Pillar 2 Testing Capacity - Comms updates & FAQs
Regional teams and stakeholders – 9 September

Contents

Key Headlines

- The National Testing Programme is experiencing continued and exceptionally high demand due to a number of factors such as the return of schools and the demand for testing from international travellers, and this is expected to remain high for the next two weeks.
- Our channel capacity total today (9 Sept) is at 98% (including regional and local test sites, and mobile test units).
- We've produced proactive engagement for local authority communications' teams and other key stakeholders on community messaging to help manage demand for testing. Please share with your local authority contacts.
- The SoS gave an oral statement to Parliament yesterday (8 September): New action to prevent the spread of coronavirus in Bolton

Frequently Asked Questions

Q) The Secretary of State for Health said earlier there was a 25% rise in people with no symptoms ordering tests – can you explain more?

- NHS Test and Trace is working – we are continuing to increase national testing capacity and hundreds of thousands of people are being tested every day.
- Currently there are record numbers of tests available. But we have seen a rise in the number of people not eligible for testing coming forward.
- If you don't have symptoms, or unless you have been specifically asked to get a test you, are not eligible.
- We want tests to be available to people with symptoms. We estimate that approximately 25% of everyone trying to book a test are people who are not eligible, such as trying to get tests for international travel or schools sending children for tests when its not necessary.
- If they didn't book a test, then people with symptoms would be able to get one. We have enough capacity for anyone with symptoms to get a test.
- Testing capacity continues to grow and is at a record high. Lab capacity for pillars 1,2 and 4 – the pillars where we test to check if people have coronavirus – was 249,937 on 2 September, the latest published figures. This was over 30,000 tests more than a month previous – an increase of 16%.
- As part of the drive towards the target of a 500,000-a-day testing UK capacity by the end of October, the Government has announced the addition of new Lighthouse laboratories in Newport and Charnwood to the national lab network, and work is ongoing on plans to expand the UK's laboratory capacity even further over the coming months.

Q) There are a reports of people having to travel some distance for tests – what is being done about this?

- We are also increasing the number of testing sites to 500 by the end of October. We have more than 400 in operation, added 19 last week and expect 17 more this week. We have increased the number of local walk in test sites to over 70 with further opening each week.
- There has been no reduction in national testing capacity. Demand for testing is increasing and as such test sites in areas with higher prevalence will be prioritised, so we will provide higher volumes of testing. Areas with lower prevalence will have reductions of testing capacity so you may see emptier sites and less bookings available.
- These are outliers and we are fixing the system to prevent this. An issue with the booking portal resulted in some users being directed to tests sites a long distance from them is being resolved.
- If you have symptoms please keep coming forward. We make more testing available and the vast majority of people can get a test locally to them. 90% of people got a test within approx. 20 miles of where they live. The vast majority of people get a test and the average distance is under 10 miles.
- In the week 1 Sept to 9 Sept, the average distance travelled to a test site for a test was 10.3km.

Median distance (km)	**75th percentile (km)**	**90th percentile (km)**	**95th percentile (km)**	**99th percentile (km)**
10.3 (6.4 miles)	20.4 (12.7 miles)	36.3 (22.5 miles)	52.4 (32.6 miles)	178.3 (110.8 miles)

[**Reminder:** this is 75 miles crows-flies distance, and the one-way journey not return.]

Q) Director of test and trace tweet today saying problem is not capacity but problems with processing tests - can you explain more?

- There has been no reduction in national testing capacity. Demand for testing is increasing and as such some test sites will have reductions of testing capacity so we can keep maximum capacity in highest risk areas.
- We are facing challenges in our overall lab capacity but this is continually increasing and will continue to do so in the coming months. This is not a processing issue but an overall capacity challenge;
- We continue to take action both to expand capacity even further and also to make sure that testing is being used by those who need it most.
- People with symptoms absolutely must come forward to get a test as this will help us stop the spread of the virus. As we manage this period of high demand, it is especially important that if individuals don't have symptoms, and have not specifically been advised to take a test, we need them to please think twice before booking because they could be taking a test away from someone who really needs it.

