UK COVID-19 INQUIRY

MODULE 7 – TEST, TRACE AND ISOLATE

OPENING STATEMENT

on behalf of

PUBLIC HEALTH SCOTLAND

Introduction

1. Public Health Scotland ("PHS") welcomes this UK Inquiry which has been established to ascertain the UK's preparedness for and response to the Covid-19 pandemic, the impact of the pandemic across the four nations of the UK and the lessons to be learned.

2. PHS is a core participant in a number of Modules in this Inquiry, including Module 7. Whilst having separate representation or Modules 1 and 2A, for Module 3 its legal team merged with the legal team of another core participant, namely NHS National Services Scotland ("NHS NSS"). This also applies to Module 7. It provides a more efficient service both for these core participants as well as for the purposes of assisting the Inquiry.

3. PHS is conscious that, although the Inquiry team is aware of the organisation PHS, the wider public may not know what PHS is or does or why it is a core participant in this Module. This opening statement, therefore, contains a brief introduction first to the NHS in Scotland, and then to PHS, explaining its roles and its interest in this Module of the Inquiry.

The NHS in Scotland

4. The NHS in Scotland is and has always been separate to the NHS elsewhere in the UK since its establishment by virtue of the National Health Service (Scotland) Act 1947. Prior to legislative and executive devolution in 1999, the Secretary of State for Scotland had responsibility for health in Scotland.

5. Since devolution, health and social care policy and funding, including public health policy, has been devolved to the Scottish Parliament. The Scottish Government oversees the activities of the NHS in Scotland. It sets national outcomes and

priorities for health and social care, approves plans with the territorial and national NHS Boards and manages the performance of the NHS Boards.

6. NHS Scotland consists of 14 territorial NHS Boards, which are each responsible for the protection and improvement of health and the delivery of frontline healthcare services to the population within the particular Board's geographical area.

7. There are also seven national NHS Boards: Golden Jubilee National Hospital; Healthcare Improvement Scotland; National Education Scotland ("NES"); NHS24; Scottish Ambulance Service; The State Hospital; and PHS. PHS is distinct in that it is jointly accountable to both the Scottish Government and the Convention of Scottish Local Authorities ("COSLA"). In addition, there is NHS National Services Scotland ("NHS NSS") which is a non-departmental public body.

Creation of PHS

8. It is important to note that PHS is a relatively young organisation. It came into existence legally in December 2019, becoming operational on 1 April 2020, at around the start of the Covid-19 pandemic and at the time of the first UK-wide lockdown.

9. Prior to that, responsibility for protecting the Scottish public from infectious diseases and environmental hazards fell to a different organisation, namely Health Protection Scotland ("HPS") which was a part of NHS NSS. Elements of HPS moved to PHS on 1 April 2020. However, one element of HPS, namely Antimicrobial Resistance and Healthcare Associated Infection Scotland ("ARHAI Scotland"), remained, and still remains, a part of NHS NSS.

10. When PHS was created, many of the staff and functions of HPS were transferred over to PHS. As a result of the pandemic, at the time of PHS's launch, there required to be a rapid rethinking of a number of plans in relation to the organisation which had been put in place over a number of years previously. It is fair to say that the organisation faced a number of coalescing and difficult challenges at that time.

The role of PHS

11. PHS is Scotland's national public health body. It is the lead national organisation in Scotland for improving and protecting the health and wellbeing of Scotland's

population. It was created as a result of a Public Health Reform Programme in Scotland which was designed, amongst other things, to strengthen national leadership in public health. The rationale for its creation was to establish a unified public health organisation with a focus on improving and protecting the health and wellbeing of Scotland's population, and, no less importantly, reducing societal health inequalities.

12. It seeks to identify and understand what has been scientifically shown to improve and protect health and reduce inequality nationally. It then shares that knowledge with relevant persons and organisations. In carrying out its role it collaborates extensively with the public, private and third sectors. The organisation draws upon a range of expertise within its staff to deliver these objectives: including healthcare consultants, data professionals and healthcare scientists.

