Community testing: a guide for local delivery

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Community Testing - a guide for local delivery

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Executive Summary

Community testing as part of the UK government's wider strategy for tackling the virus

As we set out in the COVID-19 Winter Plan, published on Monday 23rd November, the fight against the virus over the coming months will rely less on economic and social restrictions and more on solutions provided by scientific progress. This shift will not happen over-night and it relies on progress especially in vaccines and testing.

The government has announced agreements with seven separate vaccine developers and has, in total, secured access to 357 million doses between now and the end of 2021. However, effective suppression of COVID-19 transmission will continue to be vital to manage the virus even as vaccines are rolled out in the UK and globally, including for those who cannot be vaccinated.

We know that up to a third\(^1\) of individuals who test positive for coronavirus have no symptoms at all and can therefore spread it unknowingly. That is why the testing of asymptomatic individuals is so important. The government already has in place, through NHS Test and Trace, a broad range of approaches to target asymptomatic people including those working in the NHS and in social care and those in other high-risk settings.

This document is an invitation to local authorities in Tier 3 areas and devolved administrations to work with the UK government to offer community testing in their area. Community testing is an important new development in the UK’s response to COVID-19, and an important addition to our armoury in the fight against COVID-19 over the coming months. Alongside other testing options, and as part of a wider strategy also covering contact tracing and vaccination, roll-out has the potential to make a real difference to the course of the virus in some areas.

Using rapid response Lateral Flow Devices (LFDs), the Community Testing Programme will offer those local areas with the highest prevalence of the virus the opportunity to develop and deploy large scale testing to asymptomatic individuals in the way that best suits them and the needs of their communities.

This document sets out the government’s offer of support and invites interested areas to develop plans for consideration.

The Rt Hon Matt Hancock MP

Secretary of State for Health and Social Care
1. What is the Community Testing Programme?

This section provides an overview of community testing, including its key benefits.

1.1 Community testing within the government’s overarching testing strategy

The COVID-19 Winter Plan published on 23 November set out the government’s programme for suppressing the virus, protecting the NHS and the vulnerable, keeping education and the economy going and providing a route back to normality. The government will continue to work closely with the devolved administrations and local authorities in England to protect the lives and livelihood of people across the whole of the United Kingdom.

A UK-wide vaccination plan is a crucial part of this and the UK is in a strong place, but until the vaccination programme is rolled out testing, tracing and isolation remain the key tools to suppress the virus and to return to life as close to normal as possible, in a way that avoids a new surge in the epidemic, minimises lives lost and maximises health, economic and social outcomes.

Testing makes it possible to identify people who have the virus and target support to help those who are positive and their contacts to isolate so chains of transmission of the virus can be broken. We have already built the largest COVID-19 testing capacity in Europe, up from 2000 tests a day in March to current capacity of more than half a million. NHS Test and Trace is continuing to increase capacity further, including with the opening of two mega labs in the new year and bringing on new technological developments. We know that up to a third of individuals who test positive for coronavirus have no symptoms at the time of the test and can therefore spread it unknowingly. So testing of asymptomatic individuals is an important additional tool to identify more people with the virus and stop its spread through communities.

The government, through NHS Test and Trace, has already put in place national programmes for asymptomatic testing of key groups including NHS staff, care home staff
and residents, wider social care and the food production sector\textsuperscript{2} using the expansion of testing capacity and new testing technologies that have been developed. Alongside and in tandem with these approaches, many local areas have been developing and delivering testing regimes tailored to the needs of their communities.

\textbf{Case Study: Locally-led community testing at Sedgley Street Gurdwara}

A pilot of focused locally-led community testing has proven successful in Wolverhampton. Faith groups in the city including Guru Nanak Sikh Gurdwara, local leaders from the Catholic Church, Church of England, local Muslim faith leaders, Oasis of Love International Church, came together to support this important pilot, taking place at Guru Nanak Sikh Gurdwara Sedgley Street. Preliminary data indicates that in one week 1,470 individuals registered at this site, of which 50.3% were BAME individuals. Subsequently they were able to diagnose 65 asymptomatic cases.

The use of this site and interfaith focus was vital in helping to prevent stigmatisation of any one community, and community faith volunteers felt "the asymptomatic testing centre had brought the community together and enabled people to support the fight against Covid-19".

The capacity and technology we now have available to us enables us to reach out further, working in partnership with local areas to deliver testing to meet the specific needs of more local communities. This document sets out the details of how the government will work with local partners to support community asymptomatic testing in Tier 3 areas and devolved administrations.

\subsection*{1.2 How does community testing work and what is it trying to achieve?}

The Community Testing Programme is a major new tool that we would like to work with local areas to use to support their wider strategies for tackling the virus. We will work with local authorities in England in Tier 3 areas and devolved administrations to support them in reducing the spread of the virus to help get out of the toughest restrictions as fast as possible.

