

## Written Evidence submitted by We Own It

We Own It is a voice for the public and for public service users. We campaign [against privatisation](#) and for [21st century public ownership](#). We believe public services belong to all of us - from the NHS to schools, water to energy, rail to Royal Mail, care work to council services.

### **The privatisation of Test and Trace isn't working**

We Own It is part of a coalition [campaigning](#) calling for local public health teams and local health services (including GPs and NHS labs) to be put back in charge of testing and contact tracing in the community.

While this campaign has focused on contact tracing so far, it is so clear that the privatised testing system is not up to the job either.

Polling reveals that [74% want local public health teams](#), rather than Serco and Sitel, to run NHS Test and Trace.

**That's why we have been demanding that local public health teams and local health services (including GPs and NHS labs) must be put back in charge of testing and contact tracing in the community now all across the UK.**

1) On contact tracing, local public health teams need to be given the funding and powers to lead the contact tracing work they are experienced in.

2) On testing, meanwhile, private lighthouse labs should be integrated into our NHS lab network, and the testing system integrated with primary care and clinical care health services. The statutory notification system should be followed, and public testing infrastructure should be invested in, instead of offering [£100 billion](#) to private companies who have failed already.

### **Why is this so important?**

**We know that functioning Test and Trace operations are the only hope of returning to normal life, yet:**

- Demand for testing has been admitted by Dido Harding to be up to [four times Britain's capacity](#) previously. Government statistics published recently said that 5% of people are having to travel 47 miles or more to get [tested](#).
- The executive chair of the programme conceded in June that the programme wouldn't be fully ['operational until September'](#). The most recent [Test and Trace statistics](#) for England show that the national, remote contact tracing operations run by private outsourcing companies Serco and Sitel have only reached 58.8% of people's contacts to ask them to self-isolate in the last week. The schemes run by local public health teams have reached 99% of identified contacts to ask them to self-isolate.

- Over 150 [authorities](#) have [set up their own contact tracing schemes](#), after they decided they couldn't wait [any longer](#) for functioning contact tracing.

This cannot go on. **That's why constituents all across the UK invited MPs to meet them over a [video call](#) for a [toast to our NHS and public health teams](#)**, to invite them to show their support for a functioning, publicly run test and trace programme across all of the UK.

### How have other countries approached this problem?

Test, track and trace needs to be led by local public health teams already in place, which is what [Wales](#) and most other countries across the world (from [Germany](#) to [South Korea](#) to [Vietnam](#)) have done far more effectively.

Successful contact tracing systems elsewhere have supported countries, like Germany, in reducing the relative number of deaths related to Covid-19. According to the John Hopkins [covid resource center](#), at the time of writing, the United Kingdom has recorded around 81,567 deaths in total related to Covid-19, fifth highest on the ranking.

As highlighted by Ralf Reintjes, professor of epidemiology and public health surveillance in the British Medical Journal article '[Lessons in contact tracing from Germany](#)':

"Germany built on existing infrastructure and experience from the outset, unlike England, where local public health departments were overlooked in favour of a centralised system run by outsourced companies."

"(in Germany) Local public health services were mobilised and revitalised. In April both federal and state governments agreed to provide additional investment to strengthen local public health authorities. Civil servants were redeployed to public health from elsewhere and extra staff employed to support local contact tracing."

On testing, Maggie Rae, president of the Faculty of Public Health, [told The BMJ](#), "Other countries across the world are managing a more effective system on less tests than we are doing, so we need to build a much more intelligent and agile testing strategy." She said that the £10 billion being spent on NHS Test and Trace would be better spent on a more [localised](#) system, like that in Germany. She feared that the current situation would become even worse. "We need to act now and redesign the system, as we can't afford to wait," she warned.

We can also look closer to home for successes.

Since their public health based contact tracing systems were established in June, Scotland had reached 94% of positive cases (with almost 82% of those currently being interviewed [within 24 hours](#)) and 96% of close contacts while Wales has reached 97% and 93% [respectively](#) (as of Nov 2020). Both countries have systems that are led by public health teams.

Health protection teams doing contact tracing have never hit below 93.7% 'of close contacts reached and told to self-isolate'. (see [NHS Test and Trace statistics, 28 May to 30 December 2020: data tables](#)) In contrast, government data for England showed that barely 60% of close contacts [were reached and asked to self-isolate](#) by the Serco led system for several weeks in a row last Autumn.

