All-Party Group on Coronavirus - Oral Evidence Session 4

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Layla Moran MP

Welcome everybody to the All-Party Group on Coronavirus, this week's session is focused on the Test and Trace system and we are delighted to have many illustrious panellists with us today, for the first session we've got the Royal College of Physicians, Professor Andrew Goddard and the Royal College of Pathologists, Professor Jo Martin and then in the second session that will start at 12:30 that will last an hour, we've got Mark Adams the CEO of the Community Integrated Care and we've got also Professor Gabriel Scally and Professor Brian Duerden CBE, so we are going to start without further ado and I'll do some quick introductions and then get to it because there is a huge amount to discuss today, but in this first session we've got Professor Andrew Goddard, the President of the Royal College of Physicians and a Consultant Physician and Gastroenterologist at the Royal Derby Hospital and Professor Jo Martin is the President of the Royal College of Pathologists, Jo is a practising Histopathologist and Professor of Pathology at Queen Mary University of London. So, welcome to you both, thank you so much for coming to answer our questions and I thought I'd start with the most topical one which is that of course today we heard that, and yesterday as well, that Matt Hancock is planning to roll together all these organisations, get rid of Public Health England and create some kind of super-arching body in the middle of a pandemic. I just want to simply ask your initial reactions to that, so Andrew and then Jo if you wouldn't mind giving us your reaction, is this going to work?

Professor Andrew Goddard

Thanks Chair, so just for people watching it has my label as Andrew Goddard MP, I am not a Member of Parliament at the moment, I have no plans to be so.

Layla Moran MP

Yes, we can remove that.

Professor Andrew Goddard

I'm just an NHS Consultant, so yeah clearly there have been thoughts about what might happen with PHE in the future for many weeks, ever since the pandemic started, so I don't think the announcement came as much of a surprise. I think the timing though is not good, we are still in the middle of this pandemic and to think about a re-organisation of the systems right now is probably not right. I think I'd also take the opportunity to say that the staff within PHE have worked above and beyond, completely, over the past months and many have worked seven day weeks, sort of 16 hour days, and I think that the announcement about all of this will just undermine them and we risk losing some very, very talented people if we're not careful, so it needs to be managed very carefully as the transition to the new organisation happens. As an aside, while it's good that we have a clear focus on protection, all of this is focusing very much on coronavirus, we mustn't forget all the other viral diseases that we have and the other risks of other pandemics, but what Covid has shown us most strongly is that we still have huge problems with health inequalities in our society and focusing

on prevention and public health as a whole, and the prevention aspects of PHE, we need to make sure that they are loved and supported both with funding but also organisationally moving forward, as much as the protection issues, and I'll stop there.

Layla Moran MP

Thank you very much, Jo Martin.

Professor Jo Martin

Thank you very much. I would echo absolutely everything that Dr Goddard has said, I think the timing is interesting, our microbiologists, many of whom work with PHE, our virologists, our immunologists who work with PHE are all in the middle of coping with infection control changes, dealing with patients and dealing with the fall-out from the pandemic. Many of them hold joint positions with PHE and they are very worried, so I think this is difficult timing, I would agree entirely. PHE's staff have been astonishing, they have worked absolutely creating evidence, gathering evidence and as BOD says, any time of the day or night if I wanted to know something there would be somebody in PHE who would respond to that. You know, groups created, information sharing and the willingness to really go above and beyond has been admirable, absolutely admirable, I couldn't fault the personal dedication of the staff of PHE during this time. I would agree entirely again about keeping the protection and the prevention agenda going, I think that's really important and the issue around health inequalities, absolutely agree with that. So very, very difficult timing, there were some changes that PHE I think itself had wished for, but wholescale change needs to be managed very, very carefully.

Layla Moran MP

Thank you very much for that bigger picture stuff, and so if we now dive in a little bit on Test and Trace itself perhaps I'll start with you, Jo if you don't mind, in your opinion how effective has Test and Trace been up to this point?

Professor Jo Martin

I think it's getting more effective. Initially I think it was hamstrung by the lack of data flowing between different parts of the system and I think that is absolutely key, you can't track and trace locally without knowledge of the local area effectively and I think it's moved to that, so I think there's been a lot of constructive change. There are lessons to be learnt around setting up laboratories which don't have electronic links, there's no point in … I've spoken to the Parliamentary Scientific Committee about if you have a test and you do the tests and you can't see the result and you don't let anybody know the result it's virtually not worth doing. So, you need to make sure when you set up laboratories, when you set up testing structures that they are integrated into whoever needs to know and that includes Public Health. We have very good systems of electronic data transfer in the Health Services, and that includes links between some private sector providers and Health Services and I think the big learning is you don't set up a Lighthouse Lab independent of those links and not much better having to retro-fit them in the heat of battle has been very trying for some of our NHS Digital, NHSX systems. One thing that has worked well has been the linking of laboratories to PHE to do automatic reporting as opposed to manual reporting and that was all put in place extremely rapidly and very quietly and most of you will not be aware of that enormous infrastructure change that was very, very efficiently managed. That was NHS Digital working with

the National Pathology Exchange, linking the NHS labs together and linking them to PHE, that's been an extraordinarily effective piece of infrastructure that we needed beforehand, but implementing it at speed during the pandemic has been very efficient. Having a separation between regional and local Directors of Public Health has been difficult I think and having to put in data sharing agreements between different parts of the same Public Health system has been troublesome.

Layla Moran MP

And is it working now, the data flows?

Professor Jo Martin

It's not working in the way that we would … it's not optimal, it's working a lot more efficiently. I think the last data, I might be out of date but at least 80% of the data is flowing back to general practice, it doesn't always then flow back to the acute sector, so if you have somebody who has a test in a Lighthouse Lab or in a different setting both the acute and the primary care sector need to know about that if the patient deteriorates, so if somebody's had a test it's nice to be able to see that.

Layla Moran MP

Right, so same question to you Andrew if I may, so how effective is it in your eyes, please don't necessarily repeat what Jo has said but if there's anything you want to add at this point.

Professor Andrew Goddard

OK so the first caveat is obviously my experience with Test and Trace is really pretty limited and the only bits of sort of the testing that I understand well are those within hospital sector, level one so to speak. I feel the data that has been produced about Test and Trace shows that it has got better and better as time has moved on and the large number of people whatever it was for the last week 438,000 or so people being tested, I think shows that we have managed to upscale widespread testing. From my perspective how the app is going to work is really important because that is a critical part of it and some of that links into that, is my understanding, is the app will be able to feedback the results to that individual and begin to allow all of the different networks to work together. To me though, one of the things that I've noticed as a member of the public is that it's all been a bit confusing and trying to understand, you know, where you go for your test and what Test and Trace is, and trying to understand why we are different from say Korea or other places which you know people use as a comparator and I don't think it's a fair comparison by the way, why are we not as successful as those. And then you look at other health systems within Europe, Germany which has quite a well-networked public health system and communication around infectious diseases, it seems to have felt like it's worked better elsewhere. So, I think we went from a pretty much standing start with Covid on this scale and we are now getting there, it's been a long, painful process but a lot of people have done a lot of work and I'd just like to say that Professor Martin has been key to running and getting all of these things up and going and her work should be thanked publicly.

Layla Moran MP

Well, I'm very happy to do that and thank you Professor Jo. So, I will now pass to Philippa Whitford, Dr Philippa Whitford.

Philippa Whitford MP

Thanks very much Layla, good morning Jo, if I can start with yourself. Obviously you talked about the communication difficulties between the commercial labs that were set up and the results not getting to the people who knew, and obviously this is something we've been raising for quite a long time in Parliament. The Royal College of Pathologists talks about testing for a reason, do you think that if the Government had looked at Test, Trace and Isolate, isolate seems to not get much of a mention, it might have taken a more whole system approach and looked at increasing funding to NHS Labs even if anonymised samples at some point had to go to Universities or Research Labs to help you increase capacity, rather than creating this whole separate system that just didn't have the links?

Professor Jo Martin

Yeah, I think my understanding is that the thinking was that large scale industrial input was the most efficient way of scaling up testing at the beginning and certainly industry is to be credited for the willingness and the involvement that they've wanted to help and they have been very helpful. I think doing that without a full appreciation of the infrastructure that you need to transmit data one end to another, so from the sample to the patient and to everyone who needs to know in that setting has been … I think that lesson is very well learned and it is getting better undoubtedly as Dr Goddard said, it is hugely better than it was and I think as people are putting new contracts in place, as people are beginning to think about stabilising the system for the future those key elements of connectivity have to be in place going forward.

Philippa Whitford MP

But do you think there was too much of a focus on obviously we'd lots of targets around numbers of tests and you know we can argue about how many were in the post and how many were actually done, obviously about 10% have been removed, but do you think there was a failure to actually look at what the tests were for and therefore to look at Test, Trace, Isolate as a system and therefore who really needed to know those results?

