Contact tracing restarted but the outsourced model in England was a critical and costly failure By design, contact tracing systems were intended to inform all those who had been in contact with someone who has tested positive for COVID-19 that they now needed to self-isolate for a defined period — at least 10 days at this point — to minimise the spread of the contagion.

Contact tracing restarted in all four UK nations during May and June 2020, after previously being halted on 12 March 2020. As seen in Figure 5, approaches to the delivery of these systems varied across the UK.

Figure 5: Overview of contact tracing systems in each of the UK nations

England	 NHS Test and Trace contact tracing programme run by a combination of NHS staff and private companies. Piloted from 5 May 2020, followed by widespread rollout from 27 May 2020. NHS Test and Trace app (England and Wales) launched on 24 September 2020.
Wales	 Test, Trace and Protect contact tracing programme run in partnership by Public Health Wales, local authorities, and health boards. Widespread rollout from 1 June 2020. NHS Test & Trace app (England and Wales) launched on 24 September 2020.
Northern Ireland	 Test, Trace and Protect contact tracing programme run by the Public Health Agency. Piloted from 27 April 2020, followed by widespread rollout from 14 May 2020. StopCOVID NI app launched on 30 July 2020.
Scotland	 NHS Test and Protect contact tracing programme run by NHS Scotland. Piloted from 18 May 2020, followed by widespread rollout from 28 May 2020. Protect Scotland app launched on 10 September 2020.

NHS Test and Trace in England has been widely regarded as a critical and costly failure. The £37bn programme took over PHE's initial role in national contact tracing as well as a wider responsibility for mass testing. In order to facilitate this, a major recruitment programme was launched to recruit 15,000 call handlers and 3,000 qualified public health and clinical professionals, though approximately 21,000 contact tracing staff were eventually employed, a large number via Serco.¹¹⁵

This outsourcing to external organisations had implications for the contact tracing success rate, with reports of inexperienced and inadequately trained staff.¹¹⁶ Testimony from BMA members suggests that some outsourced staff may also have been using ineffective contact tracing techniques, for example phoning each member of a household individually, which teams with more experience in contact tracing may have avoided. Furthermore, contact tracing requires the ability to share data easily and effectively across public health systems, which is always challenging but was arguably complicated further by the need to share data across public and private sectors in England.¹¹⁷

Despite its cost and the size of its staff, analysis conducted by the Health Foundation in September 2020 found that in its first two months England's NHS Test and Trace was unable to reach a large number of COVID-19 cases and their contacts, 118 consequently, as many as 20% of cases passed to the programme were uncontactable and only 60% of the non-complex cases contacted by call handlers were reached and subsequently advised to isolate. 119

'Test and trace has been an ineffective financial disaster. If public health was resourced properly they could have managed it better.'
(Consultant, England)