- All individuals due to be discharged from hospital or transferred to a care home but have tested positive are provided with appropriate step down care in local settings, such as in community hospitals which will be equipped for infection control and can also offer therapeutic support to aid individual recovery. They will be tested again to ensure a negative result before returning to their care home.

6. **Additional Support for the Sector**. We have announced a £10m package to fund new and enhanced home care packages to support patients to leave hospital for their ongoing assessment and recovery. It will also help fund crucial community services supporting the Covid-19 response that are helping people to stay at home safely.

   - the expansion of discharge from hospital schemes
   - additional capacity within the community to care for people discharged from hospital
   - maximising patients' independence post Covid-19, including the purchasing of equipment for their home
   - enhanced community-based services to reduce pressure on primary and secondary care

7. Environmental Health Officers working in partnership with Social Service colleagues, Public Health Wales, LHBs and CIW are now providing direct support to all care homes in Wales. They maintain about regular or frequent contact based on need contact with those care homes reporting possible cases and work with them to ensure delivery of appropriate infection prevention precautions including use of appropriate personal protective equipment as per national guidance. They are working with care homes who have not reported cases to ensure that all measures are in place to minimise risk of introduction of Covid-19 virus into the home.

Recent developments in England and areas of divergence.

8. On 28 April in England the Department of Health Announced extended testing to:
   - All residents in care homes will be tested irrespective as to whether or not they have symptoms
   - All symptomatic individuals over 65 years or a symptomatic family member will be offered a test
   - Same for all key workers

9. The position of the UK Government has today been clarified – they are **not** testing all care home residents in all care homes but rather all care home residents and care workers **where there is an outbreak** (see doc 1).

10. DHSC will also report Covid-19 deaths from all settings from Wednesday.

11. **Access to testing is another difference at present for tests**. Both England and Scotland have the portal for booking online fully with the home testing option fully operational.

Analysis and Options

12. Central to Welsh Government response to the Covid-19 pandemic has been the safety and protection of the most vulnerable people in our communities. People living in care homes and other similar residential settings will be amongst the most vulnerable, with many relying on close personal care.

13. There is evidence that community transmission of Covid-19 is reducing in general, but the care sector is seeing a large number of cases and outbreaks. 40% of care homes (422 in total) have now reported cases or outbreaks of Covid-19; some of these outbreaks have been associated with high mortality rates.

14. **This advice is to explore the policy position for care homes given developments Wales and across the UK** and to specifically the issue of expanding testing in care homes and what else we should do address the increasing outbreaks and mortality rates.

The Evidence

15. We are working closely with Scotland – who based on their clinical advice have no plans to expand their care home testing - and to some degree England to understand the underpinning evidence for blanket testing in care homes.

16. **Impact of asymptomatic care home residents.** Whilst it is unclear what role asymptomatic positive individuals play in the transmission of Covid-19 is unknown – some may never develop symptoms, for those that develop symptoms it is generally accepted that individuals may be infectious to others for up to two days prior to onset. There is some evidence to suggest that there are asymptomatic residents who are undetected and be a source of infection:

- A pilot study recently undertaken by PHE in six care homes in London that reported an outbreak tested all residents and staff groups. Preliminary results from one care home with over 100 residents investigated at an early stage of the outbreak in the home, 75% of residents were positive for COVID-19 but only 25% were symptomatic. 50% of staff were positive but only 29% of these were symptomatic; and
- A study by the Center for Disease Control and Prevention (United States) tested 76 (93%) residents in a nursing home in New York. Twenty-three (30%) residents tested positive, of these, 10 (43%) had symptoms on the date of the test and the remaining 13 (57%) were asymptomatic. Seven days after testing, 10 out of 13 of the asymptomatic residents had developed symptoms. This study suggests that symptom-based screening in long-term care facilities could fail to identify approximately half of residents with COVID-19.

17. **The role of testing.** Whilst the evidence points to the contribution of asymptomatic patients in outbreaks, it does not address how expanding testing of itself addresses the management of care of residents.

18. The benefits of testing are for information to be used for action. Deaths in care homes are high in part due to the poor outcomes for older adults with COVID-19, and those with other co-morbidities. Striking the balance between an evidence based approach and risk based approach is important when we are dealing with uncertainty and our policies currently reflect that.

19. As it stands if a care home resident is symptomatic then they should be isolated. In a care home, the approach is that we would test more residents and then act on the basis that **all residents** have either got Covid-19 or could get it. Important public health measures to prevent spread and further infection should then be taken - social distancing, isolation of symptomatic individuals, hand washing and sanitation are. Care homes should **not** wait for a positive test before deploying these measures.

20. We have been very clear in our approach that our strategy is about reducing harm first and then for freeing control measures and using our resources to best effect. Modelling suggests that we would need to **25000 extra test per week** for care homes to be able to test all residents – that doesn't include care home workers. In the longer term, in line with plans to expand testing and more resources become available to us in Wales we will adapt our policies. We will continue to have to make choices about how we use our testing capacity even as that capacity increases. Inevitably that means trade-offs, for example the more tests we undertake in care homes the fewer tests available for surveillance. If we do not have sufficient surveillance capacity to give us close to real time information on the transmission rate we may not be able to respond in a timely manner and prevent the spread of the disease and in a worst case the curve going exponential. What we are not able to do at this point is model that trade off to know where the tipping point might be.

