

COVID-19 Recovery Committee

**9th Meeting, 2022 (Session 6), Thursday,
17 March 2022**

Test and Protect Transition Plan

The Scottish Government's [Test and Protect Transition Plan](#) was published on Tuesday 15 March. Some of the key points from the plan are set out below:

The purpose of testing is changing.

The plan says, “the primary purpose of testing is changing from population wide testing to reduce transmission to targeted testing to support clinical care”. Indeed, there is a new **strategic intent**:

“To adapt Test & Protect to support the effective management of COVID-19 as it becomes endemic, to support patient treatment and care; protect those in highest risk settings; monitor prevalence and the risk of new variants, respond to outbreaks, scale if required for future health threats, and build a legacy for wider population health benefit”

There is a commitment to free tests (when they are

required): Specifically, the government says ““For any purpose for which testing (PCR or lateral flow) continues to be advised, we will ensure that these remain available free of charge”

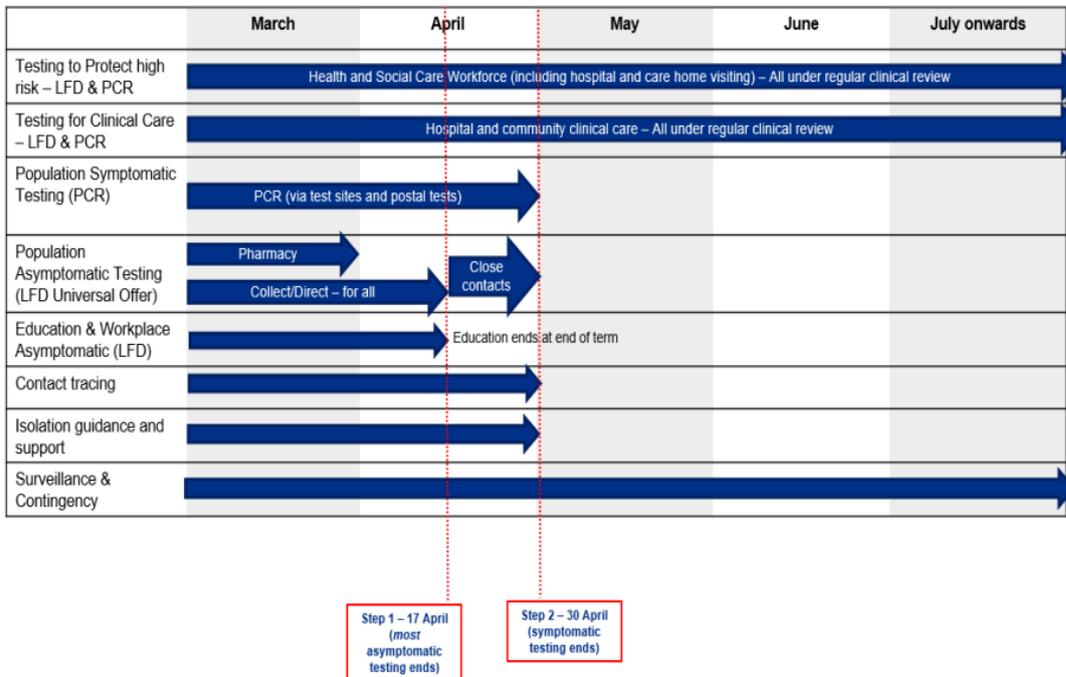
There will be a transition to the new approach, (starting after Easter).

As set out in the diagram below, there are two broad steps in the transition:

- **Step 1: From Mid-April** – the plan says that “(for most people) if you are well, with no symptoms, you will no longer be advised to test twice weekly”. As part of this for example, the advice to the general public to routinely test if asymptomatic will cease and access to lateral flow tests for that purpose will stop

- **Step 2: From End April** – this involves a move from population symptomatic testing to testing for clinical care, surveillance and outbreak response. As part of this for example test sites will close and population level contact tracing, isolation and support will end

Transition Plan Timeline



There will be six pillars in the new Testing “Steady State”

At the end of the transition period (from beginning of May) the plan is to move to a new steady state for Test and Protect, and underpinning this are what the government describes as “six pillars”

1. **Testing for clinical care** - including for example for diagnostic purposes, or to help determine eligibility for anti-viral treatments)
2. **Testing to protect those in highest risk settings** - for example in health and social care workforces, or to support care home and hospital visiting
3. **Surveillance** - testing is seen as one “critical part of ... existing surveillance”, and this includes random sample PCR testing through the ONS Community Infection Study, wastewater testing, and genomic sequencing to investigate variants of interest and concern.
4. **Outbreak response** - and the *Variants and Mutations Plan* sets out processes for testing and contact tracing as part of outbreak investigation and response
5. **Contingency** - this includes a core contingency of LFD stocks, Mobile Testing Units, PCR testing capacity and the ability to rapidly sequence positive tests, and enhanced Health Protection teams in local Health Boards. Specifically, the plan identifies the need for contingency stocks to enable two months of additional enhanced testing, maintenance of a contingency fleet of ten Mobile Testing Units and ongoing access to a reduced UK wide network of PCR testing

6. **Legacy** – the plan describes “activity to build on this testing legacy to support wider population health goals”

What will this cost?

The [First Minister indicated](#) told parliament (15/3/22) that

“The overall cost will depend on factors such as outbreaks and whether we see any new variants emerging, and we will have to flex that cost based on the reality of the situation. The cost of extending access to LFTs prudently for a period ... will be a relatively small part of the overall annual cost.”

The Scottish Government indicated to SPICe (15/3/22) that it is still in discussions with the UK Government to clarify funding and costs of the testing programme and elements of the ongoing programme that are UK wide. However, as an indicative cost the government is planning to allocate up to £350 million for the full costs for 2022-23. This is an indicative, full year cost at this point, based on assumptions on demand and on the costs of running the national testing programme. The final budget costs are dependent on further information from the UK government.

An [evaluation study into Scotland's Asymptomatic Testing Programme](#) (published December 2021) identified types of costs associated with sustained testing regimes, and these include:

- **Costs of test kits.** (It was estimated that LFD devices cost governments about £3.50 per unit).
- **Costs to run the model.** including costs of setting up and administering the programme, including personnel training and equipment, and use of facilities and services.
- **Time and human costs.** Regular asymptomatic testing has the potential to avert infections, hence reduce workdays lost due to sickness. On the other hand, a false positive test could result in staff being removed from the workforce, unnecessary tests and possible isolation for colleagues linked to them.

[Isolation Support Grants](#) have been a specific source of costs relating to the testing and isolation scheme – these varied considerably across the last year, but for the month of January 2022, there were over 17,000 awards at a cost of approximately £8.6m. The plan says isolation guidance and support will cease at the end of stage 2, (at the end of April).

How does the timing compare to England?

The UK Government plans were set out in February, via the [PM's statement](#) and accompanying policy document [Living with Covid](#). In terms of timescales, two of the key differences in approach are that:

- the advice (for the general population) to test regularly if asymptomatic stopped in England mid-February, and will be mid-April in Scotland (step 1 in the transition plan);
- and symptomatic testing is stopping on 31 March in England, whilst this will be the end of April in Scotland (step 2 in the transition plan).

Differences in approach will have implications for the Scottish Government budget as where Scotland adopts a different approach, it will need to meet the costs of this. Previously, when approaches were the same in England and Scotland, the UK government met the costs of any UK-wide interventions. Or, where the Scottish Government was responsible for interventions, it received money via Barnett consequential to meet the costs of the interventions.

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