

NHS Scotland Chief Executives

27 November 2020

Dear Chief Executives

Testing Expansion Plan – Staged Roll-out

As you may be aware the Cabinet Secretary for Health and Sport has announced the expansion of routine testing in a number of areas, including all emergency and planned admissions to hospital and routine testing of patient facing healthcare workers. As well as expanded testing in the secondary care setting, the expansion cuts across social and community groups as well as higher and further education.

We are writing to provide details on the expectations on Health Boards to support expansion of the following key areas:

- All emergency admissions to hospitals
- All planned admissions to hospitals
- Routine testing of asymptomatic, patient-facing healthcare workers

There will be a phased approach to the implementation of the testing across these groups, with the specific timescales highlighted in **Annex A**, but it is expected that:

- The testing of all admissions to hospitals is in place from 30 November and fully implemented by 31 December 2020.
- The testing of health care workers commences from 1 December and fully implemented by 31 December 2020.

You will also be aware that Donna Bell, Director of Mental Health and Social Care, has written to Care at Home providers and Care Home Managers (Adult) outlining how this expansion applies to their workforce.

This additional testing will add to the layers of protection in place for our keyworkers, for the people they serve, and for our communities. It is only possible because of increases in our testing capacity – that is delivered through our NHS laboratories, the expansion of the three Regional Hubs and innovative testing options such as Lateral Flow Testing devices.

In summary, the key points you will want to note are:

Testing of all emergency and planned admissions – this will include all emergency and elective or planned admissions. Elective surgical patients are already tested prior to admission.

- Testing of all **emergency admissions** will commence from 30 November with full implementation by 14 December. This will include all emergency admissions whether or not they have symptoms, through Emergency Departments, Acute Assessment Units, Maternity Units and Emergency Mental Health Units; and elective or planned admissions.
- Testing of all planned medical admissions will commence by mid-December. Work is underway to validate the Pathways and a separate update will be issued once this is complete.
- In addition to testing all patients on admission to hospital, all patients who test negative on admission should be retested on day 5 of their in-patient stay from 30 November; in addition, as per current guidance, any patient who develops symptoms post-admission should continue to be tested immediately.

Please refer to **Annex B** for further details including next steps and timescales.

Testing of patient-facing healthcare workers – all healthcare workers currently in patient-facing roles within hospitals, the Scottish Ambulance Service and Covid-19 Assessment to be tested twice weekly, this includes students on clinical placements and volunteers working in patient facing roles. A separate Directors Letter (DL), guidance on asymptomatic staff testing and a FAQ guide is due to issue early next week.

Please refer to **Annex C** for further details including next steps and timescales.

Testing Expansion Plan for Care at Home

As noted above, a letter was copied to Chief Executives on 25 November that outlined the plans for testing expansion for social care staff. The final pathway is still under development and work is required with local partners, providers and workforce bodies, such as the unions to ensure effective delivery. We will continue to work with local partners, providers and workforce to ensure effective delivery.

As part of this process we will review the reporting of testing uptake by Care Home workers, which is currently provided manually by Health Boards.

Reporting and Performance Management

We are working with key partners including eHealth Leads to agree a digital solution to the reporting and performance management arrangements and a further update will be issued early next week. However, it is expected, in line with current arrangements for routine testing of healthcare workers and care home staff, that information on the level of uptake across these expanded groups will be required and that this is available shortly after implementation. As highlighted above, this will also highlight the impact on existing reporting arrangements going forward.

We hope this extension of testing provides reassurance to you and your staff. However, as you know, testing is only one measure of protection against COVID-19. A strong emphasis on robust Infection Prevention and Control (IPC) measures, including the use of PPE, the extended use of face masks, physical distancing and good hygiene remains critical to ensure the risk of transmission is minimised.

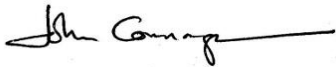
As outlined in Scotland's Testing Strategy, our approach to COVID-19 testing continues to be adaptive as we deal with the pandemic and the coming winter months.

Many thanks for your continued commitment and support at this time.

