



Expansion of Community  
Based Testing for Covid-19 in  
Western Isles

**Extended Proposal 2021-22**

June 2021

V1.2

**Proposal**

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# 1 Introduction and scope

1.1 This paper has been developed in response to Scottish Government invitation and request to apply for funding for resources to expand community testing capabilities in order to meet the upcoming combined challenges of reducing restrictions and emergence of new viral variants.

1.2 It sets out the current testing position in the Western Isles, the rationale for further extending the reach of testing for COVID-19 into previously untapped areas and expands on how this can be carried out.

## 1.3 The Western Isles

The Western Isles (also known as the Outer Hebrides or Eileanan Siar) are an archipelago of islands off the west coast of Scotland, some 160 miles from the bottom of Vatersay to the Butt of Lewis. There are twelve inhabited islands, connected by causeways and bridges, with ferries between the three main islands groups and the mainland and Skye. These connect Lewis with Ullapool in Wester Ross; Harris and North Uist with Skye and with each other; South Uist with Barra and with Mallaig and Oban in Highland region. Flights connect Barra with Glasgow; Benbecula with Stornoway and Glasgow; and Stornoway with Glasgow and Inverness.

1.4 The population of the Western Isles is estimated at around 26,700 (2011 Census), and is weighted towards older people, with 21.6% of the population aged 65 and over. According to the 2011 census, the average household size is 2.17 people, and has been falling from previous censuses. More than 37% of the population live in single adult households.

1.5 The county town of Stornoway in Lewis is the principal settlement with a population of around 7,000 and the remaining population is more scattered and there are over 280 townships. Less than 19,000 people live in Lewis, less than 2,000 in Harris, less than 4,800 in the Uists and around 1,200 in Barra. The population density of the Western Isles is the lowest of any health board in Scotland at 9/km<sup>2</sup>, spread over a land mass area of 3,059 km<sup>2</sup>.

1.6 A high proportion of the population live their owned property (73.1%) or in social rented accommodation (17.6%); the majority of these are detached houses or bungalows (65.7%) with only 6.3% living in flats, maisonettes or apartments. This will have an impact on transmissibility of COVID-19 when people are housed at a distance from their neighbours

1.7 Less than 1% of the population is from an ethnicity outwith White although this is spread over many different ethnicities and nationalities. In terms of language, 41.4% of the population speak a language other than English at home; the Western Isles has a strong Gaelic culture and language which accounts for most of this but 0.7% of the population do not speak English well.

- 1.8 The local authority, Comhairle nan Eilean Siar, is the largest employer in the islands, with the NHS second largest. The traditional industries of the Western Isles - fishing, crofting and weaving, have declined in recent decades and tourism is a mainstay of the islands. In 2017, there were more than 218,000 visits to the islands, of which more than 148,000 (68%) were leisure trips and 28,000 (13%) to visit friends and relatives, with an estimated visitor spend of £65 million.
- 1.9 Some 85% of private registered businesses have fewer than ten employees and SMEs account for a high proportion (77%) of private businesses.

## 2 Community testing capabilities

- 2.1 There are two forms of COVID-19 testing in place in the islands – through PCR and LFD. PCR testing provides the ‘gold standard’ and is predominantly provided through the NHS Western Isles laboratory based in Stornoway. Lateral flow device (LFD) testing is widely used in health and social care settings for the routine twice weekly testing of all staff, and across a range of other settings as noted below.

### 2.1 PCR testing

- 2.1.1 **NHS Western Isles laboratory based testing** (‘Gold standard’ PCR testing) is used for:

- all symptomatic testing in healthcare settings
- asymptomatic testing for:
  - pre-operative assessment
  - care home pre-admission testing and random sampling of residents
  - confirmation of positive lateral flow device (LFD) testing
  - unreadable or inconclusive routine care home staff testing
  - testing of asymptomatic contacts of cases
  - testing of individuals, groups or populations when requested to do so by Incident Management Teams (IMTs).

