

- To:
- ICS leads
 - All CCG accountable officers
 - All NHS trust and foundation trust:
 - chief executives
 - medical directors
 - chief nursing officers
 - chief people officers/HR directors
 - All PCNs and all GP practices
 - All community pharmacies
 - All NHS primary care dental contract holders
 - All primary care optometrists and dispensing opticians
 - All pathology incident directors
 - All regional chief scientific officers

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

30 March 2022

- cc.
- All ICS chairs
 - All CCG chairs
 - All NHS trust and foundation trust chairs
 - All local authority chief executive
 - NHS regional directors
 - NHS regional directors of commissioning

Dear colleagues,

Living with COVID-19 – testing update

Thank you for everything you and your teams have done over the last two years. Since the pandemic began, the NHS has treated 660,000 inpatients; and yet even at the height of the pandemic, there were at least two patients being treated for non-COVID-19-related reasons for every patient being treated for COVID-19.

With the pressure from COVID-19 continuing, we will be setting out in the coming weeks a way forward on a number of areas where guidance has evolved throughout the pandemic; adapting the way that the NHS operates with COVID-19 in general circulation and with the virus likely to remain endemic for some time to come. This first letter sets out our approach to delivering the UK Health Security Agency's (UKHSA) advice in relation to staff and patient testing. We will keep these arrangements under review along with our partners at UKHSA.

Patient testing

Although the general public will not be offered COVID-19 tests routinely if symptomatic, there may be some instances where a clinician will want to offer a COVID-19 test as part of a diagnostic pathway.

From 1 April, in line with UKHSA advice, NHS patient testing will operate as follows:

Inpatients in a healthcare setting

- All NHS patients in a hospital setting requiring a test by a clinician to support clinical decisions during their care and treatment pathway should be offered a polymerase chain reaction (PCR) test as part of their usual diagnostic pathway. **There is no change in testing protocol for this group of patients.**
- Testing for asymptomatic inpatients on day 3 and days 5-7 of their stay should now be undertaken by lateral flow device (LFD). Trusts can order a supply of LFDs for this use case from UKHSA via the trust's usual ordering route. **This is a change in testing technology for this group of patients.**
- Severely immunocompromised patients who move beds within a hospital setting should continue to be tested using PCR. **There is no change in testing protocol for this group of patients.**
- All patients on discharge to other care settings, including to care homes or hospices, should continue to be tested using PCR. **There is no change in testing protocol for this group of patients.**
- Outbreak testing should be undertaken using PCR, if advised by a local infection prevention and control (IPC) team or following local public health advice. **There is no change in testing protocol for this group of patients and/or staff.**
- There will be no variant of concern genotyping of positive samples in NHS laboratories. **This is a change in testing protocol.** However, full genome sequencing of positive samples will continue in UKHSA laboratories, and positive samples should continue to be sent for sequencing in line with current UKHSA guidance.
- Other than locally-determined specific use cases, visitors to hospital (including women and their birth partners attending for routine antenatal care, and end of life visitors) should not be tested. **This is a change in testing protocol.**

Patients on admission to a healthcare setting

- All asymptomatic patients requiring emergency/unplanned admission via emergency departments or via any other route (eg medical/surgical assessment units, GP direct admission) should be offered a PCR test to enable their appropriate patient

placement. This may be a rapid PCR test, depending on local protocols. LFDs can continue to be used in emergency departments as part of the early decision assist test (EDAT) pathway. **There is no change in testing protocol for this group of patients.**

- Women admitted to a labour ward or setting should be tested as soon as is practical at the hospital site using PCR or rapid tests. Their birth partners will not be tested. **There is no change in testing protocol for this group of patients.**
- Asymptomatic patients requiring emergency admission to a mental health unit, and NHS patients in mental health and learning disability settings returning from a period of planned leave should be tested using LFDs. Trusts can order a supply of LFDs for this use case from UKHSA via the trust's usual ordering route, or should coordinate with their regional testing lead where direct ordering is not yet in place. **There is a change in supply of testing for this group of patients.**
- Planned elective admissions should be tested using LFDs, in advance of admission. Patients should be directed to the gov.uk website to order their tests, where they will be asked to confirm that they have a planned upcoming admission. Patients should inform their treating trust if they test positive, and should be asked to provide proof of testing (text or email from the gov.uk website) on admission. More information to support this use case will be made available. **This is a change in testing technology.**

Patients in the community

- High risk patients in the community identified for COVID-19 MAB/Antiviral treatment will continue to access tests from UKHSA. This will be communicated separately.
- All NHS patients in a community or primary care setting requiring a test by a clinician to support clinical decisions during their care and treatment pathway should be offered a lateral flow device (LFD) test as part of their usual diagnostic pathway. Patients should be directed to the gov.uk website to order their tests, where they will be asked to confirm that their clinician has requested this. **This is a change in testing technology for this group of patients.**

Staff testing


From 1 April, in line with UKHSA advice, NHS staff testing will operate as follows:

- NHS patient facing staff should continue to test twice weekly when asymptomatic. LAMP testing will no longer be available after 31 March. LFD tests will continue to be available through the gov.uk portal for NHS staff working in a patient-facing role. NHS England is working with UKHSA to determine how routine asymptomatic testing should be stepped down in line with any decrease in prevalence rates.

- Symptomatic NHS staff should test themselves using LFDs. LFD tests will continue to be available through the gov.uk portal for NHS staff in England with symptoms.
- Staff who test positive should continue to follow the current [return to work guidance](#). LFDs to support this guidance will continue to be available through the gov.uk portal for NHS staff in England.
- Staff who are household contacts of a positive COVID-19 case will now be able to continue to work as normal if they remain asymptomatic and continue to test twice weekly. They will no longer be required to have a PCR test in order to return to work.
- Staff undertaking COVID-19 tests as part of a research study (eg SIREN) should follow the protocols of their study. Please contact your local study coordinator for further details.
- Staff should undertake COVID-19 tests on an ad hoc basis if instructed by their employer or director of public health in specific circumstances. Staff will be notified via their line management structure if this applies to them.

Thank you again for all your work in support of the COVID-19 response to date.

Yours sincerely



Professor Em Wilkinson-Brice
Deputy Chief People Officer



Ruth May
Chief Nursing Officer



Dr Nikita Kanani
Medical Director for Primary Care



Professor Stephen Powis
National Medical Director