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Changes to COVID-19 testing from 1 April 2024

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Instructions for Cascade

To be cascaded to the standard UKHSA distribution list, and to:

- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements
- **Regional Deputy Directors** to cascade to Directors of Public Health and Integrated Care Boards
- **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
- **UKHSA microbiologists** to cascade to NHS Trust infection leads
- **NHS infection leads/NHS microbiologist/NHS infectious disease specialists** to cascade to Infection Prevention and Control teams, Directors of Infection Prevention and Control

Summary:

This briefing note outlines changes to COVID-19 testing policy from 1 April 2024. These changes relate to testing for COVID-19 outbreak management in higher risk settings, routine asymptomatic testing on discharge from hospital to care homes and hospices, and symptomatic staff testing in hospices and NHS wards treating the most profoundly immunocompromised patients. Testing continues to be available to support provision of COVID-19 treatments to individuals at greatest risk of severe outcomes.

Background and Interpretation:

While it should be acknowledged that SARS-CoV-2 is still circulating in England, the impact on Adult Social Care (ASC) and other settings has much reduced. During winter 23/24, we saw a reduced number of COVID-19 outbreaks requiring management, more stable trends in COVID-19 hospitalisations and mortality, and a reduced clinical severity of COVID-19 infection. The uptake of COVID-19 boosters remains high in adult social care residents and people at highest risk from severe

illness have access to COVID-19 treatments. Therefore, some of the remaining highly targeted COVID-19 testing will end or change from 1 April 2024.

This includes reducing COVID-19 testing where the public health rationale no longer supports a differential approach to that of other respiratory illness management and finalising the transfer of clinical and operational responsibility to the NHS for testing of symptomatic staff working on wards treating the most profoundly immunocompromised individuals.

The changes outlined below will come into effect from 1 April 2024.

Routine asymptomatic testing on discharge to Adult Social Care and hospice settings

Routine asymptomatic COVID-19 LFD testing on discharge from hospital into care or hospice settings will end to align with the approach for other respiratory illnesses. NHS Trusts will have local discretion to re-introduce this or other forms of testing as clinically appropriate following risk assessment, involving Local Authority Public Health Teams, UKHSA Health Protection Teams and care providers as necessary in decision making.

Acute health providers should have trusted processes in place with local care home and hospice providers to facilitate safe discharges, as set out in the [hospital discharge and community support guidance](#). Together with the care home or hospice, hospitals should assess the risk in the period before planned discharge, seeking advice on proposed changes to testing arrangements from Local Authority public Health Teams or UKHSA Health Protection Teams if needed.

Care providers and hospices will also continue to have the ability to discuss and raise any concerns about discharge arrangements through existing local mechanisms. Where a care provider or hospice is providing services commissioned by a local authority or the NHS and has concerns about a planned discharge that cannot be resolved with the acute hospital provider, this includes the ability to contact the relevant commissioner.

Testing for outbreak management in higher risk settings

Routine provision of free COVID-19 Lateral Flow Device (LFD) tests for the management of outbreaks in higher risk settings¹ will come to an end in England. However, free polymerase chain reaction (PCR) testing to determine the cause of an acute respiratory infection outbreak in higher risk settings, where deemed appropriate by the UKHSA Health Protection Team (HPT), will continue to be available in line with usual processes.

Symptomatic staff testing in hospices and in NHS wards treating the most profoundly immunocompromised patients

¹ These settings include healthcare settings, care homes and hospices, and other non-healthcare settings including include prisons, immigration retention or removal centres, asylum reception centres, asylum hostel accommodation and reception centres, homelessness settings (including night shelters, hostels, hotels, and other temporary accommodation), domestic abuse refuges and respite rooms.



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Staff working on inpatient wards and in hospice settings treating the most profoundly immunocompromised individuals will continue to have access to symptomatic LFD testing, in line with local protocols to protect those most at risk.

