National Audit Office

Report
by the Comptroller
and Auditor General

Department of Health & Social Care

The government's approach to test and trace in England – interim report

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Key findings

Government's approach to test and trace

6 In the past six months, the government has achieved significant increases in testing activity, and set up a national contact tracing service from scratch; as a result millions of people have discovered whether they have COVID-19 and whether they should self-isolate. On 28 May, the government launched NHST&T, bringing together a national programme for testing and tracing. Since then, both testing and tracing activity have increased significantly. For example, between the end of May and the end of October, the daily number of swab tests processed for community and hospital testing quadrupled, while the weekly number of contacts reached and advised to self-isolate had increased nearly four-fold. In total, between 28 May and 4 November, the system processed 23 million tests (from community and hospital settings) for England, found 850,000 positive cases. It also reached 630,000 people who tested positive to ask them for information about their contacts, along with more than 1.4 million of the contacts, through its tracing service. Much of the infrastructure and capacity to support these activities did not previously exist. During April and May, the government had to rapidly scale up tracing capacity to establish a national system of community contact tracing for COVID-19. In its first week of operation, this reached 50,000 contacts of people who had tested positive for COVID-19 (paragraphs 1.12, 1.36, 2.13, 3.11 and 3.14 and Figure 11).

7 The government did not document the basis for the delivery model it chose for the national test and trace programme in a business case until September 2020. NHST&T built on the central delivery model already being developed for testing. It also extended this to tracing, in conjunction with the existing PHE capacity. The government planned for a very rapid scaling up of tracing capacity. A range of stakeholders have queried why the government did not involve local authorities more in its initial approach to tracing, given their previous experience in this area. We have seen evidence that in April and May the Department considered, but ruled out as unfeasible, obtaining the call handler resources it needed from existing civil service staff and central government call centres, but not whether it could make use of local authority capacity for this. NHST&T told us that, in the time available, the only feasible approach was to focus first on building up tracing capacity centrally. A retrospective business case in September noted that the option of fully localised delivery (with no national capacity) would neither sufficiently reduce transmission levels nor provide value for money but it did not consider other forms of localised model. Local government stakeholders expressed concern that they had not been sufficiently engaged on the design and implementation of test and trace services. NHST&T has sought local engagement and feedback in a number of ways, including senior-level secondments from local authorities, advisory groups such as its local authority design group, and activities such as the pilots for mass testing and door-to-door testing (paragraphs 1.6 to 1.9 and 2.24).

Contact tracing capacity, activity and performance

18 Government budgeted £1.3 billion in 2020-21 to establish and run a national tracing system from the end of May. The national service, consisting of text and email communications and a pool of central telephone tracers, was intended to deal with the majority of positive cases, while PHE regional teams had responsibility for tracing cases linked to potential outbreaks, for instance in workplaces or hospitality venues. In its first week of operation, NHST&T reached around 5,900 people who had tested positive for COVID-19 (cases) and more than 50,000 of those they had been in close contact with (contacts). The £1.3 billion budget for tracing included up to £720 million on contracts with Serco and Sitel for central call handlers. Actual expenditure on tracing up to the end of October was £478 million. In addition, the government has given £785 million in grants to local authorities to support their COVID-19 response, which could include tracing activities (paragraphs 1.29, 3.8, 3.11, 3.14 and 3.28).

19 Since July, local authorities have assumed a bigger tracing role, setting up their own schemes in conjunction with the national arrangements. The Department initially told local authorities to focus on working with PHE to "investigate and control outbreaks". By July, local authorities had started to set up their own locally run contact tracing schemes to cover the minority of cases that the national service cannot reach, working in conjunction with NHST&T. In August, NHST&T reduced the number of national-level contact tracers and designated a proportion of its specialist tracing staff to work exclusively to facilitate those local authorities that had their own scheme. By the end of October, 40% (60) of local authorities had a scheme in place, with a further 46% (69) planning to set one up. However, local government stakeholders told us that some authorities were being held back from developing their own arrangements by lack of funding or lack of clarity about whether funding would be available. At the end of October, NHST&T acknowledged that there needed to be better co-ordination of its tracing strategy and the growing range of national and local approaches (paragraphs 3.19 to 3.21, 3.23 and 3.24).

20 NHST&T published broad ambitions for the tracing service, and subsequently set some internal targets. NHST&T's July business plan set out objectives for the following three to six months. For tracing, these were mostly broad ambitions rather than specific or quantifiable targets. One ambition included increasing the number of contacts the service reached and advised to self-isolate, both by increasing the overall number of people being tested and by increasing the proportion of contacts reached who went on to self-isolate. A second ambition was to reduce the average time taken to reach contacts. NHST&T later developed some internal metrics and targets for its performance, including that 80% of people testing positive for COVID-19 would complete tracing, and that it would take 48–72 hours to advise close contacts to isolate following an initial person developing symptoms (paragraphs 1.25 to 1.26 and 3.5).