

# Parliamentary Briefing: Implementation of the COVID-19 track and trace system

## House of Lords oral questions, 18 June 2020

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.

### Overview

The government launched its test and trace system as a key part of its coronavirus recovery strategy. The test and trace service aims to ensure that anyone who develops symptoms of COVID-19 can be quickly tested to find out if they have the virus. Alongside this, 25,000 human contact tracers, supported by the rollout of the NHS app, aim to trace close recent contacts of anyone who tests positive for COVID-19 and, if necessary, notify them to self-isolate to help stop the spread of the virus. The wider test and trace system involves increasing the availability of testing, with a planned increase in national testing capacity to 200,000 per day and a local containment and response strategy, whereby the national Joint Biosecurity Centre will work with local and national organisations to form local response plans.

A comprehensive, robust test and trace service is vital to enable a safe exit from lockdown and guard against a second spike of infection. However, it is clear that delays in the introduction of a comprehensive test and trace system has hindered the UK's ability to bring the pandemic under control. Trust leaders believe that the health service would have been much better positioned to deal with the COVID-19 outbreak had this test and trace been fully implemented in March rather than May and June. Despite the roll out of the test and trace service, trusts still do not have the access they need to rapid, regular and reliable access testing for all patients and staff.

## NHS Test and Trace service

On 4 May, the Department of Health and Social Care (DHSC) announced a trial of the test and trace programme on the Isle of Wight, which enabled residents to download the new NHSX contact tracing app. Following the trial, on 22 May, the government further announced local plans for the test and trace service to prevent, identify and deal with local outbreaks of COVID-19. The NHS Test and Trace service went live on 28 May, with 25,000 human contact tracers contacting people who had tested positive for COVID-19.

On 11 June, DHSC published data from the first week of operation of NHS Test and Trace service<sup>1</sup>:

- 8117 people who had tested positive had their case transferred to the contact tracing system.
- Of these, two-thirds were reached by the track and trace service, asked to self-isolate and to provide details of recent contacts.
- Of those reached by the service, 78% responded with details of their contacts.
- While a positive start, this means that of the 8,117 people who tested positive, only 52% responded with the details of their contacts.
- 32,000 contacts were identified, 85% of which were reached and asked to self-isolate.

While these figures show high levels of compliance from the public, Baroness Dido Harding, who recently took up the role of national lead for the NHS Test and Trace system in England, has acknowledged there is still more to be done. The success of the scheme will depend on people's willingness to abide by the process and self-isolate, as instructed, if they are identified as having been in close contact with someone who has the virus. It is also vital that the service is as inclusive and accessible as possible, given that eight million people in the UK do not own a smartphone.

## Implications of Test and Trace for the health and care workforce

NHS staff are subject to the same test and trace protocols as all other members of the public: if a healthcare professional is contacted by the NHS Test and Trace service and advised to self-isolate, they must do so.

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<sup>1</sup> Department of Health and Social Care (2020) Experimental statistics – weekly NHS test and trace bulletin, England: 28 May to 3 June 2020

It is worth acknowledging that the test and trace service will work slightly differently in health and care settings. If someone who works in a health or social care setting (e.g. a hospital or care home) tests positive for COVID-19, the trust's Infection Prevention Control (IPC) team and/or local public health team (rather than call centre handlers who work for the national test and trace programme) will undertake the contact tracing and help make a risk assessment of next steps for that member of staff. The IPC team or local public health team will trace contacts, investigate PPE usage and weigh up the risk of transmission against a collapse of key services should individuals, or teams, need to self-isolate. Staff who were wearing PPE at the time of the contact will be risk assessed by local teams and are unlikely to count as a contact and have to self-isolate. Staff who were not wearing PPE, but who are necessary for a critical task, may be able to continue to work with additional precautions sanctioned by the IPC team.<sup>2</sup> Generally, as per social distancing rules, people will be considered a 'contact' if they have been with an infected person for 1 minute within 1 metre or 15 minutes within 2 metres, without PPE, and be asked to isolate.

## What trusts need from the test and trace system

While trusts have played a key role in supporting the national testing effort so far and want to support contact tracing efforts to contain the virus, trust leaders continue to request clarity on the government's approach to test and trace.

Trusts need to know when they will have access to rapid, regular and reliable testing for patients and staff, which is critical to the NHS being able to restart routine services. Alongside this, trusts need greater clarity on local surge plans to deal with any larger scale outbreaks, including how to deliver local surge test, trace and isolation systems if needed. Trusts also need reliable and rapid flows of data to NHS organisations, patient records and local authorities. For example, trusts are reporting that data flows from NHS and Public Health England are much more reliable than data flows from commercial testing labs.

Currently, a number of trusts are still unable to get regular, consistent access to tests for all staff and patients with symptoms, leaving people either without tests or waiting too long for results. The new system includes targeted asymptomatic testing of NHS and social care staff and care home residents which is welcome but it is vital that every single NHS trust and care home can get patient and staff

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<sup>2</sup> Public Health England (2020) Guidance: COVID-19: management of staff and exposed patients or residents in health and social care settings

tests turned round within 24 hours. Trust leaders need detailed plans of when NHS trusts will be able to regularly test all staff and all non-COVID patients needing treatment, which is vital to restarting NHS services. The international standard is that test results are returned within 24 hours, but in the UK for some trusts, this can take between 3-7 days. More work is needed to achieve this rapid turnaround time across the board.

## NHS Providers view

NHS Providers has clearly called on the government to deliver a clear and comprehensive strategy for testing. This has been too slow to materialise despite all the work delivered by trusts and the NHS.

Initially, NHS trusts were facing unprecedented staff absence rates due to staff either being sick or needing to adhere to self-isolation rules in the absence of sufficient testing capacity. By the end of March, national leaders allowed 15% of trust capacity to be used for staff testing and this revealed, as trusts had argued, that a significant number of staff were self-isolating unnecessarily and were able to return to work. Excessive focus on a national testing capacity target to reach 100,000 tests a day by the end of April and 200,000 by the end of May might have had a helpful, galvanising effect initially but national level targets on the overall volume of tests have proved a distraction from building up sufficient capacity in every part of the country developing the critical test and trace scheme.

We believe that a fit for purpose test and trace programme is vital to guard against a second spike in cases as lockdown measures are eased. Currently, challenges remain to ensure rapid, regular and reliable testing for all patients and staff as part of restarting NHS services, and to create local surge capacity that can respond effectively to protect communities in the event of local outbreaks.

The figures<sup>3</sup> from the first week of operation of the NHS Test and Trace service show that rapid, progress has been made in building the test and trace system, which is vital if we are to exit lockdown safely. However more needs to be done by NHS Test and Trace to capture those testing positive in its system, to secure agreement from more people to self-isolate when they need to and to increase the speed with which contacts are willing to enter that self-isolation. A key test for NHS Test and Trace will be its ability to pre-empt and support the health and care system to avoid a worst-case scenario of a second big, widespread, spike coinciding with winter pressures.

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<sup>3</sup> Department of Health and Social Care (2020) Experimental statistics – weekly NHS test and trace bulletin, England: 28 May to 3 June 2020