarily represent the views of the population.**

## **Quantitative analysis**

There were 18 closed questions in the consultation. However, because respondents did not answer every question, the quantitative analysis presented in this report is based on those who did answer. A full breakdown of the number and percentage response to each question is in Appendix B. Please note that figures may not add to 100% due to rounding.

## **Qualitative analysis**

Qualitative analysis outlines the key themes identified in responses to each question. The analyst team coded each response against a coding framework which was developed based on a review of the consultation questions and a sample of responses. In a small number of instances where alternative format responses contained information that did not align to specific questions, analysts exercised judgement about the most relevant place to include this material for analysis purposes.

A few organisations provided detailed responses relating to their subject matter expertise. There is not scope in this report to fully summarise these responses; however, the responses are referenced where possible. Where appropriate, quotes from individuals and organisations are included to illustrate key points and to provide useful examples, insights and contextual information. Full responses to the consultation, where permission for publication was granted, can be found on the Scottish Government's website.

## **Weight of opinion**

Qualitative analysis of open-ended questions does not permit the quantification of results. To assist the reader in interpretation of findings, we use a framework to convey the most to least commonly identified themes across responses to each question:

- The most common / second most common theme; the most frequently identified.
- Many respondents; more than 20, another prevalent theme.
- Several respondents; 10-19, a recurring theme.
- Some respondents; 5-9, another theme.
- A few / a small number of respondents; <5, a less commonly mentioned theme.
- Two/one respondents; a singular comment or a view identified in two responses.

# Part 1: Lessons learned

The consultation paper set out a list of seven key lessons learned about securing a PPE supply chain during the Covid-19 pandemic. This list included learning points such as: the need to ensure effective mechanisms for collaboration and communication between agencies; the need to reform stockpiling and buying approaches; and the need to establish long term and sustainable PPE supply for the primary and adult social care sectors.

1. Learning the lessons from the experiences of the Covid-19 pandemic was a key recommendation from Audit Scotland. As part of the PPE Futures Programme, the Scottish Government has undertaken work to understand the lessons learned from the Covid-19 pandemic. The Scottish Government has been working with various stakeholders to capture these lessons. Please indicate whether you agree with the key findings.

Levels of agreement with each lesson, among those who provided an answer, are shown in the following table:

Question	Among all respondents giving an answer to each question			
	n=	Agree	Disagree	No preference
Q1. Effective mechanisms of collaboration and communication between the Scottish Government and stakeholders are an integral part of facilitating the supply of PPE in pandemic circumstances and must be implemented into any future strategy.	160	96%	3%	1%
Q1.1. A reformed stockpiling and buying approach for pandemic PPE is required.	161	91%	4%	5%
Q1.2. Primary Care and adult Social Care require a long term and sustainable PPE supply strategy.	161	96%	1%	3%
Q1.3. Cross public sector collaboration with the NHS on PPE supply issues should be considered as part of a future strategy.	160	92%	2%	6%
Q1.4. A surge capacity should be incorporated into the future pandemic PPE supply and stockpiling arrangements to guarantee that PPE demand is met during the volatile early stages of any future pandemic.	158	96%	4%	1%
Q1.5. A future strategy also needs to consider how private businesses and third sector organisations can be as prepared as possible for future pandemics to ensure that they continue to deliver essential public services.	160	91%	4%	4%
Q1.6. We must build upon the progress made during the Covid-19 pandemic in terms of supporting new, domestic supply chains and the development of data modelling.	159	93%	2%	5%

There was widespread agreement with each of the seven lessons outlined in the consultation, with over nine in ten of those answering agreeing with each.

Agreement was generally very high among most sectors in relation to most lessons with a small amount of variation; the lowest level recorded was two instances of 78% agreeing.

Table 1 in Appendix B details the agreement recorded by sector, but in summary:

- **Local authorities including adult social care:** All agreed with four of the seven lessons, with the lowest agreement (91%) for 'A reformed stockpiling and buying approach for pandemic PPE is required' (Q1.1).
- **Private / third sector adult social care:** All agreed with three of the seven lessons, with the lowest agreement (88%) for 'Cross public sector collaboration with the NHS on PPE supply issues should be considered as part of a future strategy' (Q1.3).
- **NHS including hospital and community services:** All agreed with three of the seven lessons, with the lowest agreement (91%) for 'A reformed stockpiling and buying approach for pandemic PPE is required' (Q1.1).
- **Private / third sector providing essential public services:** This sector typically recorded comparatively lower agreement, with the lowest agreement (83%) recorded for Q1.1 and Q1.3.
- **Primary care independent contractors:** All in this sector agreed with five of the seven lessons. 78% agreed 'A future strategy also needs to consider how private businesses and third sector organisations can be as prepared as possible for future pandemics to ensure that they continue to deliver essential public services' (Q1.5).
- **Health and Social Care Partnerships (HSCPs):** All agreed with five of the seven lessons. 82% agreed with Q1.5.
- **Other public sector:** The highest agreement recorded in this sector was 89% for five of the seven lessons. 78% agreed that 'We must build upon the progress made during the Covid-19 pandemic in terms of supporting new, domestic supply chains and the development of data modelling' (Q1.6).
- **Membership / representative body:** All in this sector agreed with five of the seven lessons. 83% agreed with Q1.5 and Q1.6.

2. Are there any other lessons learned that you think should be considered? If 'yes', please describe.

Almost four fifths (79%) of those answering Q2 stated yes, there are other lessons learned that should be considered. As shown in Appendix B, at least seven in ten respondents in each sector stated there were other lessons, ranging from 72% of private and third sector organisations providing essential public services, 73% of local authorities and 73% of private and third sector run adult care settings, to 91% of HSCPs and 100% of membership and representative bodies.



Open comments were provided by 125 respondents. Many of these reinforced or added to the key lessons learned set out in the consultation paper, particularly improving communication and collaboration and the importance of a domestic supply chains.

However, there were some suggestions for additional lessons to be learned. A common theme was a critique of allocation of PPE during the pandemic, with a call for this be more equitable in the future. Other lessons included: the importance of securing PPE which is suitable, appropriate and high quality; minimising PPE waste; and introducing measures to address PPE price inflation. More detail on the additional lessons suggested at Q2 is provided below.

### **Improved communication and collaboration**

Building on the lesson outlined in Q1, the most prevalent theme evident in open responses to Q2 was recognition of the importance of effective collaboration and communication between all agencies involved in the procurement, management and distribution of PPE, including Scottish Government, NHS Boards, manufacturers and those in receipt of publicly procured supplies.

While a few respondents praised the Scottish Government's Covid-19 communication strategy, several others felt that clearer, more consistent and more frequent messaging was needed during the pandemic. Respondents suggested there was a lack of clear information on issues such as: Scottish Government and NHS advice on PPE requirements and procedures for different settings; how to access PPE; stock availability and shortages; and guidance on how to correctly use and dispose of PPE.

### **Criticism of PPE allocation**

Another common theme among responses to Q2 was criticism of the allocation of PPE during the pandemic. Some respondents felt that hospitals were given priority access to PPE at the expense of primary health care and social care services. A few raised concerns about the challenges that GPs faced in accessing FFP3 masks throughout the pandemic, despite being exposed to suspected Covid-19 cases on a daily basis.

“The early battles some sectors of health and social care had in convincing others that their need for PPE was equivalent (in terms of protecting vulnerable people from the effects of Covid-19) to other sectors, was a sad and traumatic period. Both the NHS and Social Services care for the vulnerable and should be recognised accordingly.” – Individual

“It must be emphasised that GPs, particularly rural GPs, deal with acutely unwell patients, cardiac arrests and trauma and are at risk from aerosol generating procedures. My practice never received a single FFP3 mask from the health board, despite multiple requests, and was reduced to buying these on eBay. This is not acceptable.” – Individual

Several respondents felt that greater efforts should have been made to create more equitable access to PPE across different sectors, calling for parity of access for all essential workers. Examples of essential services which remained operational throughout the pandemic but faced challenges in accessing publicly procured PPE were noted by respondents. These included: childcare providers and early years services; hospices; private care homes; unpaid carers; refuse collection services; and funeral homes.

## **Importance of domestic supply**

Continued development of domestic supply chains, as outlined in Q1.6, was encouraged by some respondents, who described the benefits of having UK-based PPE manufacturers and suppliers. These included:

- expedited access to PPE supplies;
- greater self-sufficiency and less reliance on global supply chain (which was under huge strain during pandemic);
- contribution to UK economy, including the creation of jobs; and
- reduced impact on the environment as international transportation not required.

However, a few urged caution over relying on a small number of domestic suppliers, noting that this limits competition and may lead to inflated prices, and could also leave the NHS in a precarious position if one of the domestic suppliers were unable to meet demand.