Yours sincerely



PROFESSOR FIONA MCQUEEN
Chief Nursing Officer



JOHN CONNAGHAN CBE
Interim Chief Executive NHS Scotland

TESTING EXPANSION IMPLEMENTATION – SUMMARY TIMELINE

Category of Testing	Start Date	End Date
1. Hospital Admissions – emergency	30 November 2020 (full commencement)	Ongoing regular testing – no end date.
2. Hospital Admissions – planned	Mid December 2020 (full commencement) – details to follow .	Ongoing regular testing – no end date.
3. Healthcare Workers	Early December 2020	All workers included by end December 2020. Ongoing regular testing – no end date.
4. Social Care - Care Home Visitors	<p>Initial roll out to a maximum of 12 early adopter care homes across 4 local authority areas (w/c 7 December).</p> <p>Subject to successful delivery further roll out to small number of care homes will continue across an additional 7 local authority areas before the 21 December.</p> <p>Full roll out to all care homes will commence in w/c 11 January, learning from the early adopters and continuing over the course of January and early February.</p> <p>Christmas PCR testing will take place for 3 weeks from 21 December 2020.</p>	<p>Roll out to all care homes completed by early February 2021. Ongoing regular testing – no end date.</p> <p>Christmas PCR Testing will end on 10 January 2021</p>
5. Social Care - Visiting Professionals	<p>Mid December 2020 – for all NHS professionals.</p> <p>From 11 January 2021 - for non-NHS professionals, those working in Level 3 & 4 areas will be prioritised.</p>	<p>Roll out is expected to conclude by end February 2021. Ongoing regular testing – no end date.</p>
6. Social Care – Care at Home	<p>From 11 January 2021 - for sheltered housing and residential settings, in line with the substantive care home program roll out. .</p> <p>From 18 January 2021 - for care at home services, commencing with those areas in Levels 3 and 4 first.</p>	<p>Roll out is expected to conclude by end March 2021. Ongoing regular testing – no end date.</p>
7. Higher & Further Education Students	30 November 2020	<p>Expected to conclude on 9 December 2020.</p> <p>Further phase of testing being planned for student return in January 2021.</p>
8. Community Asymptomatic Testing	Early December 2020	<p>Mid December 2020 (plan for one week of testing - may be flexibility to extend slightly).</p> <p>Plan to scale up (learning from December initiatives) in the new year in other areas of Scotland – no planned end date.</p>
9. School (staff)	From January 2021 (pathfinders)	<p>End date of pathfinders TBC in discussion with local partners</p> <p>Further roll out beyond that point, considering learning and outcome of pathfinders.</p>

Testing of all Emergency Admissions and Elective / Planned Admissions

Overview

You will be aware that COVID-19 Test and Protect Pathways Programme, alongside the Unscheduled Care, Health Performance and Delivery Team, have been working with Boards over recent weeks to develop pathways for patient admission testing. There has been engagement with clinicians and service managers through various design events to build the pathways.

Evidence suggests that testing all patients on admission to hospital will help to ensure patients are placed into the correct patient pathway, thereby reducing cross-infection between pathways. This, alongside existing IPC measures, will help to minimise the risk of nosocomial transmission of COVID-19 in hospitals.

In addition to testing all patients on admission to hospital, all patients who test negative on admission should be retested on day 5 of their in-patient stay; in addition, as per current guidance, any patient who develops symptoms post-admission should continue to be tested immediately.

In summary, all of the following admissions to hospital will be tested, including inter-hospital patient transfers:

- All elective surgical patients are already tested prior to admission;
- All emergency admissions will be tested on admission to hospital (starting from 30th November with full implementation by 14th December);
- All elective or planned medical patients will be tested on or prior to admission; further guidance will follow (by mid-December) on testing of all Planned Medical Admissions.
- All patients who test negative on admission to hospital should be retested on day 5 of their in-patient stay and any patient who develops symptoms should be tested immediately;
- Patients should continue to be tested after admission where clinically appropriate. For example, where the person becomes symptomatic or is part of a COVID-19 cluster or outbreak;
- The policies set out above also apply to inter-hospital patient transfers;
- In addition to testing of all admissions and retest at day 5, serial testing of any patient group – including those aged 70 and over – should be informed by local intelligence and risk assessments in line with the CNO letter sent on Friday 16th October;
- All patients are tested on discharge to nursing/care homes. The full guidance document are available on the Health Protection Scotland website: [Guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings](#) and [COVID-19: Information and Guidance for Care Home Settings \(Adults and Older People\)](#).

Next Steps

The design mapping of the **Emergency Admissions** pathway is now complete, and we are therefore asking for NHS Boards to start implementing all emergency admissions testing locally, including Emergency Departments and Acute Assessment Units; Maternity Units and Emergency Mental Health unit admissions; this should commence from 30th November with full implementation by 14th December. Please contact Helen Maitland, National Director of Unscheduled Care (Helen.Maitland@gov.scot) with any immediate questions.

The pathway maps for emergency admission testing are attached at **Annex D**.

Work is under way to the design mapping for **Planned Medical Admissions** and specific guidance will be issued on this once the design mapping work is finalised, we expect to have this with you by mid-December. Please contact Gordon Frame, National Director of Scheduled Care, (Gordon.Frame@gov.scot) with any immediate questions.

