



Cite this as: *BMJ* 2020;369:m2471  
<http://dx.doi.org/10.1136/bmj.m2471>  
 Published: 22 June 2020

## NHS Test and Trace: it didn't have to be this way

### A doctor describes her experience of working in the Test and Trace service

On the afternoon of 27 May 2020, the UK's prime minister Boris Johnson told the House of Commons Liaison Committee that it was time to "move on" from the row about whether his special adviser Dominic Cummings had broken lockdown rules. Hours later, Matt Hancock, the health secretary, announced the launch of England's Test and Trace service.

The launch was news to me, a doctor and contact tracer, and, it would transpire, to many others.

I'd already been redeployed during a year out from my frontline clinical role of 15 years, to work as a clinical contact caseworker as part of the Test and Trace service. As one of 3000 clinical contact caseworkers, I was meant to speak by telephone to people who had tested positive for covid-19. I had to conduct a public health risk assessment and identify any potential contacts. At least 18 000 non-clinical call handlers were tasked with following up those contacts. Johnson described it as a "world beating" system that would manage 10 000 new cases a day.

An email landed in my inbox at 9.48 pm on the night of Hancock's announcement: "NHS Test and Trace is going live tomorrow!" Then, a series of further email and text messages: "You are performing a crucial role in the fight against coronavirus," and, "Go live is at 8 am!"

It was a swift turnaround from an NHS Professionals' message two days before: "Please remain patient during the sessions as this is very much a test environment." Many of us had not yet completed training and technical problems put paid to promised mock calls.

Not that the training would have mattered anyway. The Contact Tracing and Advisory Service (CTAS) website was inaccessible to me on launch day and tracers were notified of a "critical incident." The health department denied the system had crashed, but acknowledged that there had been technical difficulties, claiming problems were "rapidly being resolved."

During my shifts later that week, there were no cases to trace, an experience echoed by others who spoke to other mainstream media and newspapers, labelling the system "chaotic" and "a complete shambles." "I'm yet to know anybody who has made a call to a member of the public," said one.<sup>1 2</sup>

So, what went wrong? One thing seems clear: too many organisations spoil the broth. NHS Professionals employed us as clinical tracers, but we were recruited by Capita and placed with Public Health England (PHE). Sitel provided access to the tracing applications and systems, and these all required different usernames and passwords. Synergy CRM assigned cases and held scripts, CTAS captured contact tracing information, RingCentral was used

for voice calls, and MaxConnect was used for storing knowledge about contacts. All of these systems were accessed through Amazon Workspace. Training was initially through PHE's LearnSpace, and then moved to Health Education England's e-Learning for Health.

When systems are disconnected, cracks rapidly appear. Simply resetting a broken password before a shift required calling Sitel (wait time 45 minutes) to log the problem; an Amazon "reset password" email followed 24 hours later. At times, established systems shone through. Sign-up to NHS Professionals was smooth: its platform simplified booking shifts and accessing payslips. But calls about basic training required holding for 45 minutes—subsequently this helpline number was withdrawn entirely. Email queries went unanswered. The organisation seemed to have been caught off guard by Hancock's announcement.

Last weekend, there appeared, to me at least, a tacit admission that the system is not yet fit for purpose for clinical caseworkers. I got notification that all my future shifts were cancelled. Available caseworker shifts over the next two months seem to have disappeared. Previously there were up to 50 a day. Could this truly relate to a surge in caseworkers suddenly booking thousands of shifts overnight? NHS Professionals told me by live chat that demand has been met and that I should keep checking the website for updates. Internal reports suggest full functionality might only emerge in September or October.<sup>2</sup>

Official figures just released suggest Test and Trace was unable to trace one third of those who tested positive (and thus their contacts, too) between 28 May and 3 June.<sup>3</sup> However, Independent Sage labelled Hancock's claim that 85% of contacts had been traced as "deeply misleading" since Test and Trace entirely missed 75% of all new symptomatic cases during this time.<sup>4</sup>

Three thoughts come to mind as I reflect on recent weeks:

Firstly, before another pandemic, there is a pressing need to prioritise a well funded tracing system with improved testing capacity and supported by local authorities that have been neglected. In early March, PHE had just 290 contact tracers with, according to the Scientific Advisory Group for Emergencies, capacity "to cope with five new cases a week."<sup>5</sup> To give a sense of the challenge ahead, over 300 000 people have tested positive for SARS-CoV-2 in the UK. Widespread community tracing stopped on 12 March.<sup>6</sup>

Secondly, any forthcoming inquiry should probe the muddled formation of Test and Trace and interrogate the vested interests involved. Patients are affected when dissimilar companies with disparate interests are hastily assembled. Ministers used special powers to bypass established tendering processes, handing

contracts to private companies without open competition.<sup>7</sup> In a leaked email, Serco's chief executive Rupert Soames doubted the scheme would evolve smoothly but wanted to "cement the position of the private sector in the public sector supply chain." As a tracer, am I—an NHS worker—complicit in privatisation by stealth?<sup>2</sup>

Finally, this is a call for candidness and sincerity about the failings of the UK government's public health response. The UK Statistics Authority told Hancock that data on testing is "far from complete and comprehensible," tests have been double counted, and high profile figures have broken the rules, or at least played fast and loose with them.<sup>8</sup>

As the tracing system expands, I am hopeful some logistical problems can be rectified, but matters of lost trust and compromised transparency will be much more difficult to repair.

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- 7 Garside J, Neate R. UK government "using pandemic to transfer NHS duties to private sector." *Guardian*. 4 May 2020. [www.theguardian.com/business/2020/may/04/uk-government-using-crisis-to-transfer-nhs-duties-to-private-sector](http://www.theguardian.com/business/2020/may/04/uk-government-using-crisis-to-transfer-nhs-duties-to-private-sector).
- 8 UK Statistics Authority. Letter to Matt Hancock. 2 June 2020. [www.statisticsauthority.gov.uk/wp-content/uploads/2020/06/02.06.2020\\_SDN\\_Matt\\_Hancock\\_MP.pdf](http://www.statisticsauthority.gov.uk/wp-content/uploads/2020/06/02.06.2020_SDN_Matt_Hancock_MP.pdf).

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