From: Dr Elizabeth Mitchell
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To: Dr Michael McBride

Date: 25 May 2020

UPDATE ON CONTACT TRACING & ADVISORY SERVICE

1. You have requested an update on the Contact Tracing and Advisory Service commissioned by the Department from the PHA. This paper sets out the key developments so far and also a number of barriers and challenges where we believed we had sought departmental direction rather than escalation to you. We have agreed to supplement this paper with a telephone call to be arranged.

Service Overview

2. We have been operating on the basis of your letter of 1 May with a scope to deliver a service that will:
    - Encompass traditional contact tracing elements as well as new technology-enabled elements;
    - Identify 80% of contacts of cases within 48 hours of the onset of symptoms;
    - Provide information to all contacts on symptoms to be aware of in the next 14 days along with information on what to do if such symptoms develop;
    - Risk assess the need for self-isolation and provide appropriate advice;
    - Actively follow up on high risk cases and passively follow up on low risk cases;
    - Offer rapid and seamless access to testing if appropriate; and
    - Identify and follow up on vulnerable citizens.

3. There are three discrete but linked elements in the proposed delivery model for the overall service:
    - A digital, largely self-contained, suite of products that align with each other – the symptom checker app, a proximity app, an online test booking platform and a contact tracing app.
    - A call centre – essentially operating as a proxy for those citizens who cannot or do not wish to use the digital products. Call handlers will have back office access to the digital platforms and will provide information on various aspects of the service.
    - A back office contact tracing service. This will be a larger scale version of the service previously run in pilot by the PHA. It will operate on two different levels depending on the complexity of the contacts. The operating model is described in paragraph 4.

4. The PHA Service operates on two levels:
    - Professionals (such as nurses and EHOs) and trained contact tracers for the majority of cases; and
    - Health Protection Consultants for those cases where contacts are complex.

    The pilot scheme was running on the basis of actively contacting a sample of those people who had a confirmed positive test result. The process is triggered by receipt of positive virology results to the centre and is outbound only – there is no function for citizens to contact the centre. There have been a number of lessons learned from the pilot and these will be considered alongside issues such as facilities and recruitment in the project plan to scale up operations going forward.

5. Given the scale and complexity of the service required we have adopted a phased approach to implementation:

Phase 1

- From 18 May PHA staff have been contacting all people who receive a positive test result in order to trace all their high and medium risk contacts (as defined in the DoH policy direction) and provide appropriate information and advice to all. In this first phase redeployed staff continue to man the centre alongside PHA staff.
- In parallel, a workstream of the CTSG has been overseeing the scale-up of the operation to include teams recruited directly to staff the operation for a period of two years (nurses, EHOs, Public Health Consultants, managers, admin) as well as all other requirements such as facilities, IT, reporting and QA processes.
- The Department's Gold Digital Cell owns the implementation of the online platforms and apps.
- A separate workstream of the CTSG is overseeing the implementation of the call centre. It has been agreed that NI Direct will be the provider of this service. We will use the non-emergency system whereby call handlers are based in NI; have access to all information held on the .gov platform; and calls and screen grabs can be recorded for quality monitoring purposes.
- PHA will provide scripts and been working through the Gold Digital cell to map the call handling process and interface with digital
- The call centre is dependent on the establishment of the various digital platforms as it will act as a proxy for symptom checking, advice, booking tests and signposting to other services such as social and community care for vulnerable citizens. We are liaising closely with colleagues in the Digital Cell and Dan West is a member of our Steering Group.
- Active call centre involvement will end when a test is booked and details conveyed to the caller as from then on virology results will trigger the extant PHA service to trace contacts of those who test positive.
- The call centre can also provide information to callers on a range of CV19 issues using the existing information held on the NI Direct

platform and other resources potentially, including the Department for Communities Support helpline.

Phase 2

- The formal end of the PHA pilot will dovetail with the implementation of the new teams. The pilot will then be stood down and staff redeployed to their substantive posts and redeployed staff stood down.
- The digital platforms will be embedded and promoted as the first point of contact for citizens.
- Assuming that contact tracing will be required for all those displaying symptoms, numbers of tracing operations will increase exponentially. It will not be sustainable for the PHA operation to undertake this (not least because they will not have access to information on the symptomatic patients to trigger the process).
- In this phase therefore we are dependent on the symptomatic citizen either referring themselves for information and guidance via the call centre or using the online platform. A key issue for our consideration is the level of guidance required. This is explored further under the heading of "Challenges".

Achievements

6. The following are results for 7 days Tuesday 19th May – Monday 25th May inclusive:
    - There were 212 cases during this period. Most of the positive cases are Health Care Workers, many of whom are associated with care homes. This is in line with the testing programme which has been targeted at care homes and key workers so far.
    - Number of cases per day - average 30, range 2-56
    - Number of cases contacted per day – every case is contacted. If tacers have to carry over cases they increase staffing to keep on top of the daily lab reports.

- Tracers can average 5 case calls and all their contacts per 8 hour shift. More is possible but they have been resolving IT downtime issues on a number of days.
- % cases contacted with 24 hours of test results – all calls within the last few days have been made within 24 hours when a phone number is available and when they answer their phone.
- Number of contacts per case – 1.2 (254 close contacts called – of which 38 not contactable). Almost all of these are household contacts.
- Number of contacts successfully contacted per case – 1 (216 close contacts called)
- % of contacts reached within 48 hrs of test and advised to isolate – all the local lab tested cases are contacted within 48 hours of test but none of the Randox tested cases because these results are delayed by 48 or more hours. There has been a backlog of test results from Randox which were received too late for contact tracing to be of value.

