

COVID-19: Call for millions spent on failing system to be diverted to local services

October 28 2020

A group of doctors is calling on the government to divert the hundreds of millions of pounds being spent on the failing centralised privatised COVID-19 national test and trace service into local primary care, local NHS labs and local public health services. Writing in the *Journal of the Royal Society of Medicine*, the doctors say this would avoid the fragmentation created by private companies, restore and rebuild much needed service capacity and reintegrate management of COVID-19 into health services.

They say that equivalent funding managed by local public [health services](#) and primary care would, by virtue of expertise and local knowledge, be better able to expand services according to needs in response to the pandemic.

According to the doctors, one of the key failures in responding to the epidemic was the government's decision to take testing out of [public health services](#) and local authorities. This overlooked the importance of clinical input, clinical oversight, clinical integration and statutory disease notification.

Co-author Dr. Louisa Harding-Edgar, of the Institute of Health and Wellbeing, University of Glasgow, said: "Because the current PCR COVID [test](#) is not a test of infectiousness or current infection, it cannot distinguish between those who have the virus and are or are not infectious, and those who have remnants of the virus from previous infection or contamination and are not infectious. Clinical interpretation

is therefore important for advice and diagnosis."

Pointing to the problem of false negatives, which are purported to account for up to 29% of test results, co-author Professor Allyson Pollock, of the Institute of Population Health Sciences, Newcastle University, said: "Clinical input is required to marry symptoms with test results. A false-negative result in someone with COVID symptoms may result in false reassurance, leading to symptomatic people stopping isolation on the basis of a false-negative test, risking spreading infection." She added: "On the other hand positive tests resulting from testing undertaken outside health services on healthy symptomless people could lead to unnecessary isolation of cases and contacts." NHS website advice currently reads: 'a negative result means the test did not find coronavirus'. It does not explain that the PCR test is not a test of infectiousness.

Co-author Dr. Margaret McCartney, a Glasgow-based GP, said: "Reintegrating testing into clinical care and public health services, rather than handing contracts to commercial companies, would ensure that the complexity of testing and interpreting test results was acknowledged and accounted for in the diagnosis and reporting of cases."

More information: Louisa Harding-Edgar et al, Test and trace strategy has overlooked importance of clinical input, clinical oversight and integration, *Journal of the Royal Society of Medicine* (2020). [DOI: 10.1177/0141076820967906](https://doi.org/10.1177/0141076820967906)

Provided by SAGE Publications

Citation: COVID-19: Call for millions spent on failing system to be diverted to local services (2020, October 28) retrieved 23 April 2024 from <https://medicalxpress.com/news/2020-10-covid->

[millions-spent-local.html](#)

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.