

Regional Testing Leads Meeting – 01.07.2020

Roll Call

- NEY – 3 attendees
- NW – 2 attendees
- Midlands – 3 attendees
- East of England – 1 attendee
- London – 2 attendees
- South East – 3 attendees
- South West – 3 attendees

Supply Chain

Neill Moloney updated that there is generally a good supply available to all of the networks. There had been some challenges on oversupply to labs and there was an ask of networks to ensure they have at least 2-4 weeks supply and not to accept supply that is likely to expire/not be utilised.

There is planning in place to meet with each of the networks to discuss rapid testing and understand each networks position for the target of 3000 rt-PCR tests per day per network and understand the associated timelines. Various decisions need to be made in regions and networks, so a steer on capital and revenue funding would be welcome to enable discussions in regions.

The supplies team are also starting to look at potential storage solutions for excess supplies.

There was a request made from regional colleagues to ensure consideration is made to support the independent sector when planning supply chain needs.

Pilot Testing in GP surgeries

Kate Travers introduced her role in the context of this pilot. The objective of this pilot is to increase the accessibility of swab testing. There are a high number of individuals who are symptomatic who aren't accessing tests and hard to reach groups need to be considered. The team are having initial conversations with regional leads on what learnings are being found in this pilot and are also working with interested CCGs. Kate asked the group membership, if there are any regional colleagues who expect high demand for participation from their regional CCGs or General Practices, they should get in touch with Kate: kate.travers@dhsc.gov.uk

To date as a result of conversations, 13 CCGs and 1 PCN have indicated interest in the pilot. The team are looking to get at least 10 sites on board with the pilot through July and August 2020. A short summary document on the pilot will be provided by Kate to the group to enable sharing of the same consistent information across the country.

On the funding of this pilot, kits will be dropped-off to GPs using pillar 2 capacity, which has no impact for funding. This can then be handed to patients when they

present themselves at the GP. It was emphasised that the pilot is not encouraging unnecessary attendance to GPs by patients. Claire McDonald was keen to ensure the comms is managed on this and will work with Kate to agree core lines on the pilot.

Discussions on this pilot emphasised this as an opportunity to focus on areas of the public where there are particular access issues. Consideration should be made as to what the minimum physical requirement for GP practices participation is in this pilot and how to make best use of estates to enable its success.

Elective Pilot

Julie Stevenson said in relation to this pilot that the NHS website has been adjusted to ensure patients within the pilot are directed to the right location. 225 patients have taken part in this pilot over 9 participating trusts (however, only 4 trusts have submitted patients thus far). The current stage of the pilot is to continue to evaluate results as they become available. At the end of July, this pilot will be sought to be expanded, but current complexities are still being worked through, particularly in regard to getting results back to trusts. The next iteration of the pilot will include automatically sending kits to patients, so there isn't any need for a portal interface.

Serology Update

Adam Shorrock updated that the remaining NHS staff are being given the opportunity to undertake an antibody test, including Counter Fraud and Property Services teams (extended NHS Family). The team are currently in the process of identifying the numbers of people in each location to be passed through to single points of contact in the regions.

It is expected that testing in social care will be passed as a responsibility into the NHS in the near future. The team are aware of the pressures associated with this, the equity of access issues and the impact on resourcing this will yield. Regional colleagues asked to avoid a Friday announcement if possible but appreciated this may be outside of the control of the national team.

The group discussed the lack of clinical use case for the antibody test, the gap between purchased serology tests and tests undertaken, as well as phlebotomy concerns. It is anticipated this additional ask will be to offer the test to social care staff, but not residents of care homes.

The group also discussed the [Vivaldi study](#) taking place on antibody testing of care home residents and staff.

On repeat PCR testing in care homes, this has been signed off, but awaiting further approvals for communication, likely to be announced wider on early Friday.

On the difference between adult social care testing vs NHS testing frequency, it was outlined that there is a reasonable amount of asymptomatic positive transmissions in care homes. Social care staff are also more vulnerable than the general population, hence the higher frequency of test intervals.

Keziah Halliday will ask Sue Hill to provide an update on the Genomics issue raised.