21. Discussions with colleagues in Welsh Government and PHW indicate that testing of asymptomatic (or reportedly so) care workers would help to prevent introductions into care homes, and also provide an estimate of community incidence of COVID. This would be fed into the surveillance work now underway. Also **target testing around outbreak hotspots.** For example care homes in a 20 mile radius around the infection site. We would need to do the modelling for this.

22. New evidence from England supports a targeting testing at care homes with outbreaks and larger care homes (see doc 1).

The Options

23. There are limited options. Do nothing is not option. Expanding into asymptomatic individuals still lacks the evidence base to support this being the

best use of testing capacity. The evidence instead points to testing people who are symptomatic, isolating them until the tests come back and if they are positive, assuming everyone in the closed system is positive. If we test people who aren't symptomatic too soon then there is a risk of a negative result and creating a false sense of security.

24. Officials propose that the best approach to protecting from harm in care homes does not reside in testing alone, but rather on a package of measures to keep care home staff and residents safe and these include, but go beyond testing as follows.

25. **Making it easier to understand how to access testing.** We know that there is not enough testing in care homes, that the referral process has been too slow and more support is needed. We have support materials being produced to accompany new portal and to give clearer information about the testing process;

26. **Making it easier to get a test done.** There are 3 areas here:

    a. **Mobile Testing Units.** There will be mobile units assigned to teach of the health boards – there are 8 units in total. In the North Wales area, we understand that they are deploying these units to their care homes. We suggested that we request the same in the other areas;
    b. **Home testing Kits.** The functionality for home testing kits is due to come on stream over the next couple of weeks and care homes should be a priority in the development here;
    c. **Co-ordinating testing.** Another short term solution would be to route all referrals from care homes through CIW directly

27. **Targeted Testing on outbreak hot spots (see doc 1).** Targeting testing and deploying the mobile units to test all residents both symptomatic and asymptomatic in care homes as follows:
    a. where an outbreak occurs and potentially neighbouring care homes and repeat testing the following week.
    b. Biggest residential homes and nursing homes in particular with over 50 beds, where there are the highest risk of outbreaks
    c. Subject to your approval in principle, officials will work with PHW on modelling and pinning down the operational requirements.

28. **Testing all patients on discharge** that are going back to the community to their own homes and will be receiving a package of care thus providing information for personal care and domiciliary care assistants;

29. **Clear guidance for care homes** – the public health measure are not always easy to follow in care homes for example patients with dementia. The current guidance is out of date and must be updated immediately;

30 April 2020

Qunit Senior Clinicians Care Group
Summary of discussion on prioritising tests for care homes

The context of the discussion was that any prioritising of testing in care homes should be on the basis of the science. SAGE had also been asked to look at this issue and the paper presented at the meeting needed further scrutiny.

Paper tries to summarises epidemiology, looked at all outbreaks in care homes, the key findings, and analysis of CQC data to determine what type of care homes experienced the most outbreaks and to understand need.

Key findings:

Larger nursing homes (100 bed plus) had a higher degree of outbreak breaks than smaller homes and the picture was the same with residential homes.

A criteria for prioritising where tests should be used had been developed as it was recognised if not careful, then would end up testing in the wrong areas, 4 categories identified

1. Test all staff and residents in care homes with a new outbreak (after the HPT have done the initial swabbing all symptomatic for diagnosis (=150 a day – AVE 30 beds plus 30 staff.). This will determine all asymptomatic staff and residents for outbreak handling

2. Covid free homes
    - Biggest residential homes and nursing homes in particular >50 beds (see attachment) these are the highest risk of outbreaks.

3. Each LA to assess risk and then identifies next cohort of homes for testing
    - Prioritise large nursing or residential homes first (> 50 beds see attachments) as have largest attack rates of outbreaks.
    - Local knowledge of struggling homes -see Toms chart info from tracker and CQC
    - Previous outbreaks – offer all residents/staff (~4000), to identify on-going transmission as will continue transmission for at least 6 weeks

4. Others who haven't reported an outbreak and not known as high risk, <50 beds and CQC assessed

The projection was to cover every care home once in next 70-80 days.

There was a consistent evidence in the research about the relationship between flu and larger institute, but they also have greatest capacity to coordinate care.

FA indicated that it would have been helpful to have this information earlier as it had caused enormous issues in Wales. Proved very difficult situation as the media had picked this up as a very significant divergent of policy.

There was a 4 nations group on testing but Wales did not seem to be fully plugged in.

It was not clear how this prioritisation plan linked to announcement by Cab Sec yesterday. Also keen to know how genomics assessment is linked to this protocol and the understanding of asymptomatic patients.

Genomics informed the discussion on the proposals for enhanced intensive support in care homes and showed how virus spread through staff. Discussion needed on whether we emphasis prevention or focus on outbreak control in home. If more on prevention side, testing which shows asymptomatic carriage, could potentially prevent outbreaks by screening all homes.

The current position was that it was for everyone who needed a test, not to test everyone on a regular basis, a message which had got somewhat lost in the Sec for State announcement. Also to clarify, some asymptomatic testing is taking place but not broadly.

Also proved difficult for Scotland, FM is going to announce testing policy tomorrow to catch up with announcements in England

It highlighted the need for better working across 4 country on this issue and ensure all were linked into developments, shielding was felt to be a good example of where this had worked well.