\textsuperscript{2} Set out on page 17 of the COVID-19 Winter Plan
Community testing using rapid Lateral Flow Devices can help identify those people who are infected and potentially infectious but asymptomatic and unaware that they might be spreading the disease, so that we can trace their contacts, support them to isolate and prevent transmission to others. Identifying infectious individuals early and isolating them can significantly reduce transmission of the virus and break transmission chains.

Rapid Lateral Flow Devices are being adopted internationally to reduce the prevalence of the virus. And in the UK, pilots for community testing which are taking place in Liverpool and Merthyr Tydfil are showing positive impact.

The government will support those local areas that want to be involved in community testing in whatever way best meets the needs of their citizens. Local Directors of Public Health will be able to develop approaches that will work for their community, with national support and funding.

There are a number of models that local areas may wish to deploy. Potential models are set out in more detail in section 2.1, however, in general the more people in an area, or in target cohorts, who participate in community testing, the greater the impact on the prevalence of the virus. This may enable areas to move down through the tiers, with fewer restrictions on people’s lives – so there is a strong incentive for communities to pull together and get tested.

1.2.1 Devolved administrations

Whilst health is a devolved matter, the testing programme has successfully been run on a UK-wide basis. The devolved administrations have indicated that they support the case for community testing, and we will therefore deliver this programme in partnership with devolved administrations. We have already shared the key lessons from the pilot in Liverpool and have also been undertaking a similar pilot in Merthyr Tydfil. All nations will continue to share planning and learning, to help each other as part of a shared endeavour across the whole of the United Kingdom. As previously agreed, all three devolved administrations will receive their population share of testing capacity, including the LFD tests used in this Programme.
2. **How will the Community Testing Programme work?**

The Community Testing Programme will work with English local authorities in Tier 3 and devolved administrations to trial ambitious community testing regimes (for an initial period of six weeks). Local Directors of Public Health will be able to develop tailored approaches that will work for their community, drawing from the approaches set out in this section of the document.

2.1 **What could the programme look like in your area?**

It will be for local areas in partnership with their Directors of Public Health, and with the support of NHS Test and Trace Regional Convenors and Regional Directors of Public Health, to design a programme that works for their local area.

The Community Testing Programme is a new initiative and we are keen to support those who want to pilot different approaches so that the whole country can learn from them. Whilst sufficient tests and national support will be available to provide participating local areas with the ability to test the whole of their population (aged 11 years and over), there are other models local areas may wish to consider, including but not limited to those detailed below.

The defining feature of this Programme is that it is looking to support ambitious and innovative approaches that the community can benefit from and the whole country can learn from. Proposals for both whole community and targeted testing are welcome but will need to demonstrate that they cannot be achieved on the scale envisaged within the existing testing programmes offered by NHS Test and Trace. Some examples of models local areas may wish to consider are provided below. This list is not exhaustive and some of the examples could be deployed simultaneously. All scenarios are fictional: they are not based on real life case studies.

1. Whole population testing of all asymptomatic individuals over 11 years old.

**Scenario 1:** Dunshire is a local authority in England with a high level of COVID-19 cases but no obvious cluster. Cases are dispersed across the area and (although there are some disparities) there are no obvious communities or areas with significantly higher prevalence than others.
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Dunshire therefore opts to offer two tests a week across the whole population for six weeks. Over those weeks, community testing finds hundreds of people with asymptomatic COVID-19 and supports them and their contacts to isolate.

2. Open access testing targeted at specific geographic areas, in particular those with high prevalence.

**Scenario 2:** Clanford is a local authority in England with a high level of COVID-19 cases but many of those cluster in and around one city, Fairbridge, particularly in a handful of wards. The local authority targets the community testing offer to those areas with the highest number of COVID-19 cases and places new, locally tailored testing sites in key locations around each ward.

With fewer people to cover, the local authority also steps up the testing regime, offering tests every three days. Making an efficient use of time and resources in Fairbridge, Clanford as a whole sees its COVID-19 prevalence drop.

3. Highly targeted testing focused on particular groups or communities at high risk or with high virus prevalence, such as particular age groups, socio-economic groups or hard-to-reach sections of the population.

**Scenario 3:** Middlesheath is a local authority in England with a high level of COVID-19 cases. The local Director of Public Health is particularly concerned about the rising number of cases in those over 50. The Middlesheath local authority decides to undertake intensive targeting of these age groups for testing. They make sure that test sites are available in places that are more convenient for the target population. They mobilise volunteers to deliver food parcels and phone calls to support those who need to self-isolate. They reach out through community groups to understand and counter any misconceptions about community testing.

COVID-19 prevalence drops across the local authority and most sharply in those over 50. Over time, this reduces pressure on Middlesheath’s hospitals, improving overall health outcomes.