Q) Data shows that number of tests processed is down by 15% - please explain.

- The stat you are referring to is comparing two points in time – this is misleading as testing figures fluctuate each day (The number of tests processed (all pillars) on 2 Sep was 175,687. The equivalent figure on 27 Aug was 208,835. The fall was 33,148, or 16%).
- It's better to look at the number of tests we carry out across the whole week. If you do, you see an upward trajectory.

- If you compare the weekly totals for those two dates, there were 4% more tests in the week ending 2 Sep than there were for the week ending 27 August: 1,332,658 tests compared to 1,280,685 tests.
- Stats for this week will be published tomorrow.

Q) Why are people who aren't eligible allowed to get a test

- Previously we haven't had this problem. We want getting a test to be as easy as possible so haven't put into the website strong requirements to prove eligibility. We don't want to have barriers for symptomatic people to get a test.
- Unfortunately we have seen this sharp rise of people without symptoms coming forward for a test, which is not acceptable or appropriate.
- We are updating the booking portal to make it clearer and more difficult for people without symptoms (or without being specifically asked to do so) from booking a test

Q) is there information on how the capacity is calculated?

- Lab capacity is based on lab infrastructure, available equipment and trained resources, which has scientific and clinical validation.
- We also need to manage demand to help smooth out tests going through labs, this is to prevent backlogs, which can lead to void tests or delayed results. This means we also have to manage our test appointments carefully to ensure that we place testing in the parts of the country where it is most needed.
- Matching supply and demand is not straightforward, particularly as new capacity comes on stream. Tens of thousands of tests are being conducted in dozens of labs across the country and patterns of demand are continually changing.

What can be the reasons for not fully using the capacity in a given day?

- There are a number of reasons why labs cannot always use their full capacity, such as during a shift change over or downtime for maintenance and cleaning.
- There is also volatility in demand across the week, with significantly higher test volumes during the week, and lower test volumes during the weekend.
- Every day we move samples between labs to maximise throughput; there are inevitably some mismatches, as sample journeys are limited by user demand, the life of the sample and distances between labs.

What areas are on the government's watchlist?

Regular reports are published online here.

Why does the stats dashboard show lots of spare capacity daily compared to tests processed daily?

This dashboard shows all testing capacity across all pillars, i.e. including antibody testing capacity, not just PCR swab testing. Breakdowns of capacity and tests being processed by pillar are available in the weekly stats.

What should I do if I have symptoms and can't immediately book a test near me?

The advice remains to get a test if you experience symptoms, a temperature, a new continuous cough, or a change or loss in taste or smell.

More tests are made available throughout the day online or by calling 119.

For in person testing, bookings are made available the evening before for morning appointments, and on the morning for afternoon appointments. If a test site near you is not available on your first booking attempt, we suggest trying again later in the day**.**

For home testing, when there's high demand we pause the booking portal for short periods. The advice is also to try again later in the day.

Q: National prioritisation of testing capacity doesn't make sense as local individuals are still being asked to attend sites 100's of miles from home.

The booking system has been updated so users will only be able to see available booking sites within 75 miles.

Q: Can a breakdown of the number of tests being allocated at each Regional Testing Sites and Mobile Testing Units locations be provided?

Yes, these are indicated in the daily report that is sent from Regional Coordinators. Detailed updates cannot be provided on a daily basis, but we can give a general indication on capacity.

Q: How long do you see the current challenge with testing capacity going on for?

We are working to increase lab capacity earlier than planned and we are aiming to have additional surge lab capacity in place in the next few weeks.

Q: How is the balance between capacity which focuses on an outbreak area and the capacity in other areas being achieved?