## **Prioritisation of quality and suitability of PPE**

Some respondents criticised the quality and suitability of the state-provided PPE they had access to during the pandemic, for example ill-fitting masks and low-quality alcohol gels. They asked for the quality and appropriateness of PPE to be prioritised when procuring supplies. Some called for more user-testing and others felt a PPE Quality Assurance scheme should be considered.

A few thought that consultation with PPE experts, designers and manufacturers should be undertaken to improve the usability and cost effectiveness of the PPE procured by the Scottish Government and NHS.

## **Addressing PPE cost inflation**

The volatility of the PPE market during the pandemic was discussed by some respondents, who described the significant increase in unit costs for items of PPE as exploitative and profiteering. They encouraged the Scottish Government to consider introducing measures to limit suppliers' ability to sell PPE at inflated prices, for example through price caps or fixed pricing.

## **Reducing PPE waste**

Some respondents criticised the amount of PPE that was wasted during the pandemic due to being expired or supplied in excess. They suggested ways to reduce the amount of PPE being wasted or disposed of, including: implementing strict stock rotation protocols in storage facilities; designing an ordering system for PPE; and introducing means for unused PPE to be returned. Others noted that procuring higher quality and more durable PPE which is less likely to deteriorate over time will result in less waste.

"I am a GP practice manager. We repeatedly received plastic face guards during 2020/21 despite not using them. We asked for them not to be sent out to us and were told there was no mechanism to stop this... Please have a method of specifying what PPE we need at the time instead of assuming we need all items." - Kilmarnock Road Surgery

## **Other lessons learned**

A small number of other themes were each raised by a few respondents.

- General reflections on how the Covid-19 pandemic exposed the unpreparedness of the nation for crisis, and the need for better preparation for future pandemics.
- A few felt that regulations should be introduced which require care homes and social care providers to have adequate infection prevention and control procedures and supplies in place.
- There were calls for greater consideration of the PPE needs of equality groups, e.g. people with hearing difficulties may require clear masks to enable them to lip read, appropriate PPE and guidance is required for those wearing head scarves.
- A few concerns were raised over the transparency of government PPE contracts, with some calling for information to be made publicly available about successful contractors' relevant experience, profit margins and links to those in positions of authority within government.

## Part 2: Preparing our PPE stocks for future pandemics

Part 2 of the consultation paper set out the Scottish Government's proposals for preparing Scotland's PPE stocks for future pandemics. Questions Q3 to Q5.1 covered the proposed national arrangements for PPE, Q6 explored the proposed sector-specific arrangements and Q7 and Q7.1 covered issues around payment mechanisms. Responses to these questions are analysed below.

### National arrangements

3. Do you think that Scotland should have its own pandemic PPE stockpile? Please expand your answer if you wish.

Among those answering the closed question element of Q3, 80% agreed that Scotland should have its own pandemic PPE stockpile; 12% said no and 8% had no preference. HSCPs were most likely to agree (91%), followed by private and third sector run adult social care settings (88%). Around four fifths of most other sectors agreed. Other public sector organisations and membership and representative bodies were less likely to answer yes (both 67%), but were more likely to answer no preference (22% and 33% respectively) rather than no. A full breakdown of this and all other closed questions is in Appendix B.

The free text element of Q3 allowed respondents to expand their answer if they wished. Seventy-one respondents provided comments in response, which mainly detailed respondents' reasons for agreeing or disagreeing with the proposed PPE stockpile.

#### Reasons for agreement

Many respondents felt that a Scottish stockpile would help ensure Scotland has adequate access to PPE based on its own needs as distinct from the rest of the UK. This was the most common reason for agreeing with the proposal.

"The Scottish Government must maintain a stockpile that allows them to determine requirements for PPE independently of the UK government and have resources to be able to follow through on the delivery of this." – Action for Children

"It makes sense for Scotland to have its own stockpile that is more easily accessible to Scottish organisations and which is planned appropriately for a Scottish context, for instance mindful of the make-up of the social care sector in Scotland." – Scottish Care

The second most prevalent theme described by those who agreed with the proposal was the speed of supply that a Scottish stockpile could provide. Respondents suggested the stockpile could help to avoid or minimise the difficulties that some organisations experienced in securing timeous supply of PPE during the Covid-19 pandemic.

“A Scottish stockpile of PPE would offer the advantages of PPE being held at a more ‘local’ level which would potentially speed up response times if needed.” – Aberdeenshire HSCP

“Local stockpiling and management of PPE supplies would avoid a repeat of the distribution issues which hindered the delivery of health and social care services during the Covid-19 pandemic.” – Leonard Cheshire in Scotland

Some respondents argued that a Scottish stockpile could help to minimise wastage and ensure that PPE is used before its expiry date.

“It will also minimise waste and the need for revalidation as the stock can be managed and rotated through the standard supply routes.” – Community Pharmacy Scotland

Another theme was that Scotland should have its own stockpile because health is a devolved matter. These respondents felt that the Scottish Government should have the power to manage Scottish PPE supplies.

The potential of a Scottish stockpile to benefit Scottish manufacturers by providing more opportunities for them to supply PPE was mentioned by some respondents, and more details about views on this issue are provided in the analysis of Q4.

A few respondents felt that a Scottish approach could be more cost-effective than, or mitigate against, international supply chains that can be volatile and unreliable. Another less commonly mentioned theme was a lack of trust in the UK Government’s approach resulting from the ‘High Priority Lane’ for certain suppliers during the Covid-19 pandemic – an approach which was not used in Scotland.

### **Reasons for disagreement**

Among the minority who were not in favour of the proposal, some felt that taking a UK-wide approach would offer greater buying power and value for money. This was the most common reason for disagreeing with the proposal.

“The four nations combined have greater purchasing power.” – Individual

A few others felt there should be a UK-wide approach to stockpiling but did not explain why. Other reasons for disagreement, each mentioned by one respondent, centred on views that:

- stockpiling should be led by the UK Government;
- a UK-wide approach would increase the PPE supplies available across the UK;
- the ability to manufacture PPE in the UK would be enhanced by a UK stockpile;
- there are more users of PPE across the UK so there would be less wastage; and
- devolved administrations cannot be relied upon to manage a stockpile.

## Other comments in opposition to stockpiling

Two respondents expressed opposition to the principle of stockpiling in general: one felt it could lead to users becoming protective of their own supplies and the other argued PPE might be wasted because future needs are difficult to predict.

## Other themes

While minimising wastage was given as a reason for both agreeing and disagreeing with the proposed stockpile, several respondents highlighted the importance of managing stockpiles effectively to ensure supplies are used before they expire, for example by rotating stock so that items with an earlier expiry date are used first.

Some respondents, including two who agreed with a Scottish stockpile, two who disagreed and two who expressed no preference, emphasised that, regardless of the location of PPE stockpiles, supplies should be shared among the four nations in the UK as necessary.

Similarly, regardless of the location of the stockpile, another theme was the importance of using UK PPE manufacturers to protect against volatility in international supply chains and to support UK companies.

3.1 Do you have a preference as to which organisations or sectors should be able to access the PPE pandemic stockpile? If yes, please expand on your answer.

Almost two thirds (64%) of those answering the closed question element of Q3.1 indicated they had a preference; the remainder (36%) said they did not. Responses varied considerably by sector: 91% of private or third sector organisations providing essential public services and 83% of membership and representative bodies had a preference, compared to 43% of private or third sector run adult social care settings and 33% of other public sector organisations. A full breakdown by sector is in Appendix B.

## Suggestions for broad sectors that should have access

While a majority indicated they had a preference about access, the 110 open comments made at Q3.1 varied widely with no clear consensus evident on who should have access.

Many respondents gave broad suggestions for sectors that should have access to the stockpile. A prevalent theme was that the PPE stockpile should be available to all workers in essential services that have close contact with members of the public. These respondents explained that essential workers would include health and social care staff and those who could be at risk of infection in other important sectors that keep the country running in a pandemic such as retail, childcare, transport, courts and waste management. This view was particularly prevalent among local authorities including adult social care services, private and third sector adult social care services, and private businesses and third sector organisations delivering essential public services.

Many other respondents focused specifically on health and social care. A prevalent view - particularly among HSCPs, local authorities including adult social care, NHS services, and private or third sector organisations providing essential public services - was that all health and social workers should have access. Several other respondents specified that the stockpile should be open to all NHS workers or all social care providers. A suggestion that

the stockpile should be available for frontline health and social care staff, i.e. those delivering close personal care, was another theme.

Local authority services and public sector organisations in general were also mentioned by some respondents.