4. Highly targeted testing on specific locations, employment sectors, or workplaces where there is a high risk and a need to drive down prevalence
Scenario 4: Sturbury is a local authority in England with a high level of COVID-19 cases. The local outbreaks were originally clustered around a food processing plant but have spread across the area. The local Director of Public Health is concerned at the number of secondary schools that have seen outbreaks and have had to send pupils home. The local authority builds on the programme of testing at food processing plants and decides to test their families regularly as well as the pupils and teachers at nearby secondary schools. Mobile testing sites are set up near every school and students, staff and the families of at-risk workers are offered testing twice a week.

The number of students required to self-isolate at home spikes briefly as asymptomatic cases are found but then falls. Case prevalence falls in these groups, breaking chains of virus transmission so that the number of cases across the region also reduces.

2.2 How will contact tracing work?

We know that testing alone will not break the chains of transmission and help reduce prevalence. NHS Test and Trace will continue to work closely with local areas to ensure tracing services are available.

In particular, Local Tracing Partnerships are integral to the enhanced tracing service, which traces back to identify settings where people have been infected and helps facilitate quicker and more efficient public health interventions locally. By working through Local Tracing Partnerships on enhanced contact tracing, there is an increased opportunity to stop the transmission of the virus in local venues, and the expectation is that enhanced tracing will be a key tool to helping areas transition and move to lower tiers.

If local areas are part of the Local Tracing Partnerships programme, we will work together to ensure that capacity and resources are available to maintain the existing local tracing arrangements.

If local areas are not part of the Local Tracing Partnerships programme, we will work at pace to bring this service onboard and to facilitate local tracing. Local Tracing Partnerships currently cover over two-thirds of the country. The key to Local Tracing Partnerships is to tailor a regional trace capability, including isolation support and enhanced tracing, to reduce the regional infection rates and help areas move to lower tiers.

In order to further develop the tracing service there are a number of opportunities to work closely with local areas and enhance the standard service. This will allow areas to develop an even stronger local response to tracing and rising demand in the specific area. Examples of initial enhancements the service is considering include following up on
isolation support payments to ensure those instructed to self-isolate are doing so and
beginning tracing earlier in the overall process.

All the tracing support outlined here will be aligned with the additional support provided to
areas by NHS Test and Trace.

If areas are not already part of a Local Tracing Partnership or want implementation
accelerated, this should be included in proposals. Equally if areas want to propose a way
of building on existing partnerships to go further than previously planned, this should also
be included in proposals.

2.3 Equalities considerations

Local areas will want to consider a range of approaches to engage their citizens and
communities. We would welcome working with local areas as they give particular
consideration to how to reach vulnerable, hard to reach groups and those with protected
characteristics. Local areas may wish to consider the following when ensuring testing has
the broadest reach in their area:

- **Access to testing:** e.g. using a blend of test centres and door to door testing
to reach those who cannot travel, making use of ultra-localised
testing/extended hours to maximise access, considering diversity in
recruitment of testing administrators to encourage maximal participation from
all groups

- **Communications:** considering accessibility, language, and media
requirements e.g. reaching those without internet access. Note: Government
Communication Service support will be available (see section 3.6)

- **Incentivising participation:** ensuring that any means used to encourage
participation in testing (see section 2.4.1) is open and relevant to all groups

Local areas may wish to give particular consideration to those groups previously identified
as having low engagement with COVID-19 testing within their communities. Details of how
local areas are considering taking these considerations into account should be included in
proposals (see section 4.2).

2.4 How could people be encouraged to take part?

To get the most out of community testing, levels of both turnout and compliance with self-
isolation need to be high. The more people test, and the more positive cases and their
contacts isolate, the greater the reduction in prevalence, which may help an area move out of Tier 3 restrictions.

Community testing will be locally delivered: it is for local areas to determine the best way to target testing, maximise the reduction in prevalence, and roll out participation incentives for their communities. This section sets out a framework for tools and initiatives that local areas may wish to consider.

While a guiding principle should be that local areas can tailor incentives to their local needs, a number of non-negotiable principles will need to apply across the Community Testing Programme:

- Testing cannot be mandatory
- All incentive packages and other measures designed to drive turn out or compliance with self-isolation will need to be modelled to ensure safety and signed off by both the local Director of Public Health and Chief Executive.
- All incentive packages that consider the relaxation of restrictions (see section 2.4.2 below) will also need to be signed off by national public health advisors.

The participation initiatives for community testing are in two main strands; firstly how participation in testing can be encouraged safely, potentially offering additional personal freedoms or reopening limited parts of the economy, without increasing public health risks; and secondly, how people who test positive can be encouraged to comply fully with self-isolation through a range of support.

### 2.4.1 Means to encourage individuals to get tested

A number of incentives within Tier 3 restrictions can be considered. These can be tailored to suit the needs of the local area, including any specific local targets for the Community Testing Programme.

