

Response ID ANON-Y8VC-W1PU-Q

Submitted to **COVID-19 Testing**
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About you

1 Please read the privacy notice below and tick the box below to show that you understand how the data you provide will be used as set out in the policy.

I have read and understood how the personal data I provide will be used.

2 Information about how we will use your views.

3 What is your name?

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4 What is your email address?

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5 Are you responding as an individual or on behalf of an organisation?

Organisation

Organisation :
Scottish Care

COVID-19 Testing

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

Please enter your response in the box provided. :

Testing plays a critical role in the social care sector's tackling of the pandemic.

There are approximately 68,000 individuals who receive home care support, 34,000 residents in care homes and 125,000 people employed in these services. Each of these groups requires urgent prioritisation in testing strategy and practice in order to protect those with health vulnerabilities which make them especially vulnerable to the impacts of the virus – most people who require social care support will have multiple comorbidities which will significantly impair their recovery and survival rates if they contract it. Testing is therefore core to the objective of preventing infection outbreaks and minimising spread where they do occur.

It is even more critical as our collective understanding around asymptomatic spread has developed. Inevitably social care workers who require to undertake intimate personal care will be at risk of unknowingly carrying the virus between the people they support and their colleagues if their COVID-status is not known. The fear of this occurring is causing significant distress amongst the social care workforce and inevitably amongst the loved ones of those supported by services too. Testing is therefore an essential component in workforce planning processes during COVID-19, in determining sufficient PPE access and use, and in providing service, worker, individual and public assurances of status and safety.

Scottish Care has been clear in our articulation of the very real and difficult balances social care services are having to strike in ensuring the health and safety of the people they support in relation to COVID-19, whilst also recognising the equally detrimental impact of the pandemic response on individuals' wellbeing and mental health. In a sector where many individuals are in the last years, months and even weeks of life, severe restrictions on family visits are causing significant distress in considerations of quality vs. quantity of life, as communicated to Scottish Care by many relatives of care home residents. In the support of individuals with dementia (potentially as high as 90% of care home residents), social distancing and isolation is extremely difficult and people often rely on touch, facial expression and other forms of face to face communication to feel connected and supported: all of these crucial elements of care are detrimentally impacted by current guidance. Testing will therefore be central to ongoing discussions – which Scottish Care is already engaged in with a range of partners – around how to protect the human rights and wellbeing of individuals in a 'new care normal' in order to enable some proportionate balancing of health and wellbeing needs. It can be used potentially to enable some of the most severe restrictions to be lifted in specific, appropriate and likely individual circumstances which will become increasingly important in social care settings.

With the knowledge and experience of the virus we now have, Scottish Care regrets the United Kingdom Government's decision to depart from the previous Test, Trace, Isolate (TTI) strategy as this represents a missed opportunity to reduce its extremely distressing impact on the social care sector. We welcome its reinstatement and whilst we recognise there are capacity issues, those supported by and working in the social care sector must be the first priority of its rollout. As above, it will play an important part in informing the next steps of national, local and service strategies around adjusting to the next stages and phases of the pandemic which is especially important given that social care services will likely be impacted by lockdown and restriction measures for significantly longer than wider society. It will be useful in determining what other essential care and support services – including day care centres, activity provision and third sector supports – can recommence or extend their operations towards normal levels.

2 What do we need to deliver this?

Please enter your response in the box provided.:

Testing continues to be a challenge at local level. It is happening well in some areas, with collaboration and mutual joint working.

However over the course of the pandemic thus far, we have unfortunately seen various examples of omission, inconsistency and slowness to respond to the sector's testing needs and these need urgently addressed in order for testing to play its full and necessary role.

The key areas to address are as follows:

Clarity of approach and guidance

On 29 April, Scottish Care issued a call for there to be testing of all care home residents and staff where there had been a single case confirmed, moving towards routine testing. This was accepted and announced by the First Minister on 1 May. We were clear in that call that testing should then be extended to include all asymptomatic residents and staff, and eventually moving to all residents and staff across care homes in Scotland regardless of whether they have Covid-19 symptoms or not. Plans to extend testing to all care home staff were announced by the Cabinet Secretary for Health & Sport on 18 May.

