Test, Trace, Isolate and Support -
Our call to Oxfordshire: Make them Local

‘Tracing contacts of known cases is a fundamental part of all outbreak management, alongside testing, case finding, isolation and quarantine’.

So says the *British Medical Journal*. It is widely understood that the best method to follow is to do this locally. We have the infrastructure for this – our local public health teams, now sited within local authorities and run by our Director of Public Health, who has a legal responsibility to deal with epidemics.

It is Keep Our NHS Public’s view that this is most safely done under the PH team’s direction, by publicly recruited, trained and employed staff, using publicly owned equipment. In this way we can keep a grip on what is done, make certain it is carried out with all possible speed, in a way which is integral to local services and carried out in full knowledge of local circumstance. The local public health teams will know where best to carry out tests, where the care homes are, how to ensure maximum compliance. They will have easy access to hospitals, doctors, social care departments. Above all they will be working for us, their population – accountable to us for what they do. Tracing also is best carried out by local teams.

Government would like local Directors of Public Health to take responsibility for Covid-19 testing in care homes in England. But at the same time they are giving away contracts for testing, tracing and data collecting and analysis to the private sector. This guarantees delays and fragmentation. It also plays fast and loose with our privacy and with our NHS, placing both in the hands of Deloitte and Serco. This may be the largest handover of NHS patient data to private firms in history.

This has to be resisted at local and national levels. NHS England must be stopped from turning to the private sector. They are hiding behind Covid-19 to let contracts to big global...
private firms even though the evidence shows how catastrophic this can be. The PPE scandal has provided overwhelming evidence against privatisation. Testing must be done by local teams directed by the Director of Public Health.

For local tracing, initiatives such as that pioneered in Sheffield must be supported and replicated. Community Contact Tracers, a group run by retired doctors, has recruited and trained local volunteers. Local GPs refer identified patients to the scheme. Contacts are traced, supported, isolation plans arranged.

Oxford’s Ian Hudspeth, chairman of the Local Government Association’s Community Wellbeing Board, said environmental health, trading standards, public health and infection control nurses were “just some of the services” that could contribute to the government’s test, track and trace system. (Financial Times, 15 May 2020).

We must do this in Oxford – there are plenty of willing volunteers now. We must urge our Director of Public Health to initiate such a scheme. With the help of local community leaders we can encourage people who have the virus to start contacting people they’ve been in touch with as an act of good citizenship.

We call on District and County Councils, GPs, LMCs, hospital heads to make this happen.

Contact Oxford KONP: secretary.konpox@gmail.com

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