



UK Health
Security
Agency

Weekly statistics for rapid asymptomatic testing (England)

24 to 30 March 2022

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Main points for the latest week (24 to 30 March 2022)

LFD tests taken by NHS staff, England

In the week ending 30 March 2022, 78,503 LFD tests were reported by NHS primary care staff, a 3.0% decrease on the previous week.

In the week ending 30 March 2022, 29,351 tests were reported by other NHS employees, a 0.8% increase on the previous week.

In the week ending 23 March 2022, 241,161 LFD tests were reported by secondary care staff in NHS Trusts, a 2.7% increase from the previous week.¹

¹ The timing of the weekly process of submission by NHS trusts means that data for the latest week is not available. Figures for tests reported by staff in NHS trusts are therefore published with an additional week's lag in comparison to the rest of the data in this publication. For more information see the [NHS Test and Trace methodology](#).

Introduction

This statistical publication provides information on rapid testing for people without coronavirus (COVID-19) symptoms in England. This includes:

- the number of LFD tests and confirmatory PCR tests reported by test result
- the number of LFD tests and confirmatory PCR tests reported linked to education settings
- the number of LFD and PCR tests reported in care homes
- the number of LFD tests reported by NHS staff
- the number of LFD tests reported in private and public sector workplaces

This publication focuses on rapid testing using lateral flow device (LFD) tests. However, polymerase chain reaction (PCR) tests are included where appropriate, either for comparison or where regular asymptomatic PCR testing is used. All data used in the report can be found in the 'Tests reported' data tables on the [Weekly statistics for NHS Test and Trace](#) page. This includes information on both LFD and PCR tests at lower tier local authority level.

The data in this release can be used to:

- determine the effectiveness of NHS Test and Trace in the expansion of rapid asymptomatic testing
- monitor the levels of testing and positive test results amongst various settings such as in education, care homes and by NHS staff

This data should not be used to:

- calculate the prevalence of COVID-19 in the wider population
- calculate case positivity rates, the reasons for which are explained in the [About this data](#) section
- assess the effectiveness of the testing types used in England
- compare the mass testing programmes across nations

PCR and LFD case positivity rates are published within [National flu and COVID-19 surveillance reports](#) and PCR positivity rates are also published on the [Coronavirus in the UK dashboard](#). Further information on prevalence and positivity rate can be found in the [Coronavirus \(COVID-19\) Infection Survey](#).

The figures in this report include LFD tests which were registered through the National Testing Programme digital infrastructure. They also now include the number of tests reported by secondary care NHS staff which were registered via a different route.

See the [About this data](#) section for more information.

Publication update

This bulletin and the [accompanying data tables](#) titled 'Tests reported' do not contain figures for the latest reporting week (24 to 30 March 2022) covering:

- LFD, PCR and confirmatory PCRs tests in England
- LFD testing and confirmatory PCRs in education settings
- LFD and PCR tests in care homes
- LFD tests reported to private and public sector workplace settings

This is due to an issue with the data quality of the underlying data source. Work is underway to ensure this is resolved to allow these figures to be included in future publications.

On 21 February 2022, the Prime Minister set out a new plan for '[Living with COVID-19](#)', with the end of free universal testing for the general public on 1 April 2022. As a result, the frequency of this publication and accompanying data tables will reduce from weekly publications to 2-weekly publications of weekly data from 14 April 2022 (period covering 31 March 2022 to 6 April 2022). Furthermore, it is anticipated that the changes in testing policy will result in a noticeably smaller publication, with a reduction in data output tables.

Some of the other policy changes announced in the plan are already in force, for example the removal of the requirement of twice weekly testing by staff and students in schools.

Background

Types of tests

PCR tests

PCR tests check for the genetic material of the coronavirus in the sample, which is taken using a swab and is processed in a lab via a PCR. This type of test is predominantly used:

- for anyone who has symptoms
- to confirm a positive LFD test result
- for regular asymptomatic testing in social care

Lateral flow device tests

LFD tests, often referred to as rapid tests, test for the presence of proteins called 'antigens' which are produced by the virus. They are swab tests that give results in 30 minutes or less, without the need for processing in a laboratory. These tests are primarily used for those who do not have symptoms.