13. PHS, however, is not involved in many of the practical aspects of maintaining public health at a community or local level. Many of the steps to support the control of the pandemic at a local level were performed by public health teams within Scotland's 14 territorial health boards. Neither is PHS involved in regulation or inspection activities nor is it responsible for infection and prevention control guidance in health and social care settings, which is primarily a matter for ARHAI Scotland.

14. Owing to devolution, PHS operates in a different context to its counterparts in the other UK nations. PHS is committed to helping the Inquiry navigate the complexities that this will inevitably create for a UK-wide investigation.

15. In terms of its relationships with others, as already mentioned, PHS is accountable to both the Scottish Government and local government, reflecting the fact that public health in Scotland is viewed as a shared endeavour, of local and national government. Indeed, PHS is uniquely sponsored by the Scottish Government and COSLA on behalf of local government. On a day-to-day level, PHS collaborates across public and third sectors.

16. In the early days of the pandemic the organisation faced a number of 'bedding in' issues, including challenges around staff, information systems, governance and creating a new cohesive organisational culture from the three legacy bodies. Moreover, PHS's opening budget and staffing levels were not sufficient for PHS to deliver the health protection response required by the pandemic. Additional funding

was helpfully provided by Scottish Government, but for a period, there was a shortage of personnel within PHS trained and experienced in pandemic response. Although PHS considers that, at an organisational level, it nevertheless responded well during that period, this was not without a cost. It recognises and acknowledges that this would not have been possible without the enormous dedication of its staff and their willingness to work long hours over sustained periods. That, combined with stressful working conditions, without a doubt adversely impacted on staff health and wellbeing, as indeed was the case throughout many parts of the NHS, local government and beyond.

17. Despite the pressure of being very much on the frontline of the nation's response to dealing with the Covid-19 pandemic, in September 2020 PHS published a three-year strategic plan setting out its goals for Scotland, focussing on four cross-cutting areas: Covid-19; community and place; poverty and children; and mental wellbeing.

18. The original strategy was strengthened in November 2022 with the publication of a new three-year plan. This plan built on the 2020 strategic plan and set out PHS's purpose as Scotland's national public health body to lead and support work across Scotland to prevent disease, prolong healthy life and promote health and wellbeing. PHS will publish a successor strategic plan this year.

Specific role during the Covid-19 pandemic

19. During the Covid-19 pandemic, PHS had a major role leading, and contributing to, Scotland's response across a range of areas. Its scientific knowledge and expertise were relied on by the Scottish Government and the organisation was widely viewed as a key source of data, information and advice. In particular, PHS worked with, or supported, the Scottish Government in relation to the following:

(i) PHS supported the Scottish Government's modelling of future projections of the pandemic through the provision of data and intelligence on case numbers, demand for acute beds and workforce absence;

(ii) PHS advised the Scottish Government on the development of its national testing strategy as part of the wider national COVID-19 response and led the development of a whole genome sequencing service for Scotland;

(iii) PHS advised the Scottish Government on the development and roll out of its Test and Protect programme and played a major role in the delivery of the national contact tracing service; and

(iv) PHS shaped the digital infrastructure that supported the response. This included the creation of the PHS dashboard and publication of weekly and other statistical reports.

Interest in Module 7

20. In this Module 7, the Inquiry will focus on the approach to testing, tracing and isolation adopted during the pandemic. In Scotland, that was achieved through "Test and Protect". As part of its investigations, the Inquiry will consider the policies and strategies developed and deployed to support Test and Protect. It will consider the decisions made by key bodies, other options or technologies that were available, and factors that may have influenced public compliance.

21. PHS has submitted a detailed corporate statement in response to a rule 9 request in relation to the matters to be considered by the Inquiry in this Module 7. That statement provides, amongst other things, information on PHS generally and its role in relation to Test and Protect. In addition, the Inquiry is due to hear oral evidence from Dr Jim McMenamin, on behalf of PHS, during the Module 7 evidential hearings.

