



Department
of Health &
Social Care



Test and Trace

Meg Hillier MP
Chair
Public Accounts Committee
House of Commons
SW1A 0AA
By email: pubaccom@parliament.uk

11 February 2021

Dear Chair,

Following the Public Accounts Committee Hearing on 18 January 2021 on *Covid-19: Test, Track and Trace*, we committed to write to you on a number of points raised during the hearing.

- 1. In response to a question from Nick Smith, Baroness Dido Harding agreed to write to the committee with statistical details on how many workplaces in the food processing industry are being contacted regarding asymptomatic testing.**

There are approximately 6,800 food production, manufacturing, and processing businesses in England, employing approximately 319,350 workers¹. Our goal is to ensure essential workers who need to leave their homes to work are able to access rapid asymptomatic testing.

We expect workplace testing supported nationally through NHS Test and Trace to be most suitable for those businesses with 50 or more employees on a single site, and so our target cohort for outreach is around 1,100 food businesses in England with 50 or more employees. Businesses with fewer than 50 employees will be able to access regular asymptomatic testing through Community Testing being set up by Local Authorities across the country. DEFRA have reached the majority of these businesses either directly or through trade bodies to offer them free tests and support to set up their testing programmes.

We started a testing pilot with food manufacturing businesses in November as the risk of infection is very high in this sector. We supported 20 companies to set up 63 test sites where their employees can get tested.

Between December 2020 to now, we have run 2 co-creation workshops with food manufacturing representatives, covering industry federations, small and medium businesses. These workshops addressed ways the industry could scale up their testing activity.

- 2. In response to a question from the Chair, Baroness Dido Harding agreed to write to the committee on how long the Test and Trace service takes to process and contact individuals on a like-for-like basis as when the process took 119 hours.**

The figure referenced of 119 hours, as published in the interim report from the National Audit Office (NAO) (3.17, page 63), was the 'median total time between an original case presenting symptoms and their contacts being traced and advised to self-isolate' taken from the end of October 2020.

In the week up to 3 February, the median time between symptom onset for a case and each of their contacts being reached across all settings (combining Home, Test Site and Satellite testing) was 78 hours. This is indicative of substantial improvements in contact tracing turnaround times since the publication of the NAO interim report, with over 90% of contacts now reached within three days of a test being taken.

Over recent months we have made continued improvements across the end-to-end Test and Trace journey, which have delivered significant improvements in our performance, particularly the percentage of contacts reached and the speed with which we reach them.

The time between a positive case booking a test and contacts being told to self-isolate has been improved by faster turnaround times for testing. Improved turnaround times have been delivered through a range of measures: increased staffing in our labs, increased use of machines and robotics in labs, introducing more courier pickups, adapting our packing to improve un-bagging times and adding more capacity to do more tests and do them faster.

Stability and usability improvements to the trace digital journey, changes to the way in which household contacts are completed, improved forecasting and resource planning within the Contact Centres and tighter supplier performance management provided additional turnaround improvements.

These changes reflect our commitment to constant improvements across all of Test and Trace, which we will continue to deliver through service improvements, additional resources and new initiatives.

3. In response to a question from James Wild, David Williams agreed to write to the committee with a note setting out the highest day rates which have been paid to consultants.

Since the beginning of the pandemic consultancies have worked in collaboration with government departments, local authorities and third sector groups in the national fight against Covid-19. Within Test and Trace, consultants have been instrumental in ensuring the programme meets the stretching targets we have been set. Their specialist skills have enhanced our strategic, policy and operational capacity, ensuring that we break the chains of transmission faster.

Throughout the pandemic we have negotiated very competitive rates, in order to bring in premium consultants to help mobilise specialist areas for a project of significant scale and undertaking. This has been in response to a national crisis, requiring work to be carried out at breakneck speed with suppliers supporting the most critical requirements. The average day rate we have paid is £1,100. The highest daily rate we have paid to consultants is £6,624 utilising previously competed rates.

As we have finished much of the build phase of NHS Test and Trace and looking ahead to the National Institute for Health Protection (NIHP), consultancies have commenced scaling down activities. In the past six months, 650 civil servants have been brought onto the programme; 300 of these were external hires with the remainder hires, secondments and loans from other departments. Further civil servant recruitment continues, where required, to

support changes in consultancy use. It is important to bear in mind that further progress is subject to changes in demand placed on Test and Trace as well as future NIHP decisions.

4. In response to a question from Nick Smith, David Williams agreed to write to the committee and provide data on the cost-per-test at the former Marine Colliery in Cwm (drive-through testing site).

Based on actual activity and costs from October to December 2020, the average cost-per-PCR test at the former Marine Colliery in Cwm ranged from £29.06 to £76.65. This range was primarily driven by the number of tests carried out in each month which were October (6,026), November (8,545) and December (16,934) against a maximum site capacity of 26,880 per month. Please note this is not indicative of costs per test across the entire programme.

Notes on these figures:

- This does not include any of the logistics outside of the test site either upstream or downstream, e.g. getting the test kits to the site, the lab costs or contact costs.
- A small percentage of these costs support the Mobile Test Units (MTU) that use the site as a hub (consumables, food, beverage).
- The site does not provide assisted testing to patients.
- Includes the PCR Test Kit cost.

5. In response to a question from Peter Grant, Baroness Dido Harding agreed to write to the committee on where reaching the target of reaching 60% of positive cases' contacts came from; and also, what happened to the remaining 40% who are not contacted.

SAGE set out that we should expect to reach at least 80% of contacts of confirmed cases within 48-72 hours (32nd SAGE meeting on Covid-19, 1 May 2020). As part of the estimate, they suggested that 60% of people who were positive would be found through testing.