The government is keen to work in partnership with local areas to develop such opportunities. Local areas are best placed to come up with these kinds of initiatives as they have the best knowledge of their local populations and areas. Examples of such initiatives could include discount schemes with local businesses, partnerships with community organisations or local employers, or door knocking campaigns.
2.4.2 Potential to relax restrictions on a limited basis for those who test negative

The availability of Lateral Flow Device testing technology gives us opportunities that we didn’t have before, but they are not a panacea. They can help detect more cases and if more people isolate as a consequence, they can help reduce risk. What they can’t do is eliminate risk. We know that local communities are looking for ways to get back to normal, including being able to do things they love and re-opening parts of their economy. The surest way to that is to come together to take the action needed to get out of Tier 3 - to get tested, isolate, break the chains of transmission and reduce prevalence. But we know that some places would also like to trial and test opportunities to get some earlier benefits from involvement in community testing.

We are keen to explore ways we could potentially relax restrictions on a limited basis for those that test negative, but there will, rightly, be limits to what can be responsibly done. Therefore, this needs to be considered very carefully. Should local areas want to use community testing as a route to providing a relaxation of restrictions that would otherwise not be available in Tier 3, these proposals will need to have an assessment of impact and risks and be agreed with local Directors of Public Health, national public health advisors and the Secretary of State.

Although we will need to look at each proposal on its own merits, a national regulatory framework will be required to support such activities. Work is underway to rapidly assess options in this space, including the potential to allow the relaxation of Tier 3 restrictions down to those normally at Tier 2 for a time limited period for those who have two negative test results. For example, the ability to meet friends and family in groups of 6 outdoors, the ability to visit venues (such as hospitality venues, indoor entertainment, accommodation) which are otherwise closed at Tier 3, and/or the ability to attend large events (such as elite sport, live performances).

As local areas develop their plans for community testing, we are very interested in discussing with them the full range of their ambitions in this space and will provide all necessary support to determine what would be a safe, responsible and workable approach within any future regulatory framework. This will include support to consider questions such as communication, certification, enforcement and legality as well as likely community responses.

2.4.3 Supporting isolation

As set out in the COVID-19 Winter Plan published on 23rd November, the Contain Outbreak Management Fund (COMF) will be increased so that it can provide monthly payments to local areas facing higher restrictions until the end of the financial year. Upper
tier local authorities in Tier 3 will be eligible to receive funding of £4 per head of population per month. This is in addition to funding provided directly to individuals who quality for the £500 NHS Test and Trace Support Payment.

Local areas should consider how they can use the COMF fund to provide additional wrap around support for those facing isolation restrictions as a result of a positive Lateral Flow Device test, or through contact tracing.
3. What support is available from central government?

To ensure we can move ahead as quickly as possible, with as many local areas as possible, we are making a consistent offer to local areas - and have a consistent ask. This section outlines the central government support available and what is required of local areas who wish to take part.

3.1. How will we provide support to local areas?

The Programme will seek to establish close relationships with participating local areas. NHS Test and Trace Regional Convenors and Community Testing Programme Liaison Teams will support local areas in the initial design phase through to delivery. The Regional Convenors will work with other members of the Regional Partnership Team including the Regional Directors of Public Health, to provide a link back into the NHS Test and Trace, DHSC and support coordination between areas and with government agencies. Community Testing Programme Liaison Teams have already deployed into each region. As participating local areas are identified, Local Liaison teams will deploy to each relevant area to offer further guidance and detailed planning support.

3.2 What testing support is available?

The government will support local areas that join the Community Testing Programme with Lateral Flow Devices (LFDs).

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3 Nine military Regional Liaison Teams (RLTs) have been formed to provide additional planning support to the existing Regional Partnership Networks (forums consisting of DHSC, DPH, NHS, JBC, MHCLG and NCRC, chaired by the DHSC Regional Convener). The RLTs are the custodians of the lessons from the Liverpool and other DHSC use case pilots and, alongside the Regional Convenor and Local Liaison Teams, will be the principle conduit for understanding an area’s ability to deliver community testing.

Local Liaison teams will usually be the first source of advice for local authorities. If they are unable to answer, the query will be elevated to the RLTs who in turn can call on DHSC’s Community Testing Central Operations Hub (in 39 Victoria Street). In addition, a Frequently Asked Questions virtual site is being established and will be regularly updated. Once community testing is underway the existing Incident Response Cell, which covers all Pillar 2 testing, will answer operational questions on workforce, supply, clinical, digital and training issues. The public testing helpline phone number, 119, remains in operation to support community testing.
Clinical protocols have been developed in accordance with the scientific validation of Lateral Flow Devices. The government welcomes conversations with local Directors of Public Health about how community testing protocols can be adapted to have the greatest impact on local priorities.

There are several Lateral Flow Device products which have undergone, or are in the process of undergoing, independent validation. These Lateral Flow Devices are CE certified. Some of the use envisaged by community testing may be outside the manufacturer’s instruction for use (IFU). DHSC remain in discussion with MHRA and further information and guidelines will be provided to Directors of Public Health prior to commencement of the programme. See Annex B for further information.

