

## **COLLABORATIVE TESTING:**

Working with community partners to engage under-represented groups.

## Objectives:

**Enhance testing of marginalised groups** by piloting methods to reduce the real and perceived barriers to testing, tracing and self-isolation

**Evaluate the impact** of, and confirm the feasibility of new delivery methods, technologies and engagement to increase reach of testing and self-isolation support in bespoke settings

**Recommend the infrastructures needed to scale** up new interventions nationally to encourage greater testing of these populations.

## Working with local authorities

The Collaborative Testing model is designed to be driven by needs at the local level, to work in partnership with community resources to improve reach. As well as helping LAs we want to collate local insights and share case studies & best practices amongst the wider community.

We want the legacy of our work to inform public health provision for URGs beyond COVID.



# How can we help?

A series of tools to assist local authorities with reaching URGs.

- **Current delivery mechanisms:**
- **Playbook/Webinars**
- **Drop-in clinics**
- **Training assistance (“surgeries”)**
- **Capacity building (working with community partners)**

But crucially, it isn't just local authorities. As part of our work on the End to End journey, we share our insights to shape wider T&T policy and strategy alongside the E&I team.

As well as bespoke test sites, we want to make sure that we help mainstream testing become more inclusive and accessible to all audiences.

Working alongside the vaccination programme to see where there are synergies in barriers to testing and vaccinations.

We continue to work on our engagement insight - using an evidence-based approach through our rich data sources (JBC, open source data, academic insight, geo-maps behavioural science, plus qualitative and quant. insight from the pilots themselves)

**How would you like us to continue to engage with you? How do we learn about the good work you are already doing?**



# What is the collaborative approach?

A service that **empowers local communities** to lead the testing of their populations in a relatable way that resonates with their users' needs.

The model is run **for the community, by the community**, accommodating members' needs through requested support. Support will be provided by the local authorities including logistics, resources, and training.

A collaborative approach provides end users access to a **culturally relevant, accessible and relatable testing experience** from 'people who look like me, talk like me'.



Within the collaborative testing framework, there are currently two distinct set ups:

## On-site Collaborative Testing\*:

- On-Site collaborative testing consists of running an asymptomatic testing site within a community organisation.
- Based on ATS model (see the Directors of Public Health Led Testing folder for comprehensive guides on setting up an ATS) .
- Requires dedicated community facility with adequate space.
- Higher testing capacity
- Community allies will form part of the workforce to help those who might otherwise mistrust interacting directly with a government employee, as well as help overcome linguistic and technological barriers.
- Suitable for places of worship and community centres.

## Pop-up Collaborative Testing\*:

- Pop-up collaborative testing consists of a temporary testing site, set up for a short period with a specific intended audience, engaging with trusted support workers who will, in turn, encourage subjects to get tested in a convenient setting.
- Smaller and more flexible.
- Highly targeted.
- Suitable for hostels, temporary accommodation.
- Relatively low capacity.

\* A draft collaborative SOP Annex is included within the Collaborative Testing Folder in the toolkit. For queries, please email [CollaborativeTesting@dhsc.gov.uk](mailto:CollaborativeTesting@dhsc.gov.uk)

## THE PILOTS SO