This period allows Boards time to develop plans and processes locally to implement training and contribute to the development of a national standard operating procedure to ensure this policy is effective and successfully delivered

Testing Route

All patients who are asymptomatic at the point of admission should be tested using PCR tests.

The LumiraDx SARS-CoV2 Antigen Test met the MHRA Target Product Profile (TPP) criteria for POCT for performance characteristics with a sensitivity of 83% and specificity of 98%. This means that, in the context of local (high) virus prevalence and specific Health Board setting, **the LumiraDX SARS-CoV2 Antigen Test can identify positive respiratory samples collected from symptomatic individuals showing clinical signs/ symptoms compatible with COVID-19.**

A positive result in a symptomatic patient can be trusted and the symptomatic patient can be placed in a red – COVID-19 positive pathway. However a negative result will require a follow up PCR test and the patients should continue to be managed on an amber pathway. Pathway validation advises that clinical judgement should contribute to decisions on patient placement of all symptomatic patients.

It is important to recognise that there is a cohort of atypical presentation, particularly in the elderly and a checklist is available at **Annex E** - this has been developed for assessment purposes. A Covid Ward Round Checklist is also embedded below.



Covid Ward Round
Checklist - v01.0.pdf

Adoption of the LumiraDx SARS-CoV2 Antigen Test for testing symptomatic patients on admission should remain a decision of the local Health Board. However, **the LumiraDx test should only be used to test symptomatic individuals showing clinical signs/ symptoms compatible with COVID-19. All negative LumiraDx test results will still require confirmatory testing via PCR.**

Please identify a single point of contact in your Board, for LumiraDx. **Please inform nss.nationallabsprogramme@nhs.scot, by close of play on 30th November.** This could be the LFD Coordinator (detailed below) or a member of your Laboratory Team.

A national Clinical Guidance on the use of point of care testing has been developed. This policy will pertain to all clinical situations where POCT for COVID may be utilised; the recommendations in the document gives the framework and guiding principles for local standard operating procedures to be developed to adopt and implement a POC device.



Patients who test positive should be managed in line with the guidance set out in [the COVID-19 addendum to Scotland's National Infection Prevention and Control \(NIPCM\)](#).



Roll-out of Twice Weekly Testing of Healthcare Workers

Overview

In line with the clinical review of our Testing Strategy, and further scale-up of capacity, we are rolling-out twice weekly routine testing of all healthcare workers currently in a patient-facing role within hospitals, the SAS and in Covid 19 Assessment Centres.

We have been engaging with NHS employers, staffside and other key stakeholders, including National Procurement, to develop and build robust and reliable pathways and processes for testing these groups of patient-facing healthcare workers. The roll-out will be phased in from the start of December 2020, with the aim all patient-facing healthcare workers in hospitals, SAS and in Covid 19 Assessment Centres tested twice weekly by the end of December 2020.

The twice weekly testing will be delivered using Lateral Flow Tests (LFTs). LFTs can be self-administered using nasal swabbing and results are given after approximately 30 minutes. The first test must be carried out under supervision. Staff should then be able to self-administer the tests either at home, or at work. **Further guidance documents, validated pathways and training resources will follow.**

In the event of a positive LFT result, staff should self-isolate with their household in line with government guidance and inform their manager in the usual way. Anyone who receives a positive result from an LFT will then require a confirmatory PCR test. Staff should continue to isolate until they have the results of the PCR test. At the point the confirmatory PCR test result is known, and this is positive, test results will, as normal, be referred to Test and Protect so that contact tracing can commence.

The testing of staff is offered on a voluntary basis, and there are a number of reasons why staff might be unable to participate. However, we would strongly encourage all eligible staff to undertake the testing on a routine basis, highlighting the benefits to them, their families and their patients

Staff who are currently tested using weekly PCR tests should continue to do so based on extant policy. However, staff will be offered the opportunity to be tested using LFT and PCR so they too can access twice weekly testing.

