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Baroness Harding
Executive Chair, NHS Test and Trace
By email to: Dido.Harding@dhsc.gov.uk

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Dear Dido

I am very anxious to support your work on Test and Trace but I am struggling to put into context a number of business cases arriving in an uncorrelated way. Most of these, which I view as part of Cabinet Office spend controls, relate to additional testing capacity. I am of course aware of the Prime Minister's capacity target of 800,000 tests per day by Christmas. But it is unclear to me how that capacity is going to be made up, and how it compares to your current and expected testing load. Without this context it is extremely difficult to see which business cases should be approved without giving rise to considerable overcapacity.

Therefore, I would appreciate understanding what your long-term strategy is for the range of possible tests now available. In particular, my immediate questions are:

1. With the emergence of the vaccine program do you anticipate it making a significant difference to infections and hospitalisations?
2. Do you anticipate that this will reduce the volume of testing required and if so when?
3. We now have a number of test options available to us. How do you see the different tests being used for the different use cases?
4. What is the strategy for ramping up our supply of antibody tests?

Overall volume of tests

In order to ensure the efficient approval of business cases I would be grateful if you could supply a spreadsheet showing the different use cases (by month) up to the end of 2021, mapped to the technology that will be used to deliver them. This enables us to see what demand you expect for each type of technology by month. Given that these would only be forecasts, please could you provide a base, high and low estimate. This will allow us to understand the range you think Test and Trace will be working within during 2021. I gather a similar request was made at the Treasury Approval Point meeting last week.

Demand for Lab tests

Linked to this, please can you provide data compared with the lab capacity installed or being installed. The rough-cut analysis that I am working to is:

- **PCRr** - 500k / day, rising to 800k / day by Christmas
- **Epcr** - 600k / day starting to ramp up in February
- **Lamp** - 600 units between them capable of doing approx 1 - 1.7 million tests per day. I understand that new clinical data has been released showing good performance of these units following a disappointing trial in Manchester. In particular, I understand there is a 100k tests per day lab being built in Southampton.
- **NHS labs and other small labs** - I am uncertain what capacity they yield for you, or what you expect to get from the Novacyt units or other technologies.

My particular questions here are:

5. When do you expect to be providing approvals cases for the Lamp labs rollout?
6. When will they and the Southampton lab be installed and operational?
7. What utilisation do you anticipate from these assets, against your different demand scenarios?
8. Given the current run rate of some 280k PCR tests per day, it looks from the above as though we will be building considerable excess capacity. Is your plan to close down some or all of the existing Lighthouses? In which case, should we not assess the Mega labs against cost reduction criteria not capacity build criteria?
9. Given the current and expected rise in capacity, why do we need the Ecolab investment?

Lateral Flow / Community testing

This above list of technologies excludes the lateral flow units being bought for community and other rapid testing applications.

10. How are you allocating your stock and incoming volume of these tests between Test and Communities?
11. Or should I anticipate the community testing unit coming forward with spend requests of their own?
12. Is there a coordinating governance line between community testing and your work?

Value for money

We need to move to a more BAU environment and increase focus on value for money. I would like to understand how you will be improving utilisation of labour at the test sites that you run. This is something we have previously discussed on the call centres for Trace, but I'm convinced that we should be moving to contracts with considerably more volume flexibility, given the uncertainty of demand over the next year.

13. It seems clear to me that the use of Regulation 32 is no longer appropriate for procurement in Test and Trace. Do you agree this is the position?
14. What is the utilisation of the labour on the test collection sites and how is the manning of those sites pegged to recent and forecasted demand?
15. Previously consultancy was costing c.£3m per day. What trajectory do you anticipate on consultants? What governance exists around this deployment?
16. As you are aware, in August I accepted for the Test & Trace Cabinet Office commercial control limit to be raised to £150m. In doing so, I acknowledged the requirement to procure at speed and that this level should be subject to review. I believe the time has come to review that level, do you agree?