CLEARANCE CHECKLIST

Inclusion of this checklist is mandatory. Please complete the whole list and private office will remove before putting submission in the box. A submission without it will be sent back.

Note: *Contact names provided must have seen and approved the submission.*

Finance:
Does this involve any spending or affect existing budgets?

☐ If yes, named official:
☑ No

[redacted]

Communications:
Could this generate media coverage, or a response from the health sector?

þ If yes, named official:
Peter Wilson
☐ No

Analysis and data fact-checking:
Does this include complex data, statistics or analysis?

☐ If yes, named official:
☐ No

Devolved Administrations:
Will this affect Scotland, Wales or Northern Ireland?

þ If yes, named official:
Name Redacted
☐ No

Fraud:
Have you considered fraud risks?

☐ If yes, named official:
Click here to enter text.
☑ No

Commercial:
Does this include commercial or contractual implications?

☐ If yes, named official:
Click here to enter text.
☐ No

Strategy Unit:
Does this relate to cross-cutting or longer-term implications for wider DH strategy?

☐ If yes, named official:
Click here to enter text.
☐ No

Implementation Unit:
Does this relate to one of the Secretary of State priorities?

☐ If yes, named official:
Click here to enter text.
☐ No

Legislation:
Does this include options that may require secondary legislation?

☐ If yes, do you have a prioritisation reference number? *(contact Parly or SOPL if unsure):*
Click here to enter text.
☐ No

Duties, Tests and Appraisals:
The following tests apply and have been considered.

☐ Secretary of State Statutory Duties, including on health inequalities
þ Public Sector Equality Duty
☐ Family test
☐ Other(s) (please specify)
Click here to enter text.

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- SAGE have advised that all care homes should be re-tested on a weekly basis. This would require up to 160,000 tests per day which is almost all of the currently available pillar two capacity. To meet this recommendation we would therefore need to divert capacity from other key initiatives, which could impact on the significantly reduce the capacity available to support effective launch of Test and Trace and the ongoing delivery of existing surveillance studies. As capacity is not available to re-test all homes weekly, the DCMO and others have therefore agreed that, our aim should be to retest those homes with no reported outbreak, prioritising any homes with more than 50 beds.
- There have been calls to expand asymptomatic testing into the domiciliary care sector and personal assistants (employed through direct payments). Currently only domiciliary care workers, personal assistants and recipients with symptoms can access testing. The advice you received on 20 May considered all requests for asymptomatic testing and their merits in relation to the current criteria. This did not recommend expanding eligibility to the domiciliary care sector for asymptomatic tests however given the risk for infection and consequences of infection for these groups, as well as the impact of avoiding care, this will need to remain under review. See below for further detail.
- Finally, there have been calls to expand testing to supported living communities given their similarities in terms of risk with care homes. This would require an additional 265,000 tests for residents and workers.

Domiciliary care workers and personal assistants

13. In addition to the risk of these workers potentially transmitting coronavirus to vulnerable populations, there also the concern that individuals are asking their PAs not to provide the care and support as agreed, on the basis of this risk. This means these individuals are not receiving the care and support they require to manage their condition, heightening the risk to them from their care needs not being met, and increases the possibility of acute admission. The DHSC policy team and relevant stakeholders, including Think Local Act Personal and Skills for Care, have received multiple reports of this happening.

14. Prior to the announcement extending testing to all symptomatic over 5s, it was calculated that expanding testing to all recipients of domiciliary care (both symptomatic and asymptomatic) as well as asymptomatic workers would require up to an additional 1.3m tests to be made available. The Secretary of State has asked that the Test and Trace programme take particular account of domiciliary care workers and recipients. PHE are developing a prevalence study in this group to inform wider testing and intervention strategies with this workforce which is due to conclude on 19 June **(Annex C).**

Extra care and supported living

15. Our recommendation is to expand testing eligibility to include supported living communities.

16. We recommend that after all care homes are offered testing, eligibility for whole home testing is expanded to include extra care/assisted living and supported/sheltered housing facilities given the conditions are similar to care homes. These would be tested if these were prioritised by DPHs. We have committed to offering whole home tests to call care homes by mid June.

Discharge, referral and outbreak testing

17. The Social Care Action Plan committed to testing of all residents before they are discharged from hospital to a care home and before they enter a care home from the community. The former is being delivered via NHS testing, the latter was agreed to be lower priority given the