Forty-Seventh Report of Session 2019-21

Department of Health and Social Care

COVID-19: Test, track and trace (Part 1)

Introduction from the Committee

Test and trace programmes are a core public health response in epidemics. The basic principles of test and trace are identifying infected individuals, or groups of individuals, through testing, and tracing their contacts as early as possible. Potentially infectious contacts are then encouraged or obliged to reduce interactions with other people (to self-isolate), thereby reducing the spread of disease. On 28 May 2020, the government launched the new NHS Test and Trace Service (NHST&T), to lead the national test and trace programme, working in conjunction with Public Health England (PHE) and English local authorities. The 'isolate' part of the COVID-19 strategy is not part of the scope of the Test and Trace programme, but is key to successfully controlling the disease.

NHST&T is part of the Department of Health & Social Care (the Department), which has overall responsibility for testing and tracing. Throughout the pandemic, the Secretary of State for Health has had ministerial accountability for the test and trace programme. Up to December 2020, NHST&T had an unusual accountability relationship with the Department: it was subject to the Department's financial, information and staffing controls, but its head, the executive chair, reported directly to the Prime Minister and the Cabinet Secretary. The Department told us this relationship changed on 3 December 2020, with the executive chair now reporting to the Secretary of State for Health. PHE is England's expert public health agency, with responsibilities for public health advice, analysis and support, and for responding to public health emergencies. Local authorities employ directors of public health who have a statutory duty to control local COVID-19 outbreaks.

Based on a report by the National Audit Office, the Committee took evidence, on Monday 18 January 2021 from the Department of Health & Social Care.The Committee published its report on 10 March 2021. This is the Government's response to the Committee's report.

Relevant reports

- NAO report: *The government's approach to test and trace in England – interim report* – Session 2019-21 (HC 1070)
- PAC report: *COVID-19: Test, track and trace (part 1)* – Session 2019-21 (HC 932)

Government response to the Committee

1: PAC conclusion: ***NHST&T publishes a lot of performance data but these do not demonstrate how effective test and trace is at reducing transmission of COVID-19.***

1: PAC recommendation***: NHST&T should improve the data it publishes so people get a better sense of its effectiveness. In future, its weekly statistics should include the total time taken to reach contacts after an initial person develops symptoms (the "cough to contact" metric), how many actual days NHST&T asks people to self-isolate for, as well as the latest indicators of people's compliance with self-isolation. NHST&T should also publish periodic evaluations of its impact on infection levels.***

1.1 The government agrees with the Committee's recommendation.

Target implementation date: June 2021

1.2 NHS Test and Trace (NHST&T) is committed to transparency and to publishing data that is properly validated, meets the highest standards, and provides a meaningful gauge of its effectiveness. NHST&T publishes data across a wide range of business areas.

1.3 The total time taken to reach contacts after the 'index case' (the person who has tested positive) first reports symptoms and orders a test is a critical indicator. The government has begun publishing this in the weekly statistics for NHST&T (link below). The number of days for which people are asked to self-isolate depends on the time taken for the index case to report symptoms and book a test, the turnaround time for testing, and the time taken to identify and reach contacts. By June 2021, the Department of Health and Social Care (the department) will explore the quality of the data on this with a view to regular publication if acceptable. The Office for National Statistics (ONS) has been commissioned to gather information on compliance with self-isolation, but on a monthly basis, rather than weekly, because levels of compliance are unlikely to be volatile enough to need weekly tracking. ONS has begun publishing compliance data for *those who have tested positive*, and those who have *been in contact with a positive case*.

1.4 The time taken to reach contacts after the index case reporting symptoms is in the "data tables" document which can be *accessed here* (selecting the relevant week).

1.5 The department continues to evaluate the impact of the NHST&T service on infection levels. In February it published the *Rùm Model Technical Annex* which estimated the effect of testing, tracing and self-isolation on the R number. The department is developing plans to publish estimates periodically in future, in line with the Committee's recommendation.

1.6 Alongside this, the department is conducting a review of the impact of asymptomatic testing, including the public health and economic benefits, looking both at progress thus far and forecasts in the coming months as prevalence reduces. The department's aim is to understand how it can deploy and organise testing in ways that find the greatest number of cases and has the biggest impact on breaking the chains of transmission. This review will include understanding of the behavioural responses to asymptomatic testing and how to address any real or perceived barriers to testing.

