



Department
of Health &
Social Care

*From the Rt Hon Sajid Javid MP
Secretary of State for Health and Social Care*

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Rt. Hon Greg Clark MP
Chair, Science and Technology Committee
House of Commons
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09 June 2022

Dear Greg,

Re: Rapid stand-up of Covid-19 testing

Thank you for your letter of 25 May 2022, requesting further detail on the UK's Covid-19 contingency testing and tracing capability. Thanks to the hard work of the British people and the approach we have taken the UK has led the way in learning to live with covid. This means we are now able deal with the impacts of the virus without the large-scale testing, contact tracing, and legislated restrictions on people's lives that were relied on before.

However, further variants are to be expected, and while we are well placed to deal with these, it is possible that a contingency response could be required. That is why we must remain vigilant, and prepared to operate a contingency response to protect the normality we have been able to return to. The UK Health Security Agency (UKHSA) is continuously undertaking extensive planning to establish the specifics of our reactive capability to scale up and deploy testing in a contingency scenario. Please therefore note that the responses set out below are subject to change as our contingency planning develops.

UKHSA adopts an "all-hazards" approach with Health Protection Operations delivering effect with integrated regional teams, through our borders and into the global space, providing an enhanced and consistent nationwide service. In doing so we support preparation for, response to and recovery from any and all health security threats in collaboration with local and regional partners.

UKHSA's Covid-19 response will be led by Public Health objectives within the parameters of operational capability - as opposed to specific targets - and will not necessarily mirror previous Covid-19 response arrangements. The epidemiological features of a new variant, and the nature and extent of its transmission in the community, will help determine the

features of the response, and we cannot predict – for example – where and on which groups testing might best be targeted. We would need to work with colleagues across Government to obtain all necessary approvals in order to implement a significant contingency response. Reintroducing significant levels of testing would be expensive, so before any contingency testing was introduced Government would need to be collectively satisfied that it was a proportionate response offering good value for money.

Please note that, as health is devolved, various aspects of our testing capability are England only, as Devolved Administrations have their own Covid-19 contingency arrangements. However, UKHSA is working closely with the Devolved Administrations to maintain join-up, collaboration and transparency throughout our planning.

I have set out below answers to your five questions.

UKHSA's contingency LFD test supply

UKHSA is presently maintaining a supply of 84.5 million LFD tests for England above anticipated demand for ongoing testing, which can be drawn on in a contingency scenario. The LFD supply consists of diversified LFD technologies to mitigate against the risk of one LFD technology being unable to detect a particular variant.

Normal supply chain best practice is in place across testing structures, ensuring that testing stock and relevant expiry dates are known. Testing stock is prioritised to demand in a way that utilises older stock first - the contingency stock is not a static set of supply, but instead a rolling supply level, so that tests on current usage are utilised well within their 2-year expiry date.

UKHSA LFD test contracts

UKHSA currently has four LFD contracts in place, however cannot disclose the value of these contracts or disclose information that would allow the value to be identified, as it considers this information to be commercially sensitive. As with our PCR tests, UKHSA seeks to balance its LFD supply between UK and overseas suppliers to provide resilience to our LFD supply chain by having onshore supply, while at the same time ensuring value for money for the taxpayer. We continue to explore methods to increase resilience via UK-based manufacturers. From the point at which an order is placed, suppliers contractually have 3 weeks to deliver the ordered quantity into the UK.

UKHSA has also evaluated large numbers of LFDs so that we have multiple device options available to buy. At the time of writing (31 May 2022) UKHSA has identified more than 40 LFDs that meet performance characteristics desirable for mass population, community-based testing. Furthermore, and as previously noted, UKHSA also will hold a diversified LFD stock to limit the impact on testing policy should a device display reduced sensitivity.

Universal testing access scale-up

Over the course of the pandemic response, UKHSA has not distributed tests to the full population, but instead has provided sufficient tests to enable universal access to testing, allowing people to request the tests if they judge that they need them.

UKHSA is not currently expecting that initial universal testing access in a contingency scenario would be the recommended response but is instead working through scale-up of targeted testing options, which we believe would likely be a more appropriate response, targeting tests where they are most needed (for example protecting at risk cohorts).

If, on the basis of public health advice about the specific circumstances, Ministers decided to prioritise universal access to testing (on a similar scale to the previously available Universal Testing Offer) this could be achieved within four weeks of a mobilised response.

PCR testing scale-up

UKHSA will retain the capacity for 100k-140k UK PCR testing per day, to be scaled up within 14 days.

Contact tracing re-implementation

UKHSA routinely applies BAU contact tracing capability for all relevant infectious disease outbreaks, based on regional and national Health Protection Teams – for example the current monkeypox outbreak – and these are retained as routine for any early reactive requirements for Covid-19. UKHSA has also retained National Operations Contact Centre services (digital and telephony) and the NHSCOV19 App remains operational (providing links to guidance for those notified they are a close contact of a positive test for Covid-19). Both these latter are designed to respond to standard contact tracing requirements.

Were a significant expansion needed, a National Operations contact tracing response could be implemented within 21 days. Full contact tracing and associated messaging via the App can be implemented to a similar timescale, but this would depend on the nature of functionality required by the COVID-19 App. Telephony service contracts are in place to support surge resource deployment within 14 days, and which can run concurrently with the above.

Let me stress, finally, that we hope we will not need to stand up a significant Covid-19 contingency response. With the programme of testing for high-risk individuals and settings, the surveillance programme, the ongoing vaccination programme, and the provision of therapeutics, we are in good shape to make sure that everyone, including those at highest risk, can continue to live normally following the last two difficult years. But the pandemic is not yet over, we know there will be further variants, and there is a risk that they may be

dangerous. We need to be prepared for the worst that the virus can throw at us, even while hoping and expecting we will not have to use our contingency plans.

Yours ever,

A handwritten signature in blue ink, appearing to read 'S. Javid.', is centered on the page. The signature is written in a cursive style with a small dot after the first name.

RT HON SAJID JAVID MP