

Tower Hamlets Local Test and Trace Briefing

1. Context

The NHS Test and Trace Programme was introduced on the 28th May. One of the core objectives of the programme is to identify close contacts of those who test positive and ask those close contacts to isolate.

Cases who test positive for COVID-19 are asked to self-isolate for a minimum of ten days (unless symptoms are ongoing). The NHS Test and Trace (NHSTT) Programme then contacts the case by text message, email or telephone to ask for information about their recent household contacts in the 48 hours before becoming unwell.

The NHSTT team then follow up on contacts either by text or email (followed up by telephone call if there is no response) informing them of their exposure and asking them to self-isolate for 14 days.

Workers who meet eligibility criteria can receive statutory sick pay during self-isolation and people on lower incomes in receipt of benefits are eligible for a payment of £500 when isolating.

The model was initially centralised at a national level but in the first two months of the programme, it was apparent that call handlers were struggling to contact all positive cases. Overall, around 80% of cases were being contacted and around 60% of contacts.

Following the rapid rise in cases in local authority areas in the north of the country after the first wave, local contact tracing models were developed to complement the national programme (eg Sandwell and Blackburn).

Since then, the Department of Health has been working with local authorities nationally to support development of local test and trace programmes with consistent protocols with integration of data flows from local programmes to the national programme.

Currently these programmes only follow up on positive cases that the national scheme is unable to contact. It does not follow up on contacts of cases that the national programme is unable to contact.

SAGE has indicated that for a contact system to be effective it needs to trace around 80% of contacts of an index case. Currently, the system is estimated to be contacting around 50-60% of known cases¹. The impact of local test and trace programmes is difficult to estimate as is not being reported on routinely at national level. However, updates at local contact tracing forums suggest many other London Boroughs rolling out local contact tracing are reaching 45-60% of cases referred down to them from NHS Test and Trace.

2. Local action

In Tower Hamlets the percentage of positive cases contacted by the national system has been consistently around 80% which is comparable to London levels. For this reason, it was decided to be an early adopter in London for the development of a local test and trace programme in Tower Hamlets supported by the Department of Health.

There are a range of models being developed across London. In Tower Hamlets, it has been decided to pilot a model that is commissioned through the GP Care Group. The strength of this model is that it enables the deployment of trained staff (such as social prescribers, advocates and interpreters) that are experienced in contacting and following up on residents for social and clinical reasons.

¹ <https://www.health.org.uk/publications/long-reads/nhs-test-and-trace-the-journey-so-far>

The service commenced on the 21st of October and is described below.

3. Tower Hamlets local contact tracing programme

- **Model:** In order to develop a resilient model that makes use of community assets and local expertise whilst keeping LBTH staff available for incident response, we have commissioned the GP Care Group (GPCG) to roll out local contact tracing in Tower Hamlets. GPCG is deploying staff such as interpreters, advocates and social prescribers to contact cases and to:
 - ensure they are isolating and know the support available locally to help them do this,
 - gather details of their contacts for national NHS Test and Trace to follow up with,
 - signpost to further services if needed,
 - provide them with additional clinical support where necessary. (see below – *The Process* – for more details)

The service runs 7 days a week.

- **Team:** The GP Care Group has trained a core team of 8 with local language skills and expertise on the area and support services available, with surge capacity of up to 20 to 'stand up' if needed;
- **Demand:** At present, national NHS Test and Trace is reaching 75-80% of confirmed Covid-19 cases in Tower Hamlets; the remaining 20-25% of cases translates to 20-25 cases per day referred to our local contact tracing team at present. *The service commenced on 21 October, and the GP Care Group is currently undergoing a data validation exercise before reporting on case completion rates and timelines. This is due by the end of November as an interim report for the service at the end of its first month in operation.*
- **Wider impact:** We anticipate this model will have broader impact, for example flagging those with complex needs, enabling engagement with isolated households, and promoting key campaigns such as the flu vaccination campaign. We are also part of a national network on local contact tracing, which offers a chance for Tower Hamlets to share learning from our model.
- **Evaluation:** We will evaluate/adjust the model as it develops to ensure best use of skills and capacity, as well as reviewing evolving needs in the community. An interim report after month 1 will set this out at the end of November alongside key data on service performance and early intelligence on isolation compliance and emerging needs in the community. We are currently working with the Covid-19 Data and Intelligence Bronze Group to explore data flows and appropriate reporting within existing data sharing agreements.
- **Funding:** The programme uses Local Outbreak Control Funding.

How it works: the process

1. Person takes a Covid-19 test, tests positive, and receives a text or email to alert them that they are positive;
2. They are asked to call, or are called by (if records are complete), the NHS Test and Trace team to offer guidance on isolation and to gather information on that person's contacts during their infectious period;

3. If the NHS Test and Trace team cannot reach the person for 48 hours, they transfer their details to our **local contact tracing team** via the national Test and Trace database, called CTAS. (Local contact tracers are given access to this by NHS Test and Trace on completion of their Test and Trace training.)
4. The local team then tries to contact the person – by phone first, text and email, and then door knocking if this doesn't work – to give isolation guidance, gather information on contacts, and signpost to local services and support as needed;
5. Once the local team has had that conversation and gathered information on the person's contacts, they then upload these details **back into the national system**, CTAS. NHS Test and Trace then picks these details up and makes calls to all contacts to ensure they isolate.

At present, the local contact tracing team is **only responsible for contacting the 20% of cases that NHS Test and Trace were not able to reach**; the national team calls the case's contacts once their details have been uploaded.

4. Conclusions and next steps

In the first month of operation, the Tower Hamlets test and trace programme is demonstrating that it is effective in following up the positive cases that the National Test and Trace has been unable to contact. The workload has steadily increased with the continuing rise of incidence of COVID-19 in the second wave and the model has been able to respond to this.

However, as numbers have increased, the capacity of the national system to follow up identified contacts would appear to have been impacted. In Tower Hamlets, this has fallen from around 60% to 50%. At national level, this has highlighted that test and trace programmes are likely to have greatest impact in minimising transmission when incidence is relatively low.

The implication of this locally is that it is likely that a local test and trace programme will be needed in the medium to long term and will be particularly important in periods between subsequent waves and in the early phase of subsequent waves.

In addition, there is an ongoing national discussion about whether local test and trace programmes should also follow up on contacts that the national programme is unable to contact. This would be a significant expansion of the current service and would require additional resource and organisation.

The initial pilot was for a period of 2 months. This is being evaluated to inform a longer-term specification.