

An early evaluation of the local tracing partnerships showed that the introduction of local authority teams had a small positive impact but the effectiveness and timeliness of local contact tracing varied.^[footnote 9] Case studies from some local authority areas showed that local contact tracing was more acceptable and helped to trace 'hard to engage' cases and provide locally relevant information and services to cases and contacts, but again it is not known whether this was a consistent outcome for all local areas.^[footnote 10] Educational establishments, healthcare settings and elite sports had separate contact tracing arrangements that were supported by the national trace service and PHE (subsequently UKHSA) health protection teams and national specialist professionals.^[footnote 11], ^[footnote 12]

Wales

In Wales, the population-wide contact tracing service used existing public sector structures and had a focus on joint local–regional–national working across:

- the Welsh Government
- Public Health Wales
- all 7 health boards and 22 local authorities
- NHS Wales Informatics Service (subsequently Digital Health and Care Wales)

The Welsh Government provided national oversight, Public Health Wales provided technical expertise and experience (for example, writing an operating framework for regional teams and writing scripts), and health boards and local authorities delivered the contact tracing service using their local intelligence and knowledge.

Scotland

In Scotland, the overall approach was to use existing organisations and partnerships and pivot rather than set up new services. Test and Protect, a Scottish Government-led partnership between the 14 territorial NHS health boards, Public Health Scotland and NHS Scotland, was established in May 2020. This allowed work to begin rapidly as a solid understanding of ways of working was already in place and there was limited need for new financial or contractual arrangements. The operational delivery was through a local–national partnership: each local health board was resourced to recruit a contact tracing team, and a large-scale national contact centre was set up in partnership between Public Health Scotland and National Services Scotland.

Northern Ireland

In Northern Ireland, the contact tracing service was established and delivered by the Public Health Agency (PHA) working closely with the Department of Health. The service operated initially as a short pilot project involving

contacting a sample of people who had a confirmed positive test result before a full operational contact tracing service was implemented from May 2020.

An evolved contact tracing model was introduced in November 2020 involving an increased focus on digital solutions to deliver early messages to contacts and cases, while at the same time enabling professional staff to risk assess and deal with the more complex cases and clusters and outbreaks.

PHA also worked with partner organisations such as the Department for Communities to ensure that citizens were able to access financial and practical support when required.

Staffing and prioritisation during surges in demand

There were differences in staffing models across the UK nations (outlined below), but all nations:

- applied risk stratification to prioritise high-risk cases and complex outbreaks during times of surging demand
- offered digital self-serve to manage demands on contact tracing capacity
- needed to recruit further contact tracers (though they took different routes to do this)
- operated some form of mutual aid

There were earlier publicly stated aims to call every case, but across the UK all contact tracing systems faced the challenge of delivering this in times of extremely high demand and had to adapt accordingly. There were 2 important lessons from this:

- first, rather than switching between these modes of operation, a 'steady state' should be sought that sets realistic expectations of the system
- second, as far as possible, digital self-tracing should be the norm, with human resource focused on complex situations or outbreaks (or situations where digital self-trace is not possible)

A focus on local–national partnership also enabled local teams to flex their approach according to their assessments of risk and need.

England

In England, the online contact tracing approach was complemented with a phone-based service, to facilitate contact tracing of citizens who do not use digital services, and improve and accelerate citizen compliance. A national call centre service was set up, commissioned through external suppliers, and a data feed was developed between the contact tracing web platform and a third-party telephony system.