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## EXCLUSIVE

## Covid-19: Government plans to spend £100bn on expanding testing to 10 million a day

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The UK government has drawn up plans to carry out up to 10 million covid-19 tests a day by early next year as part of a huge £100bn (€110bn; \$130bn) expansion of its national testing programme, documents seen by *The BMJ* show.

The internal correspondence reveals that the government is prepared to almost match what it spends on the NHS in England each year (£130bn) to fund mass testing of the population “to support economic activity and a return to normal life” under its ambitious Operation Moonshot programme.

A briefing memo sent to the first minister and cabinet secretaries in Scotland, seen by *The BMJ*, says that the UK-wide Moonshot programme is expected to “cost over £100bn to deliver.” If achieved, the programme would allow testing of the entire UK population each week.

A separate PowerPoint presentation prepared for the government by the global management consulting firm Boston Consulting Group, also seen by *The BMJ*, says the plans had the potential to grow the UK’s testing capacity from the current 350 000 a day to up to 10 million tests a day by early 2021.

Critics have already rounded on the plans as “devoid of any contribution from scientists, clinicians, and public health and testing and screening experts,” and “disregarding the enormous problems with the existing testing and tracing programmes.”

The leaked documents reveal a heavy reliance on the private sector to achieve the mass testing and give details of “letters of comfort” that have already been signed with companies to reach three million tests a day by December. Firms named are GSK for supplying tests, AstraZeneca for laboratory capacity, and Serco and G4S for logistics and warehousing.

Under the plan the government will roll out testing in workplaces, entertainment venues, and football stadiums and at GP surgeries, pharmacies, schools, and other local sites to improve access. It will also roll out digital immunity passports to allow people who test negative to return to workplaces, travel, and participate in other activities.

The memo says that implementing mass testing is a “top priority” for Boris Johnson: “This is described by the prime minister as our only hope for avoiding a second national lockdown before a vaccine, something the country cannot afford,” it says.

The Whitehall briefing document says that success depends on scaling up polymerase chain reaction (PCR) testing but also on emerging technologies, such as the “20 minute” saliva tests currently being piloted in Salford, Greater Manchester. The expansion will require “developing, validating, procuring, and operationalising testing technology that currently does not exist” and “creating significant new logistical and manufacturing infrastructure and capacity.”

Anyone with symptoms of covid-19 would be tested under the proposals, along with contacts of people who test positive. Regular testing is also being prioritised for people in high risk settings and occupations, such as those in hospitals and care homes, ethnic minority groups, teachers, bus drivers, and shop assistants. It would allow for repeat testing of entire local populations where an outbreak is identified, such as that in Leicester, until it has been eliminated.

Commenting on the leaked plans, Martin McKee, professor of European public health at the London School of Hygiene and Tropical Medicine, said they bore the hallmark of a government “whose ambition far exceeds its ability to deliver.”

He said, “This plan transmits unbounded optimism, disregarding the enormous problems with the existing testing and tracing programmes. Worse, it envisages a major role for Deloitte, a company that has presided over many of these problems.

“It focuses on only one part of the problem, testing, and says nothing about what will happen to those found positive, a particular concern given the low proportion of those who do adhere to advice to isolate—in part because of the lack of support they are offered. What parliamentary scrutiny will there be of a programme that would cost almost as much as the annual budget for the NHS [in England]? However, on the basis of what is presented here, this looks less like Apollo 11, which took Neill Armstrong to the moon successfully, and more like Apollo 13.”

Devi Sridhar, professor and chair of global public health at the University of Edinburgh, said, “I haven’t seen these details before, and my first thought is that I’m glad the government is moving in the direction of mass testing, but the proof is in the pudding.

“The government needs to deliver this programme at scale, but I’m concerned about the reliance on the private sector to deliver this. The evidence so far is that involving local NHS capacity is more effective than outsourcing. There is a case for giving the extra billions to the NHS and asking it to deliver. I have concerns around the bidding process for these contracts. The procurement process isn’t clear, and it allows for a lot of people getting rich off this crisis. This is public money that we are going to have to pay back at some point.”

Sridhar added that before launching Operation Moonshot and scaling up the testing programme the government urgently needed to sort out its basic Test and Trace programme. “We don’t want to make the same mistakes as France, where there is broader testing being offered, and it is being used by lots of ‘worried well’ people, leading to queues and delays in results,” she said.

Jon Deeks, professor of biostatistics at the University of Birmingham and leader of the Cochrane Collaboration’s covid-19 test evaluation activities, was concerned about a seeming lack of involvement of experts in the plans. He said, “The document lacks insight into how screening works, particularly the need to balance the harms you can create through false positives against the benefits from true positives.

“The projected benefits are based on optimistic scenarios as to how well these tests would work, when they would be available to be used, and how easily they could be deployed. I’m horrified that the plans are devoid of any contribution from scientists, clinicians, and public health and testing and screening experts. These are plans from the world of management consultants and show complete ignorance of many essential basic principles of testing, public health, and screening. The authors appear totally oblivious to the harms that universal screening can create—this is frankly dangerous.

Deeks said that mass testing could throw up enormous numbers of false positive results. “Even if you have a test which is 99% specific, so only 1% of uninfected people get a false positive result, if you then test 60 million people we will be classifying a group the size of the population of Sheffield as wrongly having covid,” he said. In such a scenario, 600 000 people would be told to isolate, along with their close contacts, leading to “substantial economic harm and massive need for further testing.”

A spokesperson for the Department of Health and Social Care said, “This country now has the capacity to test for coronavirus on an unprecedented scale, and we are going further by investing £500m in next generation tests, like saliva tests and rapid turnaround tests that can deliver results in just 20 minutes.

“We are increasing capacity to 500 000 tests a day by the end of October, and the ability to get rapid, on-the-spot results will significantly increase our ability to fight coronavirus, stop the spread, and for our economy to recover.”

A Scottish government spokesperson said, “We do not comment on leaked documents. As we have said before, the Scottish government is working closely—and at pace—with the UK government and others to implement suitable options for community testing, as soon as we are assured they are effective and practicable.”

**Update: On 10 September we added the comments from the Department of Health and Social Care and the Scottish government.**

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