- 2.1.2 Swabbing is conducted, in the main, by dental staff currently not remobilised based in:

- Stornoway, at the Dental Centre, Western Isles Hospital and home visits
- Balivanich at the Uist and Barra Hospital, Isle of Benbecula covering from Berneray and North Uist to South Uist and Eriskay
- Castlebay via St Brendan’s Hospital, Barra for Barra and Vatersay.

- 2.1.3 To date, these teams have been able, supported by community nursing if necessary, to address the testing needs during the three major outbreaks we have seen - in Eriskay and South Uist affecting the local Care Home, in Barra and Vatersay, and in Lewis affecting the Western Isles Hospital and the Care at Home service.

2.1.4 Home visits are available across the islands for those who are too unable to access the testing centre. The samples from the other islands are transferred by ferry and plane to the Western Isles Hospital and the turnaround time for all samples is less than 24 hours from receipt in the laboratory.

2.1.5 Overflow capacity is available for the Western Isles Hospital laboratory through agreement with NHS Lothian laboratory.

#### **2.1.6 NHS Glasgow laboratory based testing**

This is used for all routine PCR testing of care home staff. Each care home tests all its working staff weekly and the locally collected swabs are packaged and sent on the plane to the NHS Glasgow regional laboratory.

#### **2.1.7 UK Government laboratories (Lighthouse Labs)**

We do not operate any UK Government testing sites on island and there is no postal facility for returning swabs from the general public. However, in the event of more widespread access to PCR testing for people without symptoms, we are able to use UK Government swabs, with the Western Isles Hospital laboratory responsible for packaging and despatching these via the Glasgow flight to the Lighthouse Laboratory.

### **2.2 *Lateral Flow Device Testing***

#### **2.2.1 Health, social care and education settings**

LFD testing is now in place across health and social care settings for twice weekly LFD asymptomatic testing. NHS Western Isles has responsibility for distribution to its staff. The local authority (Comhairle nan Eilean Siar – CNES) makes arrangements for education and other social care settings and the care homes receive their test kits direct. NHS Western Isles provides PCR testing for any person with a positive LFD test result, regardless of which setting they are in.

#### **2.2.2 Business Operated Lateral Flow Device Testing**

This was originally prioritising larger scale food manufacturing and processing premises which had not made their own arrangements for testing. Locally we have sought to encourage major employers outwith the food sector to consider the value to their business of routine LFD testing. Thus far two businesses have approached Scottish Government to establish this on-premises swabbing.

#### **2.2.3 Universal Offer of Testing by Lateral Flow Device**

The offer of testing by LFD has recently been expanded to allow the public to order kits online via the Gov.UK website or over the phone. People who have a positive LFD result and are on island should access PCR testing to confirm this result.

#### **2.2.4 Travel to Islands**

Travellers to the islands are being encouraged to go online prior to travel and book test kits via the Gov.uk website or as advised by the Western Isles' transport operators, Caledonian MacBrayne and Loganair. Those choosing to take up this offer are asked to self-test three days before travel and on the day of travel.