2: PAC conclusion: ***NHST&T still struggles to consistently match supply and demand for its test and trace services, resulting in either sub-standard performance or surplus capacity.***

2: PAC recommendation*: For all aspects of its testing and tracing operations, NHST&T should identify opportunities to make better use of the capacity it has paid to create. Where it retains surplus capacity, this should be for a clear and explicit purpose. It needs to strike a better balance between meeting surges in demand, maintaining timely services, having eligibility criteria that allow it to identify as many people with the virus as possible, and not paying unnecessarily for surplus capacity.*

2.1 The government agrees with the Committee's recommendation.

Recommendation implemented

2.2 Over the past year, the UK government has built the largest network of diagnostic testing facilities in British history. NHST&T now has the capacity to carry out more than 600,000 PCR tests per day, compared to 2,000 in April 2020 (statistics are updated daily on the government's *data dashboard*).

2.3 The COVID-19 pandemic presents a uniquely unpredictable challenge. NHST&T needs to have sufficient surge capacity to be able to respond swiftly and accurately to increases in demand. But striking a better balance between retaining this essential resilience and demands on public funding is a priority for the service.

2.4 Testing sites are now being used to support both symptomatic and asymptomatic testing, improving utilisation while allowing focus to change quickly (in day) when needed. The service's laboratory structure has been revised to consolidate processing capacity, automation has increased, and NHST&T has built more flexibility into commercial contracts with laboratories, improving value for money while still allowing capacity for surge. Through these measures the aim is to run at 80% capacity – the highest possible without threatening turnaround times - while being able to respond to surges. For contact tracing, NHST&T has improved forecasting capability and operational response times to judge better what contact tracing resource is needed, and negotiated flexible contracts with commercial providers to allow numbers to be scaled up and down while retaining a pool of surge capacity to support local public health colleagues with sudden outbreaks.

2.5 NHST&T continues to explore ways to use assets more efficiently and is working with the National Audit Office (NAO) on a future report which will provide more detail on plans for the service.

3: PAC conclusion: ***Although it had to act quickly to scale up the service, NHST&T is still overly reliant on expensive contractors and temporary staff.***

3: PAC recommendation*: NHST&T should put in place a clear workforce plan and recruitment strategy which aim to reduce significantly, month by month, its reliance on costly consultants and temporary staff. NHST&T would benefit from learning lessons on how other NHS bodies manage the need for additional personnel, for example, through staff banks and should explore incorporating these into its approach.*

3.1 The government agrees with the Committee's recommendation.

Recommendation implemented

3.2 Consultants offer quick access to expertise that may otherwise be difficult to recruit – either quickly or indeed at all. They will always have a place but need to be used selectively. NHST&T has therefore established a consultancy ramp-down plan, based on current demand assumptions, which aims to reduce the number of consultants by over 40% between March 2021 and December 2021.

3.3 NHST&T continues to reduce consultancy headcount through the following mechanisms:

- capability mapping and staff development;
- increasing recruitment – NHST&T has launched a careers microsite and as of March 2021 had over 154 campaigns live;
- replacing consultancy resources with cheaper contract resources while long-term recruitment continues;
- a Commercial Challenge Board to provide increased scrutiny when consultancy resource is requested and ensure there is clear evidence that there is no alternative and that rates are appropriate to the work being delivered;
- regular challenge sessions with each business area; and
- including short term termination clauses in contracts to ensure maximum flexibility and to support the roll-off of consultants.

3.4 NHST&T is currently working across government and with Public Health England (PHE) to understand the most effective ways to attract and secure clinical capability. It is also reaching out to NHS networks to understand better and learn from their supply routes and where NHST&T can improve.

4: PAC conclusion: ***The introduction of rapid-results testing was supposed to be a 'gamechanger' but confusion persists over why and how it should be used in different community settings.***

4: PAC recommendation*: The Department and NHST&T should set out clearly how and why mass rapid testing should be used in each of the settings where roll-out is planned, alongside clear targets and updates on progress in the various sectors. Any plans should take account of the approved purpose and accuracy of rapid tests, and how to manage the risks associated with false assurances the tests may provide. If LFD testing is not suitable in some circumstances, NHST&T should urgently bring forward other plans for identifying more asymptomatic carriers of COVID-19.*

4.1 The government agrees with the Committee's recommendation.

Target implementation date: June 2021

4.2 Regular rapid tests are a vital tool in helping to identify cases of coronavirus that would otherwise not be found. Around one in three cases show no symptoms, and testing with rapid lateral flow devices

(LFDs) helps find these cases and prevent the spread of infection. Regular rapid testing was initially focused on asymptomatic NHS and care home staff to support the resilience of health and care services and protect vulnerable people. It was then extended on a targeted basis to settings such as schools, universities and workplaces, and from April 2021 targeted eligibility has been replaced with a universal testing offer available to all. This includes a new pharmacy collect option alongside expanded home delivery.

