

SURREY LOCAL OUTBREAK ENGAGEMENT BOARD – 20 NOVEMBER 2020

PROCEDURAL MATTERS – SUPPLEMENTARY QUESTIONS AND RESPONSES

1. Supplementary question submitted by Teresa Wood

Thank you for the information regarding the specificity of the Innova Lateral Flow Test. Whilst specificity seems very good, the sensitivity of the test is far from adequate for use as a rapid mass detection test, with a BMJ article dated 17 November 2020 (see below links) stating that false positives from the Innova test are estimated at almost two thirds of the positive tests detected. Is it not time that local government started to question the policies that they are expected to administer on behalf of a government that does not seem to be able to understand the reports and data well enough to make considered and rational decisions?

The British Medical Journal (BMJ) articles:

Covid-19: Innova lateral flow test is not fit for “test and release” strategy, say experts

BMJ 2020: (Published 17 November 2020)

<https://www.bmj.com/content/371/bmj.m4469>

Covid-19: Screening without scrutiny, spending taxpayers’ billions

BMJ 2020: (Published 19 November 2020)

<https://www.bmj.com/content/371/bmj.m4487>

RESPONSE:

Tests with low sensitivity have an increased risk of false negative tests and missed cases. False positive tests become an issue if the specificity of a test is low, or when a test with high specificity is used on a large scale in populations where the prevalence of the disease is low.

Innova SAR-COV-2 lateral flow antigen devices (LFDs) are being made available to local authorities in tier 2 (as Surrey currently is) to develop and co-ordinate their own system for using LFDs in the local area, in conjunction with national projects. The strategy for the use of LFDs will take into consideration the technical specifications of the test, and how the use of LFDs fits with other means of testing and the other measures being used to control rates of the virus. It is likely that the use of LFDs will be targeted to areas of high prevalence to reduce the risk of false positives. In addition to testing, infection and prevention control measures, as well as successful contact tracing and self-isolation, remain central to the ongoing COVID-19 response.

3. Supplementary question submitted by Stuart Robertson

Thank you for supplying the information in response to my question, it fully supports the inaccuracy of the PCR testing, and confirms that false positives will lead to making unnecessarily damaging policy decisions. Why, as a Local Outbreak Engagement Board do you continue to support this kind of testing, in the full knowledge that it will lead to healthy people and their contacts unnecessarily self-isolating, therefore taking invaluable resource from our society and compounding the devastation caused by the misinformed and dangerous response to this virus?

RESPONSE:

PCR testing is currently the operational gold standard diagnostic test for COVID-19. Unfortunately, no test will have 100% sensitivity and specificity, and the PCR assays used for the UK's COVID-19 testing programme have been verified by PHE and show over 95% sensitivity and specificity under laboratory conditions. The risk of any testing inaccuracies and the consequences of this must be balanced against the benefit of using the best available tests to detect true positive cases to ensure that these people and their contacts appropriately self-isolate. This will ensure chains of transmission are broken and the most vulnerable members of society are protected from the significant morbidity and mortality caused by COVID-19 in these groups.

4. Supplementary question submitted by Thomas Walker

Thanks to the Board. I had previously enquired as to some of the economic harms invoked by the lockdown. I note based on the materials provided that we saw 13% of those surveyed had seen a negative impact on household income, 56% had received a negative impact in terms of employment. We have seen a 277% increase in claimants of Universal Credit and that is in addition to 20% of ineligible employments being put on furlough. We have seen nationally that this has contributed to a 20% collapse in GDP which is ten times the worst quarter of the 2008 recession and with public sector debt now over £2 trillion, how will the Board advise local Council adapt these devastating financial difficulties? Will the Board suggest a need for public sector pay reductions or redundancies, or will local services need to be reduced?

RESPONSE:

The unprecedented nature of the COVID-19 pandemic has brought very significant financial challenges. In 2020/21 Surrey County Council (SCC) expects the funding central government has provided to cover the additional costs that the Council incurs. It is recognised there will be ongoing societal and economic impacts of the pandemic that will continue to create financial challenges for SCC in 2021/22 and beyond. The Council's 2021-26 Medium Term Financial Strategy is heavily dependent on the approach the government takes to repaying the public borrowing increased during the pandemic. The Chancellor's 2020 Spending Review prompts issues about pay and the ability of local taxes to fund increased demand, whilst also noting that the government will provide further funding to local authorities to manage the ongoing impacts of the pandemic. Any decisions about council tax will have to balance the need to fund services to often the most vulnerable, with the knowledge that many residents will be facing more difficult financial circumstances. In summary, although SCC will undoubtedly need to continue be financially prudent in all its decision-making, we expect SCC to maintain a sustainable financial position in 2021/22 and at the same time continue to deliver vital services to residents without the need for short term unplanned changes to service delivery.

6. Supplementary question submitted by Duncan White

Has the Council taken measures to expand capacity in either 'step down' facilities or Nursing and Care Homes to avoid the problems encountered in March and April with the premature discharge of the vulnerable to Care Homes from hospitals? I ask this because the Local Authority has apparently committed vast amounts of cash to the structure of avoiding a repetition but I cannot determine from the Council's response to my initial question that there has been a revision of the processes that could ensure better outcomes from the 'lessons learned' in March and April.

I would further elaborate thus:

The over-arching problem is that Local Authorities and Care Homes were swamped by premature discharges of patients from hospitals into Care Homes in March and April at peak C19 resulting in a wholly disproportionate loss of life, so one would expect Local Authorities to have learned the lessons and worked with the NHS to develop and enact a Master Plan so that the situation is not replicated particularly over the annual 'winter pressures' period on the NHS adding to the (purported) C19 pressures. Investing considerable amounts of money in the problem does not clearly indicate that the Local Authority and the NHS have developed processes to make use of all that additional cash to get better outcomes - SO - the question has to be a) what 'outcomes' are you expecting from that extra investment and b) what systems/processes have you changed because of the lessons learned from March/April that will make that extra cash a purposeful spend in terms of achieving the prescribed outcomes.

RESPONSE:

Since the first wave of the pandemic there have been changes in relation to contextual factors that contributed to adverse impact. This includes availability of PPE, and access to testing including specific requirements around screening and testing on hospital admission and prior to discharge. These and other measure set out previously are part of the changes and ongoing support provided through the additional investment in the health and care system.

There have also been significant changes in the approach to hospital discharge which is now focused on applying a 'home first' approach. The emphasis is on putting in place the necessary health, care and support arrangements to enable a person to return to their own home as opposed to being discharge into a residential or nursing home. The additional funding for hospital discharge provided through the Winter Plan supports this approach.

By focusing on maintaining and promoting people's independence and ability to live at home for longer contributes to improving overall wellbeing and also specifically addresses the issue of prematurely or unnecessarily discharging people into care homes.

We are following the updated national guidance on hospital discharge which can be found here:

[Hospital discharge service: policy and operating model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/hospital-discharge-service-policy-and-operating-model)

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