**South East Region:**

Guide to CoVid 19 Testing

Edition 1

18 May 2020

(Edition 2 to be published with 2 weeks of this date)

**Contents**

[**Introduction – Regional strategy** 4](#_Toc40710050)

[**Introduction – National strategy** 5](#_Toc40710051)

[**NHS Testing Strategy (5 national pillars and 1 SE regional pillar)** 7](#_Toc40710052)

[**Testing pathway** 8](#_Toc40710053)

[**Staff testing (pillar 1)** 10](#_Toc40710055)

[**Population aged over 5 – Self Referral (pillar 2)** 11](#_Toc40710056)

[**Eligible Population – Employer Referral (pillar 2)** 12](#_Toc40710057)

[**Care Home Testing – (pillar 1 and 2)** 13](#_Toc40710058)

[**Care Home Testing – Residents testing on discharge from hospital (pillar 1)** 14](#_Toc40710059)

[**Care Home Testing – Staff & Residents: CoVid19 suspected or diagnosed (pillar 1 & 2)** 15](#_Toc40710060)

[**Care Home Testing – Pathway: CoVid19 suspected or diagnosed (pillar 1)** 16](#_Toc40710061)

[**Care Home Testing – Staff and Residents: When requested (pillar 2)** 17](#_Toc40710063)

[**Care Home Testing – Other areas** 18](#_Toc40710064)

[**Testing complaint process (pillar 2)** 19](#_Toc40710065)

[**Antibody Testing (pillar 3)** 20](#_Toc40710066)

[**Nosocomial Spread Testing (aka Asymptomatic Staff Study) – pillar 4** 21](#_Toc40710067)

[**Test and Trace – pillar 4** 22](#_Toc40710068)

[**Testing methods 2020 – pillar 5** 23](#_Toc40710069)

[**Reporting** 24](#_Toc40710071)

[**Regional initiatives** 25](#_Toc40710072)

[**Developing a Regional Plan to complement the National Strategy** 26](#_Toc40710073)

[**Queries outstanding** 27](#_Toc40710074)

[**APPENDIX 1: Pathology Networks** 29](#_Toc40710075)

[**APPENDIX 2: Points of contact: Email addresses** 30](#_Toc40710076)

[**APPENDIX 3: SE meetings to support testing** 31](#_Toc40710077)

[**APPENDIX 4: Glossary and Definitions** 32](#_Toc40710078)

# **Introduction – Regional strategy**

1. The government has made public commitments as to who is eligible for testing. Our regional responsibility is to use the resources we control to support that access, to communicate and give clarity on the operating model and in particular how eligible individuals access testing, to monitor and collect information about unmet demand for testing and finally to analyse the results of the testing including coverage achieved and testing results so that local patterns can be deduced and areas for further investigation be identified.
2. This first edition of this strategy document aims to give clarity on the current approach to COVID19 Testing in the region. It covers who is being tested, arrangements, responsibilities, purpose and resulting actions.
3. It also references areas on which we are seeking clarity or where we could consider a SE approach. Areas for clarification are noted throughout the document and in the queries section.
4. Feedback is welcomed where there are omissions or insufficient clarity. Please send them to [england.sepathologycovidresponse@nhs.net](mailto:england.sepathologycovidresponse@nhs.net)
5. This document will be updated as and when new decisions are made and/or new testing arrangements put in place
6. The future direction of testing nationally and regionally is outlined along with areas we will be taking forward as part of the next edition of the strategy
7. The draft communications/meetings schedule in the SE is included at the end of the slide pack to give clarity on how and where to feed in issues, suggestions and questions

