



UK Health
Security
Agency

Living Safely with Covid

Communications Briefing Pack

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Purpose of this document

On 29 March the Secretary of State for Health and Social Care, Sajid Javid, set out in a [ministerial statement](#) the Government's next steps for Living with COVID. This includes which groups will be eligible for free COVID-19 tests on 1 April once free testing ends for the general public on 31 March.

This follows the Prime Minister's announcement on 21 February which set out how we will live safely with COVID-19 and included the removal of the remaining legal restrictions and how we will protect people most vulnerable to COVID-19 and manage the virus.

This pack includes information policy changes and supporting public health guidance that can be shared with key stakeholder groups, OGDs and critical partners to support the policy announcement.

Please note this guidance applies to England only. There is specific information for devolved administrations on slide 12.

This UK Health Security Agency (UKHSA) Communications Briefing Pack provides materials to support communications including key changes, marketing assets, and a Q&A providing answers you can use when responding to any enquiries.

Key Messages 1/2

- The Government has [announced](#) the next step in its COVID strategy. Free testing for the general public ends after 31 March as part of the 'Living with Covid' plan which last month set out the Government's strategy to live with and manage the virus. People at risk of serious illness from COVID-19, and eligible for treatments, will continue to get free tests to use if they develop symptoms, along with NHS and adult social care staff and those in other high-risk settings.
- Free universal testing has come at a significant cost to the taxpayer, with the testing, tracing and isolation budget costing £15.7 billion in 2021-22. This was necessary due to the severe risk posed by COVID-19 when the population did not have a high level of protection.
- Although COVID-19 infections and hospitalisations have risen in recent weeks, over 55% of those in hospital that have tested positive are not there with COVID-19 as their primary diagnosis.
- Thanks to the success of the vaccination programme and access to antivirals, alongside natural immunity and increased scientific and public understanding about how to manage risk, the population now has much stronger protection against COVID-19 than at any other point in the pandemic. This is enabling the country to begin to manage the virus like other respiratory infections. This includes providing public health guidance encouraging responsible behaviour, while targeting testing to protect those most at risk and enabling healthcare treatment to go ahead safely as well as monitoring carefully for new variants or changes in epidemiology.
- UKHSA is supporting the strategy by providing advice to help people make informed decisions in order to live safely with COVID. We would like to acknowledge and thank the many people who have worked so hard to establish our systems for testing, contact tracing and surveillance, at both national and local levels. This work has saved lives and shaped our understanding of how to respond to this, and future pandemics.

Key Messages 2/2

- Vaccines remain our best defence against the virus. We're now offering spring boosters to the elderly, care home residents and the most vulnerable. The success of the Government's vaccination and therapeutics programmes is enabling the country to manage the virus like other respiratory infections. This includes public health guidance and encouraging responsible behaviour, while targeting testing to protect those most at risk and enable healthcare treatment to go ahead safely.
- While the restrictions are now removed, and most testing reduced, the pandemic is not over. The public should continue to follow the updated public health guidance to protect themselves and others, particularly those who may become seriously ill if infected with COVID-19.
- While there is no longer a legal requirement to self-isolate if you test positive with an LFD or PCR, we strongly advise everybody to stay at home and avoid contact with others if you test positive or have symptoms.
- The government has retained the ability to enable a rapid scale up of testing capabilities should a new health threat emerge, such as a new variant of concern. This includes a stockpile of lateral flow tests and the ability to ramp up testing laboratories and delivery channels. Key surveillance capabilities such as the Office for National Statistics survey will also be maintained to respond to emerging developments such as a new variant of concern and changing levels of infection. The government's Therapeutics Taskforce and Antiviral Taskforce will also be merged into a single unit which will continue to focus on securing access to the most promising treatments for COVID-19.

Testing Policy Update

From 1 April free COVID-19 tests will continue to be available to protect people who are at higher risk of serious illness from COVID-19, and eligible for treatments, if they develop symptoms. Free tests will also continue for NHS and social care staff and those in other high-risk settings. Free testing for the general public ends after 31 March as set out in the Government's 'Living with Covid' [plan](#).

