Twenty-Third Report of Session 2021-22

Department of Health and Social Care

Test and Trace - Update

Introduction from the Committee

NHS Test and Trace Service (NHST&T) was set up in May 2020 as part of the Department of Health and Social Care (the Department). It provides: COVID-19 polymerase chain reaction (PCR) testing, where results are processed in laboratories, primarily for people with symptoms; and lateral flow device (LFD) testing, which give results in around 30 minutes and are used to identify people with COVID-19 who are not showing symptoms. Working with local authorities, it contacts people who have tested positive and their recent contacts to advise them to self-isolate, as well as providing telephone monitoring and support during the self-isolation period. It also supports the UK's work on genomic sequencing of some PCR tests to track variant forms of COVID-19 and carries out other research and data analysis through the Joint Biosecurity Centre. NHST&T estimates that it spent £13.5 billion in 2020–21, an underspend of £8.7 billion against its budget. By the end of May 2021, NHST&T had dispatched 691 million lateral flow tests, with 96 million (14%) results registered. On 24 March 2021, the government announced that NHST&T would form part of the newly created UK Health Security Agency (UKHSA). This transition is due to be complete by the end of October 2021.

Based on a report by the National Audit Office, the Committee took evidence on Thursday 08 July from the Department of Health and Social Care, UK Health Security Agency and the former Head of NHST&T. The Committee published its report on 27 October 2021. This is the government's response to the Committee's report.

Relevant reports

- NAO report: Test and Trace in England - Progress Update – Session 2021-22 (HC 295)
- PAC report: Test and Trace - Update – Session 2021-22 (HC 182)

Government response to the Committee

1: PAC conclusion: NHST&T has not achieved its main objective to help break chains of COVID-19 transmission and enable people to return towards a more normal way of life.

1: PAC recommendation: UKHSA should set out in detail its objectives and the impacts it aims to secure, and publish, by the end of December 2021, a performance management framework which:

- ***supports delivery of a comprehensive plan of activities to deliver its overall objectives;***
- ***includes specific published targets and metrics for each major area of activity; and***
- ***captures speed, reach and compliance measures across the whole test and trace process from experiencing symptoms to complying with requirements to self-isolate.***

1.1 The government agrees with the Committee's recommendation.

Target implementation date: Spring 2022

1.2 The government does not accept the Committee's conclusion that NHS Test and Trace had not helped to break chains of transmission nor enabled people to return to a more normal way of life. In September 2021, the government published the Canna Model which estimates that, since August 2020, the transmission reduction from test, trace and self-isolation varied over time from 10% to 28%. In its COVID-19 Response: Summer 2021, the government set out how continued take-up and compliance with the test, trace and isolate system would be essential to supporting the country in living with the virus through autumn and winter, and in its COVID-19 Response: Autumn and Winter Plan 2021 confirmed that the test, trace and isolate system is reducing the number of positive cases mixing in the community.

1.3 NHS Test and Trace developed a performance framework in summer 2020 and has continued to adapt it as the government's plans and objectives for its services have developed during the course of the pandemic. The UKHSA regularly publishes performance information and supporting methodology covering the latest information available and has continued to adapt it as the government's plans and objectives for its services have developed during the course of the pandemic.

1.4 Once the funding from the Spending Review 2021 has been agreed, the UKHSA will publish its three-year strategic plan, updated annually, setting out how it will use the resources it receives to achieve the objectives set for it across the full range of its activities. The UKHSA's first strategic plan will cover the years 2022-23 to 2024-25.

2: PAC conclusion: Uptake of NHST&T's services by the public is variable, and some vulnerable groups are currently much less likely to engage with it

2: PAC recommendation: The Department and UKHSA should write to the Committee, by the end of November, setting out which groups are most underrepresented in its testing programme and what plans it has to drive up public engagement with NHST&T, with particular focus on these groups.

2.1 The government agrees with the Committee's recommendation.

Recommendation implemented

2.2 The UKHSA wrote to the Committee on 16 December 2021 providing more details on which groups are underrepresented, its targeted community testing programme (which is specifically designed to help reach these groups) and the steps taken to drive up engagement and ensure testing is accessible.

2.3 As the majority of the data used comes from self-reporting, the UKHSA cannot set out the precise levels of engagement among different groups. However, based on research, data and insight from local government, and voluntary and community sector partners, the UKHSA has identified disproportionately impacted and underserved groups as priorities for improving engagement. These include:

- people in areas of social economic deprivation
- those in high-risk occupations
- residents in multi occupancy households
- Black, Asian and other minority ethnic groups
- people experiencing homelessness or rough sleepers
- migrants, asylum seekers or refugees
- Gypsy, Roma Traveller communities

2.4 To drive up engagement, the UKHSA has delivered targeted communications and campaigns to these groups and made testing more accessible. Through the targeted community testing programme, local authorities and their partners draw on local knowledge to reach underrepresented groups. This approach has taken testing to the heart of disproportionately impacted and underserved communities that may not otherwise actively seek out services. Further detail is set out in the UKHSA's letter to the Committee of 16 December 2021.

2.5 As the UK moves through the next stages of the COVID-19 pandemic, the UKHSA will continue to refine its approach to data collection, drive up engagement and ensure that all COVID-19 services remain as inclusive as possible.

3: PAC conclusion: NHST&T has focussed on getting programmes up and running and paid less attention to ensuring these programmes delivered the benefits they promised.

3: PAC recommendation: UKHSA should clearly set out how it plans to deliver the benefits expected from the funding it receives from the forthcoming spending review. This should be informed by an evidence-based understanding of the actual benefits delivered by its major areas of spending to date, as measured against the intended outcomes.