7. Going forward, we are working with colleagues to find a sustainable digital solution to ensure telephone numbers are included with test results where possible as well as a comms piece to explain that an unknown caller may be the PHA. We are also seeking more practical assistance in the form of a text message that can be sent in advance of the call to encourage them to answer and reassure that it's legitimate.

Recruitment

8. We have advertised for professional contact tracers to increase the WTE semi-permanent staff complement for the Tier 2 operation. We have had considerable interest from a number of experienced nurses currently employed as bank staff as well as some EHOs. Applications close on 4 June. We have secured a temporary nurse in charge to operationalise and manage the new service. We will advertise for the substantive post in due course but this temporary appointment allows us to proceed immediately. .

9. A job description for the medical tier is with the Department for approval before advertising.

10. We have secured individual agreement from some of the staff from HSCLC who supported the pilot phase to remain with us and, assuming agreement from the Leadership Centre, they will work with the programme lead to ensure the training and administrative oversight is in place.

Premises

11. New premises for the operation have been identified at County Hall in Ballymena. Various surveys are underway to ascertain the requirements for IT and telephony infrastructure.

Finance

12. A business case has been submitted to secure funding for the additional staff and overheads for the PHA-led tiers of the service. A property asset case is currently under development for the use of the Ballymena site.

Call Centre Provision

13. NI Direct has been identified as the delivery partner for the call centre operation. They have developed a draft protocol for part of their function (the symptom checker) and will run through this with the Steering Group in the near future.

14. Decisions are required about further aspects of the call centre functions and these have been heightened by new developments such as the introduction of the I&S telephone number to book tests directly.

Challenges

Reporting

15. There has been feedback that the IT platform designed to support the PHA contact tracing operation requires change. One key issue is the apparent lack of a reporting function. We are exploring an alternative system however to

introduce this will also bring considerable logistical and financial implications. In the meantime, a number of fixes have been deployed by the developer and a colleague (statistician and head of information and intelligence) from another organisation is reviewing the existing system to evaluate its effectiveness and potential. We are working closely with the Digital Cell in this piece of work however we share a number of frustrations at the lack of reliable data thus far.

Call Centre Specification

16. Most challenges come from the call centre piece. In order to commission the work we must have a very clear specification and we were working on the basis of the very basic pathway below:
    - Symptomatic person calls NI Direct:
    - NI Direct goes through script to identify if they may be acutely unwell (direct to 999); have symptoms that don't match criteria for covid test (direct to GP) or have covid-like symptoms that match criteria for test.
    - NI Direct books test using gov.uk test booking platform. Advises appropriate self-isolation guidance.
    - NI Direct asks questions to ascertain if caller is vulnerable and requires additional community or social support. Signposts as necessary.
    - Positive test result triggers PHA contact tracing process.

Contact Tracing Symptomatic but not Confirmed Index Cases

17. The introduction of contact tracing for symptomatic cases is complex. Given that the PHA process is only triggered by a positive test result, the only way for contact tracing to happen is for it to be triggered by the test booking process. We are considering how to make this workable. However key issues include:
    - The discrepancy in skill required for NI Direct call handlers to undertake what is being done by Band 6 professional staff in the PHA;
    - Information governance. NI Direct call handlers are currently working from home and there may be risks in the personal information required to do full contact tracing. Additionally the information will either have to be keyed directly or as a separate operation to the PHA system –

adding an extra layer of complexity to the operation and more potential risk;

- The ability to stand down contacts from isolation when the index case receives a negative test – this will require NI Direct to receive, store and follow up on test results;
- The need as per new Social Security regulations for index cases to be informed in writing of the requirement to self-isolate in order to be eligible for statutory sick pay and a mechanism for NI Direct to do that;
- The credibility of NI Direct call handlers undertaking something sold as a professional operation (ie PHA doing it for positive cases) and the potential lack of engagement from citizens; and
- The number and duration of calls will affect the scale and cost of the NI Direct operation.

18. **We have considered if it would be more pragmatic for NI Direct to advise the potential index case of their personal responsibility to advise their contacts of their status and tell them to isolate and book a test etc. We would require further discussion with you before agreeing this.**

Telephone Test Booking

19. We require clarity on the introduction of the new I&S number for test booking. If this is to remain then will NI Direct be required to book tests as a proxy or should callers be directed to this number (and presumably this operation has considered a lot of the issues we have in respect of advice on isolation for the index case and contacts). One disadvantage of course is the lack of a "single route" for NI citizens.

Interface with Primary Care

20. We have had early contact with GP representatives who wish to support the service. However there are questions about the interfaces with their provision which will also become pertinent for secondary and community care.

Comms and Engagement

21. We are working on a comms and engagement plan to educate, engage and inform citizens about what they need to do if they become symptomatic, what contact tracing means and why it is important to isolate in order to break chains of infection. We will begin a series of engagement events in the near future.

22. Some of our early engagement has been heavily focused on the introduction of a proximity app (as trialled in the Isle of Wight). This has distracted from some of the key messages about the rest of the service that we need to engage on. We are working on how to resolve this issue.

Conclusions

23. Much progress has been made. However, there are a number of developments that have occurred without us having been sighted in advance that have made it difficult for example to firm up arrangements for the call centre. We recommend a weekly call with Dr Geoghegan to ensure we are informed on strategic developments at a senior level going forward. We would ask for your advice how to proceed on the issues highlighted above before we confirm the NI Direct element of the service as soon as possible. Whilst we wish to launch this swiftly, we are conscious that it must be as close to "right first time" as we can make it in order to be successful for our citizens.

Dr Elizabeth Mitchell
Chair of CTS Steering Group

Mrs Olive MacLeod
Interim PHA Chief Executive