

Test and Protect Transition Plan

March 2022

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Test and Protect has been one of the key interventions over the course of the last two years in Scotland to reduce the impact of COVID-19 on our health, and on the wider social and economic harms caused by the pandemic. The primary goal of Test and Protect has been to reduce population wide transmission of the virus. Through providing access to the whole population to widespread testing, population level contact tracing, and financial and practical support for isolation, Test & Protect has broken chains of transmission and saved lives.

This intervention has only been possible thanks to a dedicated workforce across testing, contact tracing, and supporting isolation; and significant, sustained and committed engagement by the public in coming forward to be tested if unwell, taking part in asymptomatic testing at peak times of risk, and following the advice given to isolate to avoid further transmission of the virus.

As we set out in our updated *Strategic Framework* in February, we now recognise we are in a different phase of the pandemic. As we see the prospect of transitioning to the virus becoming endemic, the impact of vaccination and treatment options on severe disease, and the wider harms of a strategy overly focussed on suppression at this point in time, our Strategic Intent is now:

To manage COVID-19 effectively, primarily through adaptations and health measures that strengthen our resilience and recovery, as we rebuild for a better future.

At the beginning of the pandemic – before we had the benefit of vaccinations and treatments – large scale infrastructure to test, trace and isolate on a population wide scale was required to reduce transmission, as were other widespread protective measures. We are now in a very different position with population levels of immunity and new treatments significantly reducing the direct harms of the virus.

The purpose of testing at this phase in the pandemic is changing.

The primary purpose of testing is changing from population wide testing to reduce transmission to targeted testing to support clinical care. Testing will also still be required for other purposes too – it will play an ongoing role in health and care workforces, given the clinical risk in those settings, and will be a key part of surveillance. We know too that we continue to face Covid risks – including of new, more harmful variants. Contingency to respond to those risks will, at times, include additional testing.

This means our strategic intent for testing is changing too. It is now:

To adapt Test & Protect to support the effective management of COVID-19 as it becomes endemic, to support patient treatment and care; protect those in highest risk settings; monitor prevalence and the risk of new variants, respond to outbreaks, scale if required for future health threats, and build a legacy for wider population health benefit.

However, we intend to move to this new approach to testing in a phased way. Subject to the phasing set out below, we are advising people to continue to test on the same basis as now - for those without symptoms this means testing with lateral flow devices twice weekly and daily for 7 days if you are a fully vaccinated close contact of a positive case. For those with symptoms, it means getting a PCR test.

From Easter onwards, we will begin the transition towards our targeted approach - which we are describing as 'steady state'. Test sites will remain operational until the end of April. However, to support the transition there may be some changes to opening hours and locations of test sites during April. It is important to note that testing will always be available if advised as part of your clinical care.

For any purpose for which testing (PCR or lateral flow) continues to be advised, we will ensure that these remain available free of charge.

After Easter, the key steps will be:

Step 1: From Mid April – (for most people) if you are well, with no symptoms, you will no longer be advised to test twice weekly

- Advice to the general public to routinely test if asymptomatic will cease and access to lateral flow tests for that purpose will stop.
- Routine asymptomatic testing in workplaces will cease (with the exception of health and social care settings).
- Routine asymptomatic testing in education settings – schools, early learning and childcare, and universities – will cease at the end of the current term.

However...

- PCR tests will remain in place for anyone with symptoms with tests accessible at test sites and by post.
- Contact tracing and support for isolation continues.
- Positive cases will continue to be advised to isolate (though can continue to shorten their isolation period if negative on lateral flow tests on day 6 and day 7).
- Fully vaccinated close contacts will continue to be advised to test daily for 7 days.
- Anyone visiting a care home or hospital will be asked to do a lateral flow test in advance.

Step 2: From End April - Transition to steady state - move from population symptomatic testing to testing for clinical care, surveillance and outbreak response

- Move from population level symptomatic testing to targeted testing for clinical care.
- Groups eligible for testing to support clinical care will access tests through the home order channel.

- General public will no longer be advised to seek a test if symptomatic – at this stage we will move instead to general public health guidance to stay at home if unwell.
- Test sites will close at the end of April.
- Population level contact tracing, isolation and support will end and we will stop using the Protect Scotland proximity contact tracing app (but retain it for future use if required).
- Surveillance and contingency infrastructure for outbreak response will remain in place.
- Ongoing routine asymptomatic testing in health and social care workforces will continue – with this kept under regular clinical review.
- Anyone visiting a care home or hospital will still be advised to do a lateral flow test in advance - though this will be kept under regular clinical review.

