



To: Khadir Meer, Chief Operating Officer

24 January 2021

Dear Khadir,

Re: Daily Contact Testing Pilot: Reducing isolations with new Lateral Flow Device (LFD) Testing

We were surprised and alarmed to read the information recently released to staff about the Daily Contact Testing Pilot in 111, EOC and the Chub. While we all wish to reduce the impact of Covid on staff and the service, we believe that this pilot could be counterproductive, is not evidence based, and is not ethical. We urge you to reconsider its roll out, and to urgently address our concerns.

Our concerns are:

1. The use of LFDs to give accurate results is highly controversial – especially in relation to false negative results. The first large scale research into Innova LFDs in asymptomatic people in real life conditions found that 60% of infected symptomless people were undetected, including 33% of those with high viral loads who are most of at risk of infecting others¹. Preliminary results from the testing of Birmingham University students found that only 3% of those who would have tested positive using PCR tests were detected using LFDs. ² Even government research from Porton Down has found a sensitivity of just 58% when LFDs are used by self-trained members of the public³ - which is effectively what our staff are.
2. Encouraging a belief that a negative LFD result means an individual is not infectious and doesn't need to isolate potentially puts the individual's household/family and the wider public at risk, especially as large numbers of 111 and EOC staff regularly use public transport to get to work.
3. The Medicines and Healthcare products Regulatory Agency (MHRA) has recently refused to authorise a similar scheme of serial LFD testing in schools, advising that people should continue to follow national guidelines on isolation.
4. This pilot takes staff outside the national guidelines on isolation, just at a time when we are trying to get the public – including our patients – to take national Covid guidelines seriously. It is likely to lead to greater confusion on isolation protocols. Has the LAS pilot taken account of the increased transmissibility of the new virus variant?

¹ Liverpool Covid-19 Community Testing Pilot. Interim Evaluation Report. 23rd December. https://www.liverpool.ac.uk/media/livacuk/coronavirus/Liverpool_Community_Testing_Pilot_Interim_Evaluation.pdf

² Ferguson J, Dunn S, Best A, Mirza J, Percival B, Mayhew M, Megram O, Ashford F, White T, Moles-Garcia O, Crawford L, Plant T, Bosworth A, Kidd M, Richter A, Deeks J, McNally A. Validation testing to determine the effectiveness of lateral flow testing for asymptomatic SARS-CoV-2 detection in low prevalence settings. medRxiv 2020.12.01.20237784

³ Preliminary report from the Joint PHE Porton Down & University of Oxford SARS-CoV-2 test development and validation cell: rapid evaluation of lateral flow viral antigen detection devices (LFDs) for mass community testing. 8 Nov 2020. https://www.ox.ac.uk/sites/files/oxford/media_wysiwyg/UK%20evaluation_PHE%20Porton%20Down%20%20University%20of%20Oxford_final.pdf.

5. It is **unethical** to ask staff to volunteer to take part in this pilot without giving them the full information about LFD accuracy to make an informed decision – how will you ensure staff are given the full picture and informed of the possible risks before signing up?
6. This pilot is also **unethical** in that while staff can volunteer to participate, their colleagues have not volunteered to be part of this experiment and to take on this additional risk. Neither do members of the public have any say in volunteering to potentially be put at extra risk – how will you address this?
7. The information so far shared with staff does not say how the pilot will be monitored or evaluated – how will any harmful effects be detected, do you have a mechanism in place for prompt detection of additional infections or false test results? When and how often will the pilot be reviewed? How will results be shared with staff?
8. This pilot does not appear to have been discussed or shared in any detail with relevant trade union representatives and health and safety reps, so we are concerned that we are only able to contribute to this discussion after the scheme is already launched – even though this potentially compromises the safety of staff at work.

We would appreciate a reply to our concerns at the earliest possible opportunity. Please do also share our concerns with whoever is responsible for overseeing the pilot – as that is not clear from the information sent to staff.

Best wishes

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On behalf of London Ambulance Service GMB branch

Cc Clive Tombs, Charlotte Faulkner (LAS GMB)