



Royal College
of Nursing

2020 | International Year
of the Nurse and Midwife

RCN COVID-19 Staff Testing Survey Findings

Summary briefing

POLICY AND POSITION STATEMENTS





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Introduction

On 24 April, the UK Government announced a change to the COVID-19 testing process which would allow health and care workers to use an online system for booking a testing appointment or ordering a home test kit. This process is currently in place for England, Northern Ireland and Scotland. There are plans for this to be rolled out in Wales. Despite increases in the testing capability, the number of tests being conducted was not reaching the maximum capacity. We want to understand the remaining barriers so that these can be addressed.

It is vital that these issues are resolved, as testing for COVID-19 is critical to enable staff who have had symptoms return to the frontline. Staff members need assurance and certainty given risks to their own health and that of their families.

This survey was designed to capture those issues from frontline staff and identify where further action is needed, either by employers or the Government.

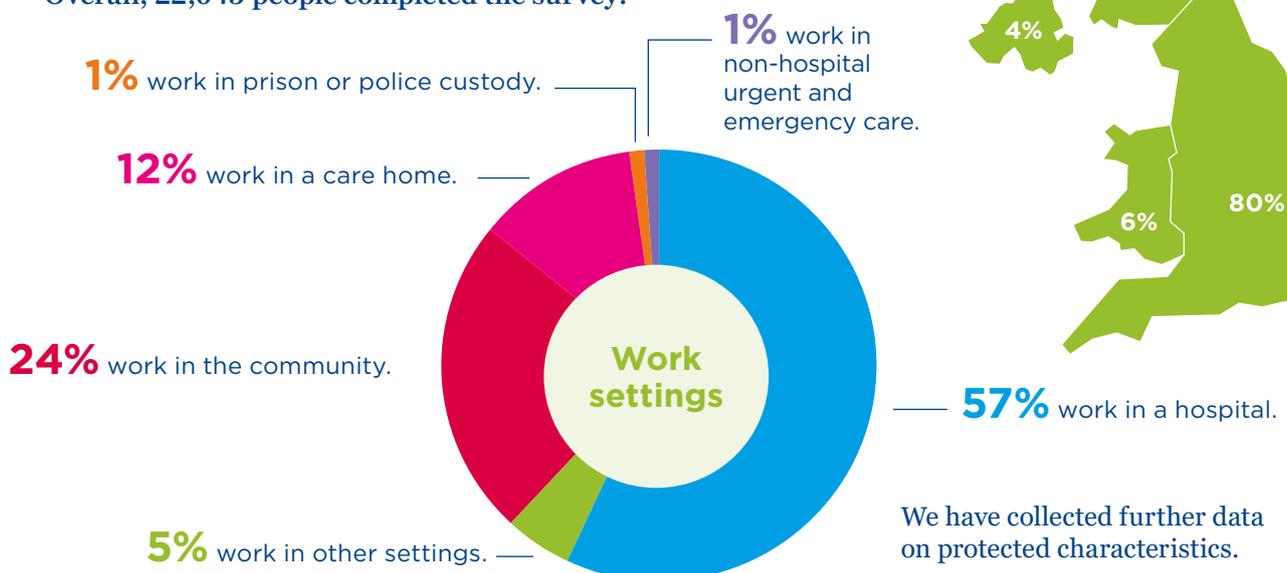
Methodology

We ran an online survey to all RCN members asking for their experience of access to COVID-19 testing. This included whether staff had been offered testing by their employer; reasons given for why testing wasn't offered; whether they were able to access testing provision and any barriers they had encountered; how testing was carried out and how long test results took to come back.

The survey was open to health and care staff working in any health and care setting across the UK and sent to all RCN members via email. It was publicised through the RCN social media platforms and members were encouraged to share it with their colleagues and other networks. The survey was open from 6pm on Friday 24 April and closed at 12pm on Tuesday 28 April.

