



Homecare Association

Gillian Keegan MP
Minister of State for Care and Mental Health
Department of Health and Social Care
39 Victoria Street
London SW1H 0EU

Sent by email to: PSGillianKeegan@dhsc.gov.uk

10 March 2022

Dear Minister,

Request for urgent review of new testing policy in adult social care

We are writing to request an urgent review of the new testing policy for adult social care.

Routine COVID-19 testing continues to be important in adult social care due to the higher risk profile of those receiving services. However, we call on the government **to reduce the requirement for lateral flow tests (LFTs) in social care to twice weekly**, in line with most of the NHS. We also ask that associated costs are fully covered.

Daily testing is substantially reducing homecare capacity at a time of high demand. It is increasing operational complexity and costs, which are largely unfunded (further details below).

We believe that *twice weekly LFTs* would strike the right balance between protecting people at higher risk and avoiding *unintended consequences* for the health and care system.

Unclear rationale for variation in testing guidance

Homecare providers have always wanted to keep those they support as safe as possible. People receiving social care are, by definition, in higher risk categories and

Shaping homecare together

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[asymptomatic infection rates](#) of COVID-19 were, and still are, relatively high, even in vaccinated people. Furthermore, mounting evidence indicates that COVID-19 is unlike influenza in its short- and long-term effects on the body. Recent studies show, for example, that COVID-19 has the potential to cause lasting damage to the [immune system](#) and to multiple organs, including the [brain](#). Whilst there remain many unknowns, we believe it would be wise to apply the precautionary principle in a proportionate way.

Throughout 2020, we pushed hard for the government to support asymptomatic testing in homecare. Public health officials and the government argued against us, stating that [the risk of COVID-19 in homecare](#) did not justify routine testing.

Now, however, testing frequency requirements for homecare exceed those for the NHS, where most NHS staff are required to conduct LFTs *twice per week*, with some exceptions in high-risk clinical situations. In contrast, all social care staff are required to do LFTs *every day*, regardless of level of risk and other mitigations in place, including PPE and vaccination.

It is accepted that LFTs are faster and lower in cost than PCR tests, though providers valued the accuracy of the PCRs. There are, however, consequences for workers of undertaking daily testing. In addition, despite asking officials repeatedly, we have not seen any scientific evidence which adequately justifies the difference in rules between the NHS and social care.

Neither is there a straightforward answer to careworkers' questions about why the government increased testing in homecare from one to seven days per week, whilst simultaneously reducing testing and removing a requirement to self-isolate in wider society.

Unintended consequences of new testing policy

We are concerned that the policy is having significant adverse unintended consequences, in particular:

- *Reduced workforce capacity*



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Each careworker requires 30 minutes at the start of every working day to test. This could mean one less visit to a person that they are supporting per day. When taken across the whole sector this represents a significant reduction in capacity.

- *Unfunded costs*

Staff time spent testing and on related administration both need to be funded to ensure regulatory and minimum wage compliance but are not factored into fee rates charged to commissioners or purchasers of care. In many places, the Infection Control and Testing Fund has already 'run out' having been used on self-isolation in the Omicron wave or testing over the last few months.

- *Mixed messages*

Careworkers are less likely to comply if they do not understand why they need to test more frequently than NHS colleagues or why testing levels are so demanding for them while restrictions are being phased out for the general public.

We outline further detail in Appendix A.

Conclusion

In conclusion, homecare providers believe that routine testing continues to be required to reduce the risk of asymptomatic infection of people receiving care services who are at higher risk. We believe that twice weekly LFD tests would be proportionate and manageable, provided the cost of the test kits and the time required is covered.

We urge Ministers to reconsider this policy and look forward to your response.

Yours sincerely,

Dr Jane Townson
Chief Executive



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Copies:

Rt Hon Sajid Javid MP, Secretary of State for Health and Social Care

Michelle Dyson, Director General of Adult Social Care, DHSC

Amanda Pritchard, CEO, NHSE/I

Claire Armstrong, Director of Delivery, ASC, DHSC

Kavneet Jolly, DHSC

Kate Terroni, Chief Inspector, Adult Social Care, CQC

Simon Williams, LGA

Cathie Williams and Phil McCarvill, ADASS



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Appendix A

Reduction in workforce capacity

Daily LFTs risk further reducing available workforce capacity in homecare, resulting in providers being unable to accept as many hospital discharges or referrals from the community.

Councils report that unmet need is already high, which is having an adverse effect on individuals and their families. Inadequate capacity in homecare and other community services also contributes to ambulance queues, cancelled operations and clinics, and makes it harder for the NHS to reduce the elective backlog.

Homecare workers normally start their first visits at 0700. Understandably, many have indicated an unwillingness to rise even earlier to do tests. This means that the first half hour of the working day, when careworkers would have been out doing first visits, is now being used for testing. Available capacity thus risks being reduced by one visit per careworker per run (or shift) per day.

To give an example, in a homecare agency with c. 500 staff, commissioned to deliver 30-minute visits to c. 900 clients, there are typically two “runs” (shifts) per day:

AM run 7-2pm – 9 visits

PM run 4-10pm – 9 visits

Most careworkers do one run per day each, though some do two when capacity is stretched.

In a typical day, if careworkers reduced visits by one per run, the agency would have to reduce care for just over 200 people receiving services.

There is widespread concern among registered managers that this policy change will add too much additional pressure to careworkers at a time when they are already short staffed. One said: “We can expect more challenges to retention if daily testing goes ahead. We have already attempted daily testing for unvaccinated staff and had a number of leavers due to this strategy. Care workers are exhausted, we need to



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sensibly support them to do their jobs, keep them and SU's safe but keep it proportionate to the risks."

Operationally, this new policy also adds substantial complexity and difficulty for registered managers and office staff. We risk losing them from the workforce too, as many have reached the end of their tether. It is extremely hard for managers to cover care staff who find they are unable to work with half an hour's notice. It is also difficult for them when careworkers refuse to increase the frequency of testing, as some have. Essentially, it is an operationally unworkable policy, which was the advice we gave when questions about changing the testing policy were first raised.

- *Unfunded costs*

Rightly, HMRC has made it clear that time spent on activities such as collecting PPE and testing counts as working time under national minimum wage legislation, for which careworkers must be remunerated. As councils purchase homecare by the minute or hour for client contact time only, this leads to an unfunded cost of 30 minutes per careworker per day, which providers cannot absorb, especially given the inadequate fee rates for state-funded homecare in the first place.

On top of this, CQC and insurers require providers to keep records to evidence that they are following government guidelines to mitigate risk.

The same homecare agency above, with c. 500 staff told us: "the recording of weekly tests requires two full time staff. So with daily tests, we need another 3 full time administrators." These costs are also unfunded.

Whilst the Infection Control and Testing Fund has been a welcome source of financial support, especially to pay care staff whilst self-isolating, the quantum of funding is inadequate to cover the extra staffing costs above and will only be continued until the end of March 2022.

- *Non-compliance due to inconsistent messages*

Many careworkers are confused by apparently mixed messages from the government. They find it hard to understand why they are expected to undertake a time-consuming and uncomfortable testing procedure every day, when members of



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the public that test positive are no longer required to self-isolate and free testing for the general population is being removed.

Whilst they are content to test once or twice weekly to help keep the people they care for safe, they do not understand the justification for daily testing, especially when this is not required of most NHS staff.