### **Suggestions of more specific occupations that should have access**

Other respondents gave more specific examples:

- Several respondents made comments related to the education, early years and childcare sector, with suggestions that the stockpile should be accessible for staff in schools and nurseries as well as registered childminders. Respondents classified as private businesses and third sector organisations providing essential public services were particularly likely to support providing PPE in education, early years and childcare settings.
- In health and social care, some - mostly primary care independent contractors - called for primary care services to have access. Some specified that the stockpile should be open to GPs, a few mentioned pharmacies or dentists, and one identified optometrists. Some specified that hospital staff should have access, and a few said the stockpile should be available to private hospitals or healthcare providers.
- Access for emergency services (fire, police and ambulance) was called for by some respondents.
- Some felt that care home staff should be able to source PPE from the stockpile, with one individual specifying that it should be open to private social care services including care homes.
- Another theme related to the stockpile being available to unpaid carers and personal assistants, and one respondent that sector suggested access should be extended to carer support organisations.
- Two respondents indicated that funeral services should be allowed to use the stockpile and other specific suggestions, each identified by one respondent, included: housing providers that deliver support; social work; individuals requiring care and support; hospices; small and medium sized businesses; larger corporations; and the private sector.
- One called for self-employed social services workers to have access to the stockpile.

Several respondents commented on the need to prioritise access to those sectors that need it most, with the consensus that health and social care is the highest priority.

### **Public, third and private sectors**

Although the consultation did not ask respondents to comment specifically on whether the stockpile should be extended beyond the public sector to include third and private sector organisations, there was debate on this issue with no clear consensus. Some respondents said the stockpile should be open to the third sector and charities in general, while a few respondents specified that it should not be accessible for private sector organisations.

In health and social care specifically, two individuals felt that the stockpile should be available to NHS staff only and one specified that access for health and social care workers should be restricted to those delivering services on behalf of the NHS or local authorities. On the other hand, a few specified it should be accessible for private healthcare staff too. In childcare, a few respondents categorised as private businesses or third sector organisations delivering essential public services said that the stockpile should be open to third sector providers as well as the public sector.

3.2 Do you have a view on how much the organisations or sectors that share the PPE stockpile should contribute to its costs? If yes, please expand on your answer.

Over half (55%) of those answering Q3.2 indicated that they held a view on how those sharing the stockpile should contribute to its costs. Views were very mixed by sector. Nine out of ten (89%) other public sector bodies and three quarters (77%) of private or third sector organisations providing essential public services said they had a view. Conversely, just under two fifths of primary care independent contractors (39%) and private or third sector run adult social care settings (38%) held a particular view.

While many respondents indicated they held a view, those views were mixed. There were open responses to Q3.2 from 90 respondents. Comments were fairly evenly split between those who felt organisations using the stockpile should contribute to the costs, and those who argued that the Scottish Government should fund the stockpile, either for all organisations or for certain sectors. Given the diverse views evident in the open comments, there was also little consistency in views within sectors.

### **Organisations using the stockpile should contribute to costs**

Among the respondents who felt organisations should contribute to the costs of the stockpile, the most prevalent opinion was that organisations should pay an amount proportionate to their size. These respondents argued that each organisation's share should be calculated based on factors such as the number of staff, service users, and/or the amount of PPE used.

"It would need to be based on each sector's overall requirement." – South Lanarkshire Council

"Financial contribution should be a direct reflection on PPE requirements and usage." – North Ayrshire HSCP

Some respondents said that organisations should contribute a share of the cost but did not specify how much or how each body's contribution should be calculated. In general, it was unclear if respondents felt organisations should cover all or part of the stockpile's costs. A few felt the entire cost should be met by organisations, while some suggested the cost should be reduced or subsidised so that organisations only paid a proportion of the costs.

Several respondents highlighted that any cost for items of PPE charged to organisations should be fair, with mitigation against profiteering among suppliers.

"I would be happy to pay for the PPE required just not at inflated costs." - Individual



## **PPE should be provided at no cost for all organisations using the stockpile**

Many respondents felt that central government should cover the cost of the stockpile. Respondents argued it would not be fair to expect organisations to pay for PPE which is needed during a pandemic – as opposed to anticipated regular activities - and that central funding would help to ensure parity of access and enable services to be delivered in line with infection prevention and control guidelines.

“This is for the good of all, not just those who need the PPE. So therefore the cost should be covered by the taxpayer.” – Individual

“The costs of creating and managing a PPE stockpile should be dealt with at a national level and should not be borne by individual social care providers, otherwise the overhead costs of delivering social care will increase.” – Coalition of Care and Support Providers Scotland

“Cost should be met by Scottish Government.” – Dumfries and Galloway Council

## **PPE should be provided at no cost for certain sectors**

Several respondents argued that PPE should be provided at no cost for certain sectors but that other sectors should contribute to the cost. Some specified which sectors should pay, and the consensus among these respondents was that public sector services, or private or third sector organisations working on behalf of the public sector, should not have to pay. The National Carers Organisations advocated that PPE should be made available to unpaid carers at no cost.

Potential disparities which would need to be addressed were noted by a few respondents, for example if a private sector nursery was charged for using the PPE stockpile while a local authority nursery was not.

“If providing NHS services then this should be maintained as public funded.” – Optometry Scotland

“For social care services which deliver care on behalf of the public purse, PPE stockpile costs should be factored into public funding mechanisms on an ongoing basis.” – Scottish Care

Two respondents suggested that organisations that deliver a combination of public- and private-funded services should have to pay a share proportionate to the balance of their public and private work.

“If income is derived 100% from NHS services it should be provided free. If income e.g. from a dental practice is 50% NHS, 50% Private then they should pay 50% etc.” - Healthcare-2-U Limited

Another theme related to ensuring that the same price is charged to all organisations regardless of their sector. One commented on the different VAT arrangements for private providers compared to public bodies and the impact this can have on PPE costs.

4. Do you think that public sector organisations working together with the NHS to buy PPE together would help support the Scottish PPE manufacturing base?

There was broad agreement among those answering Q4 that the proposals would help support Scottish manufacturing; 77% agreed, 8% disagreed and 15% expressed no view. At least three fifths of most sectors agreed, ranging from 65% of private or third sector run adult social care settings and 67% of other public bodies, to 96% of local authorities including adult social care. Membership / representative bodies were, however, less likely to agree (40%), but the remainder (60%) did not express a view, rather than disagree.

4.1 Do you think that public sector organisations working together with the NHS to buy PPE together would help Scotland to be more resilient in the event of a future pandemic?

The results of Q4.1 were very similar to Q4, albeit with slightly higher levels of agreement. Nearly four fifths (79%) of those who answered agreed that the proposals would improve future resilience, 10% disagreed and 12% had no view. Agreement by sector ranged from 60% among membership / representative bodies (with the remaining 40% not expressing a view), 67% among primary care independent contractors and 71% of other public sector bodies, to 91% among HSCPs and 96% of local authorities including adult social care.

4.2 For public sector respondents: Would your organisation be willing to participate in a collaborative buying approach for pandemic PPE with the NHS?

While Q4.2 was intended for public sector organisations, respondents from multiple sectors answered. Among all those who answered, 45% indicated that their organisation would be willing to participate in collaborative buying, 10% stated they would not and 45% had no view. As shown in the following table, willingness varied considerably. The highest agreement was recorded among public sector organisations – 89% of HSCPs and other public sector bodies, and 68% among local authorities including adult social care settings. Less than half of other sectors indicated they would be willing to collaborate, with one in five (21%) of private or third sector adult social care not willing.

Base	n=	Yes	No	No preference
<b>All answering (%)</b>	<b>124</b>	<b>45%</b>	<b>10%</b>	<b>45%</b>
- HSCPs	9	89%	0%	11%
- Other public sector (e.g. justice services, education)	9	89%	0%	11%
- Local authorities inc. adult social care	22	68%	5%	27%
- Private / third sector providing essential public services	21	43%	10%	48%
- Primary care independent contractors	12	33%	17%	50%
- Private / third sector adult social care	19	32%	21%	47%
- Membership / representative body	4	25%	0%	75%
- NHS inc. hospital and community services	19	21%	5%	74%

#### 4.3 Please detail any other views that you have on the proposed cross public sector collaboration with the NHS on pandemic PPE supply.

Sixty-three respondents answered this free text question. Comments focused on the proposed collaboration, the challenges involved, and factors that would help make collaboration a success. There were also comments about environmental considerations and arrangements for public sector organisations not taking part in the collaboration.

#### **Potential benefits of collaboration**

Several respondents observed that the proposed collaborative approach could help achieve best value in the procurement of PPE. There was a view that, by acting collaboratively, the organisations involved could achieve economies of scale and negotiate cost discounts that they could not get if acting alone.

“More buying power enables cheaper costs.” – NHS Forth Valley

“Cross public sector collaboration would provide numerous benefits, including increased buying power to achieve the most economically advantageous price point.” – Bluetree Medical

Another theme was that cross-sector collaboration could provide logistical advantages for smaller organisations. Larger organisations may have storage facilities and distribution networks that would make it easier for smaller bodies to store and access PPE.