3.3 What operational support is available?

Local areas will be able to draw upon operational support from central government. Community Testing Liaison Teams have already been deployed to work with the Regional Partnership Teams and the NHS Test and Trace Regional Convenors to support them in their discussions with local areas. Additional Local Liaison teams will be available at the local level from Wednesday 2nd December. This liaison support includes planning, logistics, set-up and communication, and will be able to draw on the lessons from other town and use case pilots. These liaison teams will be a key point of contact for the local area and can elevate queries and concerns to the national level.

The Regional Support Teams and Local Liaison teams will have a range of tools available to them, which they can share with local areas as they develop their plans. A clinical Standard Operating Procedure (SOP) and a Lateral Flow testing guidebook will be provided, which includes:

- **The citizen testing journey.** Proposed citizen journeys, both digitally and non-digitally enabled. Aspects of these journeys can be tailored to suit local need.

- **The end to end testing process.** Guidance on how to conduct the testing process, including the required quality assurance and clinical governance processes.

- **Digital support for the testing processes.** Digital software solutions for user registration, results capture and delivery.

- **Guidance on how to identify, select and set up new test sites.** Local areas will be able to select venues based on their suitability and proximity to community groups. Site templates will be included which will detail optimised site layouts based on size and throughput. Local workforce will usually be responsible for setting up and running test sites.
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• **Guidance on how to order test kits and PPE.** Local Liaison teams will support local areas to confirm the population they would like to test and work through the processes for acquiring the necessary equipment including PPE, testing kits and other mandatory and recommended materials.

• **Workforce blueprint.** This provides information on the roles and tasks needed to operate a testing site and indicative workforce size in relation to the size of test site identified.

In addition to the guidebook, local areas will be able to draw on centrally provided tools, insights and information to help scale a suitable workforce to support the delivery of community testing. This includes the following:

• **Training:** Online training covering all aspects of the skills and knowledge required to deliver lateral flow testing. Materials will also be available to enable delivery of the training through other channels.

• **National Sourcing:** The Community Testing Programme has held discussions with numerous commercial suppliers, voluntary organisations and employers with large numbers of furloughed employees, all of whom have signalled their willingness to help provide workforce to support the rollout of community testing. Where local areas require workforce in addition to their own recruitment strategies, the programme can offer a consultancy session to discuss which options can best suit the specific workforce requirements. The Crown Commercial Service is also available to provide support and guidance to access rapid contingent labour via CCS frameworks. Local areas are advised to request both the commercial and consultancy support offer via their Regional Convenor.

• **Detailed workforce modelling:** Extensive workforce models to provide indicative numbers of staff for each role required to operate a test site effectively and safely.

• **Organisation Design/Roles:** Role profiles have been designed for the key roles in a site and some early thinking on the roles local areas may choose to have as part of local teams.

• **Consultation support:** Central workforce teams are available for an initial session to take local areas through the workforce options detailed in the blueprint.

• **Commercial support:** Central workforce teams are available to guide local areas to the correct commercial frameworks supplied by Crown Commercial
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Service. These are RM6160 and RM3830 for workforce requirements, RM3830 for Waste, RM6068 Lot 2 for tech products, RM3837 Lot 9 for furniture and PPE, and RM6074 for Logistics.

3.4 What military support will be available?

Learning from the Liverpool community testing shows us that the military can be an important source of support, but it has also helped us learn a lot about how to do community testing without military involvement. The learning from Liverpool and Merthyr Tydfil will be shared with all participating local areas as they develop their plans.

It is important that community testing in participating areas is sustainable. It is clear that the scale of military support provided to the pilot in Liverpool cannot be replicated across all participating areas, so the starting assumption must be that the workforce to deliver local proposals is generated using the methods that will be outlined in the non-military Workforce Generation guide.

The logistics capability of the military means their involvement can benefit the expansion of a large-scale programme such as this. In all cases some level of military support will be available at the outset of each programme (provided through the Local Liaison teams), to assist with planning.

Military involvement beyond that will be dependent on the local area's community testing plan and their ability to generate a civilian workforce to deliver it.

Where even with all other avenues exhausted, a local area’s proposal will require additional support, we will seek to arrange this. This will most likely be in support of the following activities:

- Site set-up and logistic support and advice.
- Site supervision and workforce management.
- More substantial contributions to site delivery.

https://www.crowncommercial.gov.uk/agreements
3.5 What funding is available?

Funding available to local areas will be estimated based on the number of tests they aim to deliver over the six-week programme. Total funding per test is set at £14.00 for all local areas participating in the Community Testing Programme. This funding per test is expected to cover all reasonable costs associated with the programme including site costs, workforce costs, PPE requirements, communication and marketing, logistic and other delivery costs.

