Department of Health & Social Care

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Dear Rt Hon Greg Clark MP,

Thank you for inviting me to give evidence to the Science and Technology Committee last week. As you note in your follow-up letter of 19 June, I agreed to write to the committee with some further detailed information on the NHS Test and Trace service and the NHSX App.

NHS Test and Trace Service

The NHS Test and Trace service launched on 28 May 2020 to break the chains of transmission of coronavirus and thereby enable society to return towards a more normal way of life. This work starts by detecting the virus through mass testing of symptomatic individuals. Anyone with symptoms can now get a test in England with almost 300,000 tests available each day in hundreds of locations or by ordering an NHS home testing kit.

Data on positive laboratory tests is fed into the contact tracing system, which automatically contacts people with COVID-19 by text or email and invites them to log-on to the system and to provide a range of information about where they have been and who they have met. People with confirmed COVID-19 will receive a phone call from a health professional if, for instance, they are unable to use the web-based system, they only have a landline, are under 18 years old or have not responded to emails and texts.

Once the person with COVID-19 has inputted the details of their any close recent contacts (or a health professional entering details on their behalf) these contacts would themselves receive a text or email notification, explaining the need to self-isolate and inviting them to use the web-based system to receive further information. Once contacts log-in, it will provide them with appropriate health advice including what to do if they experience symptoms. Call handlers follow up any contacts who can’t be reached by text or email.

Whilst NHS Test and Trace service has been running for around three weeks, the Government’s national testing programme has been in place since March: there is no new mechanism for testing under the NHS Test and Trace service. Under the national testing programme, almost 8 million tests have been delivered so far.

In developing the NHS Test and Trace service, the Government has taken account of expert advice from SAGE, SPI-M, SPI-B, NERVTAG and others, including behavioural insights suggesting that people are more likely to follow advice on self-isolation if it comes after a positive test result.

The Test and Trace service is working hard to improve turnaround times for testing and contact tracing. The majority of tests taken at Regional Testing Centres and Mobile Testing Units are returned within 24 hours, with 90% returned within 48 hours. We are working to ensure that - other than postal tests and insuperable problems - all tests will be returned within 24 hours by the end of June. We have not yet published the turnaround times for testing - and therefore the whole end-to-end turnaround time of the NHS Test and Trace Service - because we are working hand-in-hand with the UK Statistics Authority to make sure that what we produce is verified data. We will publish that verified data at the very earliest opportunity.

The proportion of test results that are provided to local authorities

It is important that local decision makers have the tools they need to protect their communities and because of that there are a number of ways in which test result data is supplied to Directors of Public Health and others.

For testing under Pillar 1, Public Health England publish positive case data on Gov.uk, accessible here https://coronavirus.data.gov.uk/, and displays case data at a number of resolutions, including lower tier local authority level.

For testing under Pillar 2, the Department of Health and Social Care has created dashboards that are available to local councils and Directors of Public Health to provide them with information on the number of tests completed and positive cases within their upper and lower tier local authorities.

Additionally, PHE will be routinely providing Local Authorities, through Directors of Public Health, with record level (postcode) testing data from today (24 June 2020). A Data Sharing Agreement has been produced and these are in the process of being signed and returned by Local Authority Chief Executives or Directors of Public Health as appropriate, following which data will be provided.

Under the Health Protection (Notification) Regulations 2010 it is a legal requirement to report cases of COVID-19, or any other notifiable disease, to Public Health England and any laboratory found not to be adherent to this practice maybe subject to fines. All laboratories, be they public or private, have this statutory duty. There is also an online guide for all diagnostic laboratories which details the requirements around reporting notifiable infections through the Second Generation Surveillance System (SGSS).

The level of complexity of reporting depends on a number of factors related to their IT environment and the type of laboratory information management system they use, but reporting is usually a straightforward process. Reporting is monitored by Public Health England so they can detect any gaps in reporting and work with labs to resolve them.

The NHSX App

As a result of our work on the Isle of Wight we will be taking forward a solution that brings together elements of our existing app and the Google / Apple solution. We will be able to provide more information in due course on the data our system will collect, how they are used, and how long the data are retained.

Our app underwent some of the most rigorous testing in the world - both on the Isle of Wight and in a series of field tests. These tests uncovered issues with both the NHS App, and the Google / Apple framework. Whilst the NHS App works on Android devices, Apple's iPhones make it difficult for the app to register other users when the app runs in the background. This problem applies equally to any app that is developed for iPhones outside of the parameters set in the Google / Apple API. The problem is shared by other countries, including those like Singapore, which had already rolled the app out to the population before discovering the issue.

In testing, we have found that an app based on the Google / Apple framework does not assess distance in the way that is needed. As a result, we will take forward a solution that brings together our app, which measures distance as needed, and the Google/ Apple solution.

We understand the trust the public are putting in us to get this right. 79% of UK adults have a smartphone, and we are determined to launch an app that works for all of them. We will only roll-out our app nationally when we are absolutely confident we have got it right. This is why we have always prioritised the human-centred NHS Test and Trace service first: it is the fundamental component of any test and trace system, which a mobile app would complement.

To date, the cost of developing the NHS App is £10.8 million. Our investment in the Isle of Wight phase has provided us with invaluable information that we can combine with Google and Apple's technology in a new solution that supports the entire NHS Test and Trace service and produces a product that is right for the British public.

I hope the committee finds this information helpful.

Best Wishes,

LORD BETHELL