Priority is given to support outbreaks to save lives, the issue of not providing capacity to other areas is a point of discussion given the potential to track emerging outbreaks

Q: Has any thought been given to testing at doctor's surgery car parks?

Yes, we are looking into this as part of our wider pilot on GP testing.

Q: Is Scotland's analysis done in England?

Test results are processed across the UK, though wherever possible they are routed to the nearest laboratory. There is a lighthouse lab in Glasgow.

Q: What is the Reasonable worst-case scenario if there are similar spike in tests in England in terms of the impact on lab capacity following schools returning?

We are working with the Department for Education to prevent a similar spike as schools return in England but we expect to continue to see increased demand for the next 2 – 3 weeks.

Q: Is this eroding public confidence in testing?

Not at all - if anything it shows how more people are valuing getting a test and we expect to be able to meet increased demand as more lab capacity comes online over the coming weeks and months.

Our priority continues to be that tests are taken by those that need them most. We are currently surveying sites to understand the reasons for attending for test, to inform our future communication.

Q. The testing Capacity report is marked 'OFFICIAL', it would be helpful to know what we can and cannot share with our DPH's and PHE colleagues please?

Yes this can be shared with our local delivery partners, inc DPHs and PHE colleagues. Please just treat sensitivity and do not share with stakeholders external to the delivery of the programme.

Q What is the comms plan for testing capacity constraints?

We are publishing a daily capacity bulletin each weekday. This is sent to Regional Convenors, Regional Coordinators and Senior Coordinators who are encouraged to share with their local colleagues across local authorities, NHS and PHE.

Q What is the business continuity plan for testing capacity constraints?

We are building lab processing capacity over the coming weeks and months in line with our Winter plans. There are two new lighthouse labs under development and will open shortly. In terms of short term continuity, our processes are geared to focus testing capacity in the areas of greatest need, and this is where our daily focus is deployed at the moment.

Q Booking portals: Local Resilience Forums report that booking portals are being taken offline on a daily basis, with people being sent miles away to secure a test – Swindon to Inverness was one example.

It is correct that sites are being removed from the portal on a daily basis (rather than the portals themselves being taken offline). For regional test sites, this is because all available appointments have been booked for a site (at which point, it would no longer be visible) or when the lab capacity for that channel has been consumed. At this point in time, all RTS sites would be undiscoverable. I would note here that we prioritise RTS locations in outbreak areas by the provision of higher capacity levels. We open bookings in phases during the day – early in the morning for afternoon bookings, and in the evening for morning appointments. This is to drive customers to take a test as quickly as possible. As a result, the site can temporarily disappear from the portal, and then reappear later in the day.

For Local Test Sites, the same rules apply, though we again protect outbreak areas (the majority of LTS sites are currently in outbreak areas), though in addition, LTS sites will continue to accept 'walk-up' customers irrespective of the booking portal status. For Mobile Test Units, we again allocate capacity in line with prevalence. In outbreak areas, booking availability is actively monitored, and we seek to hold these sites open for the full operational day. The Home channel is rather more arbitrary. We allocate capacity against the channel each day, and when this has sold out, the service becomes unavailable. Because of the configuration of the site, capacity cannot be flexed on a regional basis.

Once capacity is allocated for a day, it cannot be materially changed within the day. When booking becomes unavailable, the system will search any available sites with free appointments. As a result, in the late afternoon when RTS sites have taken all bookings up to capacity and most MTU sites will have closed for the day, the system will find the nearest site available. A 'maximum mileage' logic (of up to 75 miles) has been added to the booking website to remove sites that are over this range.

Q Prioritisation: Local Resilience Forums (LRF) understand that priority is being given to areas on the watch list, but the perception is that this is not translating into testing services actually being available. If watch list areas do not get priority, then LRFs are concerned local prevalence will not be known, and incidents could be missed, or equally opportunities to reduce restrictions missed. LRFs are asking what assurance is there that this is being reviewed daily? Does this affect door to door testing, when needed?