Demographics

Overall, 22,043 people completed the survey:

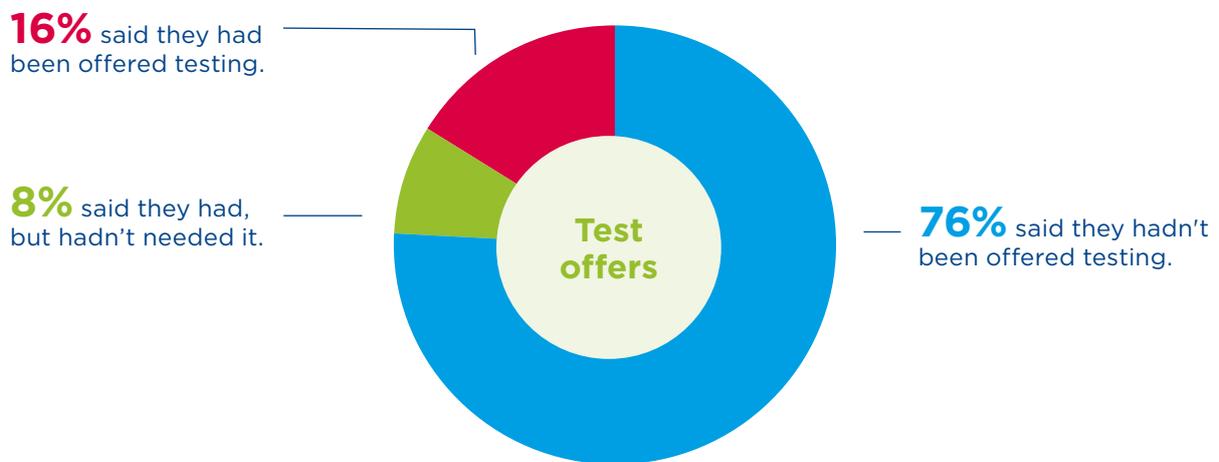


Findings

All respondents were asked if they currently need or had previously needed a test for COVID-19. Around half of the respondents (55%) did not feel that they needed a test. There may be a number of reasons for this, including not being in work or not currently having symptoms.

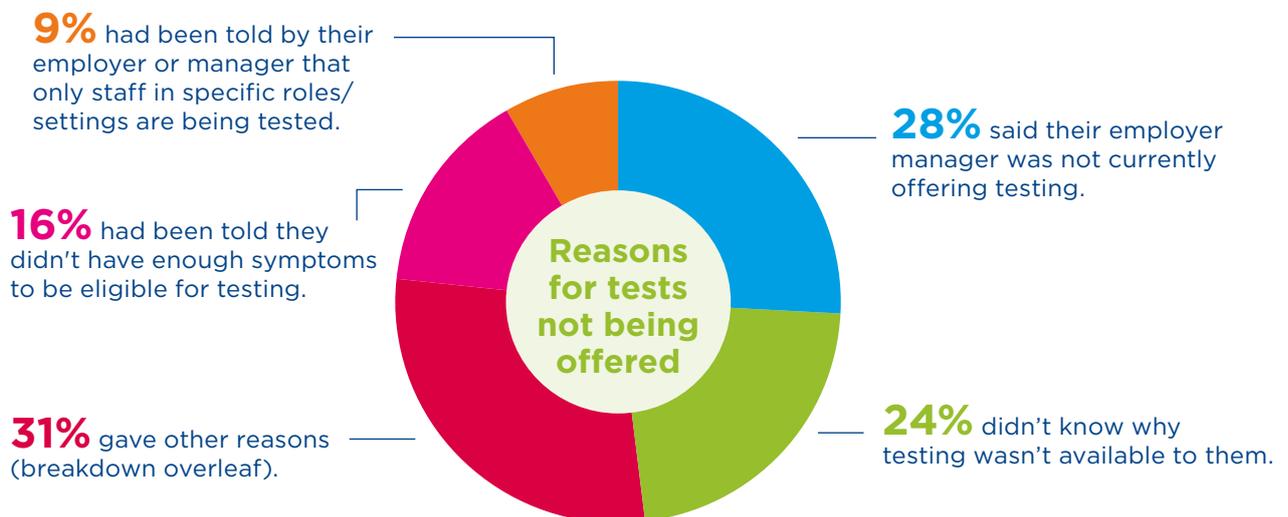
Offer of testing

We also asked all respondents whether they had been offered a test:



There was little difference between settings, apart from those working in prison and police custody, where 81% of respondents had not been offered testing. However, there were differences between permanent staff and those working as bank, temporary or agency staff. 86% of temporary staff had not been offered testing compared to 75% of permanent staff. Those working outside the NHS were slightly less likely to have been offered testing by their employers (79% had not been offered tests, compared to 75% in the NHS).

We asked those who had not been offered testing (n=16,765) what they believed the reasons were for testing not being offered:



Of those who gave other reasons (n=5,263), over half said it was because they didn't need a test as they had no symptoms. One in ten people told us that they had previously experienced symptoms but at that time testing was only available for those who had been admitted to hospital. Now that testing is more widely available, they no longer have symptoms. 6% said it was because testing was not relevant to them due to either their role or not currently being at work (for example, working from home, shielding or self-isolating, annual leave etc). Other reasons included there being a lack of information from employers, and limited availability of tests or tests being rationed by their employer.

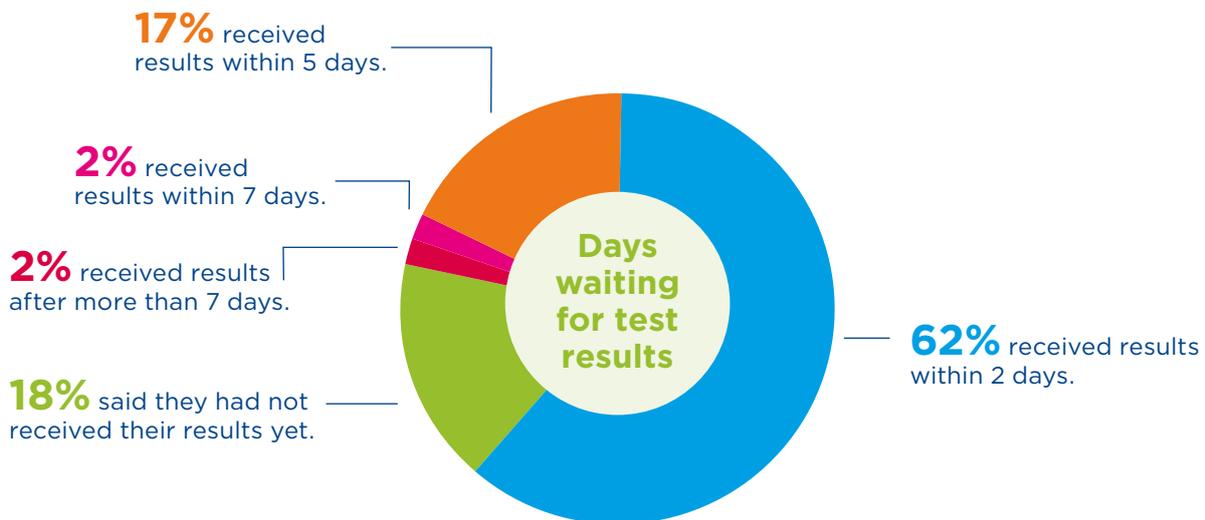
Access to testing

There were (n=18,563) people who had not been offered a test, or who had been offered a test which they didn't need. Of these people 44% did not know how to access testing. In care homes and prisons, around half of these respondents didn't know how to access tests, and with temporary staff, this figure was 60%.