From 1 April the following groups will be eligible for tests:

Symptomatic Testing

1. Patients in hospital, where a PCR test is required for their care and to provide access to treatments and to support ongoing clinical surveillance for new variants.
2. People who are eligible for community COVID-19 treatments because they are at higher risk of getting seriously ill from COVID-19. People in this group will be contacted directly and sent lateral flow tests to keep at home for use if they have symptoms as well as being told how to reorder tests.
3. People living or working in some high-risk settings. For example, staff in adult social care services such as homecare organisations and care homes, and residents in care homes and extra care and supported living services, NHS workers and those working and living in hospices, and prisons and places of detention (including immigration removal centres), where infection needs to be identified quickly to minimise outbreaks. People will also be tested before being discharged from hospital into care homes, hospices.

Asymptomatic Testing

- Asymptomatic lateral flow testing will continue from April in some high-risk settings where infection can spread rapidly while prevalence is high. This includes patient-facing staff in the NHS and NHS-commissioned Independent Healthcare Providers, staff in hospices and adult social care services, such as homecare organisations and care homes, a small number of care home visitors who provide personal care, staff in some prisons and places of detention and in high risk domestic abuse refuges and homelessness settings.
- In addition, testing will be provided for residential SEND, care home staff and residents during an outbreak and for care home residents upon admission. This also includes some staff in prisons and immigration removal centres.

Therapeutics and Antivirals

- Patients whose immune systems mean they are at higher risk of COVID-19 can access new COVID-19 treatments including antivirals and a monoclonal antibody treatment if they receive a positive test. Find out more here: [COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk)
- The majority of those who are eligible for treatment will be informed by letter or email and sent some lateral flow tests. Once individuals have run out of tests, they will be able to order another pack via the gov.uk website or 119.
- Should a patient be within the eligible patient group and receive a positive COVID-19 test result, a clinician will contact them to perform an assessment over the phone. If this does not happen within 24 hours of receiving a positive COVID-19 test result, individuals can contact their GPs, 111, or your consultant who can refer them to the COVID Medicine Delivery Units (CMDU).
- If a patient is eligible for treatment and has tested positive, it is important to start the treatment as soon as they can. Treatments for COVID-19 need to be given quickly after symptoms begin to be effective.

Contingency plans for a new variant

- All viruses mutate over time and, since the start of the pandemic, many different SARS-CoV-2 variants have been identified in the UK. The majority of variants emerge and subsequently become extinct as transmission wanes.
- Surveillance will continue to play a critical role in understanding COVID-19 and to inform current and future actions. Surveillance will include: the ONS COVID-19 Infection Survey (CIS), testing by NHS for clinical decision making, test to treat, testing in highest risk settings, genomic sequencing, and local intelligence reporting.
- Local areas will already have contingency plans for maintaining crucial services such as social care and should continue to follow those. UKHSA Health Protection Teams (HPTs) will continue with their wider health protection role, including complex or high-risk COVID-19 cases and incidents (such as new variants of concern). UKHSA with partners will develop and share intelligence including on COVID-19. When a new variant is detected, UKHSA will conduct dynamic risk assessments to establish the level of risk and the response required.
- Containing a new SARS-CoV-2 variant at local level has been shown to be very challenging. UKHSA expect any scientific, clinical and broad operational response to a dangerous variant to be coordinated nationally and will draw on national resources and capabilities, but any approach to detection, investigation and control will need to involve local partners. Local intelligence will be critical to allowing UKHSA and wider Government to understand and monitor variants as they emerge.
- UKHSA will work with national and local partners to further develop contingency arrangements in light of the move to living with COVID-19.