# **Introduction – National strategy**

**National Testing Strategy**.

1. The national strategy states:
   1. ‘*Testing is a key pillar of our strategy to protect the NHS and save lives. We are focused on two types of tests: 'swab tests' for people with symptoms to see if they have coronavirus; and 'antibody tests', which test for the presence of antibodies that will demonstrate whether you have had the disease.*
   2. *The Government is committed to mass testing: our overall ambition is to provide enough swab tests for everyone that needs one. In the 'contain' stage, our focus was on testing to support contact tracing and investigating outbreaks. At present, whilst we seek to 'delay' the spread of the virus through social distancing, this means:*
      1. *continuing to provide tests for patients who need them; and*
      2. *providing tests for NHS, social care and then wider critical key workers and their families who are in self or household isolation, to support them to return to work as soon as possible, if they are well enough to do so*.’
2. There are 5 pillars to the National Testing strategy (see next diagram below).
   1. The main method of testing available to the NHS at this time is is detection of viral genetic material (RNA) by a method called RT-PCR (for fuller explanation see appendix). The Government committed to delivering 100,000 tests by the end of April 2020 across the 5 pillars.
      1. Subsequently the Prime Minister stated on 06 May 2020 a target of 200,000 by the end of May 2020 and the strategy states ‘*And we will continue to scale up our ambition beyond this to 250,000 tests a day from all five pillars*.’
   2. The exact allocation from each pillar is unclear however the NHS has committed to delivering 25,000 through the Pillar 1 NHS labs and is routinely delivering 27,000 test per day as at 10 May 2020.
   3. In the South East we have met the Pathology Network capacity target of 2,000 tests per day. The South East now has a testing capacity (assuming full staffing and reagents) above 13,000 tests per day. In week beginning 18 May networks have been asked to provide, to our National team, information on how they could increase their networks to 3,000 tests per day.
   4. Antibody testing will be a significant element of the 250,000 test target.

# **NHS Testing Strategy (5 national pillars and 1 SE regional pillar)**



National Testing Strategy; Coronavirus (COVID-19) Scaling up our testing programmes dated 04 April 2020; <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878121/coronavirus-covid-19-testing-strategy.pdf> site accessed 25 April 2020. Pillar 6 is a SE regional pillar add to ensure we have resilient networks to deliver the national strategy.

# **Testing pathway**

**Patient testing (pillar 1)**

|  |  |  |
| --- | --- | --- |
| **Purpose:**  The reason for patient testing is to determine whether they currently have the CoVid19 virus. It will then allow clinicians to determine the appropriate hot or cold patient care pathway and reduce the need for PPE expenditure. Rapid PCR methods such as POC should be used to support this cohort especially where a quick diagnosis has a significant impact on patient care. |  | **Eligibility**: All non-elective inpatients at point of admission and the introduction of pre-admission testing of all elective patients. This is irrespective of whether they are symptomatic.  QUERIES:   * Awaiting national team response on queries including, does eligibility include testing for:   + Pregnant women and birth partners   + Pre-surgical cancer patients   + Parents who come in with their child   + Patents undergoing non-surgical cancer treatment * Does this include admissions to Community and MH? |
|  |  |  |
| **Pillar:** Pillar 1  **Pillar Owner**: Owner is the National NHSE&I Pathology Team. Owner of testing lab is NHS. |  | **Process:**   * On admission, or at a designated time before a planned admission, all patients will be swabbed by the admitting NHS Trust. * Requests for testing will be initiated on OrderComms and samples sent to pathology reception. * Samples will be processed by the local NHS Pathology Network laboratory. * Turnaround times should not be any more than 24 hours. * Lab results are then processed through the LIMS and connected to the EPR and then to GP. |

# **Staff testing (pillar 1)**

|  |  |  |
| --- | --- | --- |
| **Purpose:** The reason for staff testing is to determine whether they currently have the CoVid19 virus and thus allow staff back to work if negative. |  | **Eligibility:** All NHS staff (symptomatic or asymptomatic) and their household members within NHS England guidance. [**https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#who-can-be-tested**](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested)**.**  QUERIES:   * We have requested and await the NHS England guidance referred to in this link. |
|  |  |  |
| **Pillar:** Pillar 1 - NHS staff go through Pillar 1 at work  **Pillar Owner**: Owner is the National NHSE&I Pathology Team. Owner of testing lab is NHS. |  | **Process:**   * NHS Trusts have established staff testing facilities where samples are taken. * Requests for testing in the NHS will be initiated on OrderComms and samples sent to pathology reception. * Samples will be processed by the local NHS Pathology Network laboratory. * Turnaround times should not be any more than 24 hours. * Lab results are then processed through the LIMS and connected to the EPR. Staff will be notified of their results by the requesting physician.   To note:   * Staff testing only occurs in NHS labs where there is spare capacity. * NHS staff can alternatively, and are encouraged to, make use of the self referral portal so that they can also take household members who live with them through the drive through swabbing chain (see next slide). * Household members go through self-referral portal pillar 2. |