Testing for individuals eligible for COVID-19 treatments

The cohort of people eligible for COVID-19 treatments should continue to access free COVID-19 LFDs through the NHS. These people, who are at highest risk of becoming seriously ill, are encouraged to test to gain timely access to treatments. Care homes and other registered care settings are encouraged to support eligible residents to access NHS testing and treatment. On 13 March, NICE published recommendations to expand the cohort eligible for COVID-19 treatments. A full list of those who are eligible, and information on how to access tests, is available at <https://www.nhs.uk/COVIDtreatments>

Recording test results

Under Regulation 4A of The Health Protection (Notification) Regulations 2010, settings are still required to report positive, negative, and void LFD test results where they have assisted residents to take an LFD test. To enable settings to meet their Regulation 4A duty, the UKHSA multiple registration spreadsheet will remain available for settings to report COVID-19 LFD test results. Settings are able to use this route to report the results of LFD tests that have not been provided to them directly by UKHSA. The registration of a positive COVID-19 LFD test will not result in the prescribing of COVID-19 treatment. To access COVID-19 treatments, follow the guidance issued by the NHS.

Guidance

Updates to guidance have been made and are available via GOV.UK.

The following guidance has been updated:

- COVID-19: testing from 1 April 2023 - GOV.UK (www.gov.uk)
- Infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI)
- COVID-19 testing for hospices
- COVID-19: outbreaks in higher-risk communal accommodation settings
- Managing flu, COVID-19 and other acute respiratory infections (ARI) in prisons and other prescribed places of detention (PPDs)
- Preventing and managing cases and outbreaks of acute respiratory infection (ARI) in the Children and Young People Secure Estate (CYPSE)
- Influenza-like illness (ILI): managing outbreaks in care homes

Surplus LFDs

LFD stock previously supplied for outbreak testing that is in-date can be used to test symptomatic individuals who are eligible for COVID-19 treatments. Settings are advised to use these tests first so they do not go to waste. If settings have one carton of expired test kits, these can be disposed of in general household rubbish or as clinical waste. The outer box the test kits came in can be recycled subject to your local recycling arrangements. If there is more than one carton, providers must inform their waste contractor that they are disposing of unused test kits. This is a requirement of the Duty of Care regulations, under the Environmental Protection Act



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1990, to adequately describe their waste. Please note UKHSA will not collect expired test kits.

119 UKHSA test & trace phone service

The 119 test and trace phone service will be decommissioned from 1 April. The 119 Interactive Voice Response (IVR) which will exist in place will direct callers to the appropriate contact point (e.g., their local pharmacy, GP surgery, NHS 111 or hospital specialist for COVID-19 treatment queries). Settings should notify the local UKHSA Health Protection Team (or other local partner) if a COVID-19 outbreak is suspected. The UKHSA HPT contact details are available at [Find your local health protection team in England](#).

Media Enquiries

The changes will be communicated publicly via a Written Ministerial Statement and sector specific communications. Please refer any media queries to the UKHSA national press office: ukhsa-pressoffice@ukhsa.gov.uk. If you need technical clarification, please refer to the relevant guidance for contacts.

Implications & Recommendations for UKHSA Regions

The testing changes are reflected in UKHSA guidance for relevant settings. UKHSA Regions should update their resources in line with this briefing note.

Implications & Recommendations for UKHSA sites and services

Regional UKHSA laboratories may receive increased numbers of samples for testing of suspected Acute Respiratory Infections by PCR testing.

Implications & Recommendations for NHS

Changes to routine asymptomatic discharge testing and symptomatic staff testing will be reflected in NHSE infection prevention and control (IPC) manual (or other appropriate guidance). NHSE will make the appropriate changes to enable testing resources to be used at local discretion and context.

Implications and recommendations for Local Authorities

The testing changes are reflected in guidance for relevant settings. Local Authority provided and commissioned services should be informed and should update their local resources in line with this briefing note.

References/ Sources of information

See guidance and links listed above.