Some respondents commented that a collaborative approach would help to ensure access to PPE across all sectors. This view was expressed primarily by local authority services and private and third sector organisations that provide essential public services.

Opportunities for Scottish or UK manufacturers to provide PPE were mentioned by a few respondents. A small number argued this could create a more resilient supply chain.

Other potential benefits of collaboration, each identified by one respondent, included:

- a deeper understanding of Scotland’s usage of PPE;
- keeping the population safe by ensuring access to PPE across the public sector;
- enabling access to higher quality PPE;
- reduced panic buying; and
- learning from collaboration on PPE could be applied to the supply of other items in the health and social care sector.

#### **Challenges**

Respondents identified several challenges associated with cross-sector collaboration. Most commonly, some referred to a perception that the NHS was given priority during the Covid-19 pandemic and, as a result, respondents from sectors outwith the NHS (including local authorities, carers and personal assistants, other public bodies and private and third sector organisations) were unsure if they would receive equal treatment in any collaborative arrangement.

“Until the public sector is recognised as being as important as the NHS, there is scepticism that any collaboration mutually benefits both. Too many times during the pandemic we saw the NHS funnel stock for their own purpose, leaving others (often with no supply chains or routes) exposed.” – Individual

“If I thought that collaboration with NHS would benefit social care I would agree but I think it would not go in social care’s favour.” – Abbey Care Services

Some noted that the public, private and third sectors all require access to PPE and that it will be important to consider how to prioritise access to PPE where necessary.

“Needs to be prioritised to safeguard people.” – Edinburgh HSCP

Other challenges, each identified by one or two respondents, included:

- a feeling that cheaper PPE could be accessed through other supply chains (2);
- the variation in quantities and types of PPE needed by different organisations (2);
- ensuring that public sector organisations which opt out of the collaborative arrangements can demonstrate they have adequate alternative arrangements in place to protect service users and staff (2);
- a fear that Scottish or UK manufacturers may be unable to meet demand for PPE (1); and
- that this approach could reduce opportunities for small or local PPE providers (1).

### **Success factors**

Some respondents suggested factors that would help to make the collaboration a success. Two emphasised the importance of supplying quality and effective PPE, while each of these points were made by one respondent:

- flexibility is required to meet the differing needs of different pandemics;
- the collaborative approach needs to be incorporated into procurement policy to ensure it happens in practice;
- a unified procurement process among buyers would help to achieve best value;
- a need for clear communication pathways and PPE guidance;
- a suggestion that public bodies could access PPE through NHS National Services Scotland via PECOS (an electronic procurement system used by health boards and other public sector organisations), while private and third sector organisations that provide or support public services could be invited to join a framework agreement.

### **Environmental and sustainability considerations**

Another theme in responses to this question was environmental and sustainability considerations. Some respondents highlighted the need to: minimise wastage; dispose of equipment in a responsible manner; source PPE from domestic suppliers where possible; consider how PPE could be recycled or integrated into a circular approach; and/or use existing supply chain partners as distributors to reduce carbon footprints.

“Net zero, zero waste, circular economy needs considered.” - Individual

“Both the Scottish Government and the NHS have sustainability commitments that predate the pandemic but which the significant increased use of PPE will impact upon. Reshoring our manufacturing has not only made it more resilient, but it has also made it more sustainable. We are now working with NHS Trusts and Heriot Watt University to develop a circular economy for PPE, so that old products can be collected from the NHS and then turned into energy and the raw materials for new products, including more PPE.” – Globus Group (Alpha Solway)

5. Should the Scottish Government have a role in supporting the private businesses providing an essential public service and the third sector with their PPE supply in the event of a future pandemic? If ‘yes’, please describe what role that should be.

Almost four fifths (79%) of those answering Q5 stated yes, the Scottish Government should have a role in supporting private businesses providing an essential public service and the third sector with PPE in a pandemic. Of the remainder, 8% said they should not and 13% had no preference. A majority of those answering in all sectors agreed, though the proportion answering yes varied considerably. Views were most mixed among other public sector bodies (56% yes, 22% no, 22% no preference) and primary care independent contractors (61% yes, 17% no, 22% no preference). Around four fifths or more of most other sectors agreed, including 79% private or third sector run adult social care settings and 87% of private or third sector organisations providing essential public services. All (100%) membership and representative bodies felt the Scottish Government should have a role.

The open element of Q5 asked respondents to describe the role that they think the Scottish Government should have in supporting private and third sector organisations with their PPE supply in a future pandemic. Comments were received from 95 respondents, including some who expressed no preference or felt that the Scottish Government should not assist these organisations. Responses focused on reasons why the Scottish Government should support private and third sector organisations, the extent to which the private and third sector should pay for PPE, as well as suggestions about the Scottish Government’s role and the types of support it could offer.

### **Reasons for supporting private and third sector organisations**

Many respondents argued that the Scottish Government should help private and third sector organisations access PPE to protect staff and service users throughout society. This view was expressed by respondents from various sectors but was particularly prevalent among private and third sector organisations providing essential public services.

“It should be about doing the right thing and keeping everyone safe.” – Aberdeen City HSCP

“If providing a service, [organisations] should be provided with suitable PPE.” - Individual

Several respondents felt that the Scottish Government should provide support with PPE to ensure continuity of service for private and third sector organisations during a pandemic.

“If the private business is delivering essential services on behalf of the NHS or HSCP e.g. community pharmacies, dental practices etc, then there should be support in place to protect and maintain those essential services.” – Primary Care Community Pharmacy Group

### **Views about whether private and third sector organisations should pay for PPE**

Similar to responses to Q3.2, there were mixed views about whether private and third sector organisations should pay for PPE. Some respondents felt that the Scottish Government should provide PPE to private and third sector organisations for free, and one suggested that PPE should be incorporated into the value of contracts agreed between the Scottish Government and these organisations.

“Make it free at point of use, similar to NHS and fund nationally.” – Clackmannanshire and Stirling HSCP

Several others, however, believed that private and/or third sector organisations should not access PPE for free. Only one argued that these organisations should cover all the cost of their PPE, but a recurring theme was a need for private and third sector organisations to contribute a share of the cost of the PPE they use. It was not always clear from the comments if respondents felt that both private and third sector organisations should pay, but where a preference was specified, some said private businesses should pay and one specified that third sector organisations should.

“Private businesses can draw on this stock to support their services – however they should contribute to the cost.” - Joint response from East Ayrshire Council and East Ayrshire HSCP

“This should be made available free to the NHS and local authorities and for payment to private care providers and third sector organisations.” – Unite Scotland

### **Suggestions for the types of support that the Scottish Government could offer**

Several respondents suggested that the Scottish Government could help private and third sector organisations to access equipment at a fair price. There were comments about inflated prices for PPE during the Covid-19 pandemic and suggestions that the Scottish Government could help to access reduced prices in any future pandemic. This view was expressed by local authorities and NHS services but was particularly common among private and third sector organisations providing essential public services.

“Being able to source PPE at a lower cost than we can and in bulk orders would help us registered childminders greatly. Supply and demand meant we were having to pay upwards of £38 a box of gloves during the pandemic which our costings couldn’t sustain.” – Vicki Allan Childminding Service

“Ensuring availability at a fair price.” - Individual

Similarly, some felt the Scottish Government could offer subsidies or financial support to help reduce the cost of PPE for private and third sector organisations.

“The Social Care Sustainability fund was made available by Scottish Government during the Covid-19 pandemic to support with direct-related additional costs. Something similar would be welcomed by the sector to sustain organisations.” – Edinburgh HSCP

Another theme was that the Scottish Government could support domestic manufacturers to produce PPE, reflecting the responses to Q4. There was a feeling that this could help enhance the availability of PPE in Scotland as well as having wider economic benefits.

“The Government could provide funding to ensure materials and machinery suitable for switch to manufacturing PPE items.” – Ayrshire College

“I think supporting PPE manufacturing business within Scotland could boost the economy as well as support future need of PPE.” – Little Scallywags Nursery

It was also suggested that the Scottish Government could help to ensure that all sectors that need PPE have access to it.

“The Scottish Government should ensure that PPE is available for all businesses to purchase in the event of a future pandemic.” – Aberdeen City HSCP

A few respondents felt that the Scottish Government should take a lead role in co-ordinating the supply of PPE across the country, while a small number said it would be helpful if the Scottish Government could provide guidance on which suppliers to source PPE from.

“As the representatives of the population, they should control all aspects in ensuring the supply of PPE.” - Individual

Other suggestions for support, each mentioned by one or two respondents, that the Scottish Government could offer included the following:

- guarding against impropriety in the supply chain i.e. making sure that companies involved in the supply of PPE are not connected with politicians) (2);
- ensuring the PPE supplied is high quality (2);
- guidance on the type of PPE required (1);
- co-operating with the other nations in the UK on PPE supply (1);
- providing prompt payment for private and third sector organisations to aid their cashflow (1); and
- building up a comprehensive understanding of PPE requirements in social care (1).