3.1 The government agrees with the Committee's recommendation.

Target implementation date: Spring 2022

3.2 Given the nature of the pandemic, UKHSA has focused on rapidly establishing programmes to deliver on the government's response to the pandemic, including breaking chains of transmission, protecting vulnerable groups, and enabling economic and social activity. It has developed and published the Canna Model which estimates the benefit of its programmes in terms of breaking chains of transmission and publish regular performance data on its programmes. The UKHSA continues to strengthen its evaluation of programme benefits.

3.3 In its Autumn Budget and Spending Review 2021 on 27 October 2021, the government allocated £9.6 billion over the period 2022-23 to 2024-25 for key COVID-19 pandemic programmes and related health spending, including a testing operation and essential surveillance managed by the UKHSA. The government will set out further detail about its approach to allocating this funding between programmes in due course.

3.4 Once this funding has been agreed, in accordance with its Framework Agreement with the department, the UKHSA will receive an annual remit from ministers and produce a three-year strategic plan, updated annually, setting out how it will use the resources it receives to achieve the objectives set for it across the full range of its activities. The UKHSA's first strategic plan will cover the years 2022-23 to 2024-25.

4: PAC conclusion: NHST&T's approach to laboratory and contact centre usage is still not flexible enough to meet changing demand and risks wasting public money.

4: PAC recommendation: UKHSA should establish and monitor clear utilisation targets for both the laboratory and contact centre capacity it pays for. In January 2022, it should write to the committee to provide an update for laboratory and contact centre utilisation for the first 9 months of 2021–22.

4.1 The government disagrees with the Committee's recommendation.

4.2 The laboratory network for PCR (polymerase chain reaction) testing is designed to have sufficient capacity to operate on a 24/7 basis with maximum utilisation of 80% to allow for routine training, maintenance and repair. Operating beyond this 80% utilisation level increases turnaround times for test results and is the level at which there is a risk to quality of service. This significantly reduces the benefits of testing both in health protection terms and as a way of enabling people who test negative to resume normal activities.

4.3 Demand for PCR tests fluctuates significantly. Setting a minimum utilisation target that applies uniformly across a given time period would mean either setting that target at such a low level that it would not be meaningful or having a target that it was not possible to meet on days or weeks of lower demand without artificially stimulating demand for testing leading to unnecessary costs.

4.4 A significant proportion of the laboratory network is contracted on a flexible basis, which means that the UKHSA does not incur costs if tests are not processed. There is not, however, sufficient commercial capacity of the required standard to fully meet projected demand for PCR testing, so it is also essential to retain the core Lighthouse Laboratory network.

4.5 The contact centres that form part of the NHS Test and Trace service are resourced to meet forecast demand. As demand fluctuates from day to day, it is not possible to predict exactly what number of agents should be on shift to meet a set utilisation target. The UKHSA closely manages the performance and utilisation of its contact centres.

4.6 The UKHSA will write to the committee in January 2022 to provide an update on laboratory and contact centre utilisation, including the recent surge in demand. This will cover the first 9 months of 2021-22 and the actions the UKHSA is taking to ensure that capacity in both these areas remains as closely matched to demand as possible.

5: PAC conclusion: NHST&T's continued over-reliance on consultants is likely to cost taxpayers hundreds of millions of pounds.

5: PAC recommendation: UKHSA should write to the Committee by the end of November 2021 detailing how it will reduce its dependency on consultants and write to us again in March 2022 and June 2022 setting out its progress against this.

5.1 The government agrees with the Committee's recommendation.

Target implementation date: June 2022

5.2 The UKHSA wrote to the Committee on 16 December 2021 setting out how it has reduced its dependency on consultants.

5.3 The UKHSA continues to recruit civil servants to replace remaining management consultants as far as possible. COVID-19 response roles are generally offered on the basis of short-term loans, secondments and fixed term appointments to avoid a permanent increase in the size of the organisation; however, these are often less attractive, which reduces the supply of candidates. Work is underway to determine the strategy for managing future health threats and this will provide the longer-term certainty to enable the UKHSA to develop a sustainable resource plan with the agility to flex resources to reflect changing priorities and demands.

5.4 The UKHSA will write to the Committee with further progress updates in March 2022 and June 2022.

6: PAC conclusion: UKHSA has still not set out how it would like to work with local authorities, leaving them little time to plan for the new approach.

6: PAC recommendation: The Department and UKHSA must urgently provide clarity to local government and other stakeholders about the future operating model. As part of this, it should ensure local authorities and other stakeholders have the resources to deliver their parts of the process. It should write to the Committee to provide an update on progress by the end of November 2021.

6.1 The government agrees with the Committee's recommendation.

Target implementation date: Spring 2022

6.2 The UKHSA wrote to the Committee on 16 December 2021 setting out how it continues to work with local government, NHS, the devolved administrations, and other partners and stakeholders and how they are helping to design its future operating model. As set out in that letter, ways of working during the transition to the establishment of the UKHSA have remained in line with pre-existing arrangements to ensure continuity of approach in managing the response to COVID-19 pandemic.

6.3 The Contain Outbreak Management Fund (COMF) is the primary source of funding to support local authorities' public health response to COVID-19 which has distributed £2.1 billion to local authorities in England since June 2020.

6.4 The UKHSA continues to engage directly with local authority chief executives, directors of public health, professional bodies and associated local partners. Once the funding from the Spending Review 2021 has been agreed, the UKHSA will build and strengthen these effective partnerships to create a future operating model that facilitates the co-design of policies and responses on health security.