# **Population aged over 5 – Self Referral (pillar 2)**

|  |  |  |
| --- | --- | --- |
| **Purpose:** Testing the population who have coronavirus-like symptoms to see if they currently have the virus has been a priority, and our aim is that anyone who needs such a test is able to have one. |  | **Eligibility:**  • The self-referral portal is a secure portal that allows all symptomatic people aged over 5 to register their details and book a coronavirus test. |
|  |  |  |
| **Pillar:** Pillar 2  **Pillar Owner**: Owner is the National DHSC Testing Lead. |  | **Process:**   * All symptomatic population aged over 5 can request a drive through, mobile unit or postal swab. See self-referral guide below. * The symptomatic person will be requested to attend a Regional Testing Centre, Satellite Testing Centre, Mobile Unit location or wait for the post depending on the option selected. * Samples are collected at the centres or home collected. Samples at the centres are then dispatched to the National ‘Lighthouse’ labs or the individual posts them. Samples are processed through the National ‘Lighthouse’ labs in Milton Keynes, Manchester and Glasgow. * Results are communicated by email or text. * Essential workers are requested to inform their employers of their results. NHS Digital is in the process of connecting results to patient records and providing routine reports (Regional report received 04 May 2020). |

User guide can be found here: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882654/Self_referral_portal_user_guide_v1.6.pdf>

# **Eligible Population – Employer Referral (pillar 2)**

|  |  |  |
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| **Purpose:** Testing essential workers who have coronavirus-like symptoms to see if they currently have the virus has been a priority, and our aim is that anyone who needs such a test is able to have one. |  | **Eligibility:** The employer referral portal is a secure portal that allows employers to refer eligible essential workers. Eligible people include (full list see glossary):  • All essential workers including NHS and care workers with symptoms  • Anyone over 65 with symptoms  • Anyone with symptoms whose work cannot be done from home  • Anyone with symptoms of coronavirus who lives with those identified above  • Care workers and residents in care homes (with or without symptoms)  • NHS workers and patients without symptoms where there is a clinical need in line with NHS England guidance (as noted in previous section – guidance not yet received)  • Households of the above. |
|  |  |  |
| **Pillar:** Pillar 2  **Pillar Owner**: Owner is the National DHSC Testing Lead. |  | **Process:**   * The employer referral portal allows employers to refer essential workers who are self-isolating either because they or member(s) of their household have coronavirus symptoms, for testing. * For most employees, only symptomatic people in the household can be tested. If the employee works in social care, however, the employee can be tested whether symptomatic or asymptomatic. * It is a secure portal for employers to use to upload the full list of names and contact details of self-isolating essential workers. * If referred through this portal, essential workers will receive a text message with a unique invitation code to book a test for themselves (if symptomatic) or their symptomatic household member(s) at a regional testing site. * NHS Digital is in the process of connecting results to patient records and providing routine reports (first Regional report received 04 May 2020). |

Employer guide can be found here: [https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#arrange-a-test](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested)

# **Care Home Testing – (pillar 1 and 2)**

1. There are 3 settings for care home testing:
   1. The testing of residents on discharge from Hospital.
   2. When CoVid19 is suspected.
   3. Care home staff and care home residents can ask for testing of whole home or individuals at any time.

DHSC has also provided a helpful visual guide to adult social care testing (right). <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884284/Adult_social_care_COVID-19_testing.pdf>

# **Care Home Testing – Residents testing on discharge from hospital (pillar 1)**

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| **Purpose:** The purpose of testing care home residents before they are discharged from hospital is to ensure CoVid19 positive are not discharged back into the care home community |  | **Eligibility:**  All care home residents on release from NHS acutes.  QUERIES:   * Awaiting guidance on prospective residents from the community, current guidance from DHSC/PHE on 27 April states:   *The specific process is being developed and will addressed through locally developed testing arrangements, including the use of testing available through the NHS laboratories and postal swab kits. Clear instructions will follow on this approach, but local processes should be used in the interim.* |
|  |  |  |
| **Pillar:** Pillar 1  **Pillar Owner**: Owner is the National NHSE&I Pathology Team. Owner of testing lab is NHS. |  | **Process:**   * Requests for tests should be made at least 24 hours prior to discharge in order to ensure CoVid19 positive residents are not released back to care homes. * Requests for testing will be initiated on OrderComms and samples sent to pathology reception. * Samples will be processed by the local NHS Pathology Network laboratory. * Turnaround times should not be any more than 24 hours. * Lab results are then processed through the LIMS and connected to the EPR. |