Professor Jo Martin

Yeah, I think there was an appreciation of the scale of testing in other countries. I think again having widescale access to testing was clearly going to be needed. As you say our testing strategy document clearly says you need to test for a purpose, it needs to be a test for a purpose. I think at the beginning of the pandemic there was very widescale concern that we weren't going to have enough testing available, a lot of other countries had very big … had the ability to scale up testing very rapidly and also I think we were bearing in mind at the time that we were in international competition for consumables, so these are new tests, they're produced by industry and initially the supplies were very limited and even within the Health Services, so you set up the Lighthouses, they've got particular technology which means that the NHS didn't always have access to that technology, so the NHS was changing the testing that they were doing really very, very often, so the [inaudible 0:25:07.1] of adoption and changing which tests we were using across the health services across all four nations was considerable, so it wasn't just the implications of ramping up the testing, but people were having to duck and weave with what testing platforms they were using the whole

time. Most labs have had to switch and most labs have had to switch several times from one platform to another during this pandemic so far, they've done an astonishing job.

Philippa Whitford MP

Looking at the SAGE minutes which are of course now public, there was a lot of discussion about serological testing in the early meetings, do you think that there was confusion, I mean not necessarily within SAGE but within the Government interpretation. Serological testing is more about studying the pandemic and its spread rather than managing it, whereas maybe if it had been modelled, it wasn't modelled in the ICL modelling at the beginning, that maybe if the impact of Test, Trace, Isolate had been included in the model there would have been an earlier recognition that this is probably the single most central thing you have to get right and that we have to get right before next winter.

Professor Jo Martin

So, I think there was a great deal of hope that lateral flow tests would be available that were productive. There was a lot of hope that a lot of the serology tests would come on quicker than they did and that they would be available for widespread population testing.

Philippa Whitford MP

But that wouldn't help you manage a person though.

Professor Jo Martin

No, it doesn't, and also at that stage we had no idea how long the immunity would last and actually whether the immune reaction that you produce defends you against the virus.

Philippa Whitford MP

We still don't know that.

Professor Jo Martin

No, so you're batting … yeah exactly, so you're batting, you know you're batting with yes you can prove that you've been exposed to the virus but is that antibody level indicative that you won't get it again and we're still gathering data on that.

Philippa Whitford MP

But all that focus in the early stage discussions, do you think that was because of the discussion about herd immunity, you know let's let people get infected, let's build up population immunity and then we don't need to worry because you would have thought that the recognition would have been for the tests that help you manage, which is the PCR antigen tests.

Professor Jo Martin

Yeah, I wasn't party to the SAGE discussions so I can't.

Philippa Whitford PM

The minutes are published, I mean obviously none of us were.

Professor Jo Martin

I can't comment on the rationale for that particular discussion at that stage, I know there was … I mean there's always a concern about population level, particularly in the absence of a vaccine also.

Philippa Whitford MP

OK, thank you. I don't have any specific questions for you Andrew unless you want to add anything on that topic?

Professor Andrew Goddard

No, not really. I mean I think that the conversations with us and the Chief Medical Office was very clear that serological testing was there to understand the epidemiology, it wasn't about managing the cases and the challenges with the PCR testing and its relatively high false negative rate was perhaps as much of a concern as anything and that remains one of the limitations with the PCR test, even now.

Philippa Whitford MP

Thanks very much.

Layla Moran MP

Thank you very much. Liz Saville-Roberts.

Liz Saville-Roberts MP

Thank you very much Layla. A broad question, forgive me, to both of you, but your evaluation about the different approaches taken by the devolved nations and also their relationship and the effect of the UK Government's policies in relation to the devolved nations, obviously I'm particularly interested in Wales because we have a long and porous border, but the question obviously also applies to Scotland and Northern Ireland. Jo, if you've care to start.

Professor Jo Martin

So, at a personal level it's been for our College which is … our College is multi-national so we have international colleagues as well. It's been interesting to try and balance, even within the UK where you've got different approaches with isolation, different approaches that affect healthcare staff, our members as well as the public. So, I think that's been … at a personal level I would have liked to have seen that more joined up. I think at a professional level we have remained joined up, we've remained in constant contact, we have WhatsApp groups, we have email lists which are constantly being used to share knowledge, ask questions and give advice to each other and that is cross-border, so irrespective of Governmental boundaries I think the professions have continued to act as one.

Liz Saville-Roberts MP

One of the issues that we've experienced in Wales was a lack of availability of tests early on because of the dynamics of centralisation, whereas some have the means of greater purchasing power than others. Have you any comment on that please?

Professor Jo Martin

So, the allocations, the UK allocations were centrally managed. That was, to be honest, it was actually I think that was a useful command and control element, looking at central procurement. With local commissioning it would have been, people were buying stuff independently and it was a lot easier to put in big contracts to secure national allocations and allow that. And then there was population based distribution, that took a little while to get going and particularly regions, both Wales and other regions of the UK certainly felt that their, if you like, allocation of tests weren't adequate. I think we all felt nationally that across the UK that we could have done with a lot more testing but that was limited by the suppliers. It was also limited by the technological platforms we had in each location, so some organisations would have, you know a Roche or an Abbott and others would have different platforms, so it was dependent on both what analysers you had and also what supplies were available. I again can't pay tribute to the laboratory managers, the service people, the virologists, the biomedical scientists, the clinical scientists who are managing all of this on a day to day basis, really, really hard.

Liz Saville-Roberts MP

And Andrew.

Professor Andrew Goddard

So, my take on it, so we've had the devolved nation of system of our health systems for many years and we are used to working in those settings. As Jo has said across the profession we like to try and have joined up messages and all singing from the same hymn sheet. I think one of the dangers that the public have seen is that with slightly different messages, I think it's fair to say that none of the core messages during the pandemic were different between the devolved nations, that everybody, when it came to something really important, critical, people were agreed, but some of the subtleties around some of the social distancing, some of the lockdown procedures, masks, etc has differed between different devolved nations and I think that's caused confusion. And when you have a public health emergency as we've had the more messages that are out there that are confusing, from different groups of people and from different politicians, causes a problem and actually makes the success of public health interventions less likely to be as high as you could have if you had a single joined up message. I know that all of the Chief Medical Officers from the four devolved nations had

regular meetings, met together, tried to agree and tried to [inaudible 0:34:14.1] things, but above that politically they were being given slightly different sort of pressure from above to produce different guidance in the different devolved nations on certain aspects. And I think that was unfortunate, I think if we'd had a single message for the whole of the UK, I think … now when it comes to delivering services clearly that has to be on a localised basis and we've seen that on a microcosm, say in Leicester, pretty near me in Derby, about what needs to happen to a local area when there is a … and you need to have a localised solution to outbreaks, but when it comes to the United Kingdom I would have preferred it if there had been a little bit more consistency of messaging, but I reiterate for the key things there was consistency of those messages, but for the more sort of things that are likely to have a less, but important if you add them all together, effect on controlling the disease, there was a bit too much difference.

Liz Saville-Roberts MP

Thank you very much.

Layla Moran MP

Thank you very much. Munira Wilson.

Munira Wilson MP

Thank you, Layla. Could you please, and this is directed largely at Dr Goddard, tell us a bit more about the effectiveness of testing of frontline staff over the course of the last few months and indeed your status and effectiveness of that today and the impact it's had on frontline service delivery, obviously Jo you may want to add to it but I think it's mainly one for you Dr Goddard.

Professor Andrew Goddard

OK so, it clearly changed quite a lot, as you'll be aware that we did a number of surveys every three weeks during the pandemic to try and assess what was happening and the first survey we did was on the 1st and 2nd of April and what we found there was that only 31% of physicians in the NHS, and that's across all four devolved nations, could access PCR testing. Now, that increased rapidly three weeks later to sort of well over 70% and now it's sort of near enough 100%. When it came to patients, still we didn't have 100% access in the early days, it was around 88% in our first survey and now it's clearly at 100%. And the group that were really struggling to get testing on were for household contacts in the early days, and that was important because people were having to self-isolate if they had household contacts, so the knock-on effect of that in the early stages of the pandemic was at one point we had 18% of doctors, physicians, working in hospitals, having to self-isolate at home, at the peak when they were most needed. Now, about half of those were due to them having symptoms of corona, a small number were because they were shielding and the rest were because they had a household contact, often children and so actually having had better testing and quicker testing for those individuals to ensure that they were tested and then we knew if they did or didn't have coronavirus we could have got those people back to work. Now testing is far more available so I don't believe that is going to be an issue for the next wave when it comes, which is a good thing. I think what we do need though is to understand for example how the Test and Trace system is going to work within hospitals for NHS workers, because that's going to be quite

important. We know that around, from the surveys that we've had most recently 25% of physicians have antibodies to Covid.