### 3 Proposals for extension

- 3.1 The aim of extending access to testing is so that the Western Isles can continue to eliminate the COVID-19 virus wherever and whenever it appears. As the islands have no evidence of circulating virus, such an elimination plan is the most appropriate option.
- 3.2 The underlying principles for extension are two-fold. Firstly, to enhance the reach of community testing to ensure rapid responses are available in all locations and for all of the population and visitors to the islands. Secondly, to improve the sustainability of the testing programme by ensuring a staffing cohort available until April 2022 at a minimum.
- 3.3 It is proposed to extend the testing availability by:
  - 3.3.1 **Offering support to small and medium businesses** to operate LFD testing twice weekly for their staff. For the large number of small businesses in the Western Isles, even a single positive COVID-19 case or contact requiring isolation could have a serious adverse economic impact. Regular asymptomatic testing using LFD kits may help to identify cases early, allowing for prompt isolation and control measures to reduce potential spread. This will include transport operators including bus and taxi services and road hauliers, fishing vessels, local shops and hospitality premises. Twice weekly testing could be accessed by the businesses to administer themselves in line with the national Standard Operating Procedures (SOP). This would require them to have an area at work suitable for testing, or they could access test kits for distribution to their workforce for twice weekly testing at home. A positive for either option would require confirmatory PCR testing at one of the testing centres.
  - 3.3.2 **Establishing a mobile PCR testing service** to address any hot spots that appear, primarily due to imported infection with anticipated rapid spread of VOCs and VUIs. This will require the addition of mobile units with flexible staffing to operate across the islands. Consideration is being given to using this as an immediate response LFD testing service, with turnaround times of 30 minutes and confirmatory PCR swabs being taken before the person leaves the location.
  - 3.3.3 **Consolidating the PCR testing teams** with newly recruited staff who require to be trained in the testing and sampling processes, in anticipation of the remobilisation of the dental teams by mid-summer.

### 3.3.4 Relocating testing teams across the islands:

- In Barra this will be through the addition of an agile mobile unit to be used for symptomatic testing and for the distribution of LFD tests according to demand. This will operate from a site in Castlebay and be capable of travelling through Barra and Vatersay as demand arises. Additional part time testers will be required for remobilisation of the dental staff engaged in testing.
- In the Uists, the addition of an agile mobile unit will enable the testing service to continue in dedicated premises during the essential upgrade work in the Uists and Barra Hospital.
- In Lewis and Harris, a replacement site is required for the testing service, operated by the Health and Social Care Partnership and currently based at the Dental Centre, Western Isles Hospital. As dental services fully remobilise, the space occupied by the testing and sampling service will be required for clinical service provision. With no capacity across the Western Isles Health Board estate for the COVID-19 testing function, an alternative venue is being sought. This also provides an opportunity to bring together the COVID-19 resource centre - covering general enquiries, notification of testing needs and contact tracing - with the testing and sampling function. The COVID-19 resource centre is at present located in the principal meeting room at the Health Board offices in Stornoway. The intention is to reposition these functions together in an identified rented venue close to the main Health Board offices, sufficient to accommodate the functions of the resource centre and the testing service.

3.3.5 **Reviewing availability of PCR and LFD testing** in outer parts of the islands and considering additional venues for mobile testing to enhance access to testing. PCR testing will be the backbone of such a service, but it will also have the capability of distributing LFD test kits to the wider population that wishes to access asymptomatic testing when the mobile unit is in the area.

3.3.6 **Seeking additional PCR testing capacity** through the use of the UK Government laboratory to address requests from the general public who do not wish to self test with LFD testing kits.

3.3.7 **Promotion of symptomatic and asymptomatic testing** for all populations with particular focus on those with limited literacy in English, poor mobile coverage and low use of social media.

## 4 Staffing (see Table 1 for details)

### 4.1 *Fixed site testing*

The current testing centre teams across the three island groups are predominantly redeployed dental staff that are now returning to their substantive posts. COVID support funding has been available during 2020/21 but has not been confirmed for 2021/22. This also gives the opportunity to restructure and better coordinate the three testing teams, in conjunction with the COVID resource centre team. Such an approach will allow for streamlining requests for testing, bookings for these tests, provision of LFD tests from the three centres<sup>3</sup> and more efficient and effective use of the testing staff. Training will be provided for the new service providers.

### 4.2 *Mobile testing, including home testing*

4.2.1 A minority of people requiring community-based tests are not able to access the testing centres. This may be due to frailty, mobility issues, or transport issues as public transport must not be used to access testing centres. For this small group of people, home testing is the best option, given that these tests will be processed on island with results returned within 24 hours, and that the islands do not have access to the postal testing service offered by UK Government. The fixed site testing staffing is sufficient to allow for home testing to be part of this service.