In June, Independent SAGE estimated that it was missing 75% of [cases](#).

The government changed how they measured the 'percentage of close contacts reached and told to self-isolate' by the remote call centre and online operation in late November. Before this, they had not ever recorded a week (see [NHS Test and Trace statistics, 28 May to 30 December 2020: data tables](#)) where they had reached above 64.4% of close contacts to tell them to self isolate.

In addition, due to a technical issue, the supposedly 'world-beating' English Covid App sent hardly any alerts during its first few weeks.

### **Why is this being linked to privatisation?**

Unfortunately, private companies like Serco have proven incapable of delivering the kind of system we need - and the public understand this.

Serco's track record is abysmal, and they should be nowhere near our NHS. Serco was fined £23 million after admitting responsibility for fraud over its electronic tagging scandal, in which it charged the Ministry of Justice for tagging people who were either dead, in jail, or had left the country. Serco was embroiled in a scandal after giving just one hour's training to staff working on its breast cancer hotline.

Serco admitted to falsifying data in one of its out-of-hours GP services in Cornwall a staggering 252 times. Serco were also found guilty 'after a company it set up overcharged NHS hospitals millions' as part of pathology service in 2014. Serco have been fined £750,000 for a worker's death and putting lives at risk before. See here the deaths of workers and members of the public in contracts operated by Serco, 2006- 2014.

This is just the tip of the iceberg. Serco's failures are innumerable. They should not have been awarded hugely important public health missions like this.

Their failings have continued into this contract, as expected. Within the first few months of their contract, Serco accidentally shared the email addresses of 296 contact tracers and there have been warnings that call handlers were inadequately trained. In the first week of COVID tracking in England, government figures suggested that approximately one third of positive cases transferred into the system were not contacted by call handlers, leaving patients potentially unaware of their illness.

Furthermore, in the call for evidence, the Public Accounts Committee highlights that By 17 June, the utilisation rate 'was low for both health professional (4%) and call handler staff (1%).' While it is good in many ways to be overprepared in a pandemic, this substantial waste of public resources could have been prevented had public health authorities had been more in control of or consulted on the design of the system. Arguably, public health teams that already do contact tracing could have been deployed both to lead on this work when the demand for it was lower as well as also using this time to build up the skills and teams needed to keep control of the virus and suppress it as cases rose too.

### **What about arguments that the system has improved and is always improving?**

- There was an announcement in August 2020 that the system would be further localised, however this announcement did not stand up to scrutiny.

Central government were not giving local authorities any more funding to do tracing work like [door knocking](#).

It is still going to be remote callers making the first call and only a small percentage of tracers are going to help local teams, often remotely.

Meanwhile, it's private companies who are lined up to get another £528 million potentially.

Communities across England took action to say that they wanted money to go to local, public teams for track and trace, not Serco. Over 20 groups [across the country came together](#) to call for Matt Hancock to end the contracts with Serco and Sitel on August 23rd.

Both Conservative and Labour council leaders have written to the Secretary of State in response to this demand. Public figures across the country, including the [President](#) of the Association of Directors of Public Health, have also called for funding to be diverted to local authorities.

- The call for evidence also highlights that 'NHST&T acknowledges that non-compliance poses a key risk to its success and has taken steps to increase levels of self-isolation, for example by making follow-up calls to people while they are self-isolating.'

However the Sheffield community contact tracers recognised this as a learning and recommended this as crucial to any system months before. Furthermore, local public health teams have been offering more holistic support that enables isolation, by pointing people to services the local council can offer for example. They are able to do this because these services are much more linked in and rooted in their communities. Having tracers call from a local number is just one more reason local public health teams are able to reach more people, it has been suggested.

Having contact tracers that have the [right competencies](#), such as speaking the languages of the local community was another key requirement that was of huge concern to academics when the contract was first made public.

Private companies have not offered a holistic approach because they see themselves as having responsibility for a small part of the system. This reflects a wider trend where privatisation leads to fragmentation. This is echoed in their targets being limited to providing a certain number of call handlers and a working phone line. Similarly in the fact that they further subcontracted out 85% of the work to [further companies](#). This is what their payments are based on, not responding to the situation or in successfully suppressing the pandemic.

