GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

Date: 9 September 2020

Subject: Greater Manchester Test and Trace Programme

Report of: Sarah Price, Interim Chief Officer, GM Health and Social Care Partnership

Martyn Pritchard, Accountable Officer, NHS Trafford CCG

PURPOSE OF REPORT:

The purpose of the report is to provide an update on the development of the Greater Manchester Test and Trace Programme

RECOMMENDATIONS:

The Greater Manchester Joint Health Scrutiny Committee as asked to note the contents of the report.

CONTACT OFFICERS:

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1. Introduction

The attached report is an update on the development of the GM Test and Trace programme.

2. Governance

In response to the declared Emergency Incident and ongoing Level 3 Regional Command and Control arrangements, the Test and Trace group now meets twice weekly.

This group is chaired by Sarah Price, and receives a range of reports which aim to provide assurance on the delivery of the aims of the GM Mass Testing Strategy, agreed 30 April 2020.

The Testing element of Test and Trace is led by Martyn Pritchard, supported by a team led by Christina Walters. The contact tracing element is led by Jane Pilkington, on behalf of GM ADPHs, supported by a GM hub team managed by Dave Boulger and PHE.

The team works closely with PHE NW Centre the GMHSCP Population Health team, GMHSCP Resilience and Response team, Hospital Gold and Community Cells, 10 localities testing leads, local Directors of Public Health.

The Test and Trace team have established sub groups structures such as a Mass Testing Expert group, and a contact tracing locality/sector leads group specifically to support the implementation of the Strategy.

3. Testing

Key elements of the Testing Strategy

- Building on COVID-19 testing already set up in GM
- Developed a strategy for ongoing testing and COVID-19 management extending testing to asymptomatic groups
- To enable health and care settings to operate safely and minimise risk
- To enable the local economy to start to return to normal

Types of testing available and *being deployed in near future

<u>Current infection with Covid-19</u>

- PCR – Antigen: using swabs. Result available in ~24h
- Point of care, rapid PCR – Antigen: using swabs. Result available in ~1-2h
- *Saliva – Antigen: using collected saliva. Result available in <2h

<u>Previous infection with Covid-19</u>

- Serology – Antibodies: using blood/serum sample. Result available in ~10h

4. What have we achieved?

4.1 The Mass Testing Expert Reference Group continues to evaluate the most up to date clinical and scientific evidence available on behalf of GM.

The group reached consensus on the first set of priority cohorts for regular asymptomatic testing:

- Non-elective patients, renal dialysis, renal transplant, bone marrow transplant, systemic anti-cancer therapy, radiotherapy, obstetric surgical patients and Mental Health in-patients.
- Care home residents, residents in supporting living settings, people experiencing homelessness.
- Associated NHS and care staff groups, including temporary staff and those providing in-reach into community settings.

The detailed recommendations on these cohorts set out the rationale for their prioritisation for regular, repetitive Covid-19 testing.

The recommendations included considerations of initiation of the testing and the intervals for repeat testing.

4.2 Working with the Hospital Cell, the Community Coordination Cell and the 10 localities, we have supported the consistent roll out of the Antigen (PCR) testing recommendations for the priority cohorts.

Accompanying the recommendations, we have provided principles and guidance on roll out in particularly for localities. We have worked closely with the existing Testing leads and Directors of Public health, providing opportunities for collective feedback, raising of issues and barriers, and reporting on specific cohorts.

4.3 Working with other sectors – currently the Universities across GM – we have developed appropriate communications for a consistent roll out in advance of the new academic year, supported the sector in preparing for the arrival of students and ensure the local Directors of Public health are now leading the next stages of support to Universities.

4.4 Through GM colleagues who retain the first point of contact with the Department of Health and Social Care, we support the ongoing roll out of new initiatives and opportunities in this rapidly diversifying sector.

Furthermore, through the same channels, we continuously raise the issues which create barriers to testing or constrain the levels and ambition GM has developed.