So, that suggests compared to around 7% or wherever in the general population, so we know that far, far more healthcare workers have been exposed and have had Covid, now that in itself, we don't know what that means as Jo said from the point of view of neutralising antibodies and how having a positive antibody test gives you immunity, but it shows how high risk the health sector is for people working within it, as well as in the social sector. But, hopefully that will imply some immunity and that will hopefully try and reduce nosocomial spread, so spread within hospitals. But that again is going to be critical. One of the other things that we found in the early stages was the turnaround of tests was pretty slow, so not only was it hard to get access to them, but actually to get the results and we were struggling to get people to get results within 48 hours. In our last survey, 22nd ish of July, only 15% of results were coming back beyond 48 hours, so that has got better, but still when it looks at if you ask physicians how quickly things are coming back it's not quite performing even as well as the Test and Trace system is, so we still need to get there. And there were other bizarre things, like people within a hospital were then being told to go and drive an hour down the road to a car park in IKEA to get their test done and then because of the lack of communication nobody knew what those results were so they were then still having to self-isolate for ten days. So, I think that it didn't work well, it was too slow. For the next wave though I think those issues have been addressed in the main, but we'll need to continue to hold that to the fire to ensure that those things don't slip back.

Munira Wilson MP

If I could just ask a quick follow up, and sorry I addressed you as Dr Goddard, I realise you're Professor Goddard, apologies.

Professor Andrew Goddard

I'll answer to anything.

Munira Wilson MP

Is routine testing yet available for NHS staff?

Professor Andrew Goddard

It depends where and what you mean by routine testing, so there have been lots of debates about should you have you know all NHS staff being tested every week and there's been a lot of debate about that. My worry about that has been that if you suddenly do a whole group of staff testing, you then actually take testing capacity away from … and I say because you've still got your 25-30% false negative for that, what does that actually mean? I think if the saliva tests come to fruition and work then that becomes much, much easier but I think nobody really knows what it means and how useful it's going to be. I know that there are some hospitals which have been doing that and they have, you know, identified a significant number of asymptomatic carriers which is clearly important, but at the moment there isn't a single policy across any parts of the NHS within the devolved nations about how this should go moving forward. It's much better I think at the moment to use those resources to get rapid testing for all patients coming in and the reason I say that is because it's the patients coming into hospital and then that being propagated within the hospital which seems to be the main

mode of spread. If we can make sure that our hospitals are as safe as possible and that the public has confidence that when they go into an NHS setting they are not going to catch Covid, we can then get all of the non-Covid bits of the service back online as soon as possible and get the public using it when it's needed. And I remain far more concerned about the non-Covid impacts on the health of the population and within NHS services than I do about the Covid.

Layla Moran MP

OK thank you.

Munira Wilson MP

Thank you. Professor Martin did you want to add anything to that?

Professor Jo Martin

No, I think Andrew makes extremely good points. Access to rapid testing has been enabled over the last probably month by certain new technologies, industry coming up with new ways of testing and there are several technologies now which have the capacity or the potential, although not all of them are fully validated yet, to significantly reduce the time to a result, so less than 90 minutes, we've seen some headline coverage that may have been a little bit enthusiastic but there are some tried and tested short turn-around tests that are increasingly becoming available. And that starts to open up new ways of working and as Andrew says it's the patients who haven't been coming who you worry about, the patients who haven't been coming to hospitals with heart attacks or with cancer symptoms that we worry about most, while the prevalence is low.

Munira Wilson MP

Thank you.

Layla Moran MP

Thank you, Baroness Finlay. Who is on mute.

Baroness Finlay

Sorry for putting it on mute. Thank you both very much indeed. I want to follow on a little bit from Andrew's comments about the staff, I'll come back to that in a moment, but Jo, looking back how effective do you think communication has been and guidance over who should be tested and this tension between public health and the care of the individual person, and I'm thinking particularly for those people with impaired capacity, learning difficulties and so on where actually having a test done is difficult to explain to them, difficult for them to understand and whether the guidance going out has been clear enough to allow people on the ground to make a decision as to whether to test or not, and then what to do with that information. And linked to that when results have come through and perhaps staff have been asked to isolate because they've been contacts, direct contacts, and maybe moving in different areas, whether the guidance has been sensitive enough to recognise that some staff are absolutely service critical, such as blood transfusion people and so on where there are

small numbers and they're absolutely critical and whether the guidance is sufficiently nuanced to make sure that services aren't jeopardised by risk averse public health processes, and then if perhaps you could take that and then I'll come to Andrew.

Professor Jo Martin

Thank you. So, I'll deal with your second point first, so service critical areas, so in pathology we've got national shortage of histopathologists for cancer diagnosis, we know that. But in particular the one that can bring a hospital, can close a hospital, is a transfusion service, so obstetric, any Mum going in to have a baby, you need a transfusion service there, that can close a hospital, a trauma service is critically dependent on transfusion and some of our hospitals nationally are dependent on three people running a 24-hour service, three people. And I've seen that in more than one department as I've gone round and visited. So being able to release and protect those service critical staff, there are other areas that have critical staffing levels too, but being able to test and have responsive decision making based on rapid testing is really important in that, completely agree. Clarity of guidance, it's been interesting, I've seen this first hand, we've been doing a clinical trial looking at comparing two testing methods in social care, so I've been going round to care homes swabbing staff and swabbing residents and they are really upset because they were told that they would test and then they couldn't get hold of the kit and then they can't get the testing kit and then some of them don't know how to test, so the clarity of guidance also needs to be linked with some implementation follow up, particularly in vulnerable groups, I couldn't agree more, so the learning disabled, care homes where it didn't apply, care homes where it did apply, I think that was … I think that is something again that can be learned from. You know it's really sad to go to a care home and they tell you that either can't get the kits or that they've had them and they don't know how to use them and they don't know what they're supposed to be doing with them, so I think that's really important.

Baroness Finlay

Right thank you and Andrew, you spoke about the need to have Covid clean if you like areas, because of people who are non-Covid coming and being treated, do you think that we've got adequate facilities for testing and monitoring those staff in particular, staff who may have been shielding, either fully shielding themselves or partially shielding because of somebody at home and who are now faced with enormous anxiety in terms of coming back to work and not having an adequate risk assessment done and the confidence to go into what you could call a green area?

Professor Andrew Goddard

So, there's a few things in that, so the confidence bit is critical and there is a significant number of people who are in the clinically extremely vulnerable group and you know we need to try and get them back to work somehow. What we learned from infection spreading within hospitals in the first wave has been that some of those areas which you think are the most risky, such as ITU, respiratory wards with lots of people on CPAP, actually because PPE in those areas was very effective and was being put on and taken off very carefully, infection rates were very, very low. The places where, and the individuals where it seemed to be most likely to spread within hospitals were in sort of the canteen areas or other parts of the hospital, so the idea that we might think someone who is at high risk and we might put them into sort of a back office function because that's a safer place to be doesn't necessarily hold true. I think we probably do have the testing capacity if we put our minds to it in order to try and create as safe areas as possible, but the estate is extremely squeezed, we

knew already that we needed more beds but a lot of the parts of our NHS are crumbling and lots of offices for example are shared between lots of people in a very close space and undoing that and then how we allow people to move around crowded hospital in a safe way is all very, very challenging and that's where infection prevention control procedures, IPC procedures are absolutely critical. So, I'm absolutely delighted and proud that within my hospital everyone is wearing a mask and you can see that and everywhere you go, and things like that are absolutely critical, but I would agree with you, we need to figure out what the right testing strategy is, we also need, there's a professional responsibility here I think that when I start to have any symptoms that I don't try and soldier on, I might think I'm important but actually that I do self-isolate, get myself tested and we have to, I think, be prepared that come winter with sniffles and cough season that we are going to have fewer people around if they are going to do their best to protect their patients and it isn't about me it's actually about trying to protect those people.

Layla Moran MP

Thank you, Andrew, I think that's good advice for everybody. We have 15 minutes left and about five to six questions still to go, so a plea to everyone please keep questions and answers as short as possible so we can get through to everybody, so I'll now pass to Baroness Altman. I'm afraid you're on mute. There we are.

Baroness Ros Altman

Apologies for that, thank you Layla and thank you, it's been a very interesting session so far, I just have a couple of questions if I may? The first one is about the speed with which the test results come back and what is the best example from around the globe of the speed of test results and what is our aim for timeliness of getting results back, because it seems to me that's pretty crucial in controlling the spread and knowing who's got it and who hasn't at any one time, and with Test and Track and Trace, until you know someone's got it you're not going to find the other people who may be passing it on. Is it true that the results in theory could be back within just a few hours and allied to that just a quick question relating to the policy in April and what your view is of the policy that instructed the NHS to make sure that anybody discharged from a hospital setting into social care must have had a test first but specifically said that the results of that test did not yet need to have been received before they were discharged and what your view is of that.

Professor Jo Martin

OK I can start off with that one. First of all, the ideal test is one that you get in the timeframe that you need but you've got to have it accurate and quality controlled at the same time. So, anything under 90 minutes is very useful for A&E, for decision making, the turnaround time is from sample taking to result back to the person actioning it, so it's the whole pathway and a lot of the turnaround trouble that happened originally was because we were having to transport samples from one area of the country to another for testing, the testing technology that we have in the large scale analysers takes many hours, so it can take six hours for a routine Covid PCR. So, the turnaround time is sort of 12 hours or so in the Test and Trace system now for the majority of … 12-24 hours in the majority of the Test and Trace, which considering the transport issues is quite an achievement from the original set-up. When you're looking at discharge I think the rules around discharge, around allowing somebody out having had a test but not the result, were often because of this lag time in the testing and I think obviously it would be ideal to have a result before somebody left, so that you can put in appropriate IPC measures when they leave hospital. So, ideally yes all testing would be a lot quicker.

