Department of Health & Social Care

From the Lord Bethell
Parliamentary Under Secretary of State for Innovation (Lords)

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Rachel Reeves MP
Shadow Minister for the Cabinet Office and
Chancellor of the Duchy of Lancaster

By email to: rachel.reeves.mp@parliament.uk

1st June 2020

Dear Rachel,

Thank you for your letters of 14 and 21 May, to the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, regarding this Government's response to the COVID-19 pandemic. I am responding to your substantive points which relate to the Department of Health and Social Care's (DHSC) responsibilities.

PPE

You asked about PPE procurement and distribution. As you set out in your letter, Deloitte is one of the companies providing operational support, additional resource and specialist knowledge in relation to the PPE procurement processes. Deloitte was contracted in compliance with 2015 Public Contract Regulations. As has been the practice of successive administrations, the rates paid are commercially confidential, but I can confirm that Deloitte is performing their work at a reduced rate.

The Government has made significant progress in both UK and international procurement of PPE, and in unlocking domestic and international manufacturing opportunities. A cross-government PPE sourcing unit, staffed by over 400 people, is securing new supply lines from across the world and has published rigorous standards against which purchases will be made. DHSC have contracted with over 100 new suppliers able to deliver at the scale and pace the UK requires and the Government are building up UK manufacturing with signed contracts to manufacture over 2 billion items of PPE in the UK, including facemasks, visors, gowns and aprons.

Our top priority is to direct resources and effort towards procuring PPE, rather than mapping domestic and international PPE resourcing. I can however assure you that the DHSC is assisted by Foreign and Commonwealth Office (FCO) teams across the world - and in China specifically - as well as by officials from the Department for International Trade.

With regards to due diligence, we have published rigorous standards against which we buy PPE and all products must conform to Health & Safety and quality standards.

Testing

As I am sure you appreciate, the testing programme was developed rapidly to respond to a national emergency and we have iteratively developed the digital portal to improve the user experience and capture more information. Key worker type and ethnicity data are already collected.

With regards to the provision of data to GPs, our priority is to ensure that public health bodies, such as Public Health England (PHE), have the data they require to undertake vital work in relation to contact tracing, case management and health surveillance. This data has been shared with public health bodies for a number of weeks. It is Government policy that COVID-19 test results will be recorded in GP records in England and we are working with the Royal College of GPs and the British Medical Association to deliver this. PHE provides the results to the appropriate local PHE Health Protection Team, who work with their respective local authorities as part of their routine public health response arrangements.

You ask about Deloitte's involvement with our testing strategy. I would like to clarify that our testing programme is run by the UK Government, not by Deloitte. Deloitte is one of several suppliers working to deliver the National Testing Programme. They provide programme management and delivery support to the programme. Deloitte are not responsible for carrying out any testing or management of the processing of tests in any laboratories, in the UK or USA.

Our aim is to return test results within 48 hours of the subject being swabbed. In England and Wales , it is now possible for any symptomatic individual to be tested; in Scotland and Northern Ireland all symptomatic individuals over the age of five are eligible for testing. We have averaged 73,569 tests per day between the 22 and 28 May across pillar two of our testing programme. In the three days to 28 May 2020, we returned over 98% of tests within 48 hours at our testing sites.

You also ask about Randox, who are providing resilience to our testing strategy by delivering an end-to-end testing solution that draws on different supply chains. Details of the contract with Randox, are available on the Government's Contracts Finder website.

Contact tracing

Regarding our approach to contact tracing, our assessment concluded that a public health system approach that brought together local, regional and national assets to create a single system response was required. The resources required to take on contact tracing were of such a scale that additional support was required to create this public health system approach.

The manual contact tracers include local government and other professional groups, as well as NHS current and retired clinical staff who had kindly offered to support the COVID-19 response. The model has been designed around the crucial work of local health protection teams and local authority staff who will focus on outbreak control, for example in care homes. I assure you that local staff such as sexual health contact tracers and environmental health officers have been engaged and there are opportunities for them to input in a range of ways.

We have recruited around 25,000 contact tracers in England to support this service and will recruit more if needed; the modelling indicates that this is the amount required based on the current Non-Pharmaceutical Interventions in place at this time. This is a mix of call handlers

and health professionals and is in addition to existing public health experts from Public Health England and local government. Work is ongoing to ensure that we are in a position to ramp up numbers to ensure that we have sufficient resources to meet increased demand.

You assert that Palantir and Faculty are involved in the development of the NHS COVID-19 App. This is inaccurate. The list of people involved in the app's development has been published and is available here: https://covid19.nhs.uk/our-policies.html

More generally, all data held in the NHS COVID-19 Data Store remains under the control of the NHS at all times and is processed in accordance with the law. Only information relevant to stopping the transmission of COVID-19 - specifically, the information needed to identify close contacts of cases and provide them with advice - is collected through the contact tracing system. This information will be entered into a secure system operated by PHE and will only be shared when necessary for public health purposes. It would not be used for questions relating to immigration status or benefits.

Serco

I can assure you that the relevant procedures were followed in relation to both the procurement process and the assessment of Serco's ability to deliver, and their suitability for this role. Serco are an approved contact centre supplier who achieved a place on the Crown Commercial Services Contact Centre framework via an OJEU procurement, which included due diligence and evaluation on their capability to deliver contact centre services. You request that we publish further contract details. The value of the contract with Serco is not yet finalised but we will look to release more information in due course.

In your letter of 21 May, you set out additional questions in relation to the error made by Serco when it emailed new recruits to inform them of the training that they needed to perform. Both Serco and the DHSC Data Protection Officer are performing internal investigations into the incident and I would like to clarify that, in contrast to what you state in your letter, Serco have self-reported to the ICO. We expect Serco to put in place remedial measures to stop this error being repeated, including technological control and staff training.

As I explained above, no programme data relating to members of the public will be held on Serco systems as the data will be accessed via Government-owned systems.

Yours,

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LORD BETHELL