5. Contact Tracing

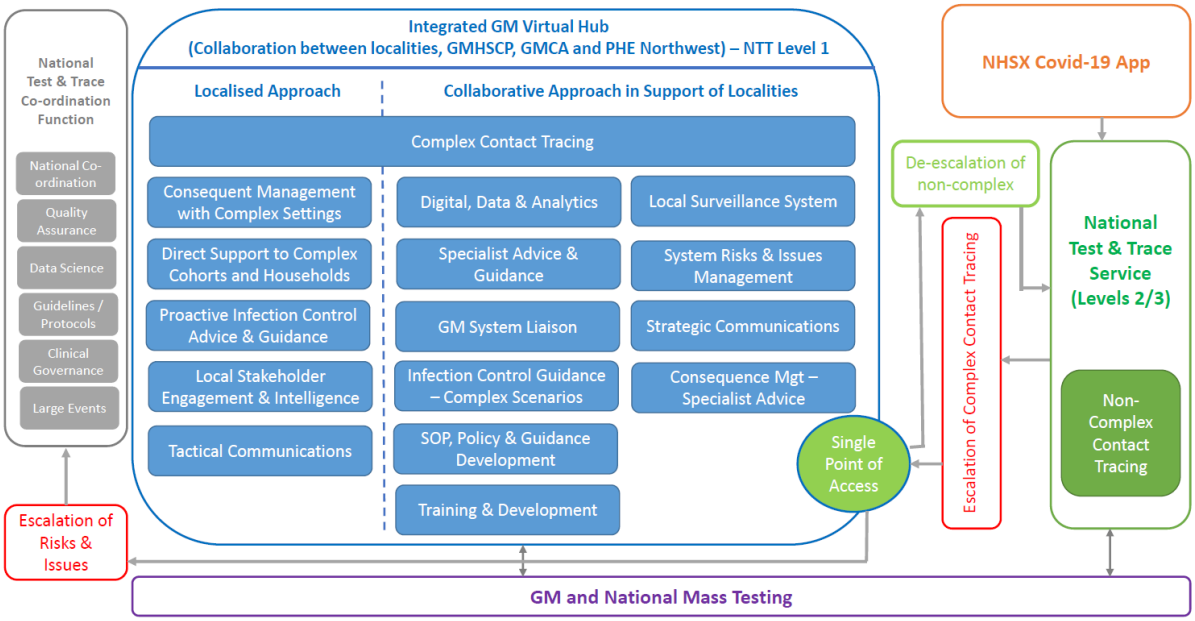
5.1 A national model of contact tracing has been established by DHSC for England, which includes 3 levels of delivery, a call centre facility and web-based function (level 3) alongside health professionals providing telephone-based case management of people who have tested positive (level 2). Level 1 services are provided through local arrangements

5.2 Greater Manchester has established collaborative arrangements for the delivery of the Level 1 responsibilities across our city region.

The focus of level 1 services is on complex settings, complex cohorts and potentially vulnerable individuals / households, providing contact tracing, and dealing with consequence management such as support to self-isolate.

These arrangements for GM are a whole system endeavour with leadership required from across health, local government PHE and the voluntary, community and social enterprise (VCSE) sectors.

5.3 The GM Contact Tracing Model ensures an approach which maximises the opportunities for GM level collaboration, whilst valuing local flexibility and can be articulated as follows:



The model is delivered through a GM Integrated Contact Tracing Hub including a single point of contact), bespoke locality arrangements, and specific arrangements within key sector partners such as GM Police, GM Fire and Rescue Services and Hospital Trusts.

6. What have we achieved?

6.1 Well established level 1 arrangements operational from June 8th and reaching 100% of settings escalated from the national team and 99.4% of all identified contacts.

6.2 Staffing structure for GM hub for next 12 months designed, financed and recruited to by end September 2020.

6.3 Innovative case management digital solution designed developed and being rolled out across all localities; this is now been replicated in other areas across the country.

6.4 Strong Partnership with PHE NW enabling the development of fully integrated contact tracing services that provide a blueprint for the future redesign of health protection services.

