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ACUTE PERSPECTIVE

David Oliver: Consulting on uniform while ignoring PPE failings insults NHS staff

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On 12 April, NHS Supply Chain (NHSSC) launched a seven week consultation with NHS staff on a “potential standardised national uniform for NHS staff working in clinical roles in England.”¹ NHSSC is responsible for managing the sourcing, delivery, and supply of healthcare products, services, and food for NHS trusts in England and Wales. It’s been criticised by opponents of NHS privatisation for awarding numerous contracts and subcontracts to private sector organisations, all taking a slice of profit as part of their business model.²

NHSSC also attracted considerable criticism during the covid pandemic, not least from the National Audit Office³ and the Public Accounts Committee,⁴ for conspicuous failings over stocks, timely supply, availability, and quality of personal protective equipment (PPE) for the very same NHS clinical staff it now wants to consult about standard uniforms. On 5 May, the *Health Service Journal* reported that the Health and Safety Executive had found breaches of legal duties to provide safe equipment and working environments in several NHS trusts that were inspected during the recent covid winter surge.⁵

Masks that staff had been fit tested for were often unavailable. Some design problems with PPE systematically disadvantaged female employees. Some staff were unable to work or continue their postgraduate training owing to inadequate PPE. They sometimes weren’t allowed to use items they’d sourced themselves because of employers’ concerns over liability, or they were warned about the specification of PPE they were using, partly because of shortages. Furthermore, as the NHS dominated PPE purchasing, social care staff were initially an afterthought.⁶

Over 600 frontline health and social care staff were estimated in 2020 to have died from covid, though the figure by now may be higher,⁷ and those of us in frontline clinical roles, working with patients in enclosed spaces but not in full ICU grade PPE, are by some order of magnitude the group at highest risk.⁸

NHSSC says that £23m a year (a tiny fraction of the NHS budget) is spent on uniforms, but there was a surge in demand, especially for scrubs, during the pandemic. More staff across all settings are wearing surgical scrubs than in pre-pandemic times, and many have sourced their own—including many doctors and allied health professionals who rarely wore scrubs before covid. This has resulted in a plethora of styles and colours, adding to what can already be a perplexing and unfamiliar environment for distressed patients and families struggling to differentiate roles or seniority. But even with a

standard national uniform across all employers, the NHS has so many staff groups and grades that I suspect people would still be confused.

The consultation acknowledges that although some existing uniform appearances remain fairly consistent across the NHS—for instance, uniforms for occupational and physiotherapists—uniforms are not universal and identical across all facilities. Staff could need different local uniforms every time they change jobs or sites.

Nowhere does the consultation acknowledge failings in pandemic PPE supplies and the impact on staff safety, employers’ ability to honour their obligations to keep staff safe, hospital acquired infection rates (which account for around one in five covid cases),⁹ or failings by NHSSC and the health secretary on this issue.

The timing of this distracting sideshow of consultation, and the revisionist blind spot over PPE failings, looks like a failure to read the mood of a demoralised and tired workforce. It also excludes doctors, which could create an impression of elitism or exceptionalism. It proposes uniforms for clinically trained staff who don’t work in direct patient care roles. I find this an insulting encroachment into the identity of staff on the shop floor.

I suspect that most staff won’t engage in the consultation or be aware of it, but I hope that some of those who do will make it clear that we have more pressing things to worry about—and unanswered questions over failings in support during the pandemic.

Competing interests: See <https://www.bmj.com/about-bmj/freelance-contributors>.

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