Sometimes it's a balance both with cost and also equipment and volume, so you can do a very rapid test, one an hour on some of the testing machines that have already been run out, but one an hour isn't going to solve an Accident and Emergency Department, so we're having to be really pragmatic about what capacity, what speed and what availability we've got and it's very much a moving platform. But moving in the right direction, it's moving quicker, it is moving quicker.

Baroness Ros Altman

Are there examples from around the world that you think we should be emulating, I know you mentioned we can't compare ourselves with South Korea and Germany, actually I think it was Professor Goddard who said that, sorry, but which countries are doing this much quicker than we are and what could we learn?

Professor Jo Martin

So there are some, I think we've adopted, not necessarily nationally but we've adopted some of the technology already, so we've been learning very, very rapidly, so some of the lab technology that has been used elsewhere, it's not as sensitive, it's not good for … at the moment it's not as good for the diagnosis of the virus but it can be used for screening, so currently I'm not sure I would put my hand on heart and say that there is any particular country that I would say wow, I wish we were like them at the moment. I might have a country where they make a lot more diagnostics, because it becomes more available, I think we've really suffered from that, that countries you know, suppliers are prioritising consumables to particular, to their own countries or to … we've seen that with the States.

Layla Moran MP

And is that solvable?

Professor Jo Martin

So, we have been I think the Office of Life Science have been very active in supporting local industry to increase their testing.

Layla Moran MP

Andrew do you want to come in on that briefly or shall we move on?

Professor Andrew Goddard

Sorry I cut out, my internet died. No, I think Jo is the expert on comparing different countries, I think when it comes to discharges I think we must remember the situation that we were faced with at that time when those decisions were made was a catastrophic one and that we were staring at a situation we'd watched in Italy where hospitals had become overrun with patients, so spilling out of the front doors and trying to create bed capacity in as fast and as safe a way as possible was sort of almost a Herculean task and in retrospect if we'd have had testing that could have happened in six hours that would have been fine, but at that stage we were still not getting tests for three days for some patients and we needed the bed desperately.

Layla Moran MP

I need to move on now to Alex Sobel.

Alex Sobel MP

I'm just going to ask one question as we're a bit short of time. We've had a number of false starts and mis-steps with Track and Trace with the app, obviously the initial app was abandoned and now we're moving onto the Apple and Google model and in terms of the physical Track and Tracing we've had the issue between the use of firms such as Serco and Sitel and local authorities and local authorities now saying their own system, Sandwell has, Blackburn is looking at it and Dominic Harrison who is a Councillor at Public Health at Blackburn said simply not enough cases and contacts are being traced fast enough. From where we are now what do you think should happen in terms of Track and Trace to get us back on track?

Professor Andrew Goddard

So, my perspective on that would be that we need to get where the third version I think it is of the Track and Trace app working and those pilot sites we understand them quickly so we can then get rolled out and then we use it getting as many people as possible to use that and using as many modalities in order to get effective Track and Tracing as possible. You know the fact that we've got 70% ish success rate of contact tracing and it varies week to week in different pillars etc, I think it isn't too bad and when you think that engagement with the public less than three quarters of people would have a vaccine if it was available, we have to accept that not everybody is going to use contact tracing and not everybody is going to see it as an acceptable way and give their details. So, I think we mustn't over-expect but the more ways we have in being able to offer people a facility for Track and Tracing the better.

Layla Moran MP

Thank you.

Professor Jo Martin

I would absolutely echo that and our local Directors of Public Health have got huge expertise in knowledge of their area, they know the places of worship, places where people gather in their local shopping centres, so it's local knowledge, working with the local authority is really strong.

Layla Moran MP

Lord Strasburger.

Lord Strasburger

Thank you Layla, looking ahead at the big picture what are your predictions for the future course of the pandemic in the UK and from your perspective what changes to Government and the NHS policy will have the most positive effect on our outcome?

Professor Andrew Goddard

Gosh, well that's the $64 million question isn't it? I don't think that anybody can predict what's going to happen, everybody's fairly clear there is likely to be a second wave, how big that is going to be and when that happens is critical to the timing because the earlier it happens before this winter the better, it's highly likely that we are going to have all the normal winter infections that we do but whether social distancing makes any impact on flu for example and hopefully with the expanded flu vaccination programme we can reduce the number of people with flu that get admitted to a hospital to give us a bit more capacity, but I think we have to prepare for a second wave and what we need to do in order to do that, flu vaccination is part of it, ensuring that we keep the beds open that we have created for the first wave of Covid, ensuring we have a workforce that is ready and able to respond to that, all critical bits of it. PPE was the big issue throughout the pandemic, the first wave of the pandemic, so we're in a much, much better place than we were with PPE but again that needs to be looked at and testing which we've been talking about clearly is the other part of ensuring that we're ready and able to tackle a second wave.

Lord Strasburger

Thank you.

Professor Jo Martin

Yeah, agree entirely, [inaudible 1:01:49.0] scientists and pathologists have been looking at very, very rapidly rolling out multiplex testing which tests for flu, RSV and Covid together and that will be, those will be largely rapid turnaround tests but there's a huge amount of work to do on that over the next four weeks, it's very, very intense work on that and I know Government are looking at how you procure those, how we ensure supply of those particular tests.

Lord Strasburger

Thank you.

Layla Moran MP

Thank you. Barbara Keeley. If she's there.

Barbara Keeley MP

Yes, I'm here. Thank you, hi, just to go back to the system overall and there was a broad question but I know we're coming to the end of the questioning now, as Philippa Whitford said, the single thing we have to get right by the winter before the flu season and the second wave is this Test, Track, Isolate system, could you say what needs to be done still to get to a system the public have confidence and trust in, because clearly levels of trust have waned through various issues that there have been, so Professor Goddard, you said that the app is important but the messaging has been very confusing for the public, what can we do now, can we do anything to retrieve that situation?

Professor Andrew Goddard

Having consistent simple repeated messaging again and again by all players and so I think everybody on this call has a role in that and we all need to agree what we're going to stand behind and then stand behind it and keep saying because then the public will say OK, you know this is what is there and this is what we've going to go for. I think there remains too many little bits of confusing information from different groups and actually we're all in this fight pandemic battle, whatever people want to call it, but we're all in this together and we're only going to get through it in the long run if we all stick together and agree what our policies are going to be.

Barbara Keeley MP

OK, Professor Martin.

Professor Jo Martin

I agree entirely, simple, consistent, yeah absolutely and making sure that we are all joined up, that we're not surprising bits of the system by announcements that come as an interesting morning news to all of us, so keeping it simple, keeping it consistent and honesty, if there's stuff we don't know, say so, the public aren't stupid, we're all the public you know we know … if we don't know, say so.

Barbara Keeley MP

Could more be done on the NHS app do you think because I don't know, you know in terms of sharing data there hasn't been the best trust from the public in the NHS and data sharing systems in the past.

Professor Andrew Goddard

So I would agree with you, how you get people to realise that for example geographical data isn't going to be shared and when they're putting in where their home address is you know that's not going to be shared widely, but again you know all the confidential information that we do keep within the NHS generally that is kept within the NHS, I think people need … the trust needs to be rebuilt, a lot of it is there already and I think when people can see the advantages of how it works and if we can control the local outbreaks through Test and Trace quickly then I think people will come on board.

Layla Moran MP

Right, well thank you very, very much. I'm sorry to say that we are in the very final last minute and I just wanted to ask Professor Jo Martin and Professor Andrew Goddard, have you got any very final comments, is there anything that you need to make sure that we know at this stage? Jo.

Professor Jo Martin

No, I would thank everyone who in Parliament, in the House of Lords, everywhere has spent so much time and expertise on this, obviously our pathologists and our scientists and our medics have been

astonishing, as have my colleagues in the physicians, it's been an epic work, they are very tired but they are continuing to do everything they can.

Layla Moran MP

Thank you, Andrew.

Professor Andrew Goddard

Only that I think this pandemic has shown how well everybody can work together and what we can achieve when we do work together.

Layla Moran MP

Fantastic, well all that's left for me to do in this session is to thank you both for your time, it's been very rich, lots to think about, lots to take forward and thank you so much for your expertise and also everything that you are doing, very clearly you are very much in the thick of it and making sure that all of this is happening, we thank you for taking your precious time to answer our questions today and you are of course very welcome to stay on to the next session, but also equally appreciate you might have other things to be getting on with now, so thank you both. We're going to take a very quick 30 second break while we make sure that the right people are here for the next session but thank you again for your time.

Professor Andrew Goddard

Thank you.

Professor Jo Martin

Pleasure.

Layla Moran MP

OK, so is everyone here?

Alex Sobel MP

[Inaudible 1:07:41.8]

Layla Moran MP

Hello, hello Gabriel Scally. And we've got Mark is there and Brian.

Professor Brian Duerden

Yes.

