

To: Trusts:

- Chief operating officers
- Chief executive officers
- Medical directors
- Directors of nursing
- HR directors

Regions:

- Regional directors
- Medical directors
- Directors of nursing

CCG

- Chief operating officers
- Clinical leads

PCN clinical directors

General Practice

Community Pharmacy

NHS England and NHS Improvement
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29 June 2021

Dear Colleagues

NHS asymptomatic staff testing: Lateral flow device distribution and assuring compliance to testing regimes

We are writing to inform you of important changes to the NHS staff asymptomatic COVID-19 testing programme. As you know, **asymptomatic staff testing is an important component of Infection Prevention and Control, which all organisations and staff have a duty to adhere to**. We are grateful for your continued efforts to keep staff and patients safe from potential transmission of COVID-19 in healthcare settings.

At the time when Test and Trace started allocating lateral flow device (LFD) tests to the NHS in November, they were not at that point able to deliver a self-reporting system for staff. We are grateful for the huge amount of work that trusts have undertaken to enable staff to report tests in the interim, as the national system has been developed by Test and Trace. The combination of the move to the 'pull' model and the rollout of the national ordering and reporting systems to NHS staff should overcome some of the limitations and administrative burden of the current system, and allow tests and data to flow more seamlessly.

LFD distribution

From 5 July 2021, the NHS will move to an individual 'pull' model of LFD supply. This means that, from this date, staff will replenish their tests by ordering a box online from

<https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests> to be sent to them at home.

This will mean:

- For primary care, organisations will no longer order tests for their staff via the Primary Care Support England (PCSE) portal. Staff will be able to order their own tests online and input the postcode of their workplace to ensure the tests are registered as belonging to an NHS member of staff. A box of seven tests will be posted to staff at their home address. Staff will continue to report the results of their tests on the [gov.uk website](https://www.gov.uk) as per current practice. Organisations and regions will receive management information from NHS Test and Trace to help them understand what proportion of their staff have ordered and reported tests including contractor group and region.
- For trusts: LFDs for staff will no longer be distributed to trusts. Staff will be able to order their own tests and input the trust name of their workplace to ensure the tests are registered as belonging to an NHS member of staff. A box of seven tests will be posted to staff at their home address. Organisations can choose whether to continue with their internal method of reporting results as per current practice, or whether to direct staff to reporting on the [gov.uk website](https://www.gov.uk) going forwards. Organisations and regions will receive management information from NHS Test and Trace to help them to understand what proportion of their staff has ordered and reported tests.

However, trusts will still receive a supply of LFDs for patient use as per existing use cases (emergency departments, maternity and neonatal, end of life care visitors).

This move will not only make best use of the supplies of LFDs currently available to NHS Test and Trace, but will also provide a greater level of assurance by organisation that devices are routinely being ordered and used.

We are currently updating relevant LFD standard operating procedures (SOPs) and frequently asked questions (FAQs). These, and any other related guidance documents, will be available shortly.

Assuring compliance with staff asymptomatic testing regimes

Since the LFD staff testing programme was launched in November, we know that extensive efforts have been made to communicate with staff across the NHS about their local testing regime in order to keep themselves and their patients safe.

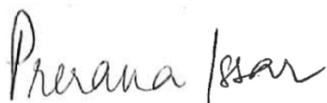
In parallel with communicating the new 'pull' model to staff, we now need to ensure that all staff are continuing to comply with IPC guidance. To this end, NHS organisations should now ensure the following is undertaken:

- Ensure that you have local systems in place for patient-facing staff to demonstrate that they are compliant with your organisation’s asymptomatic staff testing regime when attending their workplace.
- Support the compliance of individual members of staff with your organisation’s testing regime through line management structures, or conversations with local leaders and champions, where required.
- Ensure that the trust board is sighted monthly on organisational compliance as part of their Board Assurance Framework and IPC practice.
- Make use of the NHS Digital gov.uk reporting tool for staff to report their test results, where local trust reporting tools are not able to provide the levels of management information required to support chief executives in their assurance processes. This tool, currently used as standard by primary care staff, has been extended to be open to all NHS organisations.
- Access support from regional testing leads to share good practice in increasing uptake of testing and reporting.
- Work with national and regional teams, and NHS Digital as required, to improve the quality of reporting data. This will support the production of appropriate management information in relation to staff reporting rates.

Although most NHS staff will be participating in the lateral flow testing programme (twice per week), other testing regimes have been set up in some trusts or geographic areas, such as LAMP testing or PCR testing. The above actions should cover all NHS asymptomatic staff testing programmes.

Thank you for your continued efforts as we continue together to mitigate the risks of transmission of COVID-19.

Yours sincerely,



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NHS Chief People Officer



Ruth May
Chief Nursing Officer, England



Pauline Philip DBE
National Director of Emergency
and Elective Care



Professor Stephen Powis
National Medical Director