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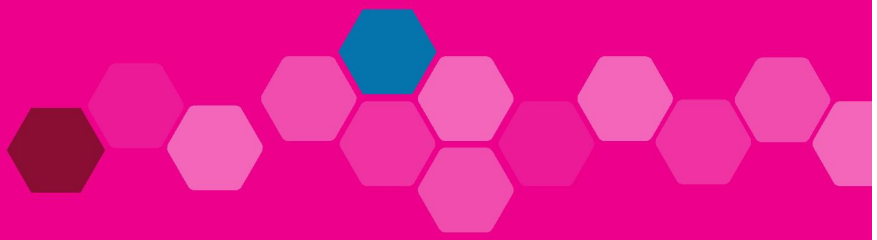
Scotland's Asymptomatic Testing Programme: an evaluation. November 2020-June 2021



HEALTH AND SOCIAL CARE

social research

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Concerns about the test

Across the Schools, Childcare, Health and Social Care workforce, and Community Testing pathways **test discomfort** is a consistent theme and a reason for being discouraged from testing or actively giving testing up. Furthermore, **concerns about the accuracy of the test** were also cited (see more below under 'Navigating the System'). This is also highlighted in the literature which suggests that a test that is seen not only as reliable, but quick, easy to administer, and less uncomfortable has higher chances of being done (see Annex B, p. 78).

The community testing pathway also found that some individuals were concerned about attending for a test because of the fear of infection at sites and on public transport.

Practical considerations

The prisons pathway has seen fairly steady numbers of tests being taken throughout the period of evaluation (see Table 3). Where people signed up but have then not taken part in testing, reasons participants in this research gave are mainly practical, such as forgetting, running out of time on shift, or not being available when the testing was undertaken.

Police Scotland and Scottish Fire and Rescue Service colleagues noted a range of practical considerations, which include those mentioned above but also **problems with using the online portal to record results** (a common issue across pathways, discussed more below) and not having **time/capacity** to complete and/or record the result. The issue of time and capacity also emerged from the social care workforce research. The Police Scotland and Scottish Fire and Rescue Service pathway also found that regular testing had resulted in **'testing fatigue'**. Police Scotland and SFRS were careful to maintain directive communications encouraging testing and reporting in a communications style known to their staff. NHS Board leads concurred, stating that the main issue for them over the next 6-12 months would be maintaining motivation to test.

Furthermore, people may have been taking the tests, but not recording negative results. This is also a common concern and is discussed in more detail below. Several NHS Boards reported that staff found the results portal difficult to use and it took up too much staff time, leading to staff taking LFD tests but not recording results.

The excessive work burden emerges in the UK and international literature as one of the main barriers to testing. A number of studies discuss how testing programmes in the workplace have resulted in added responsibilities and increased workload for already over-burdened members of staff who are not consistently paid for time to get tested, sometimes resulting in poor adherence to LFD testing protocols. These issues are further explored in Annex B, p. 73 and pp. 74-75.

The University and College pathway also noted a decline in uptake after an engaged start and in often **cyclical demand** (e.g. demand on Fridays before weekend activities or going home or during local outbreaks). This decline is largely attributable to far fewer students and staff being allowed to return to in-person learning after the Christmas break in January 2021.

In the Schools testing pathway, qualitative feedback from parents suggests that asking pupils to collect tests from a school office may not work well in practice for everyone (e.g. they may forget). Another practical issue raised was that some young people may not have someone at home who can help them to do the tests (or they may lack encouragement at home).

Confusion about pathways, or finding other pathways easier to access, was also mentioned as a reason for not participating within a specific pathway by those in the Prisons, Police and Fire Service, and Community Testing pathways.

Attitudes and understanding

Attitudes towards asymptomatic testing, including a sense of a lack of clarity around the benefits or understanding of the process could have a serious impact on uptake. In the Community Testing pathway there was concern that **the benefits of testing are not always clear** and, despite strong promotion of testing, this may mean people do not attend. Scottish Government polling found a stable fifth of people report not understanding how regular asymptomatic testing helps to stop the spread of Covid-19.

There is also some evidence arising from research with the highest risk cohort that some of that population may not understand that **LFD testing is currently only to be used when asymptomatic**. Some responses noted that they only intended to use the tests if they/their household became symptomatic. This is an important point that may extend beyond the highest risk cohort. Though the pathways evaluated here are intended for asymptomatic testing only it is likely that people do not necessarily always use them in this way, potentially using the universal offer, for example, as a means to check symptoms as they emerge. The fact we can see some suggestion of

this in the highest risk cohort is particularly important – communications about appropriate and best use of the different tests available is required.

A number of other UK and international studies reported that individuals find it difficult to understand differences between the PCR and LFD tests, why a test is needed in the absence of symptoms, and how and where to get tested. For a discussion of these barriers to testing, please see Annex B (pp. 68-69).

Although Scottish Government regular polling shows that the majority of people can see the theoretical benefits of regular testing, this does not necessarily translate into active participation. For example, looking at the universal offer, 37% of the sample said they had taken up this pathway (29-30 June), but then just 22% of this sub-sample were actually testing twice weekly with 16% using them about once a week, 20% saying they used the tests occasionally when they thought they had a reason to and a further 22% saying they had not yet used the tests at all (some of these people were saving them for a special occasion). This equates to just under one in ten of the Scottish population (8%) using the universal offer as intended (that is twice a week). This increases to 14% if those who test around once a week are also included. Polling data (18-19 May, n=763) found 17% of the Scottish population think **twice weekly testing is just too frequent**. The wider literature also highlights this issue and the importance of explaining to the public that lateral flow tests are more likely to detect positive cases when testing is frequent. For a detailed discussion on this point, see Annex B (p. 69).

From empirical research undertaken across pathways, it can also be seen there are also those who just do **not agree with the testing programme** and therefore choose not to participate (for example, seeing it as a waste of NHS resources).

What would encourage testing uptake

When asked what would encourage participants who said they were unlikely to take part in asymptomatic testing to test, similar reasons are cited to those given by those willing to take part in testing: to prevent outbreaks, protect the local community, if local case numbers were high, and to keep or enable freedoms. The most common reason though, is if an individual thought they had been in contact with someone who has had Covid-19. See Figures 14 and 15 for views over time.