In the week up to 3 February, we were successfully reaching 87.0% of positive cases and 93.5% of their contacts. We also achieved over 90% of contacts being reached within three days of a positive case taking a test.

Where we do not reach someone, it is because they did not respond to repeated attempts to contact them, or because they were uncooperative. Some contacts may be unreachable due to incomplete or inaccurate telephone or email details having been provided by the person testing positive. Some of those not reached (or their contacts) may also be reached by the NHS COVID-19 App. The App's privacy design means that those people will not be captured in our metrics or weekly statistics.

We are taking multiple steps to continue driving up the overall proportion of cases and contacts successfully reached, including our work with local tracing partnerships.

Similarly, we are looking to further speed up testing turnaround times, including by validating use of robotics and improving the technology used in the supply chain to speed up the flow of samples from test sites to, alongside other improvements to our logistics.

We also referred to modelling used in our business plan that estimates the impact testing, tracing, and self-isolating could have on reducing the R number, quoting an expected reduction of between 0.5 and 0.8 by the end of March, provided our plans are implemented. I would also like to take this opportunity to clarify the comments I made at the hearing by

briefly summarising the modelling approach, its key assumptions and caveats, and findings. As I set out in the hearing I was unable to provide the full details of the modelling given the technical annex had not yet been finalised.

As described in the NHS Test and Trace Business Plan, our modelling was based on the combination of testing, tracing and self-isolation (on symptom onset or following contact by NHS Test and Trace) in an October-like prevalence environment and compared to a scenario with only social distancing restrictions and no self-isolation. The model estimates that the combination of testing, tracing and self-isolation in October resulted in an R reduction of 18-33%, compared to a scenario with only social distancing restrictions and no self-isolation. The impact of contact tracing alone reduced the R number by 2-5% (with testing and self-isolation accounting for the remaining 16-28%). An 18-33% reduction corresponds to a reduction in the R number of 0.3-0.6, given the official estimate for England in October was around 1.2.

If NHS Test and Trace meets the operational targets we set in the Business Plan, under conditions similar to October 2020, the model estimates that transmission would reduce by 33-42%. Here, the impact of contact tracing alone would contribute a 7-10% reduction in the R number. In October, a 33-42% impact on transmission would have meant an R reduction of 0.5-0.8. However, changes to prevalence, national restrictions and the emergence of new variants mean the real world has changed significantly compared to the 'October like environment' the model simulates. Any future modelling will need to consider these changes, the impact of vaccine rollout, and the increases in asymptomatic testing that NHS Test and Trace has delivered since October.

It is important to note that this model considers the combined impact of testing, tracing and self-isolation. Reducing the R number should therefore be attributed to a combination of the work we are doing within NHS Test and Trace as well as the efforts of the public when they self-isolate upon experiencing Covid-19 symptoms. As the explainer to the technical annex sets out, it is very difficult to construct or substantiate a counterfactual where individuals isolate on symptom onset without testing and tracing. We therefore report the estimated total impact of test, trace and isolate, and the component due to contact tracing alone – the two aspects for which we can have reasonable confidence. I recognise that this may not have been made explicit at the hearing.

External experts, including from academia and members of The Alan Turing Institute, reviewed the modelling approach as the Business Plan was being developed and regarded the core assumptions and structure as appropriate given our constraints. We have developed the model further based on their feedback, as documented in the technical annex.

6. Baroness Dido Harding agreed to write to the committee to provide details on the number of people who have been contacted directly by a contact tracer and how many people have relied on a household member being the sole person being contacted.

Figures for week 33 (7 January to 13 January 2021) show that the number of contacts completed (excluding those in complex settings completed by Health Protection Teams) was 567,022. Of that number, 50,356 (8.88%) completed by digital self-serve, 175,769 (31%) completed over the phone with our contact centre agents, and 340,897 (60.12%) were completed through the household contact process. For context, during the same week, 86.26% of total contacts identified were household contacts. This reflects a steady rise in the proportion of total contacts that are identified as household contacts, as a result of tiered restrictions and the national lockdown reducing contacts outside the home.

Prior to 18 November 2020 households were receiving multiple calls from tracers, as each person in the household – including children – was treated as an individual rather than a family unit. Feedback from citizens, local partners and Directors of Public Health was that, on balance, households preferred for one adult to be contacted, rather than multiple members of the same household receiving separate phone calls.

The changes we made mean that under-18s in a household are no longer contact traced individually, providing the parent or guardian in the household confirms they have completed their legal duty to inform their child to self-isolate. On 27 November 2020, we went further by extending this new process to cover adults in the same household, so they have the option to be traced via a single phone call. The metrics tracking contact completion through the Household Contact Process relative to other methods has been recorded since Week 25. As such, cumulative figures across the life of Test & Trace to date would not paint an accurate picture.

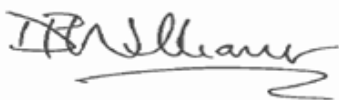
To conclude, alongside Hands-Face-Space and the vaccine, NHS Test and Trace forms a central part of the country's COVID-19 recovery strategy, which seeks to return life to as close to normal as possible, for as many people as possible, in a way that is safe and protects our NHS and social care. We have made significant progress since the outbreak of the pandemic and have developed a stable and strategic approach to a challenging and constantly shifting environment. The advances in vaccinations and treatments for COVID-19 are remarkable and we are pushing forward as quickly as feasibly possible.

We would like to thank you for giving us the opportunity to give evidence to the Public Accounts Committee and we hope you find the responses in this letter helpful.

Yours sincerely,



Baroness Harding, Executive Chair, NHS Test and Trace, DHSC



David Williams CB, Second Permanent Secretary, DHSC

Annex 1

The Rùm Model Technical Annex

Annex 2

The Rùm Model Technical Annex - Explainer