# **Care Home Testing – Staff & Residents: CoVid19 suspected or diagnosed (pillar 1 & 2)**

|  |  |  |
| --- | --- | --- |
| **Purpose:** The purpose of testing care home residents at the point of notification of an outbreak is to confirm whether the outbreak is caused by SARS-CoV-2. PHE HPT will arrange for testing of all symptomatic care home residents at point of notification of the outbreak.  The purpose of testing of residents who subsequently become unwell after the initial notification is to monitor the effectiveness of infection control measures and to diagnose illness in individuals. |  | **Eligibility:**   * All care home residents on notification of outbreak/ cluster to PHE HPT * All care home residents and staff regardless of symptoms after the initial notification. |
|  |  |  |
| **Pillar:** Pillar 1  **Pillar Owner**: Owner is NHS. PHE HPT triggers the NHS to test (symptomatic residents on first notification).  **Pillar:** Pillar 2  **Pillar owner:** Owner when suspected or diagnosed testing is DHSC |  | **Process:**   * Pillar 2:   + On initial notification to HPT, HPT triggers testing service.   + Care homes can register for additional testing through DHSC portal. * Pillar 1:   + See next page |

# **Care Home Testing – Pathway: CoVid19 suspected or diagnosed (pillar 1)**

# **Care Home Testing – Staff and Residents: When requested (pillar 2)**

|  |  |  |
| --- | --- | --- |
| **Purpose:**  To accompany a range of preventive measures, with a particular focus on larger care homes at greater risk of outbreaks |  | **Eligibility:**   * All care home residents and all staff |
|  |  |  |
| **Pillar:** Pillar 2  **Pillar Owner**: Owner is DHSC.  QUERY   * Turnaround time of DHSC results – anecdotal issues |  | **Process:**   * Local systems (NHS, LA DPH, DASS) to identify at risk care homes using prioritisation framework. * Care homes can be referred to the national testing service by local authorities either based on size (over 50 beds) or local knowledge. Directors of Public Health can inform which care homes to prioritise by completing a care home testing referral form and submitting it to COVIDcarehometestingreferrals@dhsc.gov.uk * Care homes can request for testing by registering via DHSC online portal currently available for care homes whose primary clients are older people or those with dementia (to be rolled out wider in the next few weeks):   <https://www.gov.uk/apply-coronavirus-test-care-home> |

# **Care Home Testing – Other areas**

1. Care home portal is now live:

<https://request-care-home-testing.test-for-coronavirus.service.gov.uk/>

1. To apply for testing through the portal, the applicant will need:
   1. the care home’s CQC registration number
   2. total number of residents, including number of residents with coronavirus symptoms
   3. total number of staff, including agency staff
   4. your contact details
2. There is a requirement to have a GP link for each care home by 15 May 2020
3. LA CEOs with social care responsibilities will work with system partners to agree the following (by 29 May 2020):
   1. overview of their current activity and forward plan;
   2. confirmation of the current level of access to the support offer
   3. confirmation of the number of care homes in the area where these commitments are being delivered, including homes that the local authority does not directly commission from, as well as details of issues and support needs; and
   4. confirmation that local authorities are carrying out a daily review of the local care market (including all relevant data, especially on care homes), and taking actions immediately where necessary to support them.
4. The above request follows on from the Adult Social Care Action plan that was set out in April 2020:

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879639/covid-19-adult-social-care-action-plan.pdf>

# **Testing complaint process (pillar 2)**

1. A helpline has been set up for anyone tested through the national portal booking process who has not received their results (Coronavirus Testing Call Centre 0300 303 2713). Please note there is no email address to contact the helpline.
2. In the first instance key workers and stakeholders should take this route to escalate issues that they might have.
3. The next step is escalation to the DHSC Ops Hub to investigate and resolve the service-user’s issue: [opshub@dhsc.gov.uk](mailto:opshub@dhsc.gov.uk)
4. If the Ops Hub are unable to do this the service-user will be advised that they can make a formal complaint.  They can either make their complaint directly to this dedicated complaint mailbox ([scas.Covid19TestingComplaints@nhs.net](mailto:scas.Covid19TestingComplaints@nhs.net)), or the Ops Hub can send it through on their behalf.
5. The South Central Ambulance Team (SCAS) will manage the complaints process. They will triage complaints and identify the type of investigation required. They will acknowledge the complaint and forward the issues and questions from the complainant to the appropriate part of the wider business for investigation. Once the investigation is complete and the findings returned to the SCAS team, they will prepare a response letter for sign off by the nominated manager. Where they can, SCAS will respond to complainants if the issues have been raised/investigated previously and resolutions are known to them.

