

COVID-19: Testing Testing

By [The BMJ](#)

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The following article published by the British Medical Journal provides a critical perspective on the health impacts and political implications of the Lockdown.

Lockdown is a crude instrument. On its own it can't eliminate covid-19, but it buys a country time to prepare its health systems and to mount a public health response. Tragically, the UK government has squandered much of the precious eight weeks bought at such great social and economic cost. The question now is whether it is willing to admit mistakes and do what's really needed to suppress the virus (See [this](#)).

It seems clear the UK locked down late and too gradually, that we lacked basic preparedness despite clear warnings of a likely future pandemic (doi:[10.1136/bmj.m1879](#)), and that our healthcare and public health systems were already reeling from lack of investment and the unnecessary disruptive reorganisations of the previous decade (doi:[10.1136/bmj.m1284](#)). In the past frantic few weeks the NHS has responded magnificently (doi:[10.1136/bmj.m1444](#)), but it has survived only by discharging people back into the community and by stopping everything other than covid related care. The resulting loss to health and life will become clear, as will the impact on staff who have shouldered the covid burden. Despite these exceptional efforts it is therefore wrong to say that the NHS has not been overwhelmed.

The government's public health response has been exceptional in a far less glorious way. Especially shambolic has been its approach to testing and contact tracing. What little community testing had been achieved by mid-March was abandoned for lack of capacity. Failure to test patients transferred into the community fuelled the devastating outbreaks in care homes, and inability to test patients being admitted to hospital now makes it almost impossible to prevent hospital infection. While the tests themselves need to be interpreted with caution (doi:[10.1136/bmj.m1808](#)), and there is continuing uncertainty about how long a person remains infectious (doi:[10.1136/bmj.m1724](#)), lack of community testing makes it hard to estimate the true prevalence of the virus (doi:[10.1136/bmj.m1891](#)).

Much promised "ramping up" of testing has failed to deliver a workable system (doi:[10.1136/bmj.m1922](#)). Rules for who could be tested made no practical sense and, even with the help of misleading statistics (doi:[10.1136/bmj.m1863](#)), have failed to hide the extent of the gap between what was needed and what could be achieved. Rather than build on existing locally integrated systems, testing has been contracted out to four large private "Lighthouse" laboratories. GPs and emergency departments can't order tests and don't get sent the results (doi:[10.1136/bmj.m1881](#)). The top-down vertical system has been fraught with operational problems and delays. And that's before we get onto the urgent need for contact tracing and isolation (doi:[10.1136/bmj.m1859](#)), without which we stand no chance of

suppressing the virus sufficiently to safely exit lockdown (<https://blogs.bmj.com/bmj/2020/05/01/we-urgently-need-to-start-contact-tracing-to-stop-the-spread-of-covid-19>).

Many of these concerns have been raised in the first report of the independent scientific advisory group for emergencies (iSAGE) (doi:[10.1136/bmj.m1917](https://doi.org/10.1136/bmj.m1917)). It is well argued, wide ranging, and evidence based, and refreshing in its openness about uncertainties, disagreements, and debate on key issues. The government is buying more time with continued lockdown. It will be good for all of us if it spends some of that time absorbing and acting on this advice.

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