

Health and Sport Committee COVID-19 testing survey: RCN Scotland response

1. What role should testing play in helping to tackle the pandemic?

We would like to see the Scottish Government go further on testing and roll out more routine testing for health and care workers, care home residents and hospital patients, whether or not they have COVID-19 symptoms (subject to individual consent), to help detect cases early, reduce and prevent transmission in hospital and community health settings and better protect staff and the patients they care for.

While the Scottish Government emphasises that all health and care workers can access testing through the NHS, this is aimed at confirming whether someone has the virus if they or a family members are showing symptoms and therefore whether they can return to work or must continue to self-isolate.

We welcome the expansion of testing policy in care homes whereby in facilities where there is an outbreak, testing of all residents and staff, whether or not they are symptomatic of the virus, takes place. We also welcome the change in policy whereby all those admitted to hospital who are over the age of 70, whether they have symptoms of COVID-19 or not, are tested every four days during their stay.

In light of the emerging evidence regarding those who are either pre-symptomatic or asymptomatic, we are calling for wider routine testing of all health and care workers in order to improve capability to identify and contain potential COVID outbreaks. As a minimum, testing should be universally available to all staff, irrespective of whether they present with symptoms or have been caring for patients with COVID-19. Without this, frontline health and care staff cannot be safe nor can they be deployed safely or effectively.

Today's [18 May] announcement that the Scottish Government will move to a position where all care home staff are offered repeat testing regardless of symptoms and whether there's an outbreak within the care home that they work is welcome. We look forward to hearing the further details on this when the Cabinet Secretary updates parliament tomorrow. These expansions of testing policy acknowledge the important preventative role that routine testing of asymptomatic people can play and we urge the government to roll out routine testing to all health and care staff working in the community and acute settings.

We note the increasing divergence in testing policy between the Scottish and UK Governments and believe the Scottish Government needs to match England on the extent of testing. In England social care workers and residents in care homes, with or without symptoms, are being tested both to investigate outbreaks and as part of a rolling programme to test all care homes. All asymptomatic NHS workers are also eligible for testing in England.

We note the research published by Imperial College London on 23 April which estimates that weekly screening of healthcare workers and other at-risk groups irrespective of symptoms, would reduce their contribution to transmission by 25-33 per cent, on top of reductions achieved by self-isolation following symptoms.¹

Expanding testing in this way would also reduce anxiety amongst staff that they could be unknowingly spreading the virus if they are either asymptomatic or pre-symptomatic. We continue to receive calls from RCN members who are concerned that they could be asymptomatic or pre-symptomatic, as they have been working with a patient or colleague who later tested positive for the virus. We know from these calls that there continues to be confusion about access to testing and whether or not you can be tested if you are not symptomatic. Some examples from our members are included below:

- *I am a nurse working in a large NHS hospital. Two of my colleagues one of which I have worked closely with has recently tested positive for COVID 19. My managers have informed me that I will not be tested unless I display symptoms of COVID and I am to continue working. Please can you tell me if my managers have a duty of care to staff and patients that we are offered tests? If this was in a home setting then I would be isolating and if the new COVID alert app was active I would have been alerted & isolating.*
- *I have been told my boss in my district nursing team has been tested positive for this. I am wondering if we will all soon be tested or have the capacity too as worried I am taking this into different houses.*
- *Member began work with an agency and works in care homes. Partner has a fever, could she be tested? Called the NHS: said not got symptoms, not NHS so won't be eligible. Agency unsupportive, said call NHS 111, which she did, they advised self-isolate. She is concerned she won't be earning now.*

We are also calling for action to ensure that health and care staff are clear about how to access testing, particularly those out-with the NHS, after a recent RCN survey showed that 43% of nursing staff who had not been offered a test, did not know how to access testing. For respondents who had not been offered a test who work in care homes, over half (52%) didn't know how to access testing.

Tests need to be both available and accessible, including to those who don't have access to a car. While the government highlights that care home workers should be able to access testing locally through the NHS, rather than rely on the drive through testing facilities, it is clear that this message isn't getting through to all in the sector. In our recent survey on access to testing, we received the following information from care home nursing staff who had been offered a test, but hadn't been able to access it:

- *It is drive through only that is offered for care homes and I don't drive. The taxi service set up was for NHS staff only to go through the testing. My company has tried to make/access something similar with taxis for us but it is not allowed. As we are a nursing home we asked if we could do our own staff swabs- obviously with protective measures in place as all of us live locally but we were told no. It feels like unless you are well enough off to afford a car or in the NHS you don't matter. I could potentially have been at work if my family was negative but my team had to struggle with reduced staff numbers. Our employer is telling us that if we do not go to testing if we*

¹ <https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-16-testing/>

are referred we won't get paid for our time off but unless we drive we can't. I'm down 2 weeks wages and I did nothing wrong.

- *It was a drive through, only if you or a member of your household had a car, not allowed a taxi or anyone who didn't live in my house to take me. There are no drivers in my home.*

It is also crucial that data around the spread of the virus is improved significantly and urgently and routine testing of health and care workers would contribute to this.

Data about COVID-19 needs to be collected and analysed on a larger scale and with more granularity to enable measures to be targeted as precisely as possible regarding the characteristics that increase risk, whether personal (e.g. age or underlying health conditions) or situational (e.g. working/caring/educational environments). Population testing for COVID-19 is required to verify the efficacy of the 'test, trace, isolate' approach and attention must also be paid to the possibility of atypical presentation of COVID-19.

2. What do we need to deliver this?

The message that health and care staff working out-with the NHS can access NHS testing locally needs to filter down to those working in the independent sector. While the First Minister has emphasised that care home managers can put symptomatic staff forward for NHS testing and there should be no barriers to that, we have heard from members who had difficulty accessing testing as they had been told to get tested via the drive through facilities.

We support the Scottish Government's commitment to improving evidence about the spread of COVID in hospitals and care homes and believe that more routine testing of health and care workers, care home residents and patients would be an important way of achieving this.

Testing capacity needs to continue to increase, particularly as we move towards the Test, Trace, Isolate, Support (TTIS) approach. Indeed the government's Framework for Decision Making document acknowledges that this will require "an unprecedented scale of testing capacity."

Tests need to be both available and accessible, including to those who don't have access to a car and those living and working in rural areas. While improving availability under the current approach to testing is vital, this will become even more important as we move into the TTIS phase. The Scottish Government need to provide a clear plan showing how everyone will be able to access a test as part of the TTIS strategy, including people who are unable to access a hub or an NHS test or test themselves at home – the three current test access routes. The role that nurses – especially those working in community settings – will play in implementing this strategy needs to be discussed and agreed, and adequate training, protection and recognition put in place.

The government must also set out a robust workforce plan for the workforce required to implement testing and tracing elements of the Test, Trace, Isolate strategy.