5.1 If you answered 'yes' to Question 5, do you have an opinion on how this should be funded? If 'yes', please expand on your answer.

Just under half (47%) of those answering Q5.1 indicated they had a view on how support for PPE supply for private businesses providing an essential public service and the third sector should be funded; 24% said no and 29% said they had no preference. Private or third sector organisations providing essential public services were most likely to say they had a view (62%). HSCP were least likely to have a view (22%, with 44% stating no preference).

There were 71 responses to Q5.1, which asked respondents how Scottish Government support for private and third sector organisations with PPE should be funded. Similarly to Q3.2, there were mixed views about whether PPE costs should be covered by the Scottish Government or the organisations accessing the stockpile.

### **The Scottish Government should fund the PPE**

The most common theme was that the Scottish Government should fund, at least partially, the cost of PPE for private and third sector organisations in a pandemic. This view was particularly prevalent among private and third sector organisations providing essential public services, local authority services, private and third sector adult social care services and NHS services.

“By central government from public purse.” - Individual

“As a key player in NHS Primary Care, we feel that the supply of PPE should be included in the overall pandemic expense and supplied at no cost. It must be remembered that community pharmacy teams take on a risk in delivering face to face care during the pandemic and should have the right to the full protection of PPE with no cost issues included.” – Community Pharmacy Scotland

Several respondents from various sectors argued that the Scottish Government should fund all PPE costs for private and third sector organisations, while a few felt it should pay a share. In some cases, it was not clear if the respondents felt the Scottish Government should cover all the costs or just some. A small number said costs should initially be met by the Scottish Government to ensure that all organisations who need PPE have access to it, before potentially charging organisations once the supply chain is secure.

Some respondents suggested how the Scottish Government could fund the support. A common theme was covering the costs through general taxation and two felt that large companies in particular should be taxed to fund the PPE. A few stated that PPE costs should be included in the value of contracts agreed between the Scottish Government and private and third sector organisations. One suggested establishing a pandemic contingency fund with the level of contribution per organisation set by the Scottish Parliament.



### **Private and third sector organisations should fund their own PPE**

Several respondents argued that private and third sector organisations should fund the PPE they use, at least in part. This view was expressed by respondents from various sectors but was particularly common among NHS services. There were mixed opinions as to whether the organisations should cover all or a share of the costs.

“Private business to pay for their own PPE, either directly to suppliers or through Scottish Government.” - Individual

“Yes, it is essential everyone has the PPE to stay safe but there should be a cost attached to this.” – Aberdeenshire HSCP

As in Q3.2, there was a view that, if private and third sector organisations pay for PPE, the amount they pay should be in proportion to their size and/or amount of PPE used.

There were some comments about specific sectors that should pay for PPE. A few specified that private businesses should fund their PPE, with one specifying that private organisations outside the health sector should pay. Another said that private and third sector care homes should fund their own PPE.

### **Support for PPE manufacturers**

A very small number of respondents suggested that the Scottish Government could provide financial support to PPE manufacturers to help minimise prices.

## Sector-specific arrangements

6. Do you agree with the proposed pandemic PPE supply arrangements for your organisation or sector? If no, please describe what you believe should change.

The consultation paper outlined the pre-pandemic process in place for a variety of sectors, and then presented the proposed approach for the future. Nearly three fifths (59%) of those answering Q6 agreed with the proposed pandemic PPE supply arrangements for their sector; 17% disagreed and almost one quarter (24%) had no preference. However, agreement varied considerably by sector as shown in the following table.

Broadly, public sector organisations were more likely to agree, with around four fifths doing so and most of the remainder expressing no preference. Around half of other sectors agreed, but of particular note are the 31% of primary care independent contractors who disagreed and the lower level of agreement (41%) among private or third sector organisations providing essential public services.

Base	n=	Yes	No	No preference
<b>All answering (%)</b>	<b>150</b>	<b>59%</b>	<b>17%</b>	<b>24%</b>
- Local authorities inc. adult social care	9	83%	13%	4%
- HSCP	19	82%	0%	18%
- NHS inc. hospital and community services	22	78%	9%	13%
- Other public sector (e.g. justice services, education)	4	78%	11%	11%
- Private / third sector adult social care	9	52%	17%	30%
- Membership / representative body	19	50%	17%	33%
- Primary care independent contractors	12	50%	31%	19%
- Private / third sector providing essential public services	21	41%	27%	32%

The open follow-up to Q6 asked those who did not agree with the arrangements what they felt should change. A total of 38 open comments were received, which included some respondents who agreed or did not express a view. Many responses to this question did not directly address the proposed PPE supply arrangements, and, although there were some favourable comments about the proposed sectoral arrangements, there were no clear suggestions for changes to the proposed arrangements.

### More information

Although the consultation paper outlined the proposed approach for different sectors, the most common theme in responses to Q6 was a request for more information. Two respondents identified specific aspects of the proposals that they would like more information about.

“We would seek more clarity as planning progresses around how social care providers would opt-in to the collaborative purchasing arrangement.” – Scottish Care

“It is noted that ‘Additional arrangements will be put in place for those not part of the proposed arrangements, either by choice or because they are in the private sector (providing an essential service), third sector or are individual carers.’ Details must be made available as to what these additional arrangements will be.” – Scottish Association of Social Work

### **Comments in favour of the proposals**

There were some comments in support of the proposed arrangements. A few respondents supported the proposal for organisations to have access to the stockpile in an emergency situation.

“We agree with primary care contractors having guaranteed access to an emergency stockpile in the event of a future pandemic to ensure they can maintain a significant level of service.” – Royal Pharmaceutical Society

“We also agree that third sector and private sector organisations should be able to access emergency PPE in a pandemic regardless of whether they have taken part in the national procurement system.” – Coalition of Care and Support Providers Scotland

Other positive comments, each made by one respondent, focused on:

- the equitable nature of the proposals;
- staff not having to pay for their own PPE; and
- the proposals offering best value and high quality PPE.

### **Other themes**

Respondents raised various themes not directly related to the question. Some reflected on difficulties they had experienced in accessing PPE during and/or since the Covid-19 pandemic.

“The supply of suitable equipment is very basic need during a pandemic. Our members weren't looking for full contamination suits for all, just basic, but fit for purpose, equipment, and they were failed.” – Unite Scotland

“There is no supply chain for us as a private children's nursery.” - Jaybees Childcare Ltd

Some respondents emphasised the importance of PPE being provided at no cost to the services that need it, while a few highlighted the need to treat different sectors and services in an equitable way. Some respondents specified that access should be available to certain groups, which align with the suggestions reported in the analysis of Q3.1.

Finally, one HSCP had concerns around their organisation's procurement processes, in which there are separate arrangements for NHS and local authority staff.

## PPE payment mechanisms

7. Do you agree that a mechanism (or mechanisms) should be found by which the cost of pandemic PPE is appropriately split between the organisations that are using that PPE?

Almost two thirds (64%) of those answering Q7 agreed that mechanisms should be found to split the cost of pandemic PPE; 16% disagreed and 17% had no preference. Most sectors were broadly supportive of the proposal, ranging from 61% of primary care independent contractors and 67% of other public sector bodies to 91% of HSCPs. Respondents from private or third sector adult social care settings were split in their views; 38% agreed, 29% disagreed and 33% had no view. While only 20% of membership or representative bodies agreed, the remainder were more likely to have no view (60%, with 20% disagreeing).

7.1 What payment mechanism or mechanisms would be most appropriate in your view?

A total of 82 comments were received in response to Q7.1. Most of these, however, did not refer to payment mechanisms directly. Rather, they largely focused on whether the Scottish Government or organisations using pandemic PPE should pay for it, with the views shared aligning closely with those already outlined in the analysis of Q3.2 and 5.1.

### Recharge

Where respondents made comments related to payment mechanisms, the most common suggestion was a recharge system, where the Scottish Government would charge or invoice organisations for all, or a share of, the cost of the PPE they have used. Several respondents across many sectors favoured this approach, describing it as fair and equitable and helping to ensure that organisations only pay for the PPE they use.

“Recharge for what each organisation has used would seem fairest.” – Clackmannanshire Council

“It would be fairer to recharge after PPE has been procured to base costs on supply required for each sector/organisation.” – Association of British Dispensing Opticians

“Re-charging organisations following procurement of PPE would be the most fair/equitable process.” - Individual

### Other suggestions

Other suggestions for payment mechanisms, each made by one respondent, were:

- a fund that organisations would contribute to before accessing PPE when needed;
- direct debit;
- a levy based on the volume of PPE used per organisation;
- a standing contribution based on staff numbers and potential use of PPE; and
- voluntary contributions.

