

Date: 18 February 2021

Title: Community lateral flow test service to help to control Covid-19

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Report Sponsor: Cllr Gareth Williams

Purpose of Report: Information and discussion

Related [Joint Health and Wellbeing Strategy](#) Priority: *Keep people healthier for longer and reduce the impact of long term conditions*

Recommendations: *Board members are recommended to approve the proposed service*

Executive summary

1.1 Buckinghamshire Council plans to provide a 'rapid' Covid-19 testing service on a twice-weekly basis for key workers in public-facing roles from early February. The service has to meet certain government-defined criteria to be eligible for central funding. The purpose is to help identify people who have no symptoms and yet have Covid-19 (and thus may be infectious) so that they can self-isolate and thereby help to break the chain of transmission.

Content of report

1.2 Buckinghamshire Council is an early adopter of the government's community testing initiative to help to identify people who are without symptoms but who unwittingly have Covid-19 and who are thus likely to be infectious to others. The programme uses a 'rapid' test device called a lateral flow test (LFT).

1.3 LFTs can detect SARS-CoV-2 virus, the cause of Covid-19, if it is present in a sufficient amount in a swab sample taken from someone's nose and the back of their mouth. The chemical test component of the test takes about 20-30 minutes.

1.4 The sole purpose of a LFT is to identify if someone has Covid-19 and thus needs to self-isolate, as will their close contacts. The purpose is to help break the chain of transmission. As about one third of people with Covid-19 are thought to have no symptoms in the early stages of the infection, when they can infect others, LFTs have the potential to play an important part in helping to control the spread of Covid-19.

1.5 A 'non-positive' test result does not mean that someone is uninfected: they may be infected but the amount of virus in their body may not be sufficient to be detected by

the LFT, yet they may still be infectious to others. And, such a 'negative' test simply means that they were 'negative' at the time of the test: they could become infected shortly afterwards and thus quickly become infectious. Thus, everyone with a 'non-positive' LFT result must continue to strictly follow Covid-safer ways of living and working (including 2-metre social distancing wherever possible, wearing a suitable mask over their mouth and nose when required, washing their hands thoroughly and frequently, and using personal protective equipment when appropriate).

- 1.6 We have worked with military advisers and Department of Health & Social Care (DHSC) liaison officers to evaluate and to develop testing sites. We have repurposed some staff to act as testing site leads and recruited and trained some 80 temporary staff to run the sites. Once established we will also look to engage volunteers.
- 1.7 We intend to open two sites in early February: one in Aylesbury and one in High Wycombe, with sites to follow in Amersham, Buckingham and Gerrards Cross. These sites have been chosen because of both their relative proximity to areas of high infection incidence and the appropriateness of available buildings. We hope, in time, it may be possible to develop one or two 'pop up' testing sites. We intend the sites to be open from 8am to 8pm seven-days each week.
- 1.8 Initially, we plan to target key workers with public-facing roles including, but not limited to: police officers; fire and rescue personnel; council employees (such as social care workers and officers in services such as refuse collection, highways, crematoria and cemeteries, housing, environmental health, planning and building control); those having contact with and/or providing services to vulnerable groups, or who are themselves at a higher risk because of their roles, such as transport workers, taxi drivers, voluntary sector service providers); people providing clinical services and nursery and other child support services who are not provided for by NHS or Department for Education schemes; market traders; and targeted employers and organisations with fewer than 50 personnel such as smaller supermarkets, as well as other businesses. Larger organisations will be supported by a separate government scheme.
- 1.9 Initially, we plan to offer some 8,000 people twice-weekly testing. We expect this number to rise substantially once we have established the service.
- 1.10 Reimbursement of actual costs incurred is available from DHSC.
- 1.11 We have established quality and safety mechanisms for both site health and safety and for clinical governance (the latter with an external assurance process provided by the Health Protection Board's sub-committee, the Health Outcome Control Group).

- 1.12 Subject to licensing approval by the Medical and Healthcare Products Regulatory Agency (still awaited at the time of writing), we hope to be able to offer LFT self-testing at home as well as at fixed sites.

Consultation and communication

- 1.13 Because of the urgency to develop this service, its establishment following strict DHSC guidance, and the need for approval from the Secretary of State for Health & Social Care, it has not been possible to undertake formal consultation. However, we are in the process of undertaking a communications exercise with the public and with employers to promote the appropriate use of the service and the need for self-isolation following a positive test result.

Next steps and review

- 1.14 The service will be kept under review, being monitored weekly by an oversight group with monthly dashboard reports to the Health Protection Board. Initially, we expect there to be DHSC funding available until the end of March. It is highly unlikely that the need for such a service will end then and we thus hope that the government will provide funding for a longer period.

Background papers

None.