The cost per test used to calculate the estimated funding envelope will be applied equally across all participating local areas, but local areas will be free to plan to use funding within this cap differently.

Funding will be delivered in instalments. The first payment will support delivery and set up costs for the first week of testing, with subsequent payments made on delivery of receipts. Overall funding provided will be based on Actuals up to the agreed funding cap.

For example, if a local area plans to deploy 500,000 tests over a six-week period, they should plan for a budget of up to £7 million (500,000 x 14) in addition to the provision of the Lateral Flow Devices and other support listed in this section of this guide. A local area will only be reimbursed for actual costs incurred.

Funding will only be available to deliver testing over and above testing provided by existing testing programmes (the Regional Convenor will be able to advise) and must not duplicate existing funding including other funding provided to support the response to COVID-19.

The funding available through this programme is additional to the support for local areas’ public health responses through the Contain Outbreak Management Fund, which is set at a rate of £4 per head per month for upper-tier local authorities in Tier 3. Local areas are encouraged to think about how they can use part of this funding to complement their community testing strategy.

3.6 What communications support is available?

Effective communications play a vital role in encouraging local citizens to take part in community testing.

The Government Communication Service will work collaboratively with local areas to offer bespoke communications support, tailored to local need, decisions on testing priorities and key audiences to engage. We will work in partnership with each local area, so that they can determine the level of support required.
The government is offering a strengthened package of communications support to help local citizens understand the reasons for implementing community testing; the benefits to the community of increased testing; reasons to get tested and support available for those who test positive and have to self-isolate; and to increase awareness of when and how to get a test in their area.

This package will include a public information campaign that could be used locally to drive awareness and uptake of testing. A campaign toolkit will also be provided to local areas to personalise the campaign for their communities.
4. How can my local area get involved?

This section sets out how local authorities in England can get involved. NHS Test and Trace Regional Convenors have already been in touch with all Tier 3 local authorities to gauge interest and to provide further information and offer support. Regional Convenors should be the first point of contact for questions as well as providing direct support to develop proposals.

4.1 Who can take part?

Upper tier local authorities in England are eligible to take part. We will also accept joint proposals from multiple local authorities, plus those in partnership with other public bodies, and/or the voluntary and community sector, but the leading upper tier local authority must be identified.

For the first round of the programme, the area must be under Tier 3 restrictions as of the 2nd December 2020. Future rounds will have different cut-off dates.

4.2 What do proposals need to demonstrate?

The Community Testing Programme is still expanding and we may not be able to support every Tier 3 local authority that is interested in the first round. Should we need to prioritise local authorities in December and early January, the assessment will be made taking account of the maturity of local authority plans and our ability to work in partnership to mobilise them quickly and safely.

In bringing their proposals together local authorities should consider the following:

- the **state of the pandemic** (including pressures on health and social care services) in the area, including how the proposal will drive down prevalence, improve the disease trajectory and the anticipated wider public health benefits

- how **deliverable** their proposal is. This includes logistical factors such as the availability of suitable locations to set up test sites and whether the workforce can be secured or is in train

- the **capabilities** that the local authority can bring to maximise the effectiveness of the proposal
• how to engage and support vulnerable individuals or those with protected characteristics, in line with the Public Sector Equalities Duty

• the ambitiousness of the proposals

• the ability to commence delivery in a timely manner in order to respond quickly to the local threat

• how well the proposal demonstrates value for money (ensuring that the funding requested is proportionate to the issues being addressed and that efficiencies are being driven)

• how well the proposal demonstrates the commitment to drive participation in community testing and compliance with self-isolation

Proposals must also include plans to evaluate the impact on their population in terms of testing and subsequent infection prevalence. Further detail, including a common evaluation framework and support that can be offered with evaluation, can be shared in discussions as plans develop. This is important to ensure that Test and Trace and other areas can learn from what does and does not work.

The final decision on which proposals will receive support, in which order, will be made by ministers, based on views from the Regional Convenors and the programme SRO.

In the event that it is not possible to support all proposals in the first round, the final recommendation to ministers will take account of the strength of individual plans with reference to the points above. If successful, the Programme will aim to expand rapidly to be able to offer support to more local authorities in 2021.

4.3 How to take part?

Eligible local authorities are invited to work with their Regional Convenors to develop plans and submit a proposal detailing their ambitions for community testing as soon as possible.

We are conscious that many local authorities already have well developed plans and are keen to move ahead as fast as possible to get community testing on the ground in December. We are keen to support these local authorities and stand ready to work to this timeframe. If you are such a local authority, then we would encourage you to bring your proposal forward by Wednesday 2nd December. The Community Testing Programme will endeavour to make decisions on how we move ahead with and support these local authorities by Friday 4th December. This will allow detailed planning and delivery preparation to get underway to support mobilisation as early as possible in December.
If you wish to take a slightly longer time to consider and prepare your proposals, please discuss this with your Regional Convenor so we can gauge overall interest and endeavour to sequence roll out appropriately.