Interim guidance on testing was finally published on 14 May (revised once more since), thirteen days after political announcements and against a backdrop of haphazard local approaches to testing. There are elements, especially in relation to the delayed exclusion of test positive workers, which are causing real concern in that they suggest instances whereby known Covid-positive workers may continue to provide care.

Despite the fact that the care home sector is rightly at the heart of testing strategy and focus, there is no care home representative on the Scottish Government's testing group despite repeated requests from Scottish Care and social care providers for this to be remedied.

At local level, these delays and omissions in planning are manifesting as severe inconsistency and resultant confusion. As recently as the week of 11 May, Scottish Care's members have informed us of areas where only suspected individual COVID cases are being tested and on Friday 15 May, care workers were turned away from testing centres despite public messaging from the First Minister that they should have access through local Health Boards.

It is not only unfortunate but potentially life-threatening that as some areas are progressing well and moving with alacrity to test not only staff and residents and doing so within hours, that there are still other parts of the country which are much further behind.

Consistency and timeliness of testing access

Despite national messages reinforcing the right of social care workers to access testing through local Health Boards, this is not always happening in practice. Even where this is technically possible, delays in access are forcing some staff to utilise the Lighthouse testing facilities instead. It should be noted that this will skew the data collected on testing by Scotland, since these facilities are operated by the UK Government.

Scottish Care has also called for a more mobile approach in testing provision in order to take account of the fact that staff do not always have cars and cannot travel what may be long distances to get tested. Some areas are also considering training care staff to take swabs themselves, which needs proper training and support to achieve effectively and safely.

We also continue to hear of extremely mixed waiting times for receiving test results, from as little as a few hours up to many days. What's more, members continue to inform us of barriers to test access over weekends and holidays. Social care support is a 24/7 necessity – testing must reflect this in order to keep services and individuals safe.

This continued mixed picture is no longer acceptable when lives are at stake. Lessons must be learned from the areas which are operating testing systems well and adopted with urgency by other Partnership areas.

Single routes for results

At present, there is so single route of access for obtaining test results, which can be received by email or text, and likely other communication methods also. These results are generally received without identifying information, which creates concerns around accuracy. Scottish Care members have expressed a lack of confidence in being able to verify test results for individual staff members, especially since there is no certainty that the details contained within text and email formats could not be altered in extreme and hopefully very rare instances.

What's more, consideration needs to be given to how patient confidentiality requirements can be balanced against employer responsibilities in managing staff shifts and isolation periods, and in reporting on testing through other agencies. Whilst the onus is placed on these services to manage this carefully and accurately, they are reliant on information passed from individual staff members as to their confirmed COVID-19 status.

Ownership and confidentiality in relation to test results must also be clear with other agencies involved in social care oversight during the pandemic. Scottish Care has been made aware of instances where such bodies have attempted to obtain test results in the first instance, before the individual test recipient has even received them and in instances where, following protracted assertion of their personal result ownership, the staff member is found to be COVID-positive. This is wholly unacceptable and risks staff members continuing to remain at their place of work delivering care until results are passed back to them.

Equal prioritisation of home care services

It has been and continues to be important to address the testing needs of the care home sector, but it is also clear that the testing of homecare staff and their families has not been sufficiently prioritised. There is no targeted or strategic testing for those supported by or working in care at home and housing support services happening at all.

Without equivalent monitoring and action, there is a real and substantial risk that we will start to see a shift in virus setting – as we have from hospital to care homes – in terms of concentration of outbreaks and deaths to the community, not least because the nature of this support requires staff to move between different households.

This is of particular concern as the country moves towards the easing of some lockdown measures, which will inevitably see more family interactions and travel

between homes and therefore potentially higher community transmission rates.

Evaluation

1 Was this views submission tool easy to use?

Extremely easy to use

Why did you feel it was, or was not, easy to use?:

2 Do you think this Call for Views submission tool provides a good way for you to get involved in the work of Parliament?

Yes

Please explain the reasons for your answer?: