



Covid-19 update 14th December 2020

Dear All,

I hope, as always, that this letter finds you well. I can't quite believe that we are in December and that Christmas is looming.

The last time I wrote to you was just before we entered the 4-week lockdown period. Whilst that particular 4-week lockdown period has come to an end, it seems we are all living with some kind of lockdown as the different 'Tiers' come back into force. Currently Hampshire is in [Tier 2](#), but this may change in the coming days as the Tiers are reviewed this week. This means that visits to care home can continue, provided the guidance on numbers of visitors and correct PPE usage is followed. So far so good – we are following the guidance and ensuring safe visits. If Hampshire is moved into Tier 3 (very-high alert), then the [guidance](#) remains the same, and we can continue to provide visits the way we are currently.

I have said previously that our ability to support broader visiting is dependent on better testing and a vaccine being available. Of course, there is now major news on both of these issues, even if the messaging has been somewhat muddled. One of reasons this letter is a week later than I would have liked is because we have been waiting for clarity on the issues I'm about to discuss. However, there is still very little clarity, but we couldn't wait any longer, so I will try and summarise where we are currently.

Let me start with testing. Some of you will be aware about the news that visitors to care homes will be incorporated into the homes PCR testing programme. PCR testing is the 'gold standard' for testing for Covid-19, and requires the nose and throat swabs, once taken, to be sent away to a laboratory for testing. Therefore it takes 3-4 days to get the results back. The plan to start PCR testing relatives was announced by the Care Minister, Helen Whately in October. A trial started in 30 care homes on the 16th November and was due to be rolled out in December. However, little has been heard since about the outcome of the trial and the plans for rollout.

This may be due to a new kind of testing being made available. This new test, called Lateral Flow Testing, or LFT, has been talked about a lot in the media. This test involves the nose and throat swabs being 'processed' on-site and the result is available within 30 minutes. Whilst this test sounds like the answer we have all been waiting for, it is not without its problems. Some local authorities have been using the LFT, and both the use and the results of the LFT process have raised some issues. To summarise briefly, the key points are as follows:

- The accuracy of the test is dependent on the competency of the person administering the test.
- We are not permitted to administer the test. The test must be self-administered ie the person being tested must swab themselves

- Laboratory scientists performing the test on themselves achieved a 79-84% accuracy rate
- Trained healthcare workers testing themselves achieved 73-80% accuracy
- Self-trained members of the public carrying out their own test with protocol guidance, achieved 57-62% accuracy.

We would fall under the latter section with the 57-62% accuracy rating. This feels to me, and to many, including multiple local authorities, too low an accuracy rate to have confidence in the test. This data is from the joint [PHE Porton Down and University of Oxford paper](#): Rapid evaluation of Lateral Flow Viral Antigen detection devices (LFDs) for mass community testing. The conclusion of this paper is that issues such as batch to batch variation, acceptance of tests by the general public and the effect of the operator upon the performance of the test still need to be addressed. Training appears to be key issue and currently there is no adequate training package available. There is a belief that the accuracy of these tests will improve with further development, and for this reason many social care providers are asking that the Department of Health and Social Care take our concerns seriously and support the care home sector in maintaining safety for everyone.

It is incredibly disappointing that in the rush to get good news out regarding care home visiting at Christmas has meant that the actual validity and effectiveness of these tests in the care home setting has not received much, if any media coverage. Many other providers in the country are refusing to take part in the LFT rollout. Whilst this is, for the most part, due to the accuracy of the tests, there are also other aspects which pose challenges to being able to manage the LFT protocol successfully, including clinical disposal of the kits, insurance, the need to set up testing and waiting areas (outside in December) and the need to significantly increase staffing to support the testing.

As soon as we have more news on better and more appropriate testing we will let you all know, but in the meantime we do not feel that the LFT is accurate enough to be a safe indicator that someone is not carrying the virus, and therefore we will not be participating in the rollout of these tests.

The other bright light on the horizon is the vaccine. The Pfizer-BionTech Covid-19 vaccine is currently being rolled out across the country. Initially we were told that care home residents and staff would be the highest priority for the vaccine. This has since been revised, due to the unstable nature of the vaccine once it has been prepared for injection and the problems of managing this in a community healthcare setting. We have spoken to our GP partners, and their view is that residents and staff will be able to access the Oxford-Astrazeneca vaccine in the new year. There is an opportunity for staff to access the Pfizer vaccine before then by attending a vaccine hub, and we are waiting for details on this.

There is still a lot that we do not know about the vaccines, such as how long they will be effective for and what strains they will be effective against. But the availability of these vaccines is very welcome, and as soon as we know what the plans are for vaccination we let you all know.

We all very aware of the distress that this prolonged restriction on visiting is having, and we are committed to supporting more visits as soon as we can. Like you all, many of us have family and loved ones we have not seen since the start of the pandemic and we do appreciate how you will all be feeling.

When I started to write this update, the guidance for Christmas for England supported a five-day relaxation of the rules from the 23rd to 27th December. However, as I finalise this letter it seems that pressure is building for this relaxation of the rules to be reviewed. I think there is definitely a feeling of 'just because we can, doesn't mean we should'. However, there are, I know people who are desperate to see their family and friends over the five-day period, which I also understand. I would ask that if you are planning on family gatherings please be mindful of the increased risk of bringing the virus with you into the Home, especially if you have significant contact with the under 19 age group. We currently feel confident enough in our processes to increase from 1 to 2 named adult visitors during this five-day period, but this based on an understanding that everyone is continuing to be careful. Visiting will continue in our dedicated visiting spaces. I know that this is not much and for many of you this will not be enough, but we are doing our best within the guidance and restrictions. Please do contact the Homes as you would normally to book a visit.

It feels that we are so close now to getting better testing and the vaccines rolled out. I am sure that we will soon be able to start to return to our usual and preferred open visiting. Some of the precautions such as health surveillance on entry, and increased awareness of hand hygiene I think will be here to stay. But let us hope that the other restrictions will soon no longer be required. In the meantime, I cannot thank you enough for your support, patience and understanding. It is very much appreciated.

Please take care of yourselves

With best wishes for the season (however odd it may be)

Richard

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