Regardless of the payment mechanism used, many emphasised that the amount organisations pay should be based on their actual use of PPE, or be proportionate to the size and scale of the organisation. Other themes, mentioned by some respondents, included highlighting that the payment mechanism should not be cumbersome for organisations, and a suggestion that the amount organisations pay should include a charge to help cover storage and procurement costs.

Finally, one respondent suggested that organisations which do not wish to be part of the overall stockpile arrangements should be able to purchase PPE from the stockpile at an elevated cost, if they have difficulty accessing PPE elsewhere.

# Conclusions

In total, 164 consultation responses were received. Reflecting their experience and specific interests, this report provides a high-level summary of respondents' perspectives<sup>1</sup>.

Overall there is clear support for the seven lessons from the Covid-19 pandemic outlined in the consultation paper; over nine in ten of those answering agreed. However, some additional lessons were identified including issues around: more equitable access to supplies across different sectors; inflated PPE prices; and minimising waste.

There is also broad support for Scotland having its own pandemic PPE stockpile: 80% agreed with this proposal. Common reasons for supporting the proposal were that it ensures Scotland has adequate access to PPE based on its own needs as distinct from the rest of the UK, and an improved speed of supply.

Differing opinions are evident on which organisations or sectors should have access to the stockpile. While many argued that it should be available to all workers in essential services who have close contact with the general public, there were mixed views about whether private or third sector organisations should access the stockpile. Quantitative results indicate that a large proportion (79%) are in favour of the Scottish Government supporting these sectors.

Views were also fairly evenly split on the extent to which organisations with access to the stockpile should contribute to its costs. There was a mix between those who felt organisations should pay and those who argued that the Scottish Government should fund it, either for all organisations or for certain sectors. There was, however, high willingness to take part in a collaborative buying approach with the NHS for pandemic PPE.

The range of views identified in the consultation provide an essential evidence base for the Scottish Government to draw on when planning the future supply of pandemic PPE in Scotland. The variation in the opinions expressed by respondents mean it is unlikely that the proposals will fully satisfy all stakeholders, and some of the finer details of the proposals need to be clarified. There is, however, clear support for the proposals to ensure adequate PPE arrangements for Scotland in any future pandemic.

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<sup>1</sup> For more detail, readers are encouraged to read individual responses where permission was granted for publication. Responses are published on the [Scottish Government's consultation website](#)

# Appendix A: Respondent Profile

In total, 164 consultation responses were received; 85 from individuals and 79 from organisations. Respondents were asked to select from a list which sector best represented who they worked for, or their organisation. The following table details the number of responses from each sector and the proportion of all consultation responses each sector represents.

Sector	N=	%
Local authorities and local authority services including adult social care settings	24	15%
Private and third sector run adult social care settings	24	15%
NHS Board services including hospital and community services	24	15%
Private businesses / third sector organisations providing essential public services	23	14%
Primary care independent contractors	18	11%
HSCPs	11	7%
Other public sector e.g. prisons, fire service, police service	9	5%
Membership / representative body	7	4%
Carers and personal assistants	3	2%
Private sector non-essential services	2	1%
<i>I, or my organisation, do not work for these sectors</i>	13	8%
<i>Not Answered</i>	6	4%

# Appendix B: Quantitative Analysis

The following tables detail the results for each of the 18 closed questions in the consultation.

As not all respondents gave an answer to these questions, the quantitative analysis in the main report is based on those who answered each question.

With the exception of the first table, the following tables for each question show:

- The number of respondents from the **total sample** of 164 who selected each response, and the corresponding percentage.
- The number and percentage response **among those who answered each question**, broken down by:
  - Individual and organisation responses.
  - By sector<sup>2</sup>.

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<sup>2</sup> The 'Other' category comprises 3 Carers and personal assistants, 2 Private sector non-essential services, 13 who answered 'I, or my organisation, do not work for these sectors' and 6 who did not provide their sector.



## **Q1 to Q1.6: Agreement with lessons presented in consultation paper by sector**

*Base: all in each sector answering each question*

- Q1. Effective mechanisms of collaboration and communication between the Scottish Government and stakeholders are an integral part of facilitating the supply of PPE in pandemic circumstances and must be implemented into any future strategy.
- Q1.1. A reformed stockpiling and buying approach for pandemic PPE is required.
- Q1.2. Primary Care and adult Social Care require a long term and sustainable PPE supply strategy.
- Q1.3. Cross public sector collaboration with the NHS on PPE supply issues should be considered as part of a future strategy.
- Q1.4. A surge capacity should be incorporated into the future pandemic PPE supply and stockpiling arrangements to guarantee that PPE demand is met during the volatile early stages of any future pandemic.
- Q1.5. A future strategy also needs to consider how private businesses and third sector organisations can be as prepared as possible for future pandemics to ensure that they continue to deliver essential public services.
- Q1.6. We must build upon the progress made during the Covid-19 pandemic in terms of supporting new, domestic supply chains and the development of data modelling.

	<b>Q1</b>	<b>Q1.1</b>	<b>Q1.2</b>	<b>Q1.3</b>	<b>Q1.4</b>	<b>Q1.5</b>	<b>Q1.6</b>
<b>All answering (%)</b>	<b>96%</b>	<b>91%</b>	<b>96%</b>	<b>92%</b>	<b>96%</b>	<b>91%</b>	<b>93%</b>
- Local authorities inc. adult social care	100%	91%	100%	96%	100%	100%	96%
- Private / third sector adult social care	96%	96%	100%	88%	100%	100%	96%
- NHS inc. hospital and community services	100%	91%	95%	95%	100%	95%	100%
- Private / third sector providing essential public services	91%	83%	87%	83%	96%	91%	96%
- Primary care independent contractors	100%	100%	100%	100%	100%	78%	89%
- HSCP	100%	91%	100%	100%	100%	82%	100%
- Other public sector (e.g. justice services, education)	89%	89%	89%	89%	88%	89%	78%
- Membership / representative body	100%	100%	100%	100%	100%	83%	83%
- Other	92%	88%	92%	88%	78%	88%	88%

**Q1. Effective mechanisms of collaboration and communication between the Scottish Government and stakeholders are an integral part of facilitating the supply of PPE in pandemic circumstances and must be implemented into any future strategy.**

<b>Base</b>	<b>n=</b>	<b>Agree</b>	<b>Disagree</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	154	4	2	4
All respondents (%)		94%	2%	1%	2%
All answering	160	154	4	2	-
<b>All answering (%)</b>		96%	3%	1%	-
- Local authorities inc. adult social care	22	100%	0%	0%	-
- Private / third sector adult social care	24	96%	4%	0%	-
- NHS inc. hospital and community services	23	100%	0%	0%	-
- Private / third sector providing essential public services	22	91%	5%	5%	-
- Primary care independent contractors	18	100%	0%	0%	-
- HSCPs	11	100%	0%	0%	-
- Other public sector (e.g. justice services, education)	9	89%	11%	0%	-
- Membership / representative body	7	100%	0%	0%	-
- Other	24	92%	4%	4%	-

<b>Q1.1. A reformed stockpiling and buying approach for pandemic PPE is required.</b>					
<b>Base</b>	<b>n=</b>	<b>Agree</b>	<b>Disagree</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	147	6	8	3
All respondents (%)		90%	4%	5%	2%
All answering	161	147	6	8	-
<b>All answering (%)</b>		<b>91%</b>	<b>4%</b>	<b>5%</b>	<b>-</b>
- Local authorities inc. adult social care	23	91%	0%	9%	-
- Private / third sector adult social care	24	96%	4%	0%	-
- NHS inc. hospital and community services	22	91%	5%	5%	-
- Private / third sector providing essential public services	23	83%	4%	13%	-
- Primary care independent contractors	18	100%	0%	0%	-
- HSCPs	11	91%	0%	9%	-
- Other public sector (e.g. justice services, education)	9	89%	11%	0%	-
- Membership / representative body	7	100%	0%	0%	-
- Other	24	88%	8%	4%	-

<b>Q1.2. Primary Care and adult Social Care require a long term and sustainable PPE supply strategy.</b>					
<b>Base</b>	<b>n=</b>	<b>Agree</b>	<b>Disagree</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	154	2	5	3
All respondents (%)		94%	1%	3%	2%
All answering	161	154	2	5	-
<b>All answering (%)</b>		<b>96%</b>	<b>1%</b>	<b>3%</b>	<b>-</b>
- Local authorities inc. adult social care	23	100%	0%	0%	-
- Private / third sector adult social care	24	100%	0%	0%	-
- NHS inc. hospital and community services	22	95%	0%	5%	-
- Private / third sector providing essential public services	23	87%	4%	9%	-
- Primary care independent contractors	18	100%	0%	0%	-
- HSCPs	11	100%	0%	0%	-
- Other public sector (e.g. justice services, education)	9	89%	0%	11%	-
- Membership / representative body	7	100%	0%	0%	-
- Other	24	92%	4%	4%	-

