Health Performance and Delivery Directorate
Chief Performance Officer, NHSScotland and
Director of Delivery and Resilience

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244 2480
E: John.connaghan2@gov.scot

NHS Chief Executives

28 April 2020

Dear Colleague

TESTING STRATEGY AND DELIVERY

Thank you for your continued action on testing in hospitals, care homes and other residential settings and in the community assessment hubs. We have been moving at speed and I wanted to bring together our expectations to provide a single clear overview against our current priorities and working towards the next phase of moving to Test, Trace and Isolate.

Guidance on 24 March (updated on 24 April) set out the three priorities for testing in the current phase of our COVID-19 approach.

These priorities are:

1 Directing our testing capacity effectively to save lives and protect the vulnerable;
2 Ensuring that critical staff can return to work as soon as possible; and,
3 Monitoring and reporting on the spread and prevalence of the virus in the population and the impact of public health measures (surveillance).

The following is a list of all groups currently being tested within NHS capacity:

- All ICU patients
- All hospitalised symptomatic patients
- All symptomatic residents of care homes
- All symptomatic NHS and social care key workers or symptomatic household members (where a negative test will support their return to work)
- All patients entering a care home (with 2 tests before discharge from hospital for those who have previously tested COVID-19 positive and 1 test on entry from the community).

As you know, testing of key worker groups outside of Health and Social Care is being directed through the UK Government Regional Test Centres although individual Health Boards are taking pragmatic decisions about key workers to manage demand.

In addition to the groups above, I am now asking you to introduce laboratory testing for COVID-19 at admission for all patients age 70 years or more. All of these patients testing negative initially will be serially tested every four days during their inpatient stay (unless length

of stay is less than 4 days). This is a high risk group and testing on admission to hospital will make it more likely that patients with unusual presentations of COVID-19 infection would be identified more rapidly.

Evidence is increasing that indicates pre-symptomatic or asymptomatic (elderly) patients may have a role in transmission of this infection in health care settings. The extent of this is unknown in a Scottish hospital setting. Testing of patients being admitted to hospital who are not suspected of COVID-19 and serial testing thereafter during their inpatient stay would allow early identification of such patients. This would almost certainly reduce the risk of health care associated infection (HAI) of COVID-19 amongst patients and staff and offers the opportunity to reduce morbidity and mortality from COVID-19.

This testing is consistent with the first of the strategic priorities in our current testing approach to 'protect those most vulnerable and to save lives. Information gathered from the pilot will inform refinement of Infection Prevention and Control and feed into NHS laboratory testing strategy and capacity planning for the period that will follow release of Lockdown

You should also be aware that PHS are considering the public health impact of laboratory testing for COVID-19 on two further groups: point prevalence studies to track HAI; and, widening care home testing to include mildly symptomatic or asymptomatic staff. We will advise on these aspects of our approach to testing in due course.

The immediate expectations for Health Boards are:

Firstly, **Boards should immediately move to two tests before discharge for all those who have previously tested positive for COVID 19 going to care homes and do this as part of the planned discharge process in order to avoid extending the length of stay.**

Secondly, **Boards should immediately begin to start testing over 70s on admission, starting on Wednesday 29 April and every 4 days thereafter (for those with a negative test) until they are discharged. We would expect that Boards would rapidly move to capturing all over 70s within the shortest possible timescale.**

Where it is identified that there is unlikely to be sufficient capacity in local laboratories, samples will be moved to laboratories where there is larger capacity available to ensure all patients receive a responsive service. The National Laboratories coordinator will be in touch during the course of this week to discuss any local transfer requirements. Similarly if you have any supply issues you should raise this immediately with NLP.

Thirdly, on reporting, we need to track the number of tests carried out on a daily basis . This will help us fine tune our response to testing as we go forward. PHS are working on a comprehensive suite of reporting on testing that will bring together the reporting requirements against the current priorities and the data required as we move to a Test, Trace and Isolate phase. In the meantime (this week and next) can I request that you return the simple pro forma attached as part of your daily 10am Sitrep to

HSCAnalysisTestingDataHub@gov.scot. It would be helpful if you could title the return "Hospital 70 testing [Health Board name]".

We are aware that you are keen to discuss testing more widely and to put in place a plan for the short, medium and long term. Donna Bell will be in touch with Calum Campbell, Tim Davison and Michael Dickson, your identified representatives, to follow up.

Testing forms a key part of our overall work in respect of care homes - thank you again for all the work your Directors of Public Health are doing on this. We shall be writing today with feedback on their reports and some points of clarification.

If there are any immediate questions on this our National Director for Testing is available on directorcovid19testing@gov.scot or 07769 239202.

Yours sincerely

JOHN CONNAGHAN CBE
Interim Chief Executive NHSScotland