The Ongoing Role of FFP3 – Protecting the NHS, Staff & Patients

Traditionally winter is the NHS's busiest period, and many experts are predicting a particularly bad season for respiratory viruses, including higher levels of flu on top of the recent increase in Covid cases and hospitalisations.

With the NHS already under significant pressure, facing staff shortages and long waiting lists, it is no surprise that many view the coming months as the most challenging for a generation.

A robust policy on mask wearing is not a magic bullet that can singlehandedly solve the crisis, but neither can the NHS be expected to tackle its myriad problems without adopting policies that keep its workforce safe and able to treat patients.

Alongside policies on vaccination and ventilation, the widespread wearing of FFP3 masks among NHS staff remains vital in tackling the spread of Covid and flu.

While sorting many of the NHS's issues around workforce and waiting times requires significant time and money – the widespread use of FFP3s can be implemented immediately and cost-effectively.

NHS

Is already under strain before the winter season starts:

7m
patients waiting on waiting lists

560k
A&E patients waiting over **4 HOURS**

Is undergoing a workforce crisis:

130k
NHS posts were vacant in June 2022

Including

46k
Nurse posts

FFP3 Respirators

- Are quick to deploy and available in days
- Could save hundreds of thousands of staff sick days this winter – helping the NHS to tackle its waiting lists
- Can be viewed as a reasonable adjustment to protect the health, safety and welfare of their employees
- Have no barriers to wider use and are already in use across the NHS

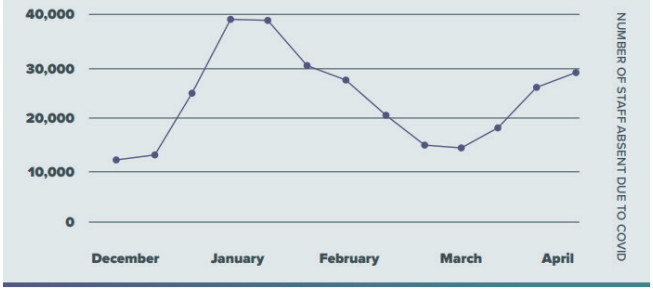
Covid and Staff Absence

2.9m days of staff absence in NHS Acute Trust

Since the start of the pandemic, NHS staff have been more than twice as likely to get Covid as the general population.

Last winter, between 1st December and 31st March, Covid caused over 2.9 million days of staff absence in NHS Acute Trusts. This adds up to more than 2 days for each member of staff.

COVID-19 NHS & MHLDA Situation Report



Each of these days represents missed treatments for patients and missed opportunities to reduce waiting times.

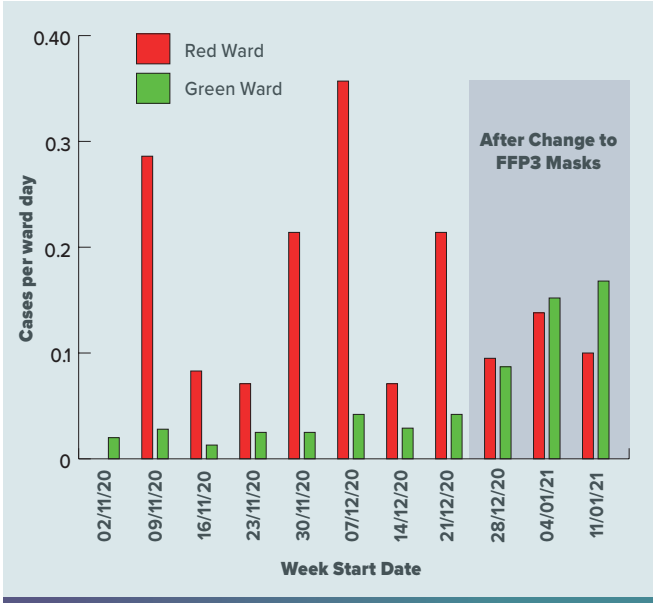
Upgrading to FFP3 cuts infection rates

UNIVERSITY OF CAMBRIDGE

In 2021, when Addenbrooke's Hospital in Cambridge upgraded its face masks for staff working on COVID-19 wards to filtering face piece 3 (FFP3) respirators, it saw a dramatic fall – up to 100% – in hospital-acquired SARS-CoV-2 infections among these staff.

The infection control committee upgraded respiratory protective equipment for staff on COVID-19 (red) wards to FFP3 respirators while staff in other (green) wards wore Type IIR masks.

Before the change in PPE, cases were higher on COVID-19 wards. Afterwards, the incidence of infection on staff in Covid wards went below that of general wards.



Measuring the impact of FFP3 use

YHEC

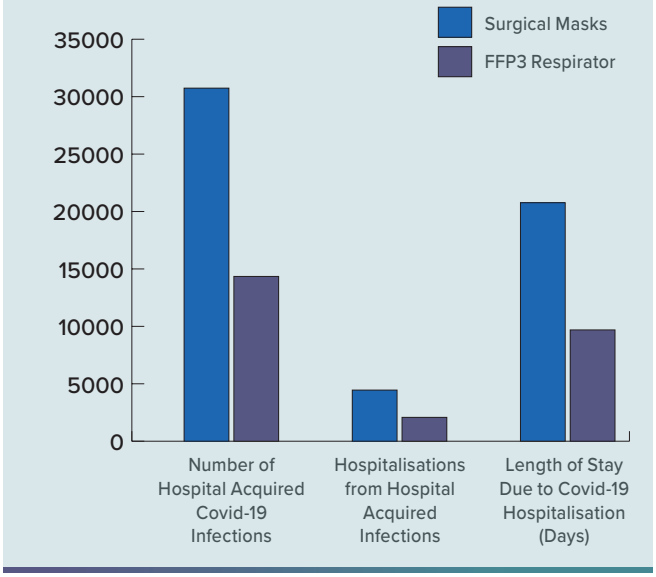
In the spring of 2022, York Health Economic Consortium (YHEC) carried out a study looking into the impact of the widespread use of FPP3 masks in hospital settings.

This showed that by more than halving hospital acquired cases of Covid, the universal use of FFP3 masks would save money by reducing both the cost of staff absence and treating patients.

The real challenge for the NHS must be to reduce absence among NHS staff to that of the general population – which would add an additional 1.8 million staff days.

As well as saving approximately £360m in staff absence cost, these additional days are vital if the NHS is to be able to treat patients this winter, let alone start to tackle the 7 million long waiting list.

Key Outcomes Stratified by Intervention



www.globusgroup.com **T:** +44 (0)161 877 4747 **E:** healthcare@globusgroup.com