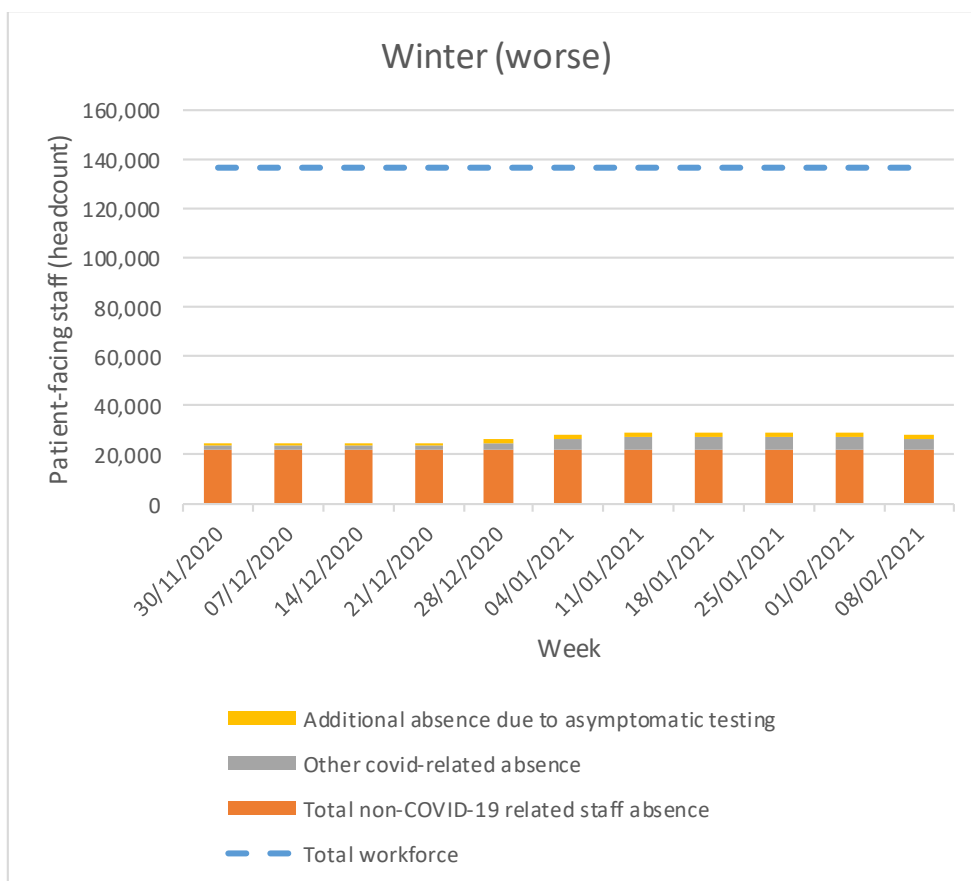
National Services Scotland are ready to start delivering LFTs to Boards. The points of contact for distribution are: Graeme McEwan – Graham.Mcewan@nhs.scot and David Taggart – David.Taggart@nhs.scot

Projected impact of Staff-Testing on Staffing Absence

There is a risk that the roll-out of routine testing to all staff will result in a higher proportion of staff self-isolating for a 10 day period, if LF tests are positive. This needs to be balanced against the clear clinical benefits of identifying further asymptomatic cases amongst staff to mitigate against nosocomial spread in health board settings, thereby breaking chains of transmission reducing the likelihood of significant cluster outbreaks. In the medium-term, it is hoped that this offsetting effect could result in a net negligible impact on overall covid-19 related absence rates, though staffing absence will of course remain impacted by the overall prevalence of Covid-19 within our communities.

The overall current prevalence of Covid-19 amongst health and social care staff is unknown, though prevalence is likely to follow the wider epidemiological curve and therefore infection rates are likely to be highest where infections in the community are highest. Current Covid-19 related absence across the service (for all reasons including self-isolation and covid-19 care related reasons) is estimated at c. 1.8% (week ending 24 Nov.)

Using modelling from the Office of National Statistics survey to assess likely rates of asymptomatic infection, we have modelled the *maximum* additional absence created by routine screening of *all* patient-facing staff, at c. 2,046 staff or 1.5% of the workforce nationally. The modelling projects that this additional absence would peak in early February. It must be stressed that this assessment is based on the latest pandemic curve modelling for the “worse” scenario, it is not a prediction, but a reasonable worst case assumption. Using this assessment, the overall total absences including non-covid related absences (sickness, maternity and holiday absence) is projected to be 29,416 (21.5%) in the first week of February, which is commensurate with year on year averages – though marginally higher overall.



Next Steps

- Identify a senior manager to be your Healthcare Worker (HCW) LFT Lead and share their contact details with the Scottish Government Pathway Lead for the NHS Staff Testing Expansion Pathway - CNOD_Admin@gov.scot - by **noon on Tuesday 1st December**.
- The HCW LFT Lead will be responsible for coordinating implementation at a local level within your Board.



Emergency Admissions Pathway Mapping Documentation



Test and Protect -
Emergency Admissio



THINK COVID
Covid 19 Assessment in the Older Adult - Checklist



Annex E - THINK
COVID - Covid 19 As