4.2.2 Mobile testing for surges in cases and contacts will utilise the fixed site testing resource, using the towable testing units in the Uists and Barra initially, with the back-up of the large mobile unit from Lewis for mass testing across a whole community, be that geographic neighbourhood or thematic community such as a school – staff, pupils and parents.

4.2.3 Alongside swabbing for PCR testing locally, the mobile units will be deployed for distribution of LFD test kits. Initially these will be available from the main test centres and the three community pharmacies in Stornoway and Back. Once agreement has been reached nationally for distribution from GP dispensing practices, this route will also be available to the patients registered with those practices to collect from the dispensaries. This means that the LFD tests from the mobile units will be for surge and outbreak use in the main. No additional staffing over and above the core staff already outlined will be required for mobile PCR or LFD testing.

4.2.4 It is recognised that some people may be able to leave their homes but do not have their own transport to reach the test centre, and should not use public transport if symptomatic. On occasion it will be more efficient for the individuals concerned to be brought to the testing site rather than the site staff spending time travelling to more remote parts of the islands. An additional 'feeder' vehicle that can also double up to support the winter vaccination programme is included to improve access.



### **4.3 Communications**

With expansion of testing to include wider PCR testing such as routine testing of contacts, and more freely available LFD testing, there is a strong need for extended communications and marketing. Dedicated staffing is included as part of the extended community testing arrangements to ensure appropriate emphasis is placed on the role of Test and Protect in its widest interpretation. For those attending any testing site, mobile or fixed, there is already practical advice in place on how and when to self-isolate. This will be reinforced in the mobile units and additional communications will be developed on supporting self-isolation and access to accommodation and financial support as and when appropriate.

### **4.4 Laboratory**

It is anticipated that we will maximise our use of local PCR testing, rising to more than 100 tests daily. Additional laboratory support from a medical laboratory assistant (MLA) will allow the laboratory to meet this increased workload and to extend beyond this through the use of UK Government (Lighthouse) or NHS Scotland (Lothian or Glasgow) capacity. Since these require to be sent off island, the laboratory also needs capacity to prepare the samples for transport, ensuring the financial arrangements to accompany each box of samples on the flight.

### **4.5 Governance**

Clinical governance will remain with NHS Western Isles. All safety incidents will be identified and reviewed as per NHS Western Isles policies and procedures. Oversight of clinical governance will be provided by the Public Health Governance Group and the Health and Care Governance Committee.

## 5 Financial resources

The resources required to fulfil this programme are set out in Table 1.

**Table 1 Resource requirements**

	<b>Annual costs (full year costs)</b>				
<b>Area</b>	<b>Islands wide</b>	<b>Lewis &amp; Harris</b>	<b>Uists &amp; Benbecula</b>	<b>Barra</b>	<b>Total</b>
COVID testing centres staffing	1.5 x B6 Team Leader - £69,435	4 x B5 swabbing team - £151,116  2x B3 admin - £63,582	1.3 x B3 admin - £41,328 1.3 x B5 swabbing team - £49,113	1.3 x B5 swabbing team - £49,113	£423,687
COVID-19 response and testing accommodation		Rental £50,000 Start up £40,000			£90,000
Agile mobile units and towing vehicle			AMU x 1 £10,000 purchase £4,000 fitting out  1 x B2 driver - £29,113 Towing vehicle - £16,000	AMU x 1 £10,000 purchase £4,000 fitting out	£73,113

Flexible responsive mass testing unit	Vehicle plus adaptation, ventilation, heating, power for 240v devices, screening, entry & exit for the public including accessibility lift – purchase and fitting out estimated around £100,000	Feeder vehicle for small numbers of home testing - £16,000			£146,000
Feeder vehicle for small numbers of home tests					
Vehicle maintenance and running costs	Running costs for all £30,000				
Marketing and communications	1x B6 communications officer - £46,290				£66,290
Materials	£20,000				
Laboratory support		1x B4 MLA - £34,995			£34,995
Lab/plane		2x52 @ £22 per week - £2,288			£2,288
<b>TOTAL</b>					<b>£836,373</b>