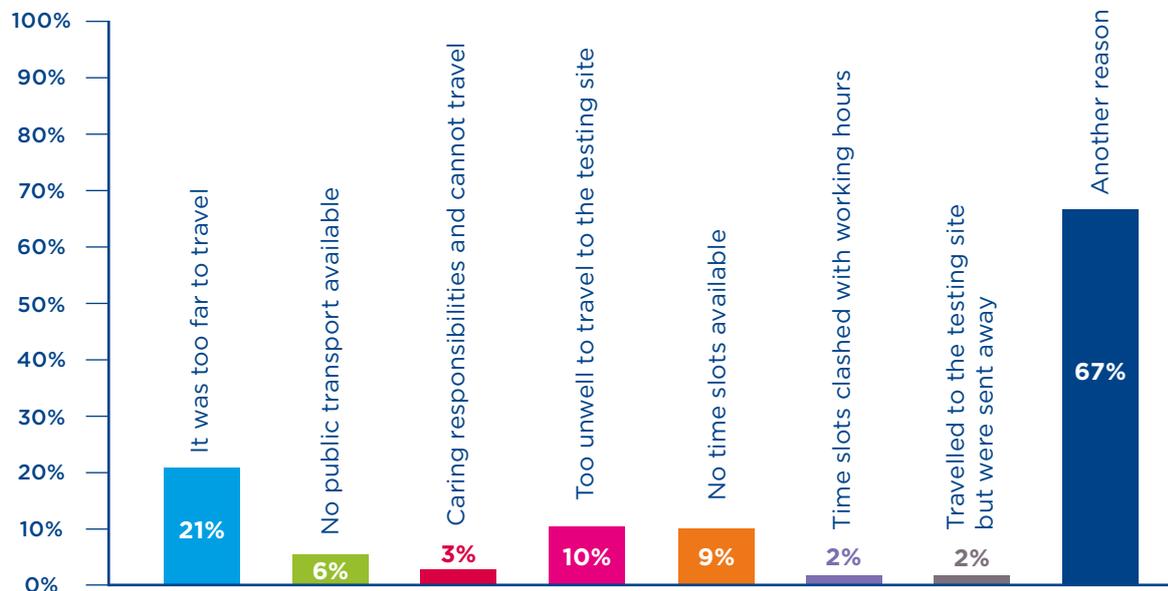
The respondents who *had* been offered testing (16% of respondents, n=3,499) were asked about their ability to access the test. Overall, 90% of these were able to access testing, though there was some variation across settings – 93% of those working in the community were able to access it, as were 91% of those working in hospitals. However only 84% of those working in care homes were able to access the testing they had been offered.

Again, there was a difference between staff working in NHS organisations (91% able to access testing) and non-NHS (85% able to access testing), and permanent staff (90% able to access testing) and non-permanent staff (85% able to access testing).

The majority of results of those who had accessed testing (n=3,133) were received within a few days:



Respondents who were offered testing but *not able to access it* (n=347) gave the following reasons:



Of the large proportion (n=235) who gave another reason, over a quarter (27%) said it was because they can't drive or don't have a car, 22% said it was because the test was not available when they needed it or that it was too slow to arrange and 15% of respondents told us it was because of a failure within the system for either booking tests or not responding to the referrals. Other reasons included not meeting the criteria for testing because of no/too few symptoms and issues at an employer level including delays, refusals or in some circumstances the employer charging a fee to test employees.

Conclusions

Our findings show that large numbers of health and care staff are still not being offered testing, and these rates are higher outside of the NHS and amongst temporary workers. This could indicate that communication systems outside of the NHS are not able to effectively convey messages to frontline staff. There is still a significant proportion of staff who do not know how to access testing if they have not been offered it by their employer.

This survey has shown that, of the staff who were offered testing, the vast majority were able to access it. This rate was slightly lower for individuals working in care homes, indicating that there are issues for this staff group which need to be addressed specifically.

While there was only a small proportion of respondents who could not access the testing which was offered to them, it could be an indication that there needs to be additional support for some groups. In particular, it could indicate that more needs to be done to improve access to testing sites, particularly for those who do not drive or have access to vehicles, public transport is frequently not possible, especially for some who are showing symptoms and also to some sites, and often staff have to travel long distances to these testing centres.

We will continue to monitor the provision of tests for health care staff closely and share the experiences of our members and the wider health and care community.

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