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To NHS trust chief executives

Cc CCGs, STPs/ICS, Regional Directors, Chairs

29 March 2020

Dear colleague,

COVID-19 testing to support retention of NHS staff

In line with COVID-19 testing policy, which is determined by the Chief Medical Officer and Public Health England (PHE), testing capacity is now increasing. Thanks to the additional capacity and hard work of NHS testing laboratories, the number of daily tests available by the end of this coming week is double that of one week ago, with further increases set to follow.

Sir Simon Stevens was therefore able to confirm on Friday that a testing programme to support the retention of NHS staff can now begin this week, and we all urgently want to be able to expand testing to cover as many staff as possible.

We are therefore asking you to start this week with those working in critical care, emergency departments and ambulance services, and any other high priority groups you determine locally. We will then sequentially expand to other NHS staff groups as more tests are made available to the NHS, and ultimately into other essential public services including social care.

In the first instance, we ask that you identify those staff in these initial priority groups (including critical care, emergency departments and ambulance services) who are unable to work because of the requirement for 14-day self-isolation. These are staff living in a household where another individual may have COVID-19. Trust chief executives tell us that while this is the right action for staff members to have taken, it is this group that is causing the greatest degree of absenteeism, potentially for no underlying clinical reason on the part of the staff member herself/himself. NHS organisations will use these tests to allow key staff to return to work if the index case in their home is COVID-19 free.

Acute trust providers should therefore:

1. Identify staff or household members who need to be tested, with a particular focus on testing the suspected coronavirus sufferer in a quarantined household which is shared with a key NHS staff member. We are asking that you initially allocate up to 15% of your daily testing capacity for this purpose.
2. Test the individual as soon as possible following the onset of symptoms to maximise the accuracy of the result.

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3. Work together to arrange where and how sample taking should take place, appreciating that this may involve standing back up previously used community and drive-through testing facilities.
4. We are asking regions to work with the National Ambulance Co-ordination Centre and acute trusts to facilitate a share of each trust's 15% being made available for ambulance trusts and any other high priority groups you determine locally. The ambulance trusts will then ensure that relevant individuals (index cases) attend for testing to the locations being made available by acute trusts.
5. For example, if 100 patients per day are swabbed in your trust, you are able to swab a further 15 cases, with the aim of releasing NHS staff back to work. Regional teams may request a small proportion of these 15 cases are allocated outside the trust (eg for ambulance services or primary care), leaving the remaining swabs for the trust to undertake against its own list of absent staff members.

We are also working to establish further community testing centres, with the priority being to get these centres established in the areas currently facing the greatest challenges.

Finally, we would like to reassure you that we are pushing hard to get the NHS access to more staff testing in the days to come. But we want to make a proper start now, rather than wait for new types of tests or test providers.


Yours sincerely,



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