



Llywodraeth Cymru  
Welsh Government

**From:**

**Name Redacted**

Health Science and Allied Health  
Professions Division  
**Irrelevant & Sensitive**

**Cleared by:**

Rob Orford

**Date:**

27 March 2020

## MINISTERIAL ADVICE

**For decision by: Minister for Health and Social Services**

**Copied to:**

- **First Minister**
- **Deputy Minister for Health and Social Services**
- **Minister for Finance and Trefnydd**

<b>Subject</b>	<b>Welsh National COVID–19 Test Plan</b>
<b>100 word summary</b>	<p>The purpose of the advice is to share the Welsh National COVID–19 Test Plan which sets a phased and scaled approach to COVID testing with two prime objectives:</p> <ul style="list-style-type: none"> <li>• Reducing harm from COVID-19 (direct and indirect)</li> <li>• Enabling the release from Behavioural Social Interventions (BSIs)</li> </ul>
<b>Timing</b>	Immediate to enable the plan to commence from Monday 30 <sup>th</sup> March.
<b>Recommendation</b>	<p>The Minister is asked to agree:</p> <ul style="list-style-type: none"> <li>• The National COVID-19 Testing Plan at Doc 1</li> <li>• Estimated costs associated with the plan</li> </ul> <p>And to note:</p> <ul style="list-style-type: none"> <li>• Draft Terms of Reference for the Welsh National COVID-19 Test Plan Task &amp; Finish Group at Doc 2;</li> <li>• High level draft risk and issue log at Doc 3;</li> </ul>
<b>Decision report</b>	This decision does require a Decision Report, which may be published at any point.

## ADVICE

1. Under the direction the Chief Scientific Adviser for Health, officials have worked with a range of stakeholders and experts to produce a strategic approach to testing - National COVID-19 Testing Plan - to tackle the COVID-19 epidemic within Wales.
2. The National COVID-19 Testing Plan (at Doc 1) sets out a phased and scaled approach to COVID-19 testing and has have two prime objectives:
  - Reducing harm from COVID-19 (direct and indirect).
  - Enabling the release from behaviour and social interventions

### Reducing harm from COVID-19 (direct and indirect):

3. There are number of testing approaches to be delivered in a blended, scaled way in order to maximise the impact. These tests can be delivered both in a lab (led by Public Health Wales) and in the community through point of care testing devices. This includes:
  - Scaling of testing for COVID-19 infection through detection of viral nucleic acid for patients, vulnerable groups and front-line staff.
  - Introduction of 'lateral flow' antibody tests to test if people have mounted an immune response to COVID-19 for all groups.
  - Blood tests for patients, front line staff, and public to monitor acquired SAR-CoV-2 immunity and support down-stream therapies (e.g. convalescent serum).
  - Point of Care testing (nucleic acid and antibody) to control future outbreaks (e.g. prisons, care homes, EDs, points of entry).
  - Genomics: Both Pathogen Genomics to understand and monitor outbreaks through virus variants and Human Genomics to understand susceptibility to COVID-19.
  - Linked data analysis through SAIL will be a key component of the plan.

### Testing to enable the release from Behavioural Social Interventions (BSIs):

4. The current modelling envisages strict BSIs to suppress transmission, followed by relaxation when case numbers and pressure on the NHS falls. Continued surveillance is required to detect rises in case numbers again to trigger the delay, contain, mitigate cycle.
5. This process will need to be continued for at least twelve months, until either population immunity develops or vaccine or treatments become available. By scaling the delay phase through robust and timely outbreak investigations with

higher throughput, faster and more aggressive testing will act to extend the delay phase longer.

6. Inclusion of both COVID19 test results and sero-surveillance will monitor trends in population immunity to inform when it would be safe to lift BSIs for a long period.

#### Delivery of the Plan:

7. The plan will be delivered over three phases:
  - Short 1-4 weeks – 30<sup>th</sup> March to 1<sup>st</sup> May
  - Medium 4-8 weeks – 1<sup>st</sup> May to 1<sup>st</sup> June
  - Long 8-16 weeks – 1<sup>st</sup> June to 1<sup>st</sup> August
8. A Welsh National COVID-19 Test Plan Task & Finish Group will be led by Welsh Government working closely with NHS partners and UK Work Streams leads. Draft Terms of Reference for this group can be found at Doc 2.
9. Delivery of the plan will build upon and utilise the existing networks we have in place in Wales across healthcare sciences, including Life Science Hub, Health Technology Wales, Public Health Wales and the National Pathology Programme.
10. Health Technology Wales will undertake an accelerated review on rapid PCR devices for viral nucleic acid detection.
11. All genomic data (pathogen and human) generated in Wales will be shared into the Secure Anonymised Information Linkage (SAIL) system and linked to the pre-existing anonymised patient records held by SAIL. Pathogen data will be shared within the UK via the COG-UK collaboration and internationally via GISAID and international sequence repositories, for maximum global health impact.
12. Delivery of the plan for Wales will also align with UK work-streams where possible to ensure that resources, new knowledge and procurement exercises are shared.
13. New knowledge arising from the execution of the plan will flow into the Welsh Government Technical Advisory Cell and SAGE in an open and transparent manner.
14. A high level draft risk and issue log for the work can be found at Doc 3. This document will be updated as the work progresses.