# **Antibody Testing (pillar 3)**

1. The approval of the first antibody tests have now taken place, Roche and Abbot
2. The purpose, plan and priority for use of antibody testing has yet to be defined as at 18th May 2020. Weekly serology working group meetings have been established under Pillar 1 and has representation from the Regional Pathology Team and the PIDs of Pathology Networks.
3. Detectable antibodies are likely to indicate that a person has been exposed to the virus, it is not yet clear whether a positive antibody is a marker of immunity, as many antibody markers can be detected in chronic viral infections. This means that a positive antibody test is not a guarantee of safety from further infection or that an individual is no longer infective.
4. Timings:
   1. In week beginning 11 May networks have been shared information on the serology platforms they are due to be receiving.
   2. DHSC pillar 1 will provide greater details in the week beginning 18 May 2020.

# **Nosocomial Spread Testing (aka Asymptomatic Staff Study) – pillar 4**

1. **Background:** Prior to the start of this study it was understood that 1 in 5 CoVid infections and 1 in 10 CoVid deaths were associated with Nosocomial spread or hospital acquired infection. Equally we understood that between 5 – 10% of staff may be infected but be asymptomatic.
2. **Purpose:** The purpose of the study is to:
   1. Identify the +ve rate of asymptomatic staff.
   2. Identify common areas of infection in NHS facilities.
   3. Assist in recovery planning and hot and cold areas.
   4. Understand viral counts more accurately.
   5. Genomic sequencing through the Sanger Inst to better understand transmission routes.
3. **Process:** This is a snap study that has been pushed through at pace with Aiden Fowler, NHSE&I Deputy Chief Medical Officer as the SRO. There have been 3 waves so far with the intent for this to develop into a continuous rolling surveillance programme. No timeline or end date has been defined as at 11 May 2020. The 3 waves have been:
   1. Wave 1 – Acute (OUH, East Kent - 24 to 26 Apr 2020).
   2. Wave 2 – Mental Health and Specialist Trusts (Sussex Community, Sussex Partnership & Surrey & Borders Partnership - 1 to 4 May 2020).
   3. Wave 3a – Ambulance Trusts (SCAS - 8 to 11 May 2020).
   4. Wave 3b – Primary Care (Frimley)
   5. Subsequent waves have yet to be announced.
4. **Findings**: Findings will be announced periodically and we have yet to receive the first formal feedback.

# **Test and Trace – pillar 4**

1. This programme will commence very soon and aims to contain spread of the virus in the community. It comprises:
   1. An expanded testing programme available to all symptomatic people via pillar 1 and 2
   2. Contact tracing – PHE’s Contact Tracing Advisory Service (online) and phone based service will identify contacts of suspected and confirmed cases and provide advice to isolate
   3. NHS COVID-19 app – will allow users to input symptoms and request a test. Using Bluetooth it will send alerts to other app users who have been in close contact with a case advising them to isolate.
   4. A project testing the elements of the programme is underway on the Isle of Wight and will inform development of the three elements of the programme and their interfaces

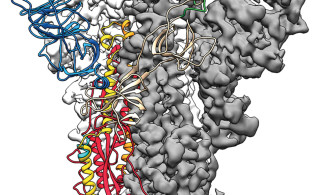
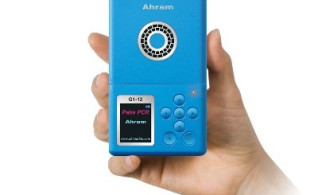
# **Testing methods 2020 – pillar 5**

Pillar Owner: DHSC

Current Direction: Trusts are not to procure new or novel technologies. All approaches are to be directed to the on line portal below right.

Current Situation: The below graphic is the situation as at week commencing 05 May 20.