22. A full account of the involvement of PHS in the matters being considered in Module 7 can be found in its corporate statement. PHS wishes to highlight to the Inquiry's attention the following points which are of relevance to the matters under consideration in this module:

(i) PHS's role in relation to Test and Protect;

(ii) Positive aspects;

(iii) Challenges and risks;

(iv) Future development; and

(v) Lessons learned.

(i) PHS's role in relation to Test and Protect

Testing

23. PHS's role in relation to testing included advising on the development of the national testing strategy (including Polymerase Chain Reaction ("PCR"), lateral flow testing and antibody testing) and providing advice from the National Incident Management Team to the Chief Medical Officer ("CMO") on testing and contact tracing. In addition, PHS undertook surveillance as required in response to changing circumstances and analysed testing data in response to care home outbreaks, including discharge from hospitals to care homes. PHS also published official statistics and dashboards on a daily/weekly basis to inform strategic planning and decision making.

24. PHS was involved with the establishment of PCR testing, testing infrastructure (including microbiology laboratory capacity) and the "scaling up" of testing, and testing technologies including whole genomic sequencing.

25. PHS collaborated with Public Health England (as it then was) in relation to alignment with UK testing arrangements in Scotland and collaborated with partners to implement updated testing strategies as the response to the pandemic developed.

Tracing

26. In relation to tracing, PHS undertook contact tracing in the initial stages of the COVID-19 outbreak. It commissioned a national contact tracing function for Scotland through NHS NSS and promoted collaboration across all local NHS boards, relevant national NHS boards and other partners for the effective oversight of contact tracing. In doing so, it delivered with its partners a locally delivered and nationally supported contact tracing service.

27. Operationally, PHS provided clinical oversight of the production of scripts for contract tracing staff and contributed to the development of various apps to improve surveillance and contact tracing effectiveness. It was also involved in developing a business case (in collaboration with partners) to transition from personal (telephone) to other digital (SMS) channels regarding isolation notifications and public health

advice. When it became necessary to consider further case prioritisation through contact tracing, advice was provided to the CMO.

28. PHS published contact tracing data within the weekly official statistical report to help inform Scottish policy and operational decision making.

Isolation

29. In terms of isolation, PHS promoted and contributed to the effectiveness of isolation as a public health intervention. While isolation policy was the responsibility of the Scottish Government, PHS's role in guidance included providing expert public health advice to inform Scottish Government decision making on the appropriate approach to self-isolation, formalising such decisions into written guidance for stakeholders, particularly health protection teams and health and social care providers; and providing support to health protection teams and health and social care providers in interpreting Scottish Government policy and PHS guidance during complex or challenging situations.

30. While border control and restricted entry guidance is a matter reserved to the UK Government and thus a UK-wide approach to International Travel Regulations was taken at the outset of the pandemic, divergence occurred when Scotland applied different entry restrictions to certain countries. Along with the Scottish Government, PHS worked closely with the UK Home Office and Public Health England/UK Health Security Agency on flight contact tracing, border health monitoring, passenger location forms ("PLF") and guidance to travellers, including quarantine and self-isolation.

31. Initially, PHS undertook responsibility for inward travel and the information collected on the PLFs was used to provide public health advice (this function was later transferred to the National Contact Tracing Centre ("NCTC")).

(ii) Positive aspects

32. It is the view of PHS that substantial upscaling, at a considerable pace, of various aspects of Test and Protect was successful. This was against an evolving (at pace) epidemiological knowledge of the virus and, by extension, transmission risks and the role of asymptomatic and pre-symptomatic cases. It is submitted that this is a testament to effective partnership working in Scotland.

33. The development of Test and Protect data was a significant enabler for policy and decision-makers in shaping the response to the pandemic.
34. The extension of testing beyond those with symptoms was an important step, supported by community surveillance and testing as well as the scaling up and availability of testing equipment such as lateral flow devices.

35. The rapid establishment of the NCTC and associated infrastructure, with buy-in from local health boards, was a significant achievement. Ready for the national roll-out of Test and Protect on 28 May 2020, the NCTC provided additional capacity for NHS boards along with the introduction of a case management and telephony system to aid co-ordination between national and local teams.