Proposals will be considered by the Regional Partnership Teams initially, with short-listed proposals submitted to the Community Testing Programme team in DHSC for review/short-listing prior to submission to ministers for final approval.

Annex A contains a proforma local authorities may wish to use when providing information to the Regional Convenor.

4.4 Who to contact for more information?

Please email CommunityTesting.CentralOps@dhsc.gov.uk for more information or speak to your Regional Convenor and liaison team.
Annex A: Suggested Proposal Proforma

This suggested proforma is provided to support the development of proposals. We recognise that it may not be possible to provide all the suggested information in the timeframes available. A dialogue with Regional Convenors is recommended.

You may annex supporting material where relevant but draw out key information in your answers below.

Information in this proposal may be shared with other government colleagues and we may get in touch with you to clarify anything that has been included.

A: Your details

<table>
<thead>
<tr>
<th>Project title</th>
<th>Title: Summary</th>
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<td>(30 words max)</td>
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<tr>
<th>Lead local authority</th>
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<tr>
<th>Contact details of working lead</th>
<th>Name:</th>
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<td>Email:</td>
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<tr>
<th>Contact details of Director of Public Health</th>
<th>Name:</th>
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<tr>
<th>Other contact details (if relevant)</th>
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<tbody>
<tr>
<td>Area covered by the proposal</td>
<td>Select from: Regional, Sub-regional, across local authority area, localised (e.g. ward level)</td>
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Please provide a brief summary of your proposal.

*Please make clear in your summary the proposed community testing approach, target population and scale of ambition.*

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**B. Finance summary**

Please provide headline figures in the table below.
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<thead>
<tr>
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<tbody>
<tr>
<td><strong>No. of tests to be administered (total over six-week period)</strong></td>
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<td></td>
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<tr>
<td><strong>Total cost (based on £14 per test)</strong></td>
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<td></td>
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<tr>
<td><strong>Estimated cost test delivery</strong></td>
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<tr>
<td><strong>Estimated cost of additional activity to encourage and support participation</strong> (drawn from Section 2 in this guide)</td>
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<td></td>
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<tr>
<td><strong>Additional likely costs not covered above</strong></td>
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1. **Describe your proposal and the local impact you are seeking to achieve**

   *In this section we are looking for a brief description of the proposal, how it responds to the current state of the pandemic in your local area and how it will drive participation and compliance.*

   **You may want to include:**

   - *Brief overview of COVID-19 within the area*
   - *Overview of the proposed testing activity including scale, geographic area covered, any particular focuses for testing*
   - *Any wider benefits your proposal seeks to achieve*
   - *The outcomes you want to achieve from this proposal (please try to make these Specific, Measurable, Actionable, Realistic and Time-bound)*
2. How do you propose to deliver the approach (including any national support requirements)?

To note: the provision of Lateral Flow Devices is already assumed.

In this section we are looking for how you plan to deliver the proposal set out in question 1, including costs, capability, strength of partnerships, stakeholder engagement and accessibility considerations.

You may want to include:

- Workforce requirements (including staff recruitment and military support)
- The number of test stations and their location
- Commercial and cost considerations (including how these drive efficiencies and are proportional to the issues being addressed)
- Your citizen engagement plan (taking account of equalities and engagement of hard to reach groups). Whether you will require other stakeholder support to deliver and if you have their support agreed
- Appropriate steps to ensure that there is equal access to testing
- How you will monitor and evaluate the programme to drive performance improvements and share learning with other areas
3. Additional information (max. 1,000 words)

This section enables you to provide additional information not covered in sections 1-2 above.

You may want to include:

- **Evidence of the views of the wider local community**

- **Statements of support from local leaders - including Chief Executive, Director of Public Health, the Leader of the Council and local MP (and any other additional support)**

- **Any other information to support your proposal**
This checklist will help you ensure your proposal is eligible.

You should indicate all that apply and submit this with your proposal.

**Your proposal should:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>Be led by an upper tier English local authority (but can be in partnership with other English local authorities, public bodies or the voluntary and community sector)</td>
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<tr>
<td>Be submitted by a local authority under Tier 3 restrictions</td>
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<tr>
<td>Use asymptomatic testing to help identify and isolate individuals who have Covid-19 but do not have symptoms and are inadvertently spreading the virus</td>
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<td>Seeks funding and support to deliver testing over and above that available in existing programmes</td>
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<td>Have the commitment of all local partners required for delivery</td>
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<td>Seek reasonable funding, which is proportionate to the scale and ambition of the proposal and in line with funding guidance set out in the guide to community testing</td>
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<td>Be based on evidence</td>
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<tr>
<td>Be based on an initial six-week programme</td>
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<tr>
<td>Have, or will be able to obtain, approval of your Section 151 officer if the project is successful</td>
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<td>Have demonstrated assurance from the Director of Public Health</td>
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<td>Have considered duties as specified under the Public Sector Equalities Act</td>
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**Your proposal must not:**

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<th>Item</th>
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<tr>
<td>Duplicate mainstream funding, or funding received through other sources</td>
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<tr>
<td>Fund any local authority provision or services that are already being provided</td>
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</table>
If you are still unclear about the criteria please contact: CommunityTesting.CentralOps@dhsc.gov.uk
Annex B: Community testing using Lateral Flow Devices

What is a Lateral Flow Device (LFD)?

