A blueprint to achieve an excellent Find, Test, Trace, Isolate and Support system

Executive Summary

The Treasury reports that £10 billion has been budgeted for the existing track and trace system to date. We are concerned that much of this budget is not being used effectively. With this budget, the government could have provided £1 million to every UK general practice and £10 million to every top tier-local health authority.

Covid-19 is a public health problem so the response must be fully integrated within our national health service and public health system. The key element to the response must be at the local level. The virus relies on families, groups and communities within which to spread and the answer to the virus is to be found by working for its control and eventual elimination in and with those communities locally.

National and regional lockdowns and other large scale restrictions are blunt tools; testing and tracing should be a targeted, precise system. Done well, it allows us to identify sources of outbreaks and isolate individuals and those they have been in contact close contact with, rather than entire populations. Without an effective find, test, trace, isolate, and support (FTTIS) system, the government has little choice but to rely on imprecise and damaging local and national lockdowns to prevent surges in infection. These shutter businesses and restrict people – ill or not – from going about their daily lives. In turn, they cause severe economic disruptions. The urgent reform of FTTIS is the most important economic and health priority for the government and the country right now.

This pandemic will never be brought under control in the UK without every community having access to a Find, Test, Trace, Isolate and Support system that actually works. This paper mostly addresses the problem in England. Scotland, Wales and N Ireland have different approaches and challenges. Some issues, such as testing capacity, are however of common importance and are addressed in the UK wide context.

<u>Summary of blueprint</u>

- Independent SAGE calls for the replacement of the failed, falsely named and private sector run 'NHS' Test and Trace with a system for England which is rooted in the regions of England and in local areas. It must be integrated throughout with the National Health Service and provide for the needs of people and the communities in which they live.

- NHS England should be the lead national organisation and provide the infrastructure and logistics for the organisation and functioning of the FTTIS system.

- In each top-tier local authority the local Director of Public Health should have the leadership role and convene the necessary management structure in conjunction with the local NHS and local authority.

- Laboratory capacity, in particular, is crucial to our ability to control the virus throughout the UK. Independent SAGE calls for the establishment of a national COVID testing consortium , including all current providers, under the auspices, oversight and management of NHS.

- Isolation will not work unless people are supported to enable them to isolate. Self-isolation should be replaced by 'supported isolation' with assistance, if needed, with accommodation, domestic assistance and financial support up to £800.

Why restructure?

Eight months into the pandemic, it's clear that England's find, test, trace, isolate and support (FTTIS) programme is failing, leading the government to rely on a succession of restrictions on people mixing to control the pandemic. The result is that the UK has some of the greatest excess death rates *and* economic damage anywhere. In the second quarter of 2020, the UK's GDP fell by 20%, or around $143 billion according to the OECD1. South Korea, which rapidly suppressed the virus through a smart system of test, trace, isolate and support, experienced only a 3% drop in GDP, with only two short local lockdowns[2].

"Who is in charge?", asked our Nobel laureate Sir Paul Nurse in several media interviews earlier this year[3]. The answer for FTTIS is Baroness Dido Harding and her 15 advisers, in what is now the most important boardroom in the UK. Thousands of lives, jobs, businesses, and pensions, as well as the NHS, now depend upon their decisions. Yet the board has no director of public health, no data scientist, GP or nurse, no social or behavioural scientist, community mobilisation expert, virologist, local politician or NHS logistician. We believe the government now needs a radical reform of FTTIS.

The disengagement of the public from the FTTIS programme has been evident throughout the course of the pandemic. The reasons for poor engagement are complex and include confusion, distrust, prevailing beliefs and attitudes, language barriers, stigma, fear, lack of knowledge and awareness, barriers to access, and potentially gender roles. Local networks of lay health workers and navigators, working with community organisations, including faith groups, can raise awareness of the benefits of engagement in the individuals they interact with and the wider community. However the FTTIS programme must itself engage with the community, and with those working in different sectors, to co-create solutions that will be acceptable to all the diverse groups within society.