36. PHS developed Scotland's National Respiratory Surveillance Plan (in close consultation with colleagues across the UK to facilitate data sharing and pooling). The plan has proved effective in that PHS surveillance now allows for the recognition of COVID-19 alongside other respiratory pathogens as part of a steady state of recording, surveillance and reporting.

37. A legacy of Test and Protect is that a model IT infrastructure and support and logistics, which worked for the COVID-19 pandemic for population coverage, was achieved and could be used for future learning.

(iii) Challenges and risks

38. PHS recognises and acknowledges that the initial lack of laboratory capacity presented a challenge. An emergency meeting was held to discuss laboratory capacity on 16 March 2020 and a warning provided to health boards that there would be a substantial increase for the demand for laboratory testing for healthcare workers. Following the receipt of Covid Testing UK expansion plans on 22 March 2020, PHS sent the Scottish Government proposals for Scotland to take forward. PHS worked with the Scottish Government, NHS NSS and others to align capacity and demand (which was a challenging task due to escalating demands for testing and testing resources). The Scottish Government's testing strategy evolved as the pandemic progressed and there was closer alignment between capacity and demand by 2021.

39. The expansion of the test result data gave rise to interdependent logistical challenges both in relation to processing (for example in matching laboratory capacity and demand and thus sharing of individual test results) and understanding the virus (for example assessing trends in cases and thus planning public health measures).
40. Importantly, PHS recognises and acknowledges that balancing the benefits to society against the costs to the individual in having to isolate (and in particular, individuals who were more vulnerable to the pandemic and social isolation measures) remains a point of debate.

(iv) Future development

41. At the outset of the pandemic there was a lack of clarity on responsibility at a national level for the co-ordination of diagnostic laboratory service delivery and maintenance of a fit for purpose repertoire of tests.

42. There is now a move towards a more fit-for-purpose public health microbiology ("PHM") service for Scotland. This will meet the public health need for surveillance, outbreak management, biosecurity and the delivery of microbiological pandemic preparedness in diagnostics and testing. Part of this will be a pathogen genomic service that meets the needs of public health surveillance.

43. The establishment of a new Scottish Pandemic Sciences Partnership, hosted by PHS (with reporting to the relevant ministers), will foster connectedness amongst the academic, research and wider pandemic preparedness community. It will identify and secure the effective use of data for pandemics; horizon-scan and develop a role for innovation; and integrate behavioural sciences, with a focus on inequalities, into future pandemic preparedness

44. Further work needs to be undertaken in relation to the enduring effects of health protection measures, such as isolation policy, on different groups of society, in particular those who are clinically vulnerable and those who are vulnerable to social isolation.

(v) Lessons learned

45. Whilst aspects of Scotland's Test and Protect strategy worked well, PHS recognises and acknowledges that there are specific challenges and risks that require to be

addressed in ensuring the effectiveness of its own response in future pandemics. Having reflected on matters, PHS considers that lessons have been learned in relation to:

(i) The need for flexibility, adaptability and the ability to upscale resources;

(ii) The need to have effective information sharing and situational awareness;

(iii) The need for clear governance arrangements;

(iv) Adequate training and readiness for future pandemics; and

(v) Being able to manage pressures that are put on staff.

Conclusion

46. PHS offers its condolences to all those bereaved as a result of COVID-19 and its sympathy to the wider public who suffered and still suffer as a result of the far-ranging effects of the pandemic and COVID-19.

47. PHS considers that despite the extraordinary circumstances it was able to respond to the pandemic in a competent, professional and efficient manner in order to support Scotland's overall response to the COVID-19 pandemic.

48. PHS's publicly stated values include respect, collaboration, innovation, excellence and integrity. As a public body, PHS understands the responsibility it owes to the Inquiry and to the people of Scotland and it will continue to support the Inquiry's work in any way it can. PHS believes it has much to contribute and share by way of experience and expertise, but equally important from PHS's perspective, it is keen and committed to learn from the Inquiry.

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