

Simon Hall
Director of Transformation
East London Health and Social Care Partnership.

Dear Simon,

Hope you and yours are well.

We have attached our proposal to set up a local, community based test, trace, isolate and support programme in Tower Hamlets to limit the spread of Covid 19. You will know that ONS data shows that the age standardised mortality rate from the virus in Tower Hamlets is amongst the highest in the UK, making such a scheme, while important everywhere, imperative here.

<https://www.standard.co.uk/news/london/london-mortality-rate-england-ons-a4429241.html>

Experience from other countries shows that case numbers are likely to begin to rise again as lockdown is eased.

<https://www.newscientist.com/article/2244056-how-can-countries-know-when-its-safe-to-ease-coronavirus-lockdowns/>

We cannot wait any longer for a reliable Government scheme, we feel it is essential if we are to minimise spread of the virus and to save lives that we institute a local scheme immediately. However we do recognise our approach will need to complement the national model and we will ensure that we build and enhance this.

Countries that have adopted time honoured, basic public health measures, test, trace, isolate, support, have done much better at controlling the virus than the UK.

https://www.bmj.com/content/bmj/suppl/2020/05/15/bmj.m1932.DC1/scally130520.ww1.pdf?utm_source=facebook&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage

<https://www.thetimes.co.uk/article/germanys-corona-detectives-led-way-out-of-lockdown-2wkrwtfdv>

The App may be useful but is beset with problems and cannot be relied upon to bring down the R number on it's own.

<https://www.theguardian.com/world/2020/may/24/how-did-the-covidsafe-app-go-from-being-vital-to-almost-irrelevant>

<https://www.newscientist.com/article/2243137-bluetooth-may-not-work-well-enough-to-trace-coronavirus-contacts/>

<https://www.newscientist.com/article/2242609-we-still-dont-know-how-effective-the-nhs-contact-tracing-app-will-be/>

We have been inspired by the Sheffield pilot and have been in contact with them.

<https://www.communitycontacttracers.com/>

There is much that we can learn from them, and while we must respond to our own local situation, there is no need to reinvent the wheel. The link to their material is here, they will provide editable versions if necessary.

We are also aware of a scheme in Massachusetts

<https://www.mass.gov/info-details/learn-about-the-community-tracing-collaborative>

To set up an effective local test, trace, isolate and support scheme we need:

Trained contact tracers and supporters:

Due to savage cuts to Local Authority budgets the personnel in Public Health departments are no longer available in sufficient numbers to carry out the large task that proper contact tracing for Covid 19 would involve. However there are many people who could be recruited.

Retired NHS workers, including GPs, have offered to return to work, many of these have not been assigned a role. They could be used and most have an understanding of what needs to be done. In Sheffield the retired GPs supported the contact tracers at a daily briefing which enabled significant trouble shooting.

There are many furloughed workers in the borough and many people in the community who would be willing to volunteer.

In addition to contact tracers trained individuals will be needed to support people who are expected to self isolate. Staying at home for two weeks can be extremely difficult. People may need support accessing essential supplies, they may be financially penalised and may need psychological help.

We need to get a recruitment drive off the ground immediately. There are many organisations we could use to help us. The East London Mosque has a wide reach, as do other faith communities. The council and local businesses could help us to reach furloughed workers. There are many people in the retail and hospitality industries who cannot work at the moment. Some people may volunteer, in Sheffield, for example, local activists from Extinction Rebellion were involved.

Importantly we have the commitment from the GP Care Group to utilise the infrastructure and support of the Single Point of Access, Advocacy & Interpreting Team and the 0-19 team (Health Visiting & School Nursing).

Trust

For the scheme to work the contact tracers will need the authority to be in touch with people and the contacts will need to feel able to trust them. This makes the local, community focus of the scheme very important. The necessary level of trust is unlikely to be achieved by a national scheme.

We will need to work in ways that account for our diverse, multi-ethnic population, the role of advocacy will be vital.

There are thirty six GP surgeries in Tower Hamlets, working in eight networks across the borough. The GP surgeries would seem to be the natural footprints over which the scheme should operate, but would not be able to take this role on unaided.

GPs are trusted and well known. Contact tracers working with GPs, endorsed by the council and with the support of community organisations and the Clinical Effectiveness Group would be the ideal base from which the scheme could operate.

Trade Unions would be helpful with engagement in workplaces.

Training:

People experienced in contact tracing such as Environmental Health Officers and other people who work in Public Health, though not available in sufficient numbers to carry out the test, trace, isolate and support programme will be invaluable in training the newly recruited contract tracer and supporter workforce. Retired GPs could also help. Martha Leigh, for example, who was a GP in Wapping is very keen to be involved.

Sheffield have developed excellent resources, have given us permission to use them and will provide editable versions if necessary.

https://drive.google.com/drive/folders/1_YzCO_dziNG-nVqXWIkFITpfLMJeBgXC?usp=sharing

Getting the programme going.

Once we have recruited and trained our contact tracers and supporters they will need to be assigned to General Practices and given details of known or suspected Covid 19 cases. General Practice do not get the results of Covid 19 tests so much of this will need to be done on the basis of symptoms. CEG and our IT expertise have agreed to look at a way to ensure that all results come to GPs. It would help if everything came through General Practice rather than 111, resources of course must follow.

Evaluation.

Throughout the programme we will need to collect data and evaluate regularly. CEG/Discovery Project would be able to help with this.

Thank you for considering our proposal. We believe that it will save money by reducing hospital admissions, but more importantly we believe it will save lives.

We are excited about the possibility of making a real impact on the morbidity and mortality of Covid 19 in Tower Hamlets. The experience of other countries has shown that it is only when proper, time honoured, locally based public health measures as we describe have been implemented that case rate comes down enough to begin to contemplate any return to normal life.

With best wishes:

Tracey Cannell and Chris Banks Joint CEOs Tower Hamlets GP Care Group
Dr Sam Everington Chair Tower Hamlets CCG
Dr Jackie Applebee, Chair Tower Hamlets Local Medical Committee
Dr Paul Brickell, Bromley by Bow Partnership/Poplar HARCA
Dr John Robson, Clinical Effectiveness Group
Dr Kambiz Boomla, The Discovery Project
Dr Anna Livingstone Tower Hamlets Keep Our NHS Public
Maggie Falshaw Tower Hamlets Covid Action Group.