Local outbreak management

- Following the letter sent by Dame Jenny Harries on 24 February 2022, this guidance outlines the anticipated working arrangements for UKHSA and local partners in living with COVID-19, and what this means for local COVID-19 outbreak management.
- The Living with COVID-19 publication set out that the local response should now become more aligned with wider local health protection arrangements, bringing the lessons learnt from the pandemic to further develop the health protection system. The objective in this phase of the response is to enable the country to manage COVID-19 like other respiratory illnesses, while minimising harm and retaining the ability to respond if a new variant emerges with more dangerous properties than the current dominant Omicron variant.
- UKHSA recognise that local COVID-19 outbreak management will need to adjust to responding to COVID-19 as part of wider infectious disease functions. Given the wider strategic direction, outbreak management will need to focus on protecting those at highest risk from COVID-19. From 1 April, the joint priorities for the national and local system relating to outbreak management will be:
 - **To continue COVID-19 outbreak management in high-risk settings** to reduce the risk to vulnerable people within these settings. This will include working proactively with such settings to reduce the risk of importation and spread of COVID-19. Further information on high-risk settings in scope will be provided in due course.
 - **To support COVID-19 outbreak investigation and management in other settings** when needed to protect public health, alongside other respiratory illnesses.
 - **To support a range of settings to reduce the risk of, and to manage, COVID-19 outbreaks** as part of usual practice, now including COVID-19 alongside other respiratory illnesses.
 - **Community engagement** to support public health messaging and behaviour change including working with local partners, employers and with vulnerable people in their community through tailored and targeted communication. This includes continuing to promote positive behaviours that can reduce the transmission of respiratory and other viruses.

Roles and responsibilities: UKHSA

- UKHSA will support cross government work on setting the national strategic and policy direction on COVID-19 and publish public health guidance. It will use existing health protection frameworks to deliver this. As part of this approach, UKHSA will continue to focus on protecting settings at highest risk.
- UKHSA regional teams will continue to:
 - Lead on management of outbreaks in higher risk settings and complex outbreak investigation and management
 - To continue COVID-19 outbreak management in high-risk settings to reduce the risk to vulnerable people within these settings. This will include working proactively with such settings to reduce the risk of importation and spread of COVID-19. Further information on high-risk settings in scope will be provided in due course.
 - Provide intelligence and technical advice to LAs, NHS and other local stakeholders on COVID-19 response activities;
 - Provide guidance in limited circumstances as outlined above, contribute to national surveillance; and e. continue to play a key enabling role in collaborating with partners across Whitehall and connecting the national response and policy making to local response and feedback.

Roles and responsibilities: Local Authorities and Directors of Public Health

- Local Authorities (LAs) have always played a critical role in health protection, emergency response and infectious disease control. From 2021-2022 the Government provided an additional £2.1 billion to LAs in expanding this role to support public health efforts to tackle the COVID-19 pandemic through the Contain Outbreak Management Fund (COMF).
- As we move to living with COVID-19 we expect LAs will return to supporting outbreak management as they did pre-pandemic, now including COVID-19 alongside other respiratory infections. The Government's strategy means LAs will conduct minimal COVID-19 specific activities going forward, and as such no additional COVID-19 specific funding will be provided.
- Where LAs choose to deliver support, UKHSA recommend they focus on the COVID-19 outbreak management priorities as set out in slide 9. In addition, UKHSA encourage continued collaboration between neighbouring LAs and within the local system, to share resources and best practice approaches, to maximise the impact of the activities. DsPH have an existing statutory duty in planning for, and responding to, emergencies that present a risk to the public's health. As we move into treating COVID-19 in line with other respiratory illnesses, UKHSA expect DsPH will continue to have a vital leadership role in health protection locally and will seek to enable appropriate health protection support.

Devolved Administrations

Health is a devolved matter and each Devolved Administration (DA) make their own policy decisions and set their own priorities and eligibility for testing. All nations will move to their new approach to testing in a phased way.

All DA plans will support patient treatment and care; protect those in highest risk settings; monitor prevalence and the risk of new variants, respond to outbreaks, scale if required for future health threats and build a legacy for wider population health benefit.