Independent SAGE has produced the following short report to guide the government on how to reform FTTIS so that it works effectively and prevents the need for repeated lockdowns. We recognise this is difficult but there is no reason why we shouldn't emulate the successes of countries like Norway, Finland, Germany, South Korea, Taiwan, Vietnam, China and Singapore and enjoy the near normality that they have secured.

The introduction of an effective and comprehensive programme of case finding, testing, contact tracing, isolating and support (FTTIS) across a geography as extensive as the UK is challenging. The devolved governments in Scotland, Wales and Northern Ireland have the advantage of local government, health, and social care arrangements which differ markedly from those in England.

New organisational principles

1. Operate at as local a level as possible. Build community solidarity which encourages individuals with symptoms to come forward for testing. Use local civil society organisations, especially those from deprived and minority ethnic populations.

2. Public Health England as a centralised civil service executive agency of the Department of health means it is not well suited to run the FTTIS programme. Now that the abolition of PHE has been announced and the central role of the Joint Biosecurity Centre confirmed, the case for centralisation has been further eroded. Contracting out to the private sector does

[1] https://www.oecd.org/economy/g20-gdp-growth-second-quarter-2020-oecd.htm
[2] https://en.wikipedia.org/wiki/COVID-19_pandemic_in_South_Korea **and** https://coronaboard.kr/en/
[3] https://www.independent.co.uk/news/uk/politics/coronavirus-government-science-response-criticism-nurse-nobel-a9527746.html

nothing to engender local engagement and sustainable engagement. In England, a regional governance tier offers many advantages.

3. The key local figure with a responsibility for population health is the local Director of Public Health (DPH). Within each upper tier local authority in England the appointed DPH should be placed in charge of organising and managing the FTTIS programme. In Scotland and Wales they cover manageable populations and work closely with multidisciplinary outbreak management teams. Northern Ireland is handicapped by having, since 2009, only a single DPH for the whole province and they should consider how public health expertise and the FTTIS resources can be deployed to ensure adequate connection with local communities and councils. The active involvement of key health professionals at a local level, including general practitioners, community pharmacists, health visitors, environmental health officers and school nurses, will be extremely important and should be part of ongoing communication networks that ensure that everyone understands the vital role that they can play.

Organisational form in England

4. In each of the standard government regions of England a COVID-19 office should be created urgently, led by an experienced senior public health professional or by an experienced NHS Chief Executive, with support from public health professionals. Where there is an elected Mayor in a city region they would be closely involved. Staff from local authorities or NHS bodies within the region should be seconded to oversee and performance manage the FTTI programme in each of the 141 upper tier local authority areas.

5. Within each upper tier local authority the DPH should be in charge of organising and managing the FTTI programme. Staff and finance should be provided via the NHS and local authority, subject to approval from a regional tier. The active involvement of key health professionals at a local level, including general practitioners, community pharmacists, health visitors, environmental health officers and school nurses, is crucial.

6. There should be close links between social services and housing departments so that those requiring isolation can be supported to remain isolated with their families.

Strategy and data (England)

7. The strategy for FTTIS should be developed in conjunction with Public Health England (or its successor NIHP) in conjunction with regional directors. Public Health England or NIHP should also, in conjunction with the regional directors, develop a performance management tool which would establish reporting criteria for each local FTTIS team.

8. The director of NIHP/PHE with responsibility for the FTTIS programme should be an experienced and dynamic leader with proven track record in public health.

9. The collection, analysis, and dissemination of data from FTTIS programme will form an essential part of the decision-making process at local and national levels. Accurate, timely and comprehensible information must be produced for a range of audiences both professional, political and lay.

10. Detailed data on the success (or otherwise) of each component of FTTIS should be published weekly. Particular attention should be paid to both qualitative and quantitative analysis of isolation of cases and contacts