# 



Dry Swabs for use in virus detection

30 submissi*o*ns

**2 ready to be routinely deployed**

Transport Media that inactivates the virus

34 submissions

**2 ready to be routinely deployed**

Desktop PCR equipment for Point of Care Testing

53 submissions

**1 ready to be routinely deployed**

Number of submissions = 183

Number of registered users on platform = 617



Low volume blood collection

16 submissi*o*ns

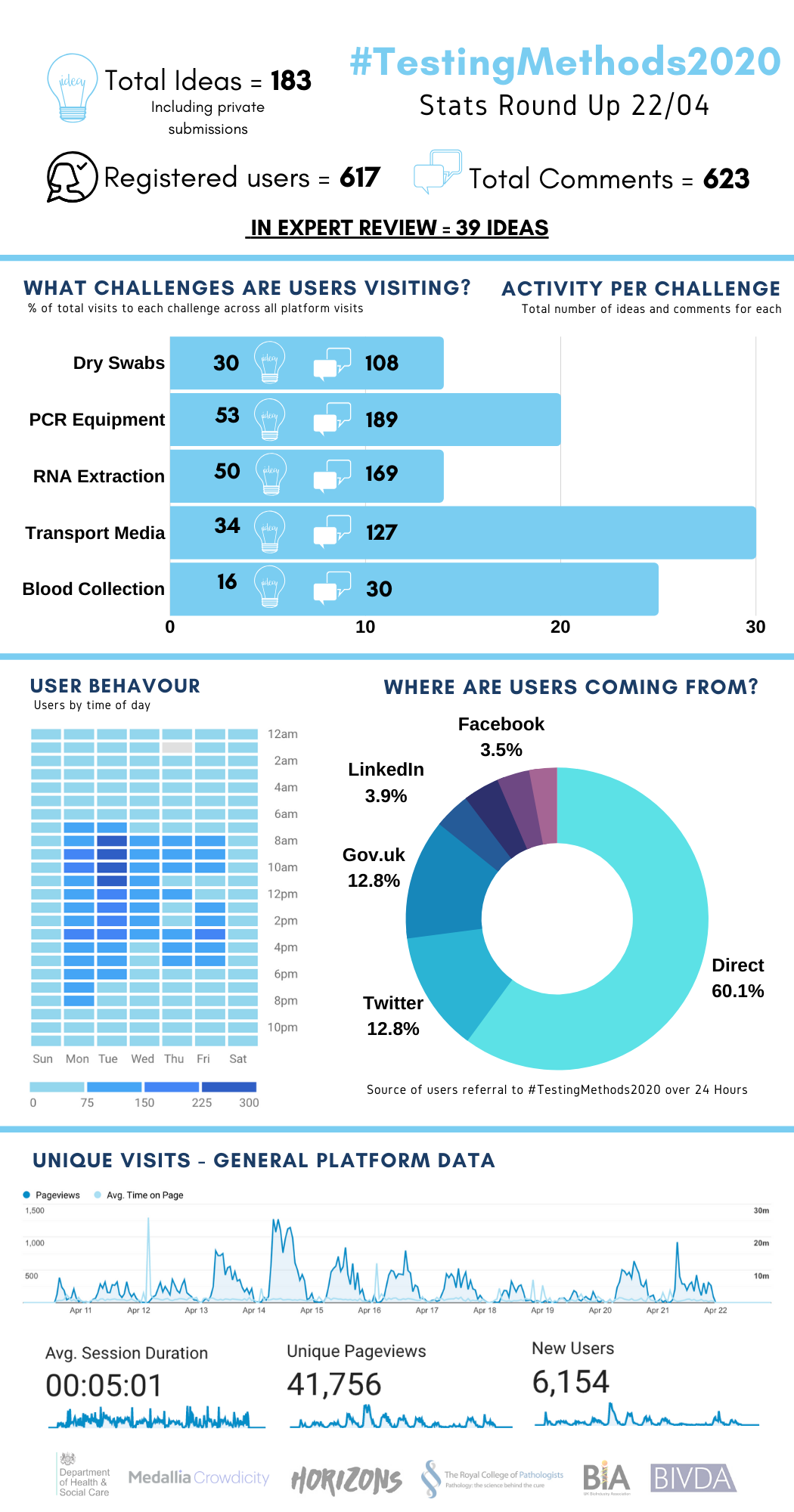
**0 ready to be routinely deployed**

RNA extraction:

