

Title: Test and Trace Programme Board Report

Author: Damien McCallion

Organisation: HSE

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Action required:

- ☐ For noting
- ☒ For discussion
- ☐ For decision

Approved for future publication: YES/NO (remove as applicable)

Test and Trace Update Paper - 14th April 2022

Introduction

As COVID-19 moves from pandemic to endemic status this means a gradual transition from widespread testing and contact tracing for active cases towards a more targeted individual testing model primarily delivered through GP led care with a considerable shift in service delivery.

The phased transition of the Testing and Tracing operating model will be aligned to Public Health intelligence and HSE strategy and will have two main objectives:

1. **Transition the operating model to a model similar to other respiratory illnesses, which is primarily based in primary care** with reduced mass population testing, while moving simultaneously to a disease surveillance-based model in line with Public Health guidance.
2. **Ensure that there is an emergency response plan in the event of a new variant of concern that results in increased morbidity or mortality, or the emergence of a new viral pathogen.** This requires a controlled and risk appropriate transition roadmap to ensure that core infrastructure, resources and knowledge are not eliminated, leaving the State vulnerable in the event of an unforeseen re-emergence of COVID or other viruses.

The gradual and phased approach to transition to the current Test and Trace operating model to the future state model of Public Health Surveillance and GP access for patients, while maintaining an ability to respond, will require significant investment.

The next phase of Test and Trace will see a substantial shift in operations in line with Public Health Guidance and as such there are some immediate financial priorities that are deemed essential to ensure a successful transition from the current mass Testing Model to a Surveillance led Model and a GP Clinical Pathway. It is important to note that significant investment is required in our Surveillance Systems (€8.3m through 2022 to enable the Health Protection Surveillance Centre (HSPC) to deliver the 13 required Surveillance programmes) and it will be essential that we develop a robust process to ensure GP access for Clinical Care or indeed therapeutic interventions. In addition, significant investment will be required in the National Virus Reference Lab (NVRL) to ensure a sustainable national laboratory model longer-term. This includes €6.7m in revenue to retain a team at NVRL through 2022 and capital costs of €10m for 2022 including service level agreements and identification of a new site for NVRL. An overview of the immediate financial priorities for Test and Trace has been circulated to the Department of Health for consideration.

Transition Update

The future operating model is currently being developed, in consultation with key stakeholders within the HSE, the Irish Medical Organisation and the HPSC. A formal document for the transition plan to move to the future operating model has been circulated for review by various stakeholder groups.

The Test and Trace function will transition to the future operating model on a phased basis – this includes three main phases of transition with estimated dates for each stage that will be subject to change:

- Phase 1 (March 2022 to June 2022)
- Phase 2 (July 2022 to September 2022)
- Future State Model (September 2022 onwards)

Test and Trace is currently in Phase 1 of the Transition Plan following the changes to Public Health guidance on February 28th, 2022. Each area within Test and Trace is focused on the plans and operational considerations to transition the services across several areas including estates, workforce, 3rd parties and ICT requirements, in line with the demand for testing. A layer of resilience will also be maintained as part of this planning to ensure available resources in the event of a surge.

There are several key risks that challenge the scale-down of the Test and Trace programme, notably the attrition of staff and subsequent knowledge loss of skilled personnel, key contracted providers and retaining sufficient resilience within each phase to manage an increase in demand, should this be required. In addition, it will be critical to ensure that the required surveillance systems are in place to enable the GP model to go live. There is also a risk that the demand for testing will continue to reduce at pace and the requirement to move to the future model by Q3 2022 may need to be accelerated, resulting in more rapid scaling back timeframes for Test and Trace.

To enable the HSE respond to a variant of concern of COVID-19 or another viral pathogen, an Emergency Response Plan has been developed to ensure the Test and Trace system can be re-activated to higher levels of testing and contact tracing beyond the GP and surveillance model. Work is ongoing to progress the preparations and engagement with key stakeholders to ensure readiness for implementation of the plan.

Summary

The Test and Trace function is now in the beginning of the phased transition plan and is focused on reducing the current Testing and Tracing infrastructure in line with reduced demand on services and changes to the eligibility criteria for testing. The future model will be a significant shift from the current model whereby testing for COVID-19 is delivered by a GP led pathway, underpinned by a comprehensive surveillance model to support the monitoring of incidence and severity of the disease. Immediate investment decisions are needed to ensure that as many elements are in place as possible by Autumn to minimise risk, reduce costs and ensure the State has a level of readiness. Detailed costings are being progressed to confirm the financial priorities and investment required for Test and Trace in 2022 and into 2023.