- **Scotland** - From 18th April, asymptomatic testing for the public and in non-healthcare workplaces will end. Visit Scotland's [Test and Protection Transition Plan](#) for more detailed information.
- **Wales** - From 1st April, the public will no longer have to test regularly if asymptomatic. Visit Wales' [long-term covid transition plan](#) for more information.
- **Northern Ireland** - A range of changes will take effect from 22nd April. For more detail, visit Northern Ireland's [Test and Trace Transition Plan](#)

Safe behaviours

- As has been the case throughout the pandemic, the contribution of the public - all of us - remains vital in this next phase.
- We can all play our part by ensuring we're fully vaccinated, ensure we take care to avoid others as much as possible if we have COVID-19 symptoms or confirmed COVID-19 and continue to consider wearing a face covering in crowded or enclosed spaces while infection rates are high.
- Don't forget the basics of good hygiene like covering our mouth and nose when coughing and sneezing as well as regular hand washing.
- All of these behaviours can help to reduce the risk of infection and help us live safely with COVID-19.

Five things you can do now

1. **Update your website**, reminding people about safe behaviours and with the latest guidance once it's available
2. **Thank your teams for their efforts** during the pandemic and share your achievements using the template media release and your own case studies
3. **Use your own social media channels** to inform your community on what is changing in future as we move to 'Living with Covid' and practicing safe behaviours using materials on the Coronavirus Resource Centre
4. **Customise the editable marketing assets** as they become available **to maximise your message reach into your community**, including using translations and animations for hard-to-reach groups
5. **Use the Q&A** to respond to any questions and please feed-back any thoughts



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Questions & Answers

General Q&A

Will all testing end on 1st April?

Most free testing will end on 1 April.

There are three reasons for testing: for surveillance (to monitor the virus); for clinical pathways (to guide treatment); and to control spread, as and when the surveillance shows we need to. As we go back to normal life transmission risk increases but fortunately, we have high vaccine protection amongst the general public and the option to deploy contingent capabilities at pace, if required.

Going back to normal life means testing will be scaled back in line with the reduced risk from COVID-19.

From 1 April, the universal symptomatic testing offer in England will end. Free symptomatic testing will continue only for certain groups. These are:

- patients in hospital, for whom a test is required for clinical management or to support treatment pathways;
- individuals whose immune system means they are at higher risk of serious illness from COVID-19, who are eligible for antiviral medication or other treatments. People in this group will be contacted directly and automatically be sent tests for use when they have COVID-19 symptoms; we previously ran a priority Polymerase Chain Reaction (PCR) service for this group which will change to a lateral flow test-service.
- individuals who live or work in high-risk settings, for example staff and residents of care homes, hospitals and hospices, NHS services and prisons and places of detention, as they work or live-in settings where infection needs to be identified quickly to minimise outbreaks.

General Q&A

Symptomatic testing will continue to be provided to:

- NHS patients who require testing as part of established clinical pathways or those eligible for COVID-19 treatments
- NHS staff and staff in NHS-funded Independent Healthcare Provision
- Staff and residents in Adult Social Care services and Hospices
- Staff and detainees in Prisons and other Places of Detention

During periods of higher prevalence, asymptomatic testing will continue to be available to:

- Staff in Adult Social Care Services and Hospices
- Patient-facing staff in the NHS and NHS-funded Independent Healthcare Provision
- Elective care patients prior to admission
- Some staff in Prisons and other Places of Detention (including Immigration Removal Centres)
- SEND residential schools only when advised by Local Health Protection teams as part of an outbreak response.
- Asymptomatic testing will also be available year-round for outbreaks in high-risk settings and for both discharge to and admissions to Adult Social Care services and Hospices.

General Q&A

Cases and numbers of patients in hospital are still high. Why are you removing restrictions? There are reports of a new variant, Deltacron, and Omicron subvariant BA.2 driving new cases, is this the right time to do it?

The success of the COVID-19 vaccination and booster rollout, and the availability of antivirals, has meant that there is a much lower risk of severe illness or hospitalisation.