New Methods

50 submissions

**11 ready to be routinely deployed**



<https://testingmethods.crowdicity.com/>

# **Reporting**

1. SE pathology daily SITREP
   1. On weekdays the SE pathology covid response inbox shares a situation report to the SE networks Pathology Incident Directors, SE networks pathology leads and the SE LRFs.
   2. The report includes under pillar 1 (NHS led swabbing and labs):
      1. Pathology CoVid testing activity over the last 24 hours (capacity and tests performed by site)
      2. Cumulative tests performed in total, split by network and by staff v patient
      3. Current stock position (number of days remaining)
      4. Average turnaround times of tests
      5. Key issues of each of the pathology networks across the Region
   3. The report includes under pillar 2 (DHSC led swabbing and labs)
      1. Pathology CoVid testing activity over the last 24 hours (capacity and tests performed by site)
      2. Planned sites for MTUs (mobile testing units) for the next period (currently up to 5 days)

# **Regional initiatives**

1. Mobile Testing Units
   1. Mobile testing is a DHSC-led programme and is delivered through a series of Mobile Testing Units (MTUs), which are currently operated by Army personnel. 10 MTUs are available in the SE, each with the capacity for 300 tests a day.
   2. A SE MTU working group, meeting twice weekly and including representatives from DHSC, MoD, NHSE/I and LRFs, has been set up to discuss and agree where the MTUs should be deployed.

# **Developing a Regional Plan to complement the National Strategy**

**Planned Response and progress to date in the SE**

1. Leading on the developments of an ‘early warning system’ which will draw together the currently disconnected data (and likely collect additional data) to create a dashboard across our organisations and systems, highlighting where the metrics point to less effective and deteriorating infection control
2. Work in progress on forecasting future demand and capacity
3. Development of guidance around prioritisation of testing for patients and staff to protect vulnerable patient groups
4. Planning the rollout of Antibody testing
5. Testing as part of Restoration and recovery

# **Queries outstanding**

|  |  |  |
| --- | --- | --- |
| **Area** | **Query** | **Where has it been escalated?** |
| Patient and NHS staff testing | Awaiting guidance on eligibility. Are the following groups eligible for testing when asymptomatic?   * Pregnant women and birth partners * Pre-surgical cancer patients * Parents who come in with their child * Patents undergoing non-surgical cancer treatment * Patients of, and admissions to, community and MH settings | * National guidance request made through to NHSEI national team * NHSEI SE regional team reviewing patient pathways that might require prioritisation through Clinical Reference Group |
| Employer referral | Per Government guidelines, to employees “You do not have to share your result with the manager, but we strongly recommend you do” | <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-privacy-information/> |
| Care home residents | Awaiting guidance on prospective residents from the community | * Query escalated to DHSC and PHE * Current admissions guidance, held here:   <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884263/admission-and-care-of-residents-during-covid-19-incident-in-a-care-home.pdf> |
| Care homes | MOD are involved in the drop off of testing kits to care homes, and LRFs have asked to be sighted on this. | * Query escalated to DHSC and MOD |
| Care homes | Frequency of re-testing asymptomatic staff and patients | * PHE expecting to advice and guidance receive from SAGE |
| Guidance for other groups | Can we have guidance on:   * Rough sleepers in hostel accommodation * Symptomatic patients going to GP/primary care/dentist sites | * NHSEI SE regional team reviewing patient pathways that might require prioritisation through Clinical Reference Group. We will look to extend this to population cohorts. |
| Prisons and schools | Is there guidance on outbreaks in other places? | * Query escalated to PHE |
| Pillar 2 data | Assurance needed that GPs will get all test results | We are actively planning to get coronavirus test results into individual GP records in England. NHS Digital will be leading on this, and it involves working closely with the Royal College of GPs and the British Medical Association. |
| Pillar 2 data | Turnaround of data from DHSC led testing sites, concerns noted of 5-7 day turnaround times | * Query escalated to DHSC * Testing complaint process (pillar 2) included within this guide |
| Pillar 2 data | Can we get an understanding of demand for pillar 2? MPs are asking for further information on whether there are people who would like a test but can not access one, primarily through pillar 2. | * Query escalated to DHSC |
| Pillar 2 sites / support | * What is the longevity of RTCs? * Who will take over when the MOD exit? Are Boots staff swab takers also time limited? | * Query escalated to DHSC |