Layla Moran MP

Oh, there you are, right everyone's here, superb. Sorry, everyone's on, it's funny where everyone's sitting on a screen, it's very bizarre. It makes your eyes go funny. Right, so we're now going to move to the second part of the session and thank you everyone, we've heard a lot so far that is giving us a lot of food for thought and we're going to look at it from a slightly different point of view now and so I'm delighted that we have with us Mark Adams who is the CEO of Community Integrated Care, it's one of the UK's largest social care charities, the charity supports more than 3,000 people who have dementia, learning disabilities, mental health concerns, autism and other complex care needs and it works with 106 local authorities and CCGs across England and also works in Scotland. We also have Professor Gabriel Scally is a member of Independent SAGE, Gabriel is also President of the Epidemiology and Public Health at the Royal Society of Medicine and a visiting Professor of Public Health at the University of Bristol and last but not least, we have Brian Duerden, did I pronounce that correctly?

Professor Brian Duerden

Nearly, Duerden.

Layla Moran MP

Duerden, is an Emeritus Professor of Medical Microbiology at Cardiff University and former Director of Cardiff Public Health Laboratory and he has held many roles within that including in 2004-2010 the Inspector of Microbiology and Infection Control at the Department of Health, so a long and illustrious career as well, so thank you all three of you for your time and I'll open with the question that I started the other group which is of course over the last 48 hours we've seen these moves to wrap up Public Health England and combine it with these other bodies, there's been questions over the timing of this in the middle of the pandemic, I'd love to understand how you feel about it, Mark Adams what do you feel and then we'll go to Gabriel Scally and then Brian after that.

Mark Adams

Well thank you very much and nice to be with you. I think from my perspective it's a very similar view to the one shared by Andrew and Professor Jo Martin before that I think that having a consolidated and focused approach that embraces public health guidance, testing and tracing, the actual functioning of the laboratories and the inter-connectivity within the NHS and social care makes a lot of sense, but probably the timing was just a little bit of a surprise that we are in the middle of the fight still and any organisation that goes through a reorganisation, you know you start to have people sending out CVs and looking for new opportunities and having anxiety and what that does to the critical phase that we're still in, obviously only time will tell.

Layla Moran MP

Thank you, Gabriel Scally.

Professor Gabriel Scally

Well I watched with interest this unfold, I suppose as a former Regional Director of Public Health and a senior civil servant at the Department of Health myself I went through I think seven different re-organisations of public health in which I had to reapply for my own job on each occasion, so I have some experience of what disruption it causes and it will cause disruption. I think that it is both ill-timed and ill-judged, it looks to me as if all that is happening is recreating the Health Protection Agency which the Government abolished in 2013 and now we're seeing it come back and yes, there are failures in our pandemic preparations and there are failures in our overall resilience but I would draw a lot of the responsibility for that back to 2010, the abolishing of the Government offices for the regions, of the Regional Development Agencies, of the Regional Assemblies of local Government leaders, all of whom were involved in resilience arrangements at a regional level and then working with the Local Resilience Fora, so all that structure has been wiped away and in 2013 we lost the Health Promotion Agency, the Health Protection Agency and it along with other bodies, such as the National Treatment Agency for Substance Use, were all swept up into PHE, something that I was certainly not in favour of. But it is wrong to think that PHE is anything other than a creature of the Department of Health, it's an integral part of the Department of Health in fact it was created with a direct line of sight from the Secretary of State to the frontline, was its intention, and that's what happened. It wasn't even permitted to have its own website, its own headed notepaper or its own logo, it was, is and always was from its creation an absolute integral part of the Department of Health, so if it hasn't worked properly then that is up to the Secretaries of State who have been in charge of it since it was created.

Layla Moran MP

Thank you for that very helpful perspective. Professor Duerden.

Professor Brian Duerden

Thank you, I'll start by echoing what Gabriel Scally has just said about the creation of Public Health England and its lack of independence. The two preceding bodies, the Health Protection Agency and before that the Public Health Laboratory Service were both arm's length bodies with a requirement to advise Government, but also an operational independence there and that was lost and in both the public health and the microbiology laboratory testing capacities it was far reduced from what it had been, obviously my concern particularly about laboratory services, we went over a decade from having a network of laboratories around the country that could respond to outbreaks, I'm not saying they had the capacity to respond immediately to what we've had this year with coronavirus, but the network was there and could link in with others like the academic sector when needed. And that could be done because people were in place and it was linked into the NHS as well. By the time we had Public Health England they had very few laboratories around the country, I think it was three at the start of this pandemic and did not have the networking arrangements into the NHS where there was a huge amount of expertise and capacity and into the associated academic units, so these were not mobilised and that comes back to the structure that was put into place. I fear now that with the change coming as it is and coming so quickly, can we get that integration back that links the testing service and the contact tracing service firmly into the existing NHS structures to use the capacity and the expertise that's already there as part of this. Yes, it needs to be augmented when we're in a situation like we are now, but we have tremendous expertise and competence and capacity there that hasn't necessarily been used and was distanced from some of the activities that were going on.

Layla Moran MP

Thank you very much. Lord Patel.

Lord Patel

Thank you very much. Following on from that it is suggested that the new Institute will be analogous to Koch Institute in Germany and CDC in United States which are both independent and led by a professional. Do you have a view about CIL, an institute that is linked directly to the Minister is any different, Professor Scally I will start with?

Professor Gabriel Scally

Well I feel quite strongly about this Lord Patel as you might imagine. I firmly believe that public health organisations should be led by people who have some understanding of public health and preferably a great deal of experience and competence in public health and I think if you look round the major public health institutions, such as CDC or the Koch Institute or many other examples across Europe and the World, they are absolutely usually led by someone who knows something about the business and for me it's absolutely vital, this is not a role for talented amateurs and I think part of the problem that has been highlighted by this pandemic has been the failure to provide public health leadership in key public health posts. I, for example, have advocated for a long time that the Chief Medical Officers should be, as they used to be, have public health training qualification and experience and we went into this pandemic in the UK with only one of our four Chief Medical Officers coming from a public health background and with Public Health England being led by a Chief Executive who is a hospital administrator and with inadequate public health input. So, I feel very strongly that this new organisation should be led and staffed by people from a public health background. But I should say one more thing about the abolition, every time I've been through one of these restructuring exercises we have lost 20-30% of the senior public health people, it's sort of an inviolate role of reorganising public health organisations as far as I can see and I'm really worried where we're going to get the senior public health leadership from and that I think will be a worry.

Lord Patel

Thank you, I'm done.

Layla Moran MP

Thank you very much, so Philippa Whitford.

Philippa Whitford MP

Thank you very much Layla. A couple of questions if I could start with Professor Duerden and then Professor Scally, largely these are focused on SAGE and the decisions that were made early on about Test, Trace and Isolate. Obviously there's been a recent paper in The Lancet showing that Test, Trace and Isolate if increased at scale could prevent a second wave, do you think that if this had been included in the Imperial College modelling at the start there might have been a greater Government focus on getting that right and what is your view on the fact that we ended up with this

disconnected kind of commercial system and all the communication problems we heard about in the first panel, and do you think we can fix that before the winter, so if I could start with you Professor Duerden and then Professor Scally.

Professor Brian Duerden

Thank you. For the last point I hope that it can be fixed before the winter comes on. At the very beginning the country started a certain amount of testing and tracing because that is the time honoured approach to managing outbreaks, epidemics of infectious diseases and has been for many years and it's crucial that it starts off with adequate testing, you have to have the answers, the hard information that can then feed back to the contacts, to the tracing, to the isolation of potentially infected people.

Philippa Whitford MP

Obviously, that was the communication bit that wasn't working because it was a separate system.

Professor Brian Duerden

Two things weren't working, there was inadequate testing capacity and that was why as I understand it from the SAGE minutes that testing and tracing at that stage was stood down in favour of focusing on testing patients in the NHS, whereas what was happening was there were outbreaks, there were importations of cases throughout the country, we didn't know where they were, where they were going because we were not testing people and therefore could not trace them. And the scaling up of the testing then was done through this independent organisation which wasn't linked in effectively to the NHS, the GPs didn't know about their patients being tested and wasn't adequately linked into the existing Public Health systems that Professor Scally has been talking about and is more expert than I am. It wasn't linked into them to build a localised system. I think what comes through all of this is that we still need to have a networked and localised system of testing and tracing, yes coordinated nationally and with additional national resource for the scale of what needs to be done, but a lot of this has to be done at a local level.

Philippa Whitford MP

Professor Scally.