In the general population, and particularly in those at highest risk of serious illness or death, we have reached a stage of high levels of both natural and vaccine induced immunity leading to relatively mild disease in most people and some protection against long covid. For those unable to mount a full immune response, testing pathways to evidence based effective COVID-19 treatments are available and will be retained.

When will you decide how to trigger additional testing measures during periods of higher prevalence?

We will continue to monitor prevalence and other factors that will determine when to trigger additional testing.

Will you bring back self-isolation if case numbers/deaths go back up?

The success of the COVID-19 vaccination and booster rollout, and the availability of antivirals, has meant that there is a much lower risk of severe illness or hospitalisation. Whilst self-isolation will no longer be required and testing will no longer be recommended, the public health advice is for anyone with symptoms of COVID-19 or their household contacts to avoid contact with other people where possible, as they would if they contracted any other infectious disease.

General Q&A

What happens if/when there is a new variant?

UKHSA has maintained a range of contingency arrangements that would be deployed in the event of a dangerous variant of concern. Guidance on safer behaviours and other measures would be revisited where necessary.

Does this mean the pandemic is over for England?

No, we all still need to behave cautiously. As behaviours return to normal transmission is very likely to increase.

The success of the COVID-19 vaccination and booster rollout, and the availability of antivirals, has meant that there is a much lower risk of severe illness or hospitalisation.

New guidance will advise how we can all live safely with COVID-19, and sensible measures for anyone with symptoms to avoid spreading to family, colleagues, or others, as they would if they contracted any other infectious disease.

General Q&A

Are UKHSA/Gov concerned about increasing cases of long covid?

Long COVID is a new challenge for healthcare systems all over the world. The UK is leading the way on excellent research, treatment, and care.

Specialist services have been established throughout England for adults, children and young people experiencing long-term effects of COVID-19 infection.

These services offer holistic assessment that includes physical, psychological, neurological and social components so that patients can be referred into the most appropriate treatment and rehabilitation services.

Have you modelled the impact of your decision on cases and will the Public Health advice be published?

The Government has taken account of a wide range of evidence. SAGE and SAGE sub-groups provide advice which is published on gov.uk and which is used in decisions taken by Ministers, alongside economic, social and deliverability considerations.

Recent advice from the Scientific Pandemic Influenza Group on Modelling (SPI-M) SAGE sub-group has included medium term projections of the trajectory of the pandemic assuming no future policy or behavioural changes and estimates of the extent to which all measures and behaviour change are currently reducing transmission.

UKHSA will publish Public Health advice on 1 April to support the government's Living with Covid strategy.

General Q&A

How should people know how to end isolation if they do not have access to tests?

There is no longer a legal requirement to self-isolate. From 1 April, those with symptoms who have a high temperature or do not feel well enough to go to work or carry out normal activities will be advised to:

- Try to stay at home, avoid contact with other people and try not to attend work;
- avoid close contact with anyone who they know is at higher risk of becoming seriously unwell if infected with COVID-19 and other respiratory infections; and,
- resume normal activities once they feel well enough to do so and no longer have a high temperature if they had one.

Is there a plan to reintroduce free lateral flow tests if cases rise?

The Government will maintain capability to enable a rapid testing response, should it be required. All contingency measures will be kept under review.

General Q&A

What happens with LFDs left over from 1 April? How can organisations return surplus stock?