A timeline of the key changes as part of the transition are included at Annex A.

Testing Steady State

At the end of the transition period (from beginning of May) we will move to a new steady state for Test and Protect. This will be built around six pillars and be supported by ongoing investment in testing as part of the required health measures for the effective ongoing management of COVID-19.

Testing for clinical care

As with all diseases, the effective clinical care of a person with COVID-19 will sometimes require testing to confirm or rule out diagnosis. Those who are eligible for anti-viral treatments now, and for those future treatments in development, will continue to be able to access testing – in the community and in hospital settings. In addition, testing may continue to be recommended in advance of certain other clinical procedures – such as pre-operative testing – in order to improve patient outcomes. Testing like this if advised as part of your clinical care will always be free at the point of need – as with all of our NHS.

Evidence on which groups of people can benefit from, and are therefore eligible for, antiviral treatment continues to build and to be reviewed. We will always ensure testing is available to help people get the treatment they need. The current route for people across the UK to access testing for the purpose of accessing antiviral treatment is the home order channel for both LFD and for follow up PCR. This route will remain the key route for access for those in the community, with tests for those in hospital arranged by clinicians in the usual way and processed in our NHS Scotland laboratories.

Testing to protect those in highest risk settings

Some regular asymptomatic testing – for example in health and social care workforces – will continue to be in place, alongside a range of other infection prevention and control measures such as PPE, in order to reduce the risk of the spread of infection in settings where the clinical risks of transmission are high.

Precise advice for different workforce groups within the broad category of health and social care will continue to evolve, based on clinical advice. For many groups, the advice will be to continue to test twice weekly with LFD tests. In general in social care, the priority will continue to be testing in long stay settings for elderly people such as residential care homes. There will also be a continuing priority in health care worker testing to support testing for hospital based staff to reduce the risk of infection spread in our hospitals.

Similarly, there will be continued access for testing to support care home and hospital visiting, subject to regular clinical review and advice.

Surveillance

Not all surveillance requires testing – much of the long running respiratory surveillance systems in Scotland, both in the community and in hospitals, relies on a range of measures including data from GP systems and NHS24, monitoring trends at

a population level in the reporting of certain symptoms, and monitoring disease severity and patient outcomes in hospital settings.

However, testing will remain a critical part of enhancing this existing surveillance, to best adapt to the additional requirements of effectively monitoring COVID-19 trends and new variants. This includes ongoing random sample PCR testing through the ONS Community Infection Study, wastewater testing, and genomic sequencing to investigate variants of interest and concern when they arise. A proportion of regular testing carried out for clinical care purposes – for example, hospital based PCR testing, will also routinely be sequenced, enabling a further layer of surveillance for any emerging signals of new variants of concern.

Outbreak response

At times, in particular as part of the investigation of potential new variants, testing will be part of the regular Health Protection led response to outbreaks of respiratory disease – which will include COVID-19 outbreaks – in settings. Public Health Scotland are leading on the key guidance to local Health Protection teams on investigating new variants of concern – the Variants and Mutations Plan – which includes clear processes on testing and contact tracing as part of outbreak investigation and response.

Contingency

The ability to respond in the event of new variants requires contingency to be maintained across Test and Protect capabilities. This includes a core contingency of LFD stocks, Mobile Testing Units, PCR testing capacity and the ability to rapidly sequence positive tests, and enhanced Health Protection teams in local Health Boards with retained skills in complex outbreak investigation and support from PHS experts in epidemiology.

Sufficient LFD stocks will be held in contingency in Scotland to enable a rapid increase in the intensity of targeted testing if required in the event of a new variant of concern. This contingency would assist in adding to layers of protection that may

need to be enhanced, in particular around high risk closed settings. Contingency stocks will be sufficient to enable two months of additional enhanced testing, which also enables time to procure additional testing if required. In addition, to support the investigation of new variants, a contingency fleet of ten Mobile Testing Units will be maintained, and ongoing access to a reduced UK wide network of PCR testing will be retained.

We will also keep the daily case rates, hospital data and other key indicators under close review over the transition period and retain the option – subject to clinical advice – of being able extending symptomatic testing beyond the end of April (using lateral flow tests) if the pandemic circumstances require this.