As the [British Medical Association](#) has highlighted: "the BMA has consistently called for a publicly funded, publicly provided and publicly accountable NHS. The best chance of a speedy and comprehensive response to a pandemic is a properly resourced health and care system.

*"And, the result of an over-reliance on outsourcing carries a risk of removing crucial elements of major incident management – such as the ability to command and control. Successful major incident management depends on the capacity to adapt any and all responses rapidly with complete agility, a situation that may be limited when private companies are contracted."*

- While defenders of the current system often discuss their being a need for a [balance](#) of local and national system, this ignores that the national system is remote, distrusted by the public (who often don't pick up their calls, or report their contacts as the initial contact is an online form rather than a personal call from a trained professional with expertise in contact tracing), and slow, with significant delays to cases and their contacts being reported over the past 6 months. This backs up polling which shows that 40% of the public are less likely to take part in the programme as a result of it being managed by a [private outsourcing company](#).

National coordination could have been achieved without giving huge amounts of resources and powers to private companies to design and deliver a contact tracing system when they had no experience, while there was very good, if under resourced, public health infrastructure which could have excelled in this with support.

On October 15th, public figures from across the country came together [for an open letter](#) to ask the government to reform test and trace, integrating testing with local health services, and offering more power and funding for local and regional tracing teams to lead. Among the signatories were the leaders of councils across England including Labour, Liberal Democrat and Green councils, directors of public health represented by Unite's public health specialist committee, and members of parliament. It stated:

"Currently Directors of Public Health across the country are [reporting](#) a lack of capacity, delays, and problems with data. Testing operations need to work in tandem with local authorities to get the job done, and they should be better integrated with local primary care and clinical care health services. ...it is local government and public health protection teams who are doing contact tracing work most effectively and keeping our communities safe. This is a cost effective option too, with the current national and remote call centre operation last reported to be costing the taxpayer £900 [per person contacted](#). We're writing to ask that local authorities and the public health protection teams that work with them get emergency funding and improved powers to lead on contact tracing.

"We need central government to listen to local government and help us do the best we can to keep our communities safe this winter. Before it's too late."

Jeremy Hunt, the chair of the Health and Social care committee, said back in 2020: "This is the moment when we have got to fix contact tracing. Only to be reaching 60% of people's known contacts is not good enough. He (Matt Hancock) knows that..."

This is the moment to recognise the uncomfortable truth that this would be better done locally and [giving it to local authorities to take the ultimate responsibility](#)."

- Even now, after the percentage of contact supposedly reached by the tracing system has gone up, there are still calls for it to be completely reformed.

In October 2020, [concerns were raised](#) regarding call handlers taking on 'complex work, which until October had been handled only by NHS clinicians, known as tier 2 clinical contact caseworkers.'

Dr David Strain, a senior clinical lecturer at the University of Exeter Medical School said there was "a probability" that less qualified staff following a script would miss the subtle signs of coronavirus that healthcare professionals would pick up.

“That [missed sign] potentially could leave someone at home even just for 48 hours longer than they need to be,” he said. “The consequences of leaving Covid untreated compared to [treating a patient with] dexamethasone is a 20% increase in mortality.”

There are articles out this week which echo the same [concerns](#).

### **On testing and ‘Pillar 2’**

If we’re to get out of lockdown safely, to see friends and family, and hug our loved ones again we need an effective, integrated test, track and trace programme.

The setting up of commercial, privatised labs and drive through centres, known as lighthouse labs, established a parallel network to the NHS, a decision which concerned and confused many at the time. Three national leaders in pathology warned NHS bosses that the strategy would cause problems that would [“inevitably cost lives”](#).

These commercial labs and testing facilities, also known as ‘pillar 2’ are failing us. In the past, they have not shared enough regional and local data with the authorities and health services that need it in [good time](#). According to Minister of State Nadine Dorries, ‘the contract with Deloitte [does not require the company](#) to report positive cases to Public Health England and local authorities.’ Even though this has been requested by innumerable leaders for [months](#) now.

They have also not factored in [enough recruitment](#), and there is a complete [lack of communication](#) with NHS lab systems. Our testing programme has been partially outsourced, leading to a fragmented system. This is a huge public health issue.

As Allan Wilson, president of the Institute of Biomedical Sciences [said](#): “The Lighthouse lab model isn’t sustainable in the long term, and we need an exit strategy,” he says.

It's time for local public health and health services (including GPs and NHS labs) to lead on test, track and isolate.

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