| Work stream/Use case | From 1 April |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pharmacy Collect | UKHSA will not collect lateral flow tests which remain at pharmacies after 31 March, we have encouraged pharmacies to distribute all their remaining stock before the end of the service. It will ultimately be up to the discretion of the pharmacy on how they deal with any leftover lateral flow tests and we have suggested that pharmacies proactively distribute test kits to certain members of their local community, who may need them. This may include people who are NHS staff, carers, clinically vulnerable, digitally excluded or anyone else who in the pharmacist's professional opinion would benefit. As a last resort, pharmacies may dispose of test kits and recycle materials where possible. |
| Targeted Community Testing | Local Authorities have been encouraged to provide testing services throughout March whilst adjusting their distribution plans to ensure that all test kits stock is depleted/redistributed by 31st March. We don't anticipate any excess stock post 31 March. |
| Education settings | We are working to agree a solution for any testing resources held in education settings that are no longer required. Guidance on how items can be safely repurposed, returned or disposed will be shared with all settings shortly. In the meantime, please continue to store all resources as previously instructed. |
| Workplaces (including DCT) | We are working to coordinate removal of testing resources no longer required and repurpose or redeploy them as much as possible. We are finalising the latest guidance for everyone on how items can be safely repurposed or returned. In the meantime, please continue to store all resources as previously instructed. The tests kits remain usable until the expiry date indicated on each pack. |

General Q&A

How do those who will still be entitled to tests access them from 1 April?

Symptomatic testing:

Free tests for people who have COVID-19 symptoms will continue to be provided to the following groups, largely via the existing channels:

- NHS patients in hospital, who will be tested via the established NHS testing programme
- those eligible for COVID-19 antiviral and other treatments, who will be sent a pack of tests and can request replacements if they need them
- NHS staff and staff working in NHS-funded independent healthcare provision – the current lateral flow test ordering portal will remain available for this group to order their own tests
- adult social care staff in care homes, homecare organisations, extra care and supported living settings and adult day care centres, as well as residents in care homes and extra care and supported living settings via the established organisation ordering portal
- adult social care social workers, personal assistants, Shared Lives carers and CQC inspectors will be able to order tests from the current online lateral flow ordering system
- staff and patients in hospices will be supplied tests by the hospice
- staff and detainees in prisons and other places of detention will be supplied tests by the detention premises as currently happens
- staff and detainees in immigration removal centres will be supplied tests, as currently happens, by the organisation concerned
- staff and users of high-risk domestic abuse refuges and homelessness settings

General Q&A

Asymptomatic testing:

Free tests for people who have COVID-19 symptoms will continue to be provided to the following groups, largely via the existing channels:

- NHS patients in hospital, who will be tested via the established NHS testing programme
- those eligible for COVID-19 antiviral and other treatments, who will be sent a pack of tests and can request replacements if they need them
- NHS staff and staff working in NHS-funded independent healthcare provision – the current lateral flow test ordering portal will remain available for this group to order their own tests
- adult social care staff in care homes, homecare organisations, extra care and supported living settings and adult day care centres, as well as residents in care homes and extra care and supported living settings via the established organisation ordering portal
- adult social care social workers, personal assistants, Shared Lives carers and CQC inspectors will be able to order tests from the current online lateral flow ordering system
- staff and patients in hospices will be supplied tests by the hospice
- staff and detainees in prisons and other places of detention will be supplied tests by the detention premises as currently happens
- staff and detainees in immigration removal centres will be supplied tests, as currently happens, by the organisation concerned
- staff and users of high-risk domestic abuse refuges and homelessness settings

General Q&A

Visitors to high-risk settings

Most visitors to adult social care settings, the NHS, hospices, prisons or places of detention will no longer require a test.

Tests will continue to be provided to a small number of visitors to care homes and hospices who will be providing personal care. Visits by people with symptoms may still be allowed in exceptional circumstances, such as end of life visits. Please contact someone responsible at the setting prior to visiting in these circumstances.

If you wish to test yourself, lateral flow tests will continue to be available to buy from pharmacies and supermarkets, including online. It is vital that everyone continues to follow the [simple steps to keep themselves and others safe](#).

Changes in Scotland, Wales and Northern Ireland

The devolved governments have set out their own plans:

- [Scotland](#)
- [Wales](#)
- [Northern Ireland](#) (due to be updated on 16 March 2022)

The government will continue to work together with our partners to keep all of these measures under review.

If you do not fall into the categories listed here but you wish to test yourself for COVID-19, lateral flow tests will continue to be available to buy from pharmacies and supermarkets, including online.