Lateral flow antigen devices are a rapid test for Covid-19 that offers a result in approximately 30 minutes.

The test can be self-administered under the supervision of a trained member of staff and consists of a small swab which is brushed against your tonsils and inside one nostril (a nasopharyngeal swab). The swab is given to a trained professional who puts it in the device, which works a little like a pregnancy-test kit. It then takes about 30 minutes to deliver a result.

How accurate are the devices?

An evaluation run jointly by PHE Porton Down and Oxford University found that “the performance characteristics of the Innova LFD in the evaluations performed to date are good with a low failure rate, high specificity 99.6% and high viral antigen detection.”

Preliminary joint report from PHE Porton Down & University of Oxford

Lateral Flow Devices offer much more rapid results than the more sensitive lab-based PCR tests that can take at least 24 hours, and often longer. The rapid approach does not require processing in a laboratory and so can pick up far more cases at the most critical period and stop transmission fast. This technology will help us vastly increase the number of infectious people who know they are infected and can then isolate effectively, slowing the spread of the virus.

Results of the PHE and Oxford University Innova evaluation show it has an overall analytical sensitivity of 76.8% for all PCR-positive individuals but detects over 90% of individuals with high viral loads, and minimal difference between the ability of the test to pick up viral antigens in symptomatic and asymptomatic individuals.

Test sensitivity is the ability of a test to correctly identify those with the disease (true positive rate). Test specificity is the ability of the test to correctly identify those without the disease (true negative rate); the other way of explaining test specificity is 1-specificity = the proportion of false positives.

Frequently tests perform slightly less well in the field than in perfect laboratory testing conditions; related to the technique of taking the swab, mixing the swab in the tube,
performing the test on the lateral flow device at the ambient temperature and subjectivity in reading the lateral flow device. In field evaluations, such as Liverpool, these tests still perform effectively and detect at least 50% of all PCR positive individuals and more than 70% of individuals with higher viral loads in both symptomatic and asymptomatic individuals.

**What about false positives**

These tests offer 99.6% specificity (meaning four false positives per thousand tests). The virus prevalence is around 1% in the country, so we expect around seven true positives and four false positives for every 1000 people tested. In a community with a virus prevalence of 3%, we would expect 21 true positive and four false positives for every 1000 people tested. Positives can confirm they really are positive with a confirmatory PCR test through our lighthouse labs, so they can avoid unnecessary isolation.

**What about false negatives**

The measured test sensitivity, in ideal hands, is 76.8%, meaning that just over two in 10 people who are infected will be given a false negative result, although sensitivity is likely to be lower under operational conditions (as above). In the field evaluation in Liverpool, compared to PCR tests, these tests picked up five out of 10 of the cases PCR detected and more than seven out of 10 cases with higher viral loads, who are likely to be the most infectious. These tests will not pick up everyone who has COVID-19. But no test is completely accurate and critically these tests pick up cases when they are at their most infectious. Lateral flow tests detect individuals in their most infectious period. PCR tests can identify people for much longer periods and are the best test to use if individuals have symptoms so that we can ensure they get the treatment they need.

Lateral Flow Devices offer the combination of speed and accuracy that allow us to offer testing at scale. Our PCR capacity has grown enormously, enabling us to offer more diagnostic tests to people with symptoms than ever before, including the ability to offer PCR tests to anyone with a positive lateral flow test. But that capacity will always be limited. This new testing technology will allow us to find and isolate far more cases, including the many thousands of people who are infectious but do not have symptoms. We estimate that we currently only detect about 40% of cases through the current testing programme focussed on those with symptoms and those in healthcare and Care Homes, compared to estimates of new daily cases provided by national surveillance and modelling. Finding more positive cases, faster, is vital to help us to avoid the devastating health impact and social and economic damage from this pandemic, avoiding mass lockdowns in future.
Have the tests been approved by MHRA?

There are several Lateral Flow Device products which have undergone, or are in the process of undergoing, independent validation for NHS Test & Trace. These Lateral Flow Devices are CE certified, however some of the uses envisaged by community testing may be outside the manufacturer’s instruction for use (IFU), for example self-swabbing and asymptomatic use. DHSC are in ongoing and constructive dialogue with MHRA about these uses and further information and guidelines will be provided to Directors of Public Health before rollout.