Professor Gabriel Scally

Yeah thank you for that collection of questions, one of the defining moments of this pandemic for me was the decision to stop community testing and let the virus run free in our communities and I rarely throw things our shout at television screens but I did on that occasion because that was the daftest decision I think that was made and I was further deeply upset at the notion as was promulgated by one of the Deputy Chief Medical Officers that testing was something really only for low and middle income countries, it wasn't for the likes of us. So, we lost in effect two months when we should have been getting our testing system running and operating. I can understand why there was concern at the beginning but Public Health England was never set up to provide mass laboratory services for the country and Professor Duerden actually accurately described how laboratory capacity was stripped out of what had been the Public Health Laboratory Service and transferred

into the NHS. So, it was entirely wrong I think to blame Public Health England for this. There should have been much more attention to it. The whole find, test, trace, isolate support system has to be locally based and it always should have been. Even in the absence of any significant numbers of testing we could at least have gone on symptoms and we could have at least provided some sort of local service and advice to people about isolating and help and support in isolating. And we could have used the testing capacity that we did have. And the answer is absolutely a system that works and supports local arrangements and it is local people that know their communities, it is they who can find the cases, it is they who can provide support and isolation support and that all of the effort should be concentrating on trying to support people locally and it certainly doesn't feel that way at all, I see very little except you know, a centralisation, in fact a centralisation around Whitehall, around a very narrow, narrow, narrow focus rather than the broad focus across the country and also take a much more regional approach as well because it is impossible to run public health services across the whole of England from Whitehall. That is a nonsense. And the focus needs to be, the pyramid needs to be turned on its head and the local level needs to be the focus of support and testing is very important for that, but testing has to be done in an organised fashion, it can't just be scattered around like pixie dust.

Philippa Whitford MP

And do you think that change is happening, or do you think it isn't happening yet before we get to winter.

Professor Gabriel Scally

Well Directors of Public Health tell me that they hear these messages about how things are changes, they also tell me by the way that their major source of information is listening to the Today programme every morning to hear what the latest news for them is and they tell me that there is some measure of change happening, but what they are very clear is that the one great help that they have had has been from the local Public Health teams, the infection control teams from PHE, that's what they really value and they should be a really important part of this local focus and that's where resources should go, they still don't have enough resources. When you look at the amount of money that's been scattered willy-nilly into private sector companies and often for people to do nothing and there are people in Local Authorities unable to do all the things they really know need to be done for the local communities, it's heart-breaking.

Philippa Whitford MP

Thank you.

Layla Moran MP

Thank you very much. Baroness Finlay.

Baroness Finlay

Thank you for those full responses, I think my question therefore is principally for Mark Adams. I wonder how effective you feel communication and guidance has been over testing people who may

or may not need testing, whether the indications have been clear and the tension between the individual and public health messaging.

Mark Adams

OK, thank you for the question and I'll try and be polite in my answer. I think from the beginning communication for those on the frontline has been very difficult. We know that many of the Government committees didn't talk about the social care setting until many weeks into the crisis. We know that social care didn't have proactive testing until late May, as an organisation that lost 49 people through this crisis the vast majority of them passed from about the 10th of April to about the 15th of May and by the time testing started to be available in a care home, albeit not with enough frequency, we'd already suffered our losses. I'd echo the comments made by my colleagues on this call that a lot of the problems are cutbacks in the NHS and particularly cutbacks over years for Public Health England, but when we started this crisis it was very clear that what was happening in a care home in Washington in late February where I think 26 people died within a week and then the decimation of care homes initially in Spain, you know it was clear by the beginning of March that this was coming in our direction and really it was post-May, you know June, mid-June, that we started getting any meaningful advice and you know obviously stopped having things like hospital transfers of individuals that perhaps haven't been tested for Covid.

Layla Moran MP

Thank you very much. Munira Wilson.

Munira Wilson MP

Thank you, I have a question for Mark about testing, the current status of testing in care homes, both for older people and homes for working age adults as well as independent living. Can you just update us all on what the availability is of regular testing for both staff and residents and how quickly you can access those tests and also if, and I think the guidance was only changed last week, whether when somebody is being admitted from the community they are routinely being tested on admission, so there's a few questions in there but I just want to get a feel of what's actually happening on the ground now.

Mark Adams

I mean absolutely, this is the nub of the issue and for those in social care the only tool that we have to fight against Covid is regular testing. As I mentioned testing didn't start in terms of the care sector at all until the end of May, you had to be sick before that or showing symptoms to then go to a car park and go to one of the regional testing centres. I think in July we had the promise that we were going to move towards weekly testing for care homes, we were going to have monthly tests for residents. That started and then with the much publicised problems around Randox and capacity issues it stopped again and if I use our own charity as an example, a week ago we had half of our care homes that hadn't been tested for a month, as of Monday of this week we for the first time for you know a good month and a half had all of the kits arrive, so that we could re-start the testing for all of our staff and how long that lasts for we don't know, but in theory there should be capacity now to continue weekly testing for the staff in care homes and monthly testing for the residents in care homes. But what I think is a national disgrace is that right the way throughout the whole crisis the 850,000 people in supported living environments, many of whom are as frail or with many

comorbidities haven't been able to get testing unless they have been symptomatic and that still is the case and for example there's a model of care and supported living called Extra Care and many of those services could be half dementia and half supported living, you've got I think the oldest of our residents in an Extra Care Unit is 104 years of age and at the moment there is no routine testing of staff in environments where Covid could be walking through the door, so there is an awful long way to go to get testing right.

Munira Wilson MP

If I could just follow up, you said you've now got the tests for the care homes, can you confirm that includes both older people's care homes as well as those with learning disabilities because my understanding is the regular testing isn't available yet.

Mark Adams

No, I mean there was a meeting with the sector with Baroness Dido Harding talking about the capacity challenges at the laboratories and how at the moment the capacity limit is about 250,000 with about 50,000 allocated to the care sector and that can we work to do more weekend testing so that we can spread the load throughout the week. The intention at this stage is that that testing is purely for care homes, so there's 450,000 people living in care homes in the UK, there's 850,000 people in supported living and at the moment there is no testing protocol for the 850,000. There is an indication that by late Autumn, maybe late October/November that we will look at some form of testing protocol for that community but at the moment we're looking into a second wave of Covid with no extra form of protection for the people that work in that environment.

Layla Moran MP

This is pretty shocking Mark; would you say that these policies are purposefully discriminatory or what's happening here?

Mark Adams

I mean this is where it's very hard to second guess the scientists and the politicians who are trying to make difficult decisions. I mean we all know that when the National Institute of Clinical Excellence, as I think it was originally called, was set up it was meant to be health efficacy but it was also around cost effective decisions of weighing up investment and benefit. And I guess that it's fairly obvious that if you've got 60 or 70 frail elderly people or individuals living with dementia that they are an absolute prime target for something like Covid and therefore I don't think anyone would argue that yes, they are a priority and should have been much earlier than they were. But I don't think people fully understand the supported living structure or indeed social care generally in the UK as well as they should and obviously if you've got maybe four people with frailties, with challenges, living with maybe three or four people supporting them obviously if you're going to run testing around all of those services nationally you're going to massively increase the logistics of the programme that we currently have. So, I think at the moment, whether it's a deliberate decision that actually the relative deaths in the supported living area is a lot smaller than the care homes that it's an educated decision to get the care homes right and then move on. If you take our own experience, 20% of the people we've lost were in a supported living environment and the first person we lost was in a supported living environment, so you know for us we've been crying out for regular testings in that

environment as much as the care homes since the beginning of the year and obviously it's frustrating that it looks like it might be November before we get our wish.

Layla Moran MP

Thank you very much. Barbara Keeley.

Barbara Keeley MP

Thank you. This is largely a question for Professor Gabriel Scally and Professor Duerden, it's about the trust issues, you've written in your evidence what is needed for Test, Track and Trace to work is willingness for people to be tested, willingness to report one's contacts and willingness to self-isolate if informed but you've also told us that the trust is undermined by inaccurate and excessive claims being made about the functionality of tests, inadequate explanation of tests and concerns about confidentiality and security of data. Could you enlarge on that evidence that you gave us and tell us what needs to happen now so that we get our Test, Track and Trace system operational and working well by the Autumn and Winter. Professor Scally.

Professor Gabriel Scally

I don't know if that was my evidence, it might have been Professor Duerden's evidence. I mean I do recognise elements of trust are extremely important and one of the first things I think that I would say about the system is that the information flows have to be both trustworthy in terms of confidential to the patients involved but also they have to … the information flows actually have to flow and there has to be timely information provided to those that need it, and accurate information. We do need I think at this point in the pandemic a really good public education initiative to remind people about the virus and remind people what the symptoms are, I think the four symptoms that are identified in the UK, different countries have different numbers of symptoms but the four in the UK, I have seen some evidence that people don't fully understand those symptoms and they need to be reminded about it and what to do. I also think that there has to be trust built up in terms of what the consequences of coming forward for testing are. I continue to hear reports of people who are reluctant even though they've got symptoms to come forward for testing because they're worried about their information, where it will go, but they're also worried that they may have to isolate and that they'll lose income for themselves and to feed their families over a period of time which is why the … and Independent SAGE has repeatedly insisted that what we really needed were a Find, Test, Trace, Isolate and Support system, all the way through and that the finding of the cases is just as important as anything else and then supporting people is just as important as anything else. And the simple Test and Trace bit in the middle won't work properly unless you have all of that, and all of that depends upon public trust and local engagement.

Barbara Keeley MP

Professor Duerden.