4.3 Alongside the department's universal testing offer, it is in the process of reviewing its plan on asymptomatic testing and intend to publish this information, with updates on progress in each setting, and with agreed targets focused on impact and outcomes.

4.4 All plans take account of the performance of available tests. Extensive and ongoing clinical evaluation, and MHRA approval, support the use of lateral flow devices and PCR (polymerase chain reaction) tests for asymptomatic people. With some limited exceptions, we have not identified circumstances where LFD testing is not suitable, but its use complements existing regular PCR testing which has higher sensitivity but longer processing times. There are some circumstances where individuals may have physical difficulty in taking LFD and PCR tests and we are rapidly exploring alternative solutions for these groups. LFD testing forms part of a wider strategy to identify asymptomatic carriers, which includes contact tracing (including 'backward' contact tracing) and wastewater analysis.

5: PAC conclusion: ***NHST&T claims to be a learning organisation, but since last May many important stakeholders have at times felt ignored by it.***

5: PAC recommendation*: NHST&T should review how it engages with and draws expertise from the wider public health establishment and other sectors that are especially dependent on its work. This should include, but is not limited to, local government, the schools sector and the hospitality industry.*

5.1 The government agrees with the Committee's recommendation.

Recommendation implemented

5.2 The department agree with the committee that NHST&T cannot support citizens and businesses unaided. It is only by working across local and national partners in government, and in critical sectors, that we will break the chains of transmission.

5.3 Since the NAO's report in December 2020 on the *Government's approach to test and trace in England* was produced, NHST&T has significantly extended engagement with partners, especially local authorities. Local communities are at the heart of breaking the chains of transmission. It is vital to have a continued strong local, regional and national partnership to support people to understand and comply with the guidance and regulations designed to protect their health. The department has worked with local and regional partners to update the *Contain Framework* which sets out the roles and responsibilities of each partner, the requirements of local authorities and the support they can expect from regional and national teams. Regional teams are now meeting with local authorities daily on risks/issues, support needs and good practice. The Community Testing Programme supports local authorities in making testing accessible to people in local communities, particularly in disproportionately affected groups.

5.4 NHST&T is engaging with all sectors that need testing to reopen, but this relationship is mediated through the relevant government departments which have more knowledge and expertise in the needs of these sectors. For example, the Department for Education leads on schools and the Department for Business, Energy and Industrial Strategy and Department for Digital, Culture, Media and Sport are leading on hospitality, supported by NHST&T. It ensures that all interested departments are engaged in any testing initiatives.

6: PAC conclusion: ***As we hope for longer-term and sustained reductions in infection levels, the Department needs to think about the future shape of national test and trace services, and how it will secure lasting benefits from its spending.***

6: PAC recommendation*: Within the next six to nine months, the Department should outline publicly its future strategy for testing and tracing services in England, including:*

- ***its timetable for transitioning to the new National Institute for Health Protection;***
- ***its exit strategy when infection levels reduce, including downscaling, mothballing and reallocating national and local capacity;***
- ***how it will cost-effectively maintain a degree of readiness for future surges of COVID-19 and other influenza-like infections; and***
- ***how it will work with the NHS, public health and local government bodies to secure continued benefit from the assets and infrastructure it has created.***

6.1 The government agrees with the Committee's recommendation.

Target implementation date: November 2021

6.2 Since its creation in May 2020, NHST&T has set out in periodically updated business plans its strategy for testing and tracing services to respond to the changing stages of the COVID-19 pandemic.

6.3 The business plans published in July 2020 and December 2020 can be found at these links:

- *Developing NHS Test and Trace: business plan, DHSC, July 2020*
- *NHS Test and Trace business plan, DHSC, December 2020*

6.4 In February 2021, the government published its *roadmap out of lockdown*. This included a strategy for the Test, Trace and Isolate system to help support the easing of social and economic restrictions and keep people safe. NHST&T works in partnership with Public Health England (PHE), the NHS, local authorities, businesses, schools, universities and others to deliver these services.

6.5 In August 2020, the Secretary of State for Health and Social Care announced plans to establish a new national organisation for health protection – now named the UK Health Security Agency – and a series of reforms to strengthen the wider public health landscape. Since then, NHST&T, including the Joint Biosecurity Centre (JBC), and Public Health England have been working together under new leadership arrangements and moving towards a shared operating model on both the COVID-19 response and designing the new organisation with the Department of Health and Social Care.

6.6 The UK Health Security Agency is being formally established in spring 2021 under its new Chair and Chief Executive, and staff and systems will transfer into the new organisation over the following months. PHE and NHST&T have jointly developed plans to support the government's roadmap out of lockdown between April and June 2021. Longer term plans are being considered and will be finalised with the new Chair and Chief Executive before publication.