Dear Matt,

As you are well aware, there is widespread concern and alarm at the failure of the government to establish a test, trace and isolate system that is accessible, efficient and provides results in a timely manner.

In addition, there is a great deal of scepticism, which I share, about the use of the private sector as providers of the testing system. I have carried out some work locally to ascertain what capacity exists within the NHS to take over the responsibility for the testing system.

St Helens & Knowsley NHS Trust currently has a capacity to carry out 3000 tests per week.  That figure would immediately double to 6000 per week with access to sufficient reagent, and increase further to approximately 11,000 tests per week, with a turnaround time of 24 hours, if they were provided with the required testing equipment.

Similarly, Liverpool University Hospitals Trust currently has capacity to carry out and analyse around 2,000 tests per day, with the remaining labs across Merseyside able to deliver a further 1,200 tests per day. Again, if they were provided with the equipment, staffing and reagents, that capacity could be stepped up very significantly, by as many as 12,000 tests per day. Such additional capacity would enable our NHS Labs to provide more access to testing in the community, picking up some of the shortfall now being experienced due to ongoing problems with Pillar 2 capacity.

Which brings me on to the national testing scheme.  You are more than aware of the rates of infection in Knowsley, and yet capacity is not meeting demand across community-based Pillar 2 testing, including Home Testing Kits.  This is having an impact on the ability to contain the spread of infection.  Healthwatch Knowsley have produced a report outlining the difficulties facing residents such as:

* + Calls to 119 advising no tests available after trying for many hours
	+ Some residents trying for up to three days to obtain a test online
	+ An NHS member of staff struggling to get a test for her six-year-old child who is displaying symptoms, which prevents her from returning to work until she can obtain a test.
	+ Lack of available local testing resulting in the need to travel outside of the borough to obtain a test - this in a borough with one of the lowest car ownership rates.

Problems such as those I have outlined above are eroding public confidence in the system and run the risk of members of the public essentially giving up when they are unable to obtain a test and, subsequently, not self-isolating or being engaged with the tracing process.

There are also problems around timely provision of data to Local Authorities.  Knowsley Council is experiencing significant delays in receiving data, which means that intelligence on rates and spread of infection is out of date when received.  This reduces the likelihood of identifying clusters or outbreaks in a timely manner and, consequently, prevents measures being put in place to stem the spread of infection.

Intelligence on cases is generally poor quality, with workplace or settings not being easily identifiable, which adds further delay.

As you are aware, Serco are contracted to oversee the Government’s National Track and Trace Service through an initial £108m contract. At the moment, they are failing to contact at least 20% of INDEX cases (which are those people who have had a positive Covid test). Furthermore, it is my understanding that after 24 hours if they have failed to contact the index case it is passed to Local Authorities, the rationale being that people are more likely to respond to a local phone number. Currently, Knowsley Council are getting approximately 10 cases a day referred to them.  However, this is expected to rise significantly as the overall positive case numbers increase.

Once the Local Authority has contacted the Index case, it is added to the National system, where it is left to Serco to contact the people who have been in contact with the individual.  However, whilst Serco receive £108m for their efforts, local authorities like Knowsley receive no funding whatsoever to meet the extra work.

Two things are clear. First, the existing testing system is not working. Secondly, the NHS locally and local authorities are far better placed to operate a more effective and appropriately targetted system if they are given the equipment to do so.

It has proved repeatedly to be the case during the course of the COVID-19 pandemic that centrally-driven programmes do not work.  They are cumbersome and lack the local knowledge required to run a testing system able to target the capacity available at communities with the greatest need. In addition, many local people object to the principle of the private sector being deployed to carry out programmes that can be better run by the NHS and local authorities.

Proposals

1          I am calling on the government to acknowledge that the NHS at local level, working closely with local authority public health officers, is best placed to determine the community’s needs.

2          Priority should be given to areas with the greatest need. In practice, this means ensuring that the equipment and reagents required should be allocated locally, by public health officials, rather than centrally.

3          Local hospital Trusts should be given access to all of the resources necessary to enable them to recruit the laboratory and support staff needed to increase testing capacity in line with the latent capacity highlighted above.

People in Knowsley are justifiably angry that an effective test, track and trace system is still not in place and I share that anger.

My proposals, as set out above, would go a long way towards improving the current system.

I would, therefore, ask that you give this matter urgent attention and I would be happy to work with you, together with the local NHS and Knowsley Council, to take this forward.

Yours sincerely,

Rt Hon Sir George Howarth MP.