Professor Brian Duerden

Yes, thank you. My concern in the more focused part of it was on the quality of the laboratory testing, the whole system of collecting and transporting huge numbers of tests by people who had

not been used to this sort of exercise and then they are handling in laboratories that had been set up quickly with staff drawn from a wide variety of areas because it does need competence and expertise to run the diagnostic service there. The equipment, much of it, had come from the academic sector, it was requisitioned basically into the Lighthouse Laboratories and there were volunteer staff from those sectors who came in to do the testing. But, they were not part of a system that had been developed from 30 years ago of laboratory accreditation and quality assurance, all the systems that we'd built up over the years to ensure as best we could that the information coming out, the answers to the tests, the results were as reliable and as accurate as could be. No test can ever be 100% sensitive, 100% specific for what it's looking for, you have to recognise that there will always be some false positive and false negative tests, but we need to know exactly what the criteria and the standards of the tests being used are so that we can assess the quality of the information coming out and the public who are being tested and getting the results back need to know that there is a reliable system in place and that it is as quality assured as it can be and then it can feed across into the contact tracing aspect which needs many of the same qualities there, but they can then know that they're working on the best data that they can have.

Barbara Keeley MP

Can I just ask a quick follow up question Chair of Professor Scally? We just heard that even now we don't seem to be offering testing to staff in Extra Care Units and that there seems to be a lack of understanding of the structure of care, there was no representation around the SAGE meetings of people who understood care, is that something that we should be really dealing with now?

Professor Gabriel Scally

Well, the SAGE meetings were unrepresentative in many ways in terms of the composition of the committees, we know that there weren't public health people involved at the beginning and I think the whole advisory structure is really important and there does need to be engagement. But I think your question reveals a fundamental problem at the present time. The Government does not have a strategy for Covid-19, remarkably it doesn't have a strategy. The last time it produced a strategy was on the 3rd of March, it has produced a strategy for loosening the social restrictions, loosening the lockdown but no strategy, there is no written strategy for dealing with Covid-19 and the way forward to do that and what the elements of that would be. And your point about where the testing should be focused should be a … there should be a strategic approach and there isn't a strategic approach so that's behind my sort of concern about the testing and the way it is happening at the moment, almost erratically. For example, I'll give you an example where I think there's a major gap and that is when a positive is found and contacts are obtained and those contacts are traced they are told to isolate and if they have symptoms come forward for testing. I think that's wrong. I think all close contacts of people who test positive should be tested in their own right because we know that there are many asymptomatic people who will carry the virus, can transmit the virus and if they're not developing symptoms they may think … and they're not being tested, they may think they're fine and we really need to … and that's just one example of where I think we absolutely need a proper strategy for Covid-19 from the Government and from my point of view, and I've been advocating this for some time, the best way across the UK is that we adopt a principled approach and that principle should be to get us to zero-Covid, to get down to no cases and keep it there, that should be at the basis of our whole strategy. But there is not one at the moment.

Barbara Keeley MP

Thank you, that's very helpful.

Layla Moran MP

Thank you very much, Lord Russell.

Lord Russell

Well, Professor Scally thank you that was deeply depressing but probably very accurate, I mean I'm very conscious that time is fleeting past very quickly, we have the schools we hope about to open, the Universities about to reconvene and as you've said we don't seem to have a clear strategy, I would feel a lot more comfortable if the new Chair of the organisation being created had been the Chief Executive of a company called Test-Test rather than Talk-Talk which does seem to be rather symptomatic of the Government's approach. But given where we are and given the fact that we do not appear to have a coherent Government strategy are there examples in other countries which are having many of the same problems that we're experiencing that we should be looking at closely and that we can try and see if we can adapt to our circumstances and find a way of persuading the Government that it will not lose face by so doing and that actually it will help mitigate the situation we're in. Could I start with Professor Scally?

Professor Gabriel Scally

Yes, thank you for that. I'm sorry for being a pessimist or coming over as a pessimist, I'm not actually, I'm a tremendous optimist, you have to be in public health I think. But I do recognise the saying that an optimist is someone who hasn't heard the bad news yet. On this occasion I am optimistic and I think there are ways forward and you touch on an extraordinarily important point, the necessity of learning from elsewhere is vital and it is something that has been neglected almost from day one. The failure to look at what other people were doing and doing successfully, particularly in that period when we had several weeks' grace to look around the World and see where were the successful operations and how could we replicate them. And very interestingly in one of the minutes of the Behavioural Sub-committee of SAGE there is actually advice in there, or a warning in there to the Government that press reports of effective public health measures from other countries that were not being implemented in the UK might be disturbing to the population, well indeed. And I find it extraordinary that there isn't even now there should be an observatory, we should have a Covid-19 observatory at the centre of our arrangements which is looking round the World, whether it be to New Zealand or to Taiwan or South Korea or to Iceland or to the Faroe Islands of all places, you know where they repurposed their laboratory facilities for testing for viruses and farmed salmon to produce one of the highest testing regimes in the World. All of that knowledge seems to have escaped us and I think it is absolutely … it has impoverished the whole response to Covid-19 and I'm sure in the learning coming out of this, your point about the international experiences is absolutely vital.

Layla Moran MP

Thank you very much, Lord Russell.

Lord Russell

Professor Duerden, could I ask you for your response?

Professor Brian Duerden

I fully agree that we should have been looking much more widely at what was happening, more successfully, in other countries. I would look particularly perhaps in Europe at Germany, now I know that the new arrangement is supposedly to be modelled on the Koch Institute in Germany and its system, that sounds good but I'm not sure that it quite matches up with the system that they have. They have excellent centralised services at the Koch Institute led by an expert scientist with huge experience and background. But then the testing capacity which is, we've said is a starting point, you can't do any tracking and tracing until you've got knowledge of positive tests on which to work and they have to be done efficiently, accurately, quickly. They were able to mobilise a much better testing capacity across the country from a variety of laboratories that were networked and could be drawn quickly into a national system. They weren't run from the centre but they could be told, as far as I understand, what to do and they got going and that I don't see in the present recommendations, even though they're said to be based upon that principle. And again, in South Korea they immediately were able to ramp up the testing very quickly and I believe Taiwan was the same, where they could identify cases and test their contacts, because this is the only way that you can actually know where the virus is, how it's spreading and do your best to stop it and this didn't happen under our system.

Layla Moran MP

20-minute warning everyone. Mark is there something you'd like to add about learning from other countries for your sector?

Mark Adams

I think if I could just make the point that the advice that we've been getting from obviously people like Public Health England has been practical guidance on process and use of PPE etc. Where we know that that hasn't particularly worked and served the sector well during the first wave clearly we are also very keen to look at … I think one of the recent Select Committees there was Professor Terry Lum from Hong Kong who basically explained the reason why not a single healthcare professional in Hong Kong had lost their life and how there wasn't a single outbreak in any of their care homes, so we are as an individual organisation reaching out to people like Terry Lum and really asking for guidance that we can apply, and different forms of technology or methodology that we might be able to follow. And I guess that for me is what's missing that if there was an organisation or a body that was able to share things that could be slightly more futuristic, slightly more forward thinking, if we get a second wave of Covid maybe we can expect slightly better results than we did the first time.

Layla Moran MP

Thank you very much. Baroness Altman.

Baroness Ros Altman

Thank you very much, and thank you Professors Duerden and Scally for your really interesting insights. I just had a couple of quick questions, the first one I think you've already just touched on which is whether there are examples that we can learn from around the World, especially when it came to care homes, some countries have had similar experiences to us but others as you say have

done really well and what would be the learning for the future and I do emphasize that this is not about apportioning blame or complaining about what's happened, this is purely meant positively to be learning the best we can as we go forward. And the second question is about the speed with which test results are coming back and the implications of the hospital policy which seemed to say patients must be tested before discharge because there was such an outrage at the idea that they were being sent back without testing, but the guidance specifically saying they didn't have to have the results and that really goes to the speed with which results can come back and whether there are implications as well for learnings in terms of testing patients who are discharged from hospital into care settings. And also, the staff, particularly those going round multiple settings, you know the agency staff, whether anybody is on top of that and getting some centralised system to make sure that care home staff and domiciliary care staff are not introducing infections unwittingly without any testing.

Layla Moran MP

Who is that to?

Baroness Ros Altman

Whoever would like to take that.

Professor Brian Duerden

Shall I start on that one from a testing point of view? To get more rapid turn-around of results comes back to making the best use of local facilities as well as the large national ones that back it up, but particularly for patients and healthcare staff there is capacity in the laboratories, particularly in the large centres in the country, the capacity that has been under-utilised, I've been told by colleagues still working in those laboratories that they have had spare capacity in their virus testing services. And they were doing what they were asked to do but they could have done more. Some of the equipment that … the most modern equipment that's in use in many of these laboratories now and that includes the Lighthouse Laboratories, working at full stretch can test up to 1500 tests a day on one instrument, now to keep that going and doing all the quality control, the maintenance and so on might not make it quite that but you have that sort of ability and if that can be used more locally then you will get the test results coming back more quickly in the situation you're talking about, of patients being discharged or staff who may need to be tested to decide whether they can carry on working or not. So, from that perspective I think there are things that can be done at a local level and it comes back to the local aspect and networking of services both laboratory and the public health services that need to be in place to control things at a local level, and it certainly applies in the hospital setting where they have direct access to laboratory services.