#### **Financial Implications**

15. Estimating the full financial impact in the 20-21 financial year is quite challenging at this time and is subject to change from many variables, none more so than the continuing development and subsequent management of the outbreak.

Therefore the following costs are considered to be the minimum requirements at this time and these will remain under review, with further advice to follow should there be material changes.

16. Based on the five testing areas detailed above:

- Scaling of testing for COVID-19 infection through detection of viral nucleic acid for patients, vulnerable groups and front-line staff. PHW leading organisation. Capital investment has already been approved of around £1.5m. The additional revenue costs associated with scaling up testing in the first 3 months of 20-21 will cost up to £12.5m – depending on the speed of the upscaling. The PHW testing costs thereafter will be highly dependent on progress in fighting the outbreak and our ability to move onto the next stage of the testing strategy.
- Introduction of 'lateral flow' antibody tests to test if people have mounted an immune response to COVID-19 for all groups.
- Point of Care testing (nucleic acid and antibody) to control future outbreaks (e.g. prisons, care homes, EDs, points of entry).
- Procurement of the tests and equipment for the two areas above is about to commence within the NHS and key suppliers are being lined up. Early indication is that the additional funding required to cover these two elements will be up to £10m in total.
- Blood tests for patients, front line staff, and public to monitor acquired SAR-CoV-2 immunity and support down-stream therapies (e.g. convalescent serum). This is part of the UK initiative with companies like Boots, Amazon etc. Initial indications are that they will be providing this service free of charge, but further confirmation is required on this as the scheme is developed and the method of delivery and application is confirmed.
- Genomics: Both Pathogen Genomics to understand and monitor outbreaks through virus variants and Human Genomics to understand susceptibility to COVID-19. Initial estimates suggest that this will be around £1m additional costs, but there is a UK fund that has been set up for this kind of work and further clarity is needed around how Wales can access that funding. If that is not possible we can consider how this element might be re-purposed from within the HSS MEG.

17. In summary, as a minimum, there will be up to £22.5m of funding needed initially. This cannot be met from within the HSS MEG and will need to be a call on the central Covid-19 response fund.

18. Initial costs can be charged to BEL 020 in the HSS MEG and any additional budget required can be transferred to the HSS MEG at second supplementary budget, and be based on actual expenditure.

### **Communication or media handling**

19. The Minister will be appearing on BBC Sunday Politics this weekend and it is envisaged that this appearance will be used to launch the plan. A press release and supporting communications lines has been developed to support this.

### **Corporate Governance Unit**

20. Whilst in response to a novel virus – national testing for disease is a part of usual NHS delivery and therefore is part of the ongoing activity of the NHS in Wales supported by the Welsh Government. – CGU do not consider the contents of this MA to be novel.

The funding for this will be provided to the NHS through the normal funding of the NHS in Wales. No alternative grant mechanisms are being used. Procurement of required service and goods is being undertaken by the NHS bodies, using NWSSP Procurement services and under Procurement requirements as amended for Covid-19 where direct award will be necessary.

The MA is seeking consent to implement the testing strategy and fund the NHS through the usual arrangements to implement national testing. CGU do not consider the contents of this MA to be contentious

On that basis CG- COE clearance is not required for this MA.



**Annex 1: ASSURANCE AND COPY RECIPIENTS****CLEARANCE TRACKING**

Aspect	Tracking	Yes	No	N/A	Clearance no.
<b>Finance</b>	Financial implications over £50,000?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Cleared by Group Finance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GH2020/7519
	Cleared by Strategic Budgeting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Cleared by Local Government Finance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Legal</b>	Legal issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Cleared by relevant lawyers?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Governance</b>	Novel and contentious issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Cleared by Corporate Governance Centre of Excellence?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**DEPUTY DIRECTOR, STATEMENT OF ASSURANCE**

In clearing this MA, I confirm that I, [Rob Orford] have quality assured this advice, ensuring it is provided on the basis of evidence, accurately presents the options and facts and I am accountable for the recommendations made

I am satisfied that the recommended decision or action, if agreed, would be lawful, affordable and comply with all relevant statutory obligations. Welsh Government policy priorities and cross portfolio implications have been fully considered in line with delivery of the government objectives.

I have fully considered the statement of assurance contained in the MA guidance to ensure all relevant considerations have been taken into account and that the actions and decisions take account of regularity, propriety and value for money.

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