From 21 October 2020, LFD tests were made available in limited capacity except where rapid testing pilots were reported. Since then, their availability has expanded, initially to a broader range of settings and from 9 April 2021 to everyone in England.

Prior to 27 January 2021, if an individual received a positive LFD test result, they were routinely asked to take a PCR test to confirm this. Between 27 January and 29 March 2021, confirmatory PCR was suspended, except for those self-reporting their test result and for some other use cases such as testing for cross-channel hauliers. From 30 March 2021, confirmatory PCR testing was reinstated for all positive LFD tests, taking into account considering the lower prevalence of COVID-19 and the benefits of PCR testing for detecting variants of concern. From 11 January 2022, individuals who received a positive LFD test are no longer required to take a confirmatory PCR and thus this period cannot be accurately compared to the period 29 March 2021 to 10 January 2022.

The confirmatory PCR data for LFD tests taken during periods when it is not a requirement to take one cannot be directly compared to the other periods when it is a requirement.

Rapid testing for people without symptoms

Rapid testing using LFD tests is currently being offered to people who do not have symptoms, in a range of different settings such as education providers, care homes and workplaces. In addition, anyone in England can now obtain LFD tests for the purposes of regular asymptomatic testing. See [regular rapid coronavirus tests if you do not have symptoms](#) for more information. Some LFD testing is carried out at asymptomatic test sites, in a range of settings such as universities, schools, care homes and workplaces. They are also set up by local authorities as part of the [community testing programme](#). Testing at these sites is assisted: a person will take a swab test under the supervision of a trained operator who then processes the test and reads and records the result.

Most LFD testing is now carried out entirely by individuals themselves (that is an individual takes their own test, unassisted, and reports their own result). For more information see [understanding lateral flow tests for people without symptoms](#).

LFD tests reported by NHS staff, England

Rapid asymptomatic testing by NHS staff began in November 2020 and has since expanded to include the following groups. All positive LFD test results in the NHS are followed up with a confirmatory PCR and contact tracing activities are triggered by the PCR test result.

Group tested	Date	Frequency
Staff in NHS trusts	November 2020	Twice weekly
Staff in primary care	December 2020	Twice weekly
NHS-commissioned services in the independent sector	January 2021	Twice weekly

Staff in primary care and those in the independent sector delivering NHS services self-report their test result through the [Test and Trace portal](#), whereas staff in NHS trusts report their results to their employer. The NHS trust then submits data for their staff to NHS Digital (formerly to Public Health England) which is separate to reporting through the National Testing Programme digital infrastructure. This separate reporting system was established this way because NHS secondary care providers began testing with LFD's before an NHS Digital reporting solution for trusts was built. Because of this, the figures for NHS trusts are not included in the national figures for the number of LFD tests reported via this route. We report them separately here.

Staff in NHS trusts and services can access additional forms of testing along with lateral flow testing, including asymptomatic testing with PCR and LAMP (loop mediated isothermal amplification). NHS staff testing via these additional methods are not included in these figures.

The number of positive test results received by NHS staff is not published as a proportion of the total tests reported because individuals test repeatedly and therefore cannot be compared with other testing regimes. See the [Data quality](#) section for more information.

LFD tests reported by NHS primary care staff

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.

The number of LFD tests reported by primary care staff increased from mid-December 2021 to peak at over 148,000 in January 2022, but since then testing has decreased overall. In the latest week (24 to 30 March 2022), 78,503 LFD tests were reported by NHS primary care staff which is a decrease from 80,970 in the previous week. 8,120 positive LFD test results were

returned in the latest week by NHS primary care staff, an increase from 7,594 in the previous week. Since LFD testing for primary care staff began, there have been a total of 76,625 positive test results.

LFD tests reported by staff in NHS trusts

NHS trusts include acute and specialist hospitals, community, mental health and learning disability and ambulance services. Staff in NHS trusts report their test results via their employer, which is separate to reporting through the National Testing Program digital infrastructure. These tests are therefore not included in the total number of LFD tests reported earlier in the bulletin.