Mark Adams

Can I make a few comments? I mean first of all on the testing timelines we're typically now seeing a 2-5 day timeline for the testing which isn't what we need, when you consider that there could be a high percentage of asymptomatic cases, if you catch somebody a few days after they've been infected and then you wait up to five days to get the result it effectively almost negates the benefit of doing it. I think the other thing that's missing from the testing point of view is it would be very useful for us where we've had major outbreaks to actually have a serology test for antibodies because obviously at the aftermath of a major outbreak and many people passing away it would be

very interesting to know whether our barrier nursing and cross-infection controls have actually contained it to the people that were affected, or whether actually more or less the whole home of staff and residents got it but they were asymptomatic and survived it, and I think that would also give useful learning and would help you to plan differently. In terms of what we're seeing internationally on that part of your question, we're looking at different countries and different social care settings using cohorting very differently in terms of segmenting homes, creating quarantine areas, creating areas where staff come in and they don and doff PPE in a safe area, you know because of static electricity, wearing hairnets and making sure that you're not creating environments that could attract the virus. And then there's other care homes in other parts of the world that are using booths that every staff member walks into on the way in and on the way out which extinguishes any virus on clothing or hair or shoes, and then other care homes and hospitals using forms of robotics where they will have an ability to disinfect and use UV light where there isn't a human being in the room and again we're looking at all of these and we're looking for the scientific efficacy in order that we can make capital investments ahead of a second wave. But again, for every care organisation to do this unilaterally doesn't make a lot of sense.

Layla Moran MP

And Professor Scally.

Professor Gabriel Scally

I don't think I've [inaudible 1:56:25.5].

Layla Moran MP

Thank you very much. Lord Strasburger.

Lord Strasburger

Thank you Layla. Looking ahead at the big picture I've got two questions which I'll ask together. Given what we now know and what we are doing now, what are your predictions for the future of the pandemic in the UK and from your perspective what changes to what we're doing now will have the most positive effect on our outcome?

Layla Moran MP

We'll start with Professor Scally.

Professor Gabriel Scally

I didn't bring my crystal ball with me today but I'm generally optimistic, I don't think we'll see a substantial second wave and I would hate to be proven wrong on that, but I think the cost of that coming true will be an age-related apartheid in our society, I already see a lot of older people who are not going out, who are staying at home, maintaining social distancing, keeping themselves to themselves, are really frankly terrified of the virus and one of the reasons why we haven't seen a huge increase in hospital admissions is the age profile of people who are testing positive at the

moment is at a lower age profile. So, I think it should be possible to keep it under control but it will be a very rocky, bumpy road, I think. But the cost is enormous for older people, so I think that is highly problematical. In terms of effectiveness and what an effective response would be, I go back to strengthening the local public health teams, I'm quite sure that in Scotland for example that its local public health efforts that have kept the numbers as low as they have been and I'm very pleased that Scotland has adopted a zero-Covid approach and it's entirely right. It's an inconvenient 96-mile border but nonetheless I think they are absolutely right to go for zero. And that would be my way, strengthen local arrangements and also whilst mopping up all those cases geographically on the floor, there's no point in doing that if you still leave a hole in the roof, so I think border controls on public health grounds of people coming into the country are extraordinarily important and Britain and Ireland have been in a tiny proportion of countries that have never really introduced any significant border controls on public health grounds during this pandemic and if we want to get the virus low and we want to keep it low and we want to return to as normal a situation as we can, then border controls are in my view an essential part of the response.

Lord Strasburger

Thank you Professor Scally, that was very clear and as one of those old people's who's nailed to his perch still thank you very much. Professor Duerden would you like to try that one?

Layla Moran MP

You're on mute.

Professor Brian Duerden

I'm pleased that Gabriel Scally likewise is cautiously optimistic, I hope in the same direction that we will not see a massive second wave in the way that we've had to go through in the last few months for all sorts of reasons, if we have systems in place. There's also the fact we don't know how many people in our population have already been infected. I'm sure that it is far more than any of us can know from figures because we are not testing people who were asymptomatic, contacts and so on and in those early days, so there must have been far more people who had the mild or even asymptomatic infections than we could ever know about now. And that of course has a huge impact on the potential immunity in the population as we go forward. The question mark over it that I'm hopeful and the systems we have in place if we can get the responses at local level so that as outbreaks occur, as hotspots are identified which comes back to effective testing and feeding back into the public health system to contact trace and isolate people, contacts, groups of people who for particular reasons have acquired the disease, then I'm hopeful that a major surge can be avoided and we will but see on that, but it does have, as we've all said, implications within society as to … again somebody entering the older age group and it has huge implications for a large number of people and for their general activities, so the more we can keep the lid on, the better.

Lord Strasburger

Thank you Professor, Mark is it fair to drop this question on you?

Mark Adams

I'm glad that you have. I probably am not as optimistic yet as my two learned colleagues because obviously in the early part of this year we saw the compounding effects from people coming back from skiing holidays and obviously the rapid spread across the country. You know we're still seeing at the moment 1,000 people a day who are contracting or being tested for Covid and I think as has been said the main reason why perhaps that's not translating to A&E and hospitals filling up is because I think the highest group of people that are being tested positively are in the age group of 9-18. I'd be a lot happier once we're through the opening of schools and universities and a couple of months into that if we're still at the same sort of level because my worry is that if it does start to spread in those communities and then those people return home to their grandparents and parents are we actually going to have an inadvertent spread and we won't know that until we open the schools.

Lord Strasburger

Thank you very much.

Layla Moran MP

Thank you very much. Well we're very nearly at the end of our time but I would like to offer in the final minute for you each, is there anything more that you feel is very important that we know or something that you want to alert us to, I'll perhaps start again with Mark.

Mark Adams

No, I mean I'd like to thank the APPG and all of the politicians for keeping this firmly in the sights and holding obviously those politically responsible to account. I think that for our sector the three key things are the supply lines of PPE, the rigorous stability of the testing regime and the emergency funding because of the huge extra costs the sector is having to bear and I think that if we can get political support to find smoother and better ways to maintain that then we can have a more resilient sector protecting our elderly and protecting our vulnerable and if you can keep up the political pressure so that we actually extend this to supported living and home care because they are at the moment the side of society that have been neglected really right the way through this crisis.

Layla Moran MP

Thank you. Professor Duerden.

Professor Brian Duerden

Thank you, yes, I would hope that as we look forward we can develop the systems that we've talked about and they will be put in place under whatever the new arrangements turn out to be in practice. I would add one thing to that, we mustn't forget that the protection of the public from infection, with the public health service there and the microbiology services that support it aren't just for Covid, aren't just for coronavirus, we can't have a one-system that's totally focused on that, if we then find that we can't address other issues that come up and that are still going to go on, whether it's salmonella, whether it's tuberculosis, whether it's a whole range … HIV, a whole range of

infections, the system that goes into place has to be able to deal with all of these, as well as the headline issue of the moment.

Layla Moran MP

Thank you, very helpful. Professor Scally.

Professor Gabriel Scally

I think four points, one is the necessity of actually having a strategy I think would be very helpful if we had an actual strategy that everyone could work to and we could discuss and debate and see how we could improve. Secondly in preparing that strategy, making use of the resources we have, for example at the London School of Hygiene and Tropical Medicine we've an excellent European observatory on health systems which is a perfect organisation to develop learning from elsewhere and help us apply it in terms of making our systems better. Thirdly, the role of the Directors of Public Health locally and their teams along with the local Public Health England, local infection control teams, strengthening that and in fact strengthening that in both England, Scotland and Wales where there are local Directors of Public Health, there are no local Directors of Public Health unfortunately in Northern Ireland. That is extremely important and regional coordination because of the huge gap there is between Whitehall and the 192 for example top tier local authorities in England, there's a huge gap, it's far too big and we do need regional arrangements and it's an awful pity that they were swept away some years ago. And I think one of the things we actually need to do is to start building trust of the public again because I think trust has been damaged and building the trust comes from people speaking opening and plainly and saying what went wrong when something goes wrong and saying how they're going to make it better, and that whole trust building is such an important part of public health practice, if people think you're not being honest about public health issues and you're not saying … no-one expects everyone to get everything right in this, we know too little about the virus, but when things are wrong say they are wrong, admit they are wrong and start putting them right, not making them worse.

Layla Moran MP

And on that note we've only gone one minute over which I think is a success in a two-hour meeting so thank you so much to you all, that's credit to you all for the brevity of your answers, the clarity with which you conveyed some very complex pieces of information. I have to say I was pleasantly surprised by the cautious optimism shown today, albeit not by Mark I appreciate that and I'm probably more on your side Mark, I won't lie. But thank you so much all of you and much, much appreciated your time, thank you very much Parliamentarians, we'll do a quick de-brief in another Zoom room now if you can and thank you to everyone at home who has been following along on Twitter and Facebook, this will feed into our recommendations which we'll be releasing as we go. The first set of recommendations people can expect on Friday, so thank you very much everybody. Bye-bye.