**Q1.3. Cross public sector collaboration with the NHS on PPE supply issues should be considered as part of a future strategy.**

<b>Base</b>	<b>n=</b>	<b>Agree</b>	<b>Disagree</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	147	3	10	4
All respondents (%)		90%	2%	6%	2%
All answering	160	147	3	10	-
<b>All answering (%)</b>		<b>92%</b>	<b>2%</b>	<b>6%</b>	<b>-</b>
- Local authorities inc. adult social care	23	96%	0%	4%	-
- Private / third sector adult social care	24	88%	0%	13%	-
- NHS inc. hospital and community services	22	95%	0%	5%	-
- Private / third sector providing essential public services	23	83%	4%	13%	-
- Primary care independent contractors	18	100%	0%	0%	-
- HSCPs	11	100%	0%	0%	-
- Other public sector (e.g. justice services, education)	9	89%	11%	0%	-
- Membership / representative body	6	100%	0%	0%	-
- Other	24	88%	4%	8%	-

**Q1.4. A surge capacity should be incorporated into the future pandemic PPE supply and stockpiling arrangements to guarantee that PPE demand is met during the volatile early stages of any future pandemic.**

<b>Base</b>	<b>n=</b>	<b>Agree</b>	<b>Disagree</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	151	6	1	6
All respondents (%)		92%	4%	1%	4%
All answering	158	151	6	1	-
<b>All answering (%)</b>		<b>96%</b>	<b>4%</b>	<b>1%</b>	<b>-</b>
- Local authorities inc. adult social care	23	100%	0%	0%	-
- Private / third sector adult social care	24	100%	0%	0%	-
- NHS inc. hospital and community services	22	100%	0%	0%	-
- Private / third sector providing essential public services	23	96%	4%	0%	-
- Primary care independent contractors	18	100%	0%	0%	-
- HSCPs	11	100%	0%	0%	-
- Other public sector (e.g. justice services, education)	8	88%	13%	0%	-
- Membership / representative body	6	100%	0%	0%	-
- Other	23	78%	17%	4%	-

**Q1.5. A future strategy also needs to consider how private businesses and third sector organisations can be as prepared as possible for future pandemics to ensure that they continue to deliver essential public services.**

<b>Base</b>	<b>n=</b>	<b>Agree</b>	<b>Disagree</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	146	7	7	4
All respondents (%)		89%	4%	4%	2%
All answering	160	146	7	7	-
<b>All answering (%)</b>		<b>91%</b>	<b>4%</b>	<b>4%</b>	<b>-</b>
- Local authorities inc. adult social care	23	100%	0%	0%	-
- Private / third sector adult social care	24	100%	0%	0%	-
- NHS inc. hospital and community services	22	95%	0%	5%	-
- Private / third sector providing essential public services	23	91%	9%	0%	-
- Primary care independent contractors	18	78%	0%	22%	-
- HSCPs	11	82%	9%	9%	-
- Other public sector (e.g. justice services, education)	9	89%	11%	0%	-
- Membership / representative body	6	83%	0%	17%	-
- Other	24	88%	13%	0%	-

**Q1.6. We must build upon the progress made during the Covid-19 pandemic in terms of supporting new, domestic supply chains and the development of data modelling.**

<b>Base</b>	<b>n=</b>	<b>Agree</b>	<b>Disagree</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	148	3	8	5
All respondents (%)		90%	2%	5%	3%
All answering	159	148	3	8	-
<b>All answering (%)</b>		<b>93%</b>	<b>2%</b>	<b>5%</b>	<b>-</b>
- Local authorities inc. adult social care	23	96%	0%	4%	-
- Private / third sector adult social care	24	96%	0%	4%	-
- NHS inc. hospital and community services	21	100%	0%	0%	-
- Private / third sector providing essential public services	23	96%	0%	4%	-
- Primary care independent contractors	18	89%	6%	6%	-
- HSCPs	11	100%	0%	0%	-
- Other public sector (e.g. justice services, education)	9	78%	11%	11%	-
- Membership / representative body	6	83%	0%	17%	-
- Other	24	88%	4%	8%	-



<b>Q2. Are there any other lessons learned that you think should be considered?</b>				
<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>Not answered</b>
All respondents	164	116	30	18
All respondents (%)		71%	18%	11%
All answering	146	116	30	-
<b>All answering (%)</b>		<b>79%</b>	<b>21%</b>	-
- Local authorities inc. adult social care	22	73%	27%	-
- Private / third sector adult social care	22	73%	27%	-
- NHS inc. hospital and community services	20	85%	15%	-
- Private / third sector providing essential public services	18	72%	28%	-
- Primary care independent contractors	18	78%	22%	-
- HSCPs	11	91%	9%	-
- Other public sector (e.g. justice services, education)	6	83%	17%	-
- Membership / representative body	5	100%	0%	-
- Other	24	83%	17%	-

<b>Q3. Do you think that Scotland should have its own pandemic PPE stockpile?</b>					
<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	129	19	13	3
All respondents (%)		79%	12%	8%	2%
All answering	161	129	19	13	-
<b>All answering (%)</b>		<b>80%</b>	<b>12%</b>	<b>8%</b>	<b>-</b>
- Local authorities inc. adult social care	23	83%	4%	13%	-
- Private / third sector adult social care	24	88%	8%	4%	-
- NHS inc. hospital and community services	23	78%	13%	9%	-
- Private / third sector providing essential public services	23	83%	9%	9%	-
- Primary care independent contractors	18	83%	11%	6%	-
- HSCPs	11	91%	9%	0%	-
- Other public sector (e.g. justice services, education)	9	67%	11%	22%	-
- Membership / representative body	6	67%	0%	33%	-
- Other	24	71%	29%	0%	-

<b>Q3.1. Do you have a preference as to which organisations or sectors should be able to access the PPE pandemic stockpile?</b>				
<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>Not answered</b>
All respondents	164	102	57	5
All respondents (%)		62%	35%	3%
All answering	159	102	57	-
<b>All answering (%)</b>		64%	36%	-
- Local authorities inc. adult social care	23	65%	35%	-
- Private / third sector adult social care	23	43%	57%	-
- NHS inc. hospital and community services	22	68%	32%	-
- Private / third sector providing essential public services	23	91%	9%	-
- Primary care independent contractors	18	56%	44%	-
- HSCPs	11	55%	45%	-
- Other public sector (e.g. justice services, education)	9	33%	67%	-
- Membership / representative body	6	83%	17%	-
- Other	24	71%	29%	-

<b>Q3.2. Do you have a view on how much the organisations or sectors that share the PPE stockpile should contribute to its costs?</b>				
<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>Not answered</b>
All respondents	164	88	72	4
All respondents (%)		54%	44%	2%
All answering	160	88	72	-
<b>All answering (%)</b>		55%	45%	-
- Local authorities inc. adult social care	23	43%	57%	-
- Private / third sector adult social care	24	38%	63%	-
- NHS inc. hospital and community services	23	48%	52%	-
- Private / third sector providing essential public services	22	77%	23%	-
- Primary care independent contractors	18	39%	61%	-
- HSCPs	11	55%	45%	-
- Other public sector (e.g. justice services, education)	9	89%	11%	-
- Membership / representative body	6	67%	33%	-
- Other	24	67%	33%	-

<b>Q4. Do you think that public sector organisations working together with the NHS to buy PPE together would help support the Scottish PPE manufacturing base?</b>					
<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	123	12	24	5
All respondents (%)		75%	7%	15%	3%
All answering	159	123	12	24	-
<b>All answering (%)</b>		<b>77%</b>	<b>8%</b>	<b>15%</b>	<b>-</b>
- Local authorities inc. adult social care	23	96%	0%	4%	-
- Private / third sector adult social care	23	65%	13%	22%	-
- NHS inc. hospital and community services	23	87%	4%	9%	-
- Private / third sector providing essential public services	23	78%	9%	13%	-
- Primary care independent contractors	18	78%	6%	17%	-
- HSCPs	11	82%	9%	9%	-
- Other public sector (e.g. justice services, education)	9	67%	11%	22%	-
- Membership / representative body	5	40%	0%	60%	-
- Other	24	71%	13%	17%	-