<b>Summary of planned expenditure to year end 2021/22</b>	
Staffing	£282,458
Accommodation	£73,333
Vehicles	£180,000
Vehicle maintenance and running costs	£20,000
Marketing and communications	£30,860
Materials	£15,000
Laboratory support	£23,330
Lab/plane	£1,525
<b>TOTAL</b>	<b>£626,506</b>

## **6 The population public health package**

- 6.1 The public health package will be rolled out in conjunction with the increased testing availability. Information and advice relating to the public health measures, including how to access testing, how to self isolate and the support available both financial and physical to support isolation, will be provided through the existing and additional testing services. Communications and marketing materials will be integral to the successful implementation of the changes.
- 6.2 The bringing together of the COVID-19 resource centre team with the testing teams and incorporating the Test and Protect functions permit more flexibility of roles than currently. This will allow for more effective and efficient use of the staff resource and encourage the development of additional skills across the teams. Our local Test and Protect team are part of the Public Health response team and liaise closely with the Comhairle to ensure people who require financial or physical help to isolate can do so safely.
- 6.3 We are aware that some people, especially those visiting the islands, face considerable additional difficulties and expense should they be required to isolate as a case or a contact of a case. A special feature of the communication plan will clarity of the processes for self-isolation as a visitor and the range of resources available to assist with this.
- 6.4 The third sector has paid a critical role in the Western Isles' response to COVID-19. We will continue our positive and constructive relationship with the organisations and agencies that make up this sector to support the expansion of testing and enhancing access to testing sites. We also recognise and will support the key role played by the third sector across the islands in supporting the self-isolation of local people and visitors, especially those who are most vulnerable to adverse outcomes from COVID-19 infection.

## **7 Communications and marketing**

- 7.1 A communications and marketing plan will be developed to cover the expanded community testing and associated activities. In conjunction with the Comhairle, we will consolidate a Western Isles branding that resonates with island communities and with visitors in order to promote keeping the islands safe, advising on appropriate measures to reduce risk of contracting or spreading the virus and what to do if you need to seek a COVID-19 test and self-isolate. All activities will be in line with the NHS Scotland Marketing and Communications toolkit, covering branding and key messaging.

## 8 Monitoring and evaluation

8.1 The success of the programme will be assessed using a range of qualitative and quantitative factors.

8.2 The quantitative measures include:

- Uptake of testing by island and unit
- Identification of symptomatic and asymptomatic cases
- Identification of contacts and their uptake of testing
- Completion of isolation by cases and contacts
- Local infection transmission levels
- Management of outbreaks and incidents

8.3 Basic demographic data monitored throughout the programme include:

- Number of cases identified by PCR
- Number of cases identified by LFD
- Number of cases identified by confirmatory PCR following positive LFD
- Number of contacts identified for index cases
- Number of contacts testing positive
- Number of cases hospitalised due to COVID-19

8.4 Qualitative work will be based around service user and provider experiences of the testing and Test and Protect processes. These will include:

- Site experience for attendees seeking PCR testing including:
  - - reason for booking a test
    - experience of the booking process
    - time taken to book a test
    - experience at the test site
    - time taken to receive result
    - experience of contact tracing including physical and financial support for isolation
    - overall impression
- overall impressions for testers and for contact tracers to ensure processes are refined and reviewed to best effect.

## 9 Contact information

Role	Officer	Contact details
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## 10 Summary

The enhanced accessibility to testing will benefit the people living, working and visiting the Western Isles, both with and without symptoms. Expanding the potential for regular workplace testing will also support the Scottish Government's intention of Test to Find. The expansion of routine testing into the business sector will help to mitigate the wider social and economic harms to the fragile economy of the Western Isles by early identification and management of cases and contacts locally.