From: Michael Lockhart [Michael.Lockhart@phs.scot] Sent: 07/11/2023 2:17:31 PM	
Sent: 07/11/2023 2:17:31 PM	
To:         NR         @phs.scot]         NR         @phs.scot]           CC:         NR         @phs.scot]         NR         @phs.scot]	
CC: NR @phs.scot] NR @phs.scot] Subject: FW: Assessment of Private lab support for NHS diagnostic infrastructure in Scotland AND additional testing	ng concerns
Attachments: 2020-03-18 COVID-19 SBAR Final (002).pdf	ig concerns
From: LOCKHART, Michael (NHS NATIONAL SERVICES SCOTLAND) <michael.lockhart@nhs.net></michael.lockhart@nhs.net>	
Sent: Thursday, March 19, 2020 9:21 AM	and to compare the same
To: Derek.Grieve <derek.grieve@gov.scot>; NR @gov.scot&gt;; MCMENAMIN, Jim (NHS N</derek.grieve@gov.scot>	IATIONAL
SERVICES SCOTLAND) < jim.mcmenamin@nns.net>; Riley A (Andrew) Dr <andrew.riley2@scotland.gsi.gov.uk></andrew.riley2@scotland.gsi.gov.uk>	
Cc: NR (NHS NATIONAL SERVICES SCOTLAND) ← NR @nhs.net>; Johannessen, <ingolfur.johannessen@nhslothian.scot.nhs.uk>; NR (NHS NATIONAL SERVICES SCOTLAND)</ingolfur.johannessen@nhslothian.scot.nhs.uk>	ingoitur
NR @nhs.net>; SGCoronavirus@scotland.gsi.gov.uk NR @scotland.gsi.gov.uk	ık>:
Willie.Cowan@scotland.gsi.gov.uk; Sheppard L (Lesley) (Covid-19) <lesley.sheppard@scotland.gsi.gov.uk>; FG</lesley.sheppard@scotland.gsi.gov.uk>	
Richard (NATIONAL SERVICES SCOTLAND) <richard.foggo@scotland.gsi.gov.uk></richard.foggo@scotland.gsi.gov.uk>	
Subject: RE: Assessment of Private lab support for NHS diagnostic infrastructure in Scotland AND additional te	sting
concerns	
Thanks Derek,	
Attached is the plan we are rolling out, including some costing info –spend already signed off and account of the plan we are rolling out, including some costing info –spend already signed off and account of the plan we are rolling out, including some costing info –spend already signed off and account of the plan we are rolling out, including some costing info –spend already signed off and account of the plan we are rolling out, including some costing info –spend already signed off and account of the plan we are rolling out, including some costing info –spend already signed off and account of the plan we are rolling out, including some costing info –spend already signed off and account of the plan we are rolling out, including some costing info –spend already signed off and account of the plan we are rolling out, including some costing info –spend already signed off and account of the plan we are rolling out, including some cost of the plan we are rolling out of the plan we are rolling out of the plan we are rolling out of the plan we are related to the plan we are rolling out of the plan we are rol	-
procurement and orders sent. Ingo and I have also agreed that over the next few days we will develo	ia.
phase 3 plans. I have asked GGC and NHSL labs to get going with 24/7 testing plans in earnest whilst	
national expansion is underway. However weird picture over last 7 days —Glasgow getting through o	_
530 samples a day atm and keeping up (peak of 800), whilst Edinburgh only 100 samples a day –reall	
discussion started but at this stage thought best to leave as is. Both sites are managing turnaround we hours. Part of difference may be due to differing ways HCW samples being handled which underlines	
point in the original email below –how is this being addressed?	IIIy IIISt
point in the original email below –now is this being addressed:	
Ingo is meeting with senior university colleagues this morning to rapidly get uni support.	
With regard to my second point below, we need senior ministerial involvement to demonstrate the l	_
support we have to deliver on the attached plan with regard to diagnostic industry. Eg I am also hear	_
some of the consumable required for go live tomorrow in Highland are also short –that has nothing t	o do with
the No10 intervention –just symptomatic of the chaotic times.	
If SG looks after its labs the labs will do their best to look after Scotland – please, please help us.	
in 30 looks after its labs the labs will do their best to look after scotland " piease, piease help as.	
Finally separate point, noted Lesley is coming to your 9:15 so I will stand down-she is well sighted or	Shetland
story -will leave her and you guys to talk through. Clearly above my pay grade that discussion.	
Best	
Michael	
From: Derek Grieve@scotland gei gov uk z Derek Grieve@scotland gei gov uk	
From: <a href="mailto:Derek.Grieve@scotland.gsi.gov.uk">Derek.Grieve@scotland.gsi.gov.uk</a> Sent: 19 March 2020 08:54	

[See recipients listed above]

working with the NLP and also the Scottish Microbiology and Virology Network to ensure we develop a coordinated response to address the continued roll out of testing.

In addition Derek, I hope you received our joint comments on your paper on diagnostics earlier today, and I trust the input was useful.

Can I flag up a couple of further points for SG and Jim's consideration.

Firstly, realising this is a concern for us all, but to reiterate, whilst we are growing the lab testing service we need to be extremely careful in managing testing of Health Care Worker's. I am very sensitive to supporting this need, but if not carefully managed it could destabilise the whole testing service. Careful planning for a staged introduction needs to be developed and aggressively communicated so that HCW testing is incrementally introduced as the additional testing capacity incrementally becomes available.

Secondly, I am worried that the intervention by No10 last night may have already impacted on testing service availability in Scotland –kit that was ordered for roll out in the NHS Fife lab and was due to arrive imminently has now been delayed until middle of next week. This kit can run on Roche machines. I will find out more when our National Procurement colleague liaises with the kit company Thursday, my colleague in NP thought it is most likely symptomatic of the chaotic climate in which we are currently working. However, I thought I should flag up given at this stage we are not working collegiately with NHS England but are instead in direct competition with them for the procurement of some of our planned testing infrastructure. We therefore need to carefully monitor for the equity of support from the testing industry.

It would be reassuring to know that senior level ministerial involvement with the testing companies is being equally brought to bear in Scotland as it seems to have been in England?

## Best Michael

Dr Michael Lockhart Consultant Medical Microbiologist, Programme Lead, Public Health Microbiology, Health Protection Scotland

Telephone	I&S	

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