As described above, priority is, most certainly, being given to outbreak areas. For Regional Testing sites this is by capacity allocation and for Mobile Testing Units it is by personal intervention. We use the daily Joint Biosecurity Centre situational awareness reports to guide these priorities.

Door to door testing volumes are held outside of the regular booking portals and are therefore not impacted by these daily prioritisation and allocation routines. These volumes of tests are manually pushed to the areas specified by the DPH.

Q Swab testing and lab processing: why can swabs not be taken and expectations managed around when results will be available i.e. results sent on a longer timescale, rather than shutting down the swabbing side of the service because labs have insufficient capacity? This presumably also affects the reliability of the test if the patient is not able to be swabbed when they are in their 'optimum' window for testing. If you are redirecting patients to alternative testing sites, is it not possible to send swabs to the labs that those sites would be using?

The swabs have a limited lifespan, so we endeavour in all circumstances to work within these and in line with clinical guidance. We do run a small 'carryover' of lab processing each day, but this is restricted as a fast result is key to positive cases being isolated. Labs and test sites are not rigidly linked. We operate a national lab processing capability, and swabs are directed to labs each day to ensure that we utilise all processing capacity.

Q Capacity: The PHE website shows capacity far above tests processed. Given frustrations around access to tests we are getting LRFs challenging us to explain this. Where is testing against the 150,000 a fortnight target? How will this target and other targets around care home testing and mass testing be met? What plans are in place to improve capacity – for example is Pillar 2 capacity being used to support Pillar 1 capacity? What planning has been done to manage increased demand driven by the return of schools and universities?

We're unable to comment upon Pillar 1 capacity and processing. However, it is correct that our swabbing capacity in P2 is much greater than our current processing capacity at the labs. In Pillar 2 we are currently lab processing well in excess of 100,000 swabs per day. We are bringing new lab capacity as quickly as we can. Some of this is short-term 'surge' capacity to help to alleviate the current challenge whilst some is more permanent including two new lighthouse labs. We expect lab capacity to step up materially in c.3 weeks time.

The challenge of the return of schools is a difficult one, as this is a behavioural issue, potentially conflated by misinterpretation of the guidelines on when to get a test. This can only be addressed by communications on a local and national basis. As a result, the national advertising campaign has been paused in many areas outside of higher prevalence locations. More information is being shared with Department of Education to help manage demand.

Q) Mobile Testing Unit (MTU) issues: Local Resilience Forums have reported instances of MTUs turning up at the incorrect site and tests being incorrectly labelled as having taken place in centres that are no longer in use. This risks creating a lack of confidence in the data.

I would agree that this was the case in a number of instances whilst we transitioned from military to civil servant coordination of deployments and taskings. However, we have implemented a number of check processes to minimise this, and I am pleased to note that these are reducing markedly. Correct ACF coding is also being checked to ensure data accuracy.

Q Walk-ups: walk-ups still seem to be able to get tested, but this creates other problems in regards to social distancing if this becomes common knowledge. If a walk-up can still get a test, then how are those tests being managed with regards to capacity?

We want to encourage as many symptomatic testing as possible, particularly through the Local Testing Sites which are designed to be closer to communities (and in particular those where there may be lower car ownership, digital literacy, English speaking etc). As a result, we permit walk-ups in these locations, though we do not advertise this nationally – this is very much in the hands of the local teams. We accept that there will be a number of these daily, and we accept these as part of our capacity stretch on a day to day basis. Our local teams are trained on how to manage social distancing, and we very much work with local teams to deliver this when demand is high.

We should stress in all our local communications that emergency walk ups should be for symptomatic people only.

Q Communications: Overall Local Resilience Forums would welcome significantly more communication, for example being notified promptly when there are portal issues and how long these are expected to last, or transparency over why testing colleagues have not been happy for local areas to promote testing site (in Bristol). When will there be comms available for the public and for the regional partners to explain the issues they are experiencing?