7. Opportunities and Challenges across the NHS Test and Trace Programme

Table 1 below sets out a current position on challenges and forthcoming opportunities in the development and of testing and tracing. The opportunities represent the next stages in this work in GM

Testing Challenges?	Opportunities?
Ongoing constraints in Pillar 1 capacity – Hospital PCR testing 'SIREN' study also aims for large scale staff testing Prefer to use Pillar 2 capacity for staff and patients at scale – not possible due to data	• **Pilot of elective patients tested pre-op through Pillar 2 underway, tbc** • **Deployment of Point of Care, rapid testing in Autumn, locations tbc** • **Saliva testing pilot to commence, tbc**
Ongoing data range and quality issues of Pillar 2 – fin local and regional PCR testing Prevents agile and flexible use of Pillar 2 testing, e.g. employee tests. Prevents preferred reporting outputs	• **Clearer process for requesting and deploying local testing – DPHs lead on this** • **Pilot of Saliva testing to commence – limited sites initially**
Care Homes testing National pilots and testing regimes were problematic Confirm testing advice for visitors/in-reach	• **Uptake has been good, consistent approaches increasing** • **Future use of saliva testing may benefit residents, staff and visitors**

Ensuring communities and specific cohorts minimise transmission of Covid-19 Sectors such as education, complex work places, vulnerable communities. Age groups who adhere to less social distancing, increasing incidence of infection	• **Expert Reference Group's (MTEG) continued consideration of new approaches and requirement across GM** • **Insight studies, Comms and Engagement** • **Recommendations issued and roll out**
Antibody testing Resource-intensive, limited clinical value, low priority	• **Consistent response given across GM to avoid diverting resources to Antibody testing**
Funding arrangements for testing after Sept. Working with region to resolve	• **'SIREN' study is funded** • **New testing approaches may be less costly**
Contact Tracing Challenges?	**Opportunities/Actions?**
Improvements in national element of the CT service required Effectiveness of national level 2 and 3 services – leading to low rates of index cases and contacts reached particularly in our boroughs with highest need/rising transmission	• Work with national team to develop a pan GM approach to locally supported contact tracing initially for those index cases not reached within 24 hours by the national team • Roll out of phase 1 of LSCT across GM by end of September • Design work underway to now extend LSCT to include work with contacts
Investment Lack of resources to support contact tracing – grant received fir level 1 services delivery but no confirmation of resources to support further devolution of responsibilities for level 1 and 2	• Working with national leads to resolve

Establishing surge and reserve capacity There is insufficient capacity within the BAU Contact Tracing System, even with the additional investment and the establishment of the GM Hub, to cope with a significant surge in cases or a seasonal 'second wave	• Development of a GM 'bank' of staff to be deployed in the event of a short-term surge in demand or activity. • Development of a GM 'reserve' to be deployed in the event of a significant 'second wave
Ensuring GM-wide capability, knowledge and skills For the GM CT model to be scaled and fully effective there was an identified need for a pan-GM training and development programme.	• Formal programme to establish a pan-GM eLearning platform for Contact Tracing and Outbreak Management to be stood up and progressed. • Pan-GM eLearning platform to be in place by 30/9/20.
Schools The reopening of schools potentially represents a considerable risk in terms of infection rate, disruption, consequence management and business continuity. There is an expectation that the full reopening of schools at the start of September will generate significant activity and demand within the GM Integrated Contact Tracing Hub and localities	• Development of a school risk mitigation plan through the GMDsPH School Public Health Advice Cell. • Key additional developments include a standing up a daily School CT Cell and a Contingency Framework
Universities There is recognition that university students could be a particularly complex cohort, that they could be a potential catalyst for increased infection rates, and that they could generate a lot of CT demand and high numbers of contacts across a range of settings.	• Development of a University Contact Tracing Plan including: A University CT SOP and A University SPOC List • Alignment of the University Contact Tracing Plan with the Testing Plans for Universities. • Table top exercise planned to stress test contact tracing/testing

There is an expectation that the full reopening of Universities across GM during September / October will generate significant activity and demand within the GM Integrated Contact Tracing Hub and localities.	arrangements planned for resumption of universities

8. Conclusion

GM has been using the unique opportunities in the city region to build a comprehensive response to the pandemic through working together where it makes sense, supporting localities to keep their residents safe and re-establishing services in the most appropriate way.

As new technologies come online, GM is in the forefront of piloting and supporting roll out and will continue to adapt the Test and Trace programme to meet developing need.