# **APPENDIX 1: Pathology Networks**

# **APPENDIX 2: Points of contact: Email addresses**

|  |  |  |
| --- | --- | --- |
| **Inbox** | **Purpose** | **Times of operation** |
| [england.covid-testing@nhs.net](mailto:england.covid-testing@nhs.net) | National team inbox for all Covid queries. | 7am – 7pm  Seven days a week |
| [england.pathology-](mailto:england.sepathologycovidresponse@nhs.net)[covidsupply@nhs.net](mailto:covidsupply@nhs.net) | National team inbox for all supplies and swabs escalation | 7am – 7pm  Seven days a week |
| [england.se-incident@nhs.net](mailto:england.se-incident@nhs.net) | South East (SE) Team Incident coordination inbox | 7am – 7pm  Seven days a week |
| [england.sepathologycovidresponse@nhs.net](mailto:england.sepathologycovidresponse@nhs.net) | South East pathology team Covid response inbox | 9am – 5pm  Mon-Fri (except public holidays) |

# **APPENDIX 3: SE meetings to support testing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting title** | **Purpose** | **Timing** | **Attendees\*** |
| SE Testing Coordination | To align the regional response to Covid testing | Tuesday 1:30 – 3pm | SE reps: MOD, LGA, PHE. DHSC, CQC, CLG, NHSEI |
| Mobile Testing Unit (MTU) Planning | To coordinate MTU usage across SE | Tuesday 3-4pm  Thursday 3-4pm | SE reps: LRF, DHSC, MOD, NHSEI |
| Pathology Incident Director (PID) call | National meeting for PID updates | Tuesday 4:30-5:30pm  Friday 4:30-5:30pm | National reps: NHSEI, PIDs |
| SE system Pathology system call | SE meeting for PID updates | Thursday 4:30-5:30pm | SE reps: NHSEI, PIDs |
| NHSE&I and STP/ICS leads | To align the incident response across the SE. | Wednesday 10-11am  (daily call, but testing slot on Weds) | ICC teams from each ICS, NHSEI, CQC, LGA |

\*If you wish to add or amend attendees to any meetings – please contact: [england.sepathologycovidresponse@nhs.net](mailto:england.sepathologycovidresponse@nhs.net)

# **APPENDIX 4: Glossary and Definitions**

|  |  |  |
| --- | --- | --- |
| **Word / Phrase / Abbreviation** | **Meaning** | **Definition in Relation to CoVid19** |
| Antibody Testing | Also known as serology | COVID-19 IgG antibody testing, also known as serology testing, checks for a type of antibody called immunoglobulin G (IgG). If you have been exposed to the virus that causes COVID-19, your body typically produces IgG antibodies as part of the immune response to the virus. Antibody tests may not be able to show if you have been exposed to COVID-19 because it can take at least two weeks and up to 28 days after exposure to develop antibodies.  This type of COVID-19 test is for individuals who think they may have had COVID-19 and do not currently have symptoms. This test does not tell you if you have an active infection or whether you are protected from future infection. |
| EPR | Electronic Patient Record |  |
| Essential worker |  | <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#essential-workers> |
| ICU | Intensive Care Unit |  |
| LA | Local Authority |  |
| LIMS | Laboratory Information Management System | A LIMS allows you to effectively manage the flow of samples and associated data to improve lab efficiency. A LIMS helps standardize workflows, tests and procedures, while providing accurate controls of the process. Instruments may be integrated into the LIMS to automate collection of test data, ensuring they are properly calibrated and operated by trained staff only. |
| LRF | Local Resilience Forum |  |
| NHSEI | NHS England and NHS Improvement |  |
| OrderComms | Electronic requests and pathology results | OrderComms allows the right tests are selected for the specific problem guiding staff in busy clinics as to best practice. Staff can also view pathology tests undertaken in secondary care to reduce the chance of duplication. |
| PCR | Polymerase Chain Reaction | Polymerase chain reaction is a method widely used in molecular biology to rapidly make millions to billions of copies of a specific DNA sample, because COVID19 is an RNA virus the first step (reverse transcription) is to make a DNA copy of the virus which can then me amplified by PCR. This test depends on there being small numbers of intact viral particles captured by the swabbing technique. In common with any test of this nature, because of the exquisite sensitivity of the test there is a risk of sample contamination leading to false positive tests and, because of incomplete knowledge about the shedding of the virus by infected individuals and the imperfections of swabbing technique there will also be false negative tests. |
| PHE | Public Health England |  |
| PID | Pathology Incident Director | On declaration of the Major Incident PIDs were established for each pathology network. |
| POC | Point of Care | These are tests which are available close to patient treatment areas which have a short turnaround of around one hour. |
| SAGE | Scientific Advisory Group for Emergencies |  |
| TATs | Turnaround Time | The time it takes between the moment a sample is checked in at pathology reception to when results are uploaded to the patient’s EPR. |