The timing of the weekly process of submission by NHS trusts means that data for the latest week is not available. Figures for tests reported by staff in NHS trusts are therefore published with an additional week's lag in comparison to the rest of the data in this publication. For more information see the [NHS Test and Trace statistics methodology](#).

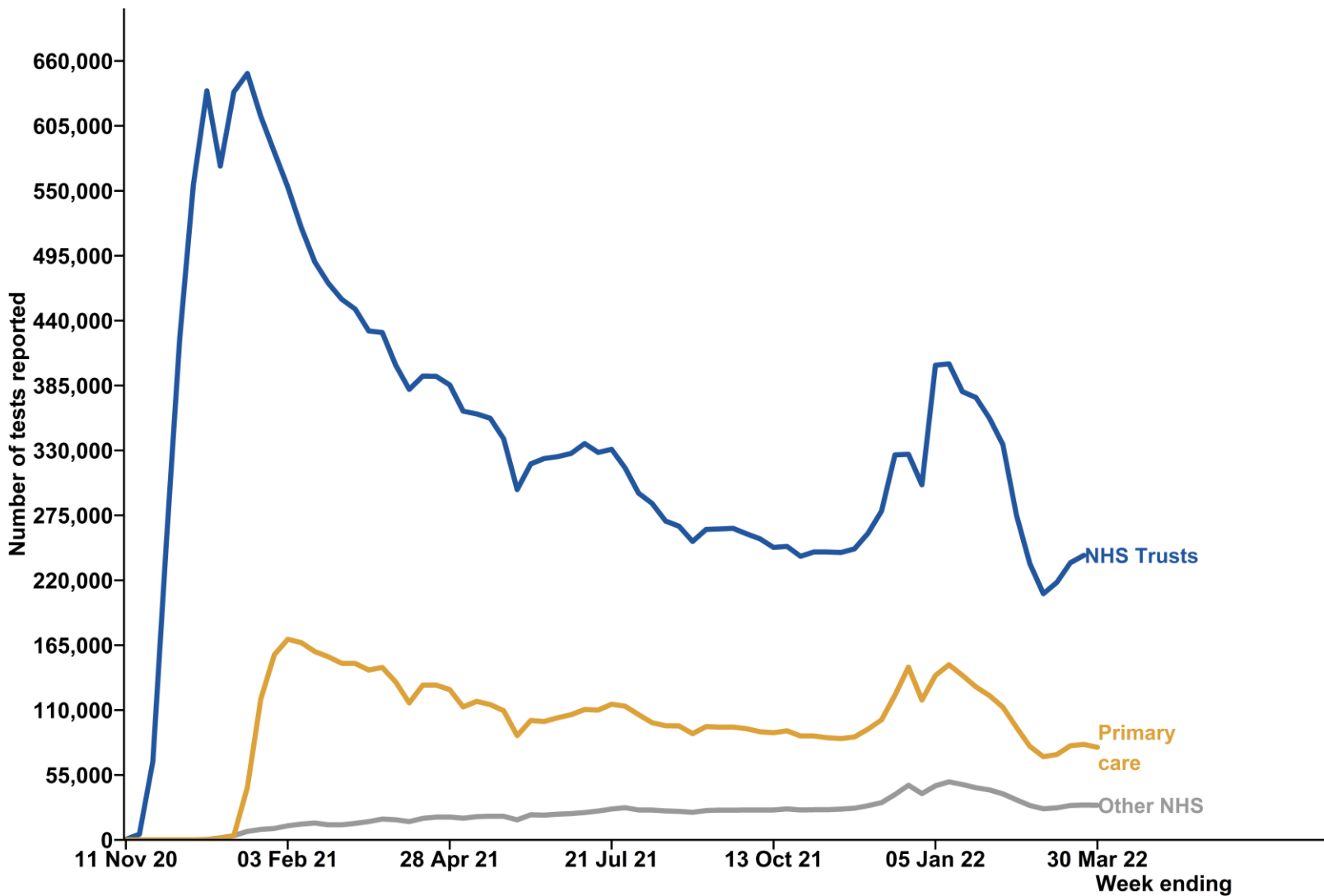
The number of LFD tests reported by staff in NHS trusts had been increasing since mid-December peaking at over 400,000 in mid-January, but since then testing has decreased overall. In the latest week (17 to 23 March 2022), the number of LFD tests reported by staff in NHS trusts increased to 241,161 from 234,874 tests in the previous week (10 March to 16 March 2022). Of the tests reported during the latest week, 27,399 tests were positive, an increase from 22,393 in the previous week.