<b>Q4.1. Do you think that public sector organisations working together with the NHS to buy PPE together would help Scotland to be more resilient in the event of a future pandemic?</b>					
<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	123	15	18	8
All respondents (%)		75%	9%	11%	5%
All answering	156	123	15	18	-
<b>All answering (%)</b>		<b>79%</b>	<b>10%</b>	<b>12%</b>	<b>-</b>
- Local authorities inc. adult social care	23	96%	0%	4%	-
- Private / third sector adult social care	23	74%	17%	9%	-
- NHS inc. hospital and community services	22	82%	5%	14%	-
- Private / third sector providing essential public services	23	87%	9%	4%	-
- Primary care independent contractors	18	67%	6%	28%	-
- HSCPs	11	91%	0%	9%	-
- Other public sector (e.g. justice services, education)	7	71%	14%	14%	-
- Membership / representative body	5	60%	0%	40%	-
- Other	24	67%	25%	8%	-

<b>Q4.2. For public sector respondents: Would your organisation be willing to participate in a collaborative buying approach for pandemic PPE with the NHS?</b>					
<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	56	12	56	40
All respondents (%)		34%	7%	34%	24%
All answering	124	56	12	56	-
<b>All answering (%)</b>		<b>45%</b>	<b>10%</b>	<b>45%</b>	-
- Local authorities inc. adult social care	22	68%	5%	27%	-
- Private / third sector adult social care	19	32%	21%	47%	-
- NHS inc. hospital and community services	19	21%	5%	74%	-
- Private / third sector providing essential public services	21	43%	10%	48%	-
- Primary care independent contractors	12	33%	17%	50%	-
- HSCPs	9	89%	0%	11%	-
- Other public sector (e.g. justice services, education)	9	89%	0%	11%	-
- Membership / representative body	4	25%	0%	75%	-
- Other	9	11%	22%	67%	-

**Q5. Should the Scottish Government have a role in supporting the private businesses providing an essential public service and the third sector with their PPE supply in the event of a future pandemic?**

<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	125	13	21	5
All respondents (%)		76%	8%	13%	3%
All answering	159	125	13	21	-
<b>All answering (%)</b>		<b>79%</b>	<b>8%</b>	<b>13%</b>	<b>-</b>
- Local authorities inc. adult social care	22	91%	0%	9%	-
- Private / third sector adult social care	24	79%	8%	13%	-
- NHS inc. hospital and community services	23	83%	4%	13%	-
- Private / third sector providing essential public services	23	87%	4%	9%	-
- Primary care independent contractors	18	61%	17%	22%	-
- HSCPs	11	82%	9%	9%	-
- Other public sector (e.g. justice services, education)	9	56%	22%	22%	-
- Membership / representative body	5	100%	0%	0%	-
- Other	24	71%	13%	17%	-



**Q5.1. If you answered 'yes' to Question 5, do you have an opinion on how this should be funded?**

<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	62	31	38	33
All respondents (%)		38%	19%	23%	20%
All answering	131	62	31	38	-
<b>All answering (%)</b>		<b>47%</b>	<b>24%</b>	<b>29%</b>	-
- Local authorities inc. adult social care	22	45%	14%	41%	-
- Private / third sector adult social care	19	32%	32%	37%	-
- NHS inc. hospital and community services	20	50%	20%	30%	-
- Private / third sector providing essential public services	21	62%	29%	10%	-
- Primary care independent contractors	12	50%	25%	25%	-
- HSCPs	9	22%	33%	44%	-
- Other public sector (e.g. justice services, education)	7	43%	43%	14%	-
- Membership / representative body	5	40%	20%	40%	-
- Other	16	63%	13%	25%	-

<b>Q6. Do you agree with the proposed pandemic PPE supply arrangements for your organisation or sector?</b>					
<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	89	25	36	14
All respondents (%)		54%	15%	22%	9%
All answering	150	89	25	36	-
<b>All answering (%)</b>		<b>59%</b>	<b>17%</b>	<b>24%</b>	<b>-</b>
- Local authorities inc. adult social care	23	83%	13%	4%	-
- Private / third sector adult social care	23	52%	17%	30%	-
- NHS inc. hospital and community services	23	78%	9%	13%	-
- Private / third sector providing essential public services	22	41%	27%	32%	-
- Primary care independent contractors	16	50%	31%	19%	-
- HSCPs	11	82%	0%	18%	-
- Other public sector (e.g. justice services, education)	9	78%	11%	11%	-
- Membership / representative body	6	50%	17%	33%	-
- Other	17	24%	18%	59%	-

**Q7. Do you agree that a mechanism (or mechanisms) should be found by which the cost of pandemic PPE is appropriately split between the organisations that are using that PPE?**

<b>Base</b>	<b>n=</b>	<b>Yes</b>	<b>No</b>	<b>No preference</b>	<b>Not answered</b>
All respondents	164	101	31	27	5
All respondents (%)		62%	19%	16%	3%
All answering	159	101	31	27	-
<b>All answering (%)</b>		<b>64%</b>	<b>19%</b>	<b>17%</b>	<b>-</b>
- Local authorities inc. adult social care	23	74%	13%	13%	-
- Private / third sector adult social care	24	38%	29%	33%	-
- NHS inc. hospital and community services	23	74%	17%	9%	-
- Private / third sector providing essential public services	23	78%	9%	13%	-
- Primary care independent contractors	18	61%	28%	11%	-
- HSCPs	11	91%	0%	9%	-
- Other public sector (e.g. justice services, education)	9	67%	22%	11%	-
- Membership / representative body	5	20%	20%	60%	-
- Other	23	52%	30%	17%	-

# Appendix C: Consultation Questions

## Part 1: Lessons Learned

Learning the lessons from the experiences of the Covid-19 pandemic was a key recommendation from Audit Scotland. As part of the PPE Futures Programme, the Scottish Government has undertaken work to understand the lessons learned from the Covid-19 pandemic. The Scottish Government has been working with various stakeholders to capture these lessons. Please indicate whether you agree with the key findings :

1. Effective mechanisms of collaboration and communication between the Scottish Government and stakeholders are an integral part of facilitating the supply of PPE in pandemic circumstances, and must be implemented into any future strategy.

Agree / Disagree / No preference

1.1 A reformed stockpiling and buying approach for pandemic PPE is required.

Agree / Disagree / No preference

1.2 Primary Care and adult Social Care require a long term and sustainable PPE supply strategy.

Agree / Disagree / No preference

1.3 Cross public sector collaboration with the NHS on PPE supply issues should be considered as part of a future strategy.

Agree / Disagree / No preference

1.4 A surge capacity should be incorporated into the future pandemic PPE supply and stockpiling arrangements to guarantee that PPE demand is met during the volatile early stages of any future pandemic.

Agree / Disagree / No preference

1.5 A future strategy also needs to consider how private businesses and third sector organisations can be as prepared as possible for future pandemics to ensure that they continue to deliver essential public services.

Agree / Disagree / No preference

1.6 We must build upon the progress made during the Covid-19 pandemic in terms of supporting new, domestic supply chains and the development of data modelling.

Agree / Disagree / No preference

2. Are there any other lessons learned that you think should be considered? If 'yes', please describe (preferably no more than 300 words).

Yes / No

## Part 2: Preparing our PPE Stocks for Future Pandemics

3. Do you think that Scotland should have its own pandemic PPE stockpile? Please expand your answer if you wish (preferably no more than 300 words).

Yes / No / No preference

3.1 Do you have a preference as to which organisations or sectors should be able to access the PPE pandemic stockpile? If yes, please expand on your answer (preferably no more than 300 words).

Yes / No

3.2 Do you have a view on how much the organisations or sectors that share the PPE stockpile should contribute to its costs? If yes, please expand on your answer (preferably no more than 300 words).

Yes / No

4. Do you think that public sector organisations working together with the NHS to buy PPE together would help support the Scottish PPE manufacturing base?

Yes / No / No preference

4.1 Do you think that public sector organisations working together with the NHS to buy PPE together would help Scotland to be more resilient in the event of a future pandemic?

Yes / No / No preference

4.2 For public sector respondents: Would your organisation be willing to participate in a collaborative buying approach for pandemic PPE with the NHS?

Yes / No / No preference

4.3 Please detail any other views that you have on the proposed cross public sector collaboration with the NHS on pandemic PPE supply (preferably no more than 300 words).

5. Should the Scottish Government have a role in supporting the private businesses providing an essential public service and the third sector with their PPE supply in the event of a future pandemic? If 'yes', please describe what role that should be (preferably no more than 300 words).

Yes / No / No preference

5.1 If you answered 'yes' to Question 5, do you have an opinion on how this should be funded? If 'yes', please expand on your answer (preferably no more than 300 words).

Yes / No / No preference

6. Do you agree with the proposed pandemic PPE supply arrangements for your organisation or sector? If no, please describe what you believe should change (preferably no more than 300 words).

Yes / No / No preference

7. Do you agree that a mechanism (or mechanisms) should be found by which the cost of pandemic PPE is appropriately split between the organisations that are using that PPE?

Yes / No / No preference

7.1 What payment mechanism or mechanisms would be most appropriate in your view? (preferably no more than 300 words).



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