Legacy

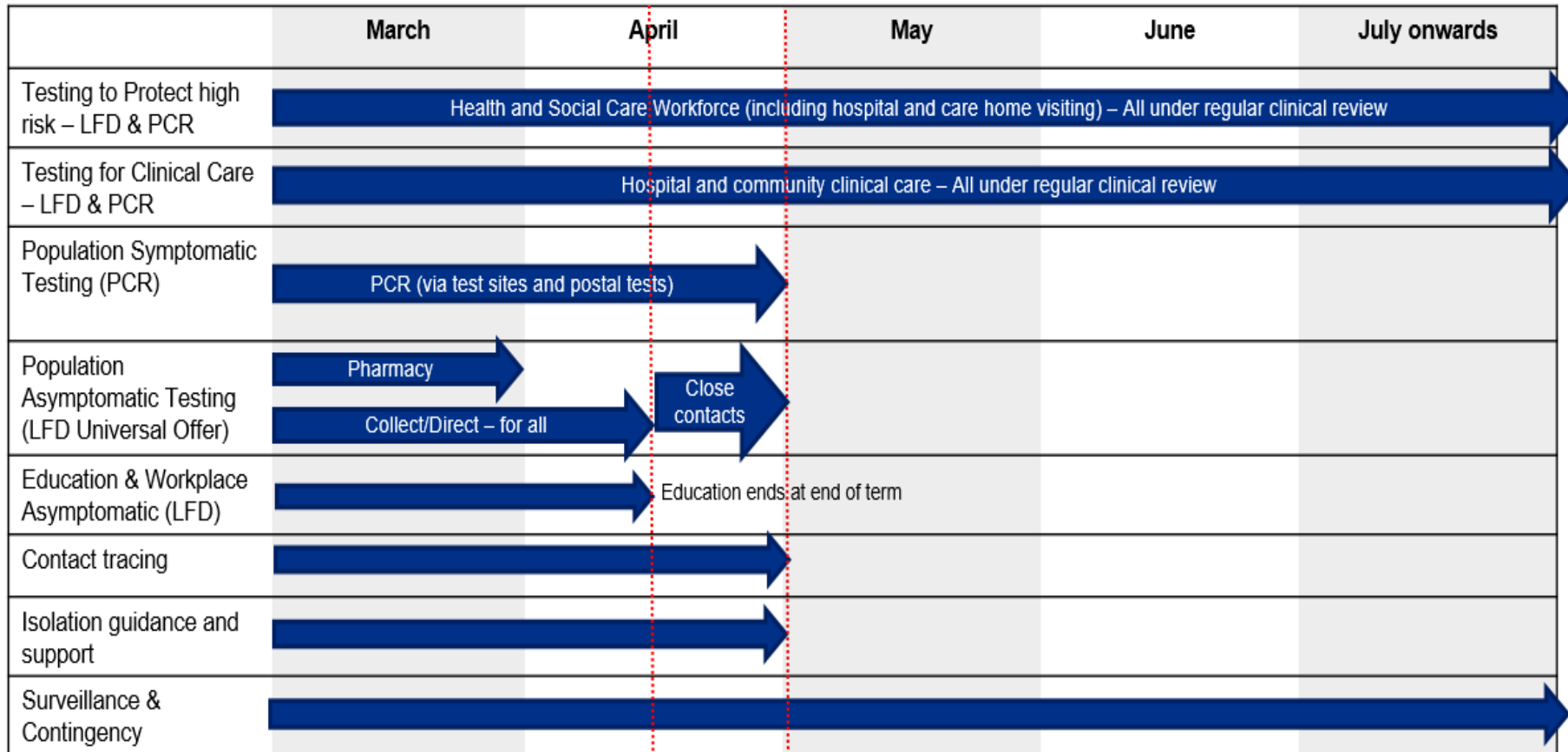
In the two years since the pandemic started Scotland has invested significantly in diagnostics and in wider health protection measures to support the Covid response. There will continue to be activity to build on this testing legacy to support wider population health goals.

Conclusion

The changes above are significant, and they are possible thanks to the progress we have made in our ability to protect our population from the most severe harms of COVID 19 through vaccinations and through new treatments. Diagnostics will remain critical – not least as part of our efforts to remain vigilant and be prepared for future pandemic phases. Their purpose is now changing, and we will continue to ensure they play a key role, in our ongoing management of COVID 19; in our wider pandemic preparedness and in our ongoing efforts to improve the health of Scotland's population.

Annex A

Transition Plan Timeline



Step 1 – 17 April
(most asymptomatic testing ends)

Step 2 – 30 April
(symptomatic testing ends)



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