LFD tests reported by other NHS staff (including the independent sector)

Most tests reported by other NHS staff, include members of staff working in the independent sector who have also had access to twice weekly LFD testing. From August, the number of LFD tests reported by other NHS staff remained stable around 25,000 but since December they have increased. In the latest week ending 30 March, 29,351 tests were reported by other NHS employees which is a decrease from 29,602 tests in the previous week (17 to 23 March 2022) and 3,128 positive test results were reported, an increase from 2,911 in the previous week.

Within the NHS the majority of staff work in NHS trusts, followed by primary care and then the independent sector, hence testing volumes will reflect the number of staff working in each setting.

Figure 6. Number of LFD tests reported by primary care NHS staff, staff in NHS trusts and other NHS staff, England



This data can be found in the 'table_13', 'table_14' and 'table_15' tabs of the 'NHS Test and Trace statistics, 28 May 2020 to 30 March 2022: data tables' document on the [Weekly statistics for NHS Test and Trace](#) page.

About this data

Lateral flow device tests were first made available from 21 October 2020 in England. This data contains LFD tests reported through the existing National Testing Programme digital infrastructure and does not include LFD tests reported where the tests were not registered via this route that is used to collect data for this report.

The following use cases for LFD tests are not currently reporting results digitally into Test and Trace systems, and therefore are excluded from this report:

- testing for some staff in private sector industries
- testing for some hauliers, these are published separately at [haulier coronavirus testing](#)

In these cases, test results should be reported directly into UK Health Security Agency. In future, all LFD tests will be reported via the existing National Testing Programme digital infrastructure and will be included.

A full explanation of the data sources and methods used to produce these statistics can be found in the [NHS Test and Trace methodology](#).

Data quality

Given the importance of this service and the commitment of NHS Test and Trace to be open and transparent with the public it serves, this data is being released at the earliest possible opportunity. However, the caveats and data quality issues in this section should be taken into consideration when interpreting results, and this analysis should be taken in the wider context of [COVID-19 statistics](#).

An LFD test produces a result on the device almost immediately, without it being automatically recorded, therefore some results might not be captured. For settings where self-reporting LFD testing procedures² are in place, it is likely that the number of tests reported are under-reported. It is however their statutory duty to do so, and easier reporting tools are being rolled out to support these individuals to report their tests as quickly and efficiently as possible. It is possible that tests with a negative result are more likely to be affected, therefore it is not advisable to calculate a positivity rate with the data.

Positive test results are not published as a proportion of the total number of tests reported. There are several reasons why it is not advisable to calculate a positivity rate with this data:

² Self-reporting LFDs are where the individual carrying out the test on themselves is expected to report their own test and subsequent result.

- the number of tests reported is not deduplicated, which is the process of removing multiple results from the same person and refers to the number of tests taken and not the number of people tested – because people can have more than one test, the number of tests reported therefore cannot be compared with prevalence or case positivity rates
- rapid testing is primarily used for repeat testing of asymptomatic individuals and the frequency of testing varies across different settings, therefore positivity rates would not be directly comparable
- the potential underreporting of tests reported by individuals self-reporting is likely to affect the proportion of negatives and positives thus skewing any positivity rate calculation

More information on data limitations and how the figures in this publication can and cannot be used is outlined in the [NHS Test and Trace methodology](#).

Future developments

We continue to explore the feasibility of adding new breakdowns to the publication on rapid testing to support user needs. Any future additions will be flagged here to signal forthcoming inclusion.

About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

[UKHSA](#) is an executive agency, sponsored by the [Department of Health and Social Care](#).

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