We are now publishing a daily capacity status update. This is sent to Regional Convenors, Senior Regional Coordinators and Regional Coordinators who are encouraged to share with local colleagues who benefit from the data. We will continue with this for as long as it is necessary.

Q What input do Regional Department of Public Health have on testing tactics?

We work with regional teams on the location of both Regional and Local test sites, plus the daily deployment of Mobile Testing Units through the RGC/LRF groups. We are also working closely with some regional groups on management of some elements of MTU capacity, though there are limited opportunities to vary this within a day.

Q: Is there an underlying issue with processing capability?

This is not a problem of swabbing capacity, but it's a question of lab processing. We have to predict how many swabs will return to labs each day and sometimes we get a few less than expected (where lab utilisation might be lower) and some where it is higher (where we get excess utilisation and a roll-over). This is not a precise science as we are forecasting human behaviour.

Due to high demand we have been running high lab utilisation and rollover in processing volumes.

Q: What prioritisation are you doing? We need more information on this

To ensure we are prioritising areas with high prevalence we are using the Joint Biosecurity Centre analysis of high-risk areas, recognising that testing strategies are different in different outbreak areas. In addition, we prioritise the actions determined by the Directors of Public Health in outbreak areas to support their local testing strategies.

We are also prioritising testing in adult social care, ensuring we meet our commitments to complete regular whole home retesting.

Q: Access to local pillar 2 testing facilities is being restricted centrally meaning symptomatic people cannot get tested. Please provide LRFs with an urgent response to this ongoing issue.

We are currently experiencing exceptionally high levels of demand across the testing network. We are allocating testing capacity based of areas of greatest need, such as prioritising areas of high prevalence, and we continue to expand testing capacity doubling the daily COVID-19 testing capacity to 500,000 by the end of October. We are closely managing the availability of test appointments in line with our ability to process tests and return a result. Whilst be build our laboratory capacity, we will continue to manage this closely to ensure that symptomatic individuals are able to access testing.

Q: There are issues with both testing labs (lack of staff causing delays) and availability of testing kits which has led to rationing being undertaken. Could an update be provided on these issues please?

A: Whilst there were challenges with resourcing at the labs whilst we transitioned from volunteer to established workforce, this has largely been removed. There is no issue with the availability of test kits at this point in time, and most channels have more available inventory than has been the case for many weeks.

Q: Can an update be provided on the position of Mobile Testing Units.

A: The mobile test units continue to be deployed under the direction of RCG/LRF groups. The initial challenges experienced as we migrated from military to civil service central staffing, and to commercial operations have been largely addressed and we are seeing more stable operations. The challenges that we are currently facing are primarily demand oriented in that we have limited processing capacity, leading to restricted bookings in some low prevalence areas

Q: Was the demand curve not expected to be like this? Is there modelling for the future and could this be a similar effect when the vaccination is rolled out in the future?

A: We did not foresee the substantial increase in demand in Scotland as schools returned and the growth of asymptomatic demand and unapproved such as that created by international travellers. However, we continue to refine our models and plans to ensure that we are sized correctly for the winter period and the growth in testing.

Q: Is there sufficient capacity for testing/home test to cope with the potential reasonable worst-case scenario including lab testing.

A: DHSC are building towards a winter plan that has been approved at senior level, and DHSC expect to be able to build lab and swab capacity to meet demand as we progress.

Q: Is there a plan to address additional demand that universities are going to create, on top of schools?

A: The current policy is not to test university students asymptomatically. DHSC are reviewing the testing network to ensure alignment with university locations.

Q: Given that young people are not compliant with guidance, it will be a testing time for new students attending university in the autumn.

A: Yes, there is a recognised risk of university students in fresher's week not complying with guidelines. Universities UK are looking at this to try to 'dampen' exuberance, but this is a difficult and ongoing process. We continue to review the placement of city-based testing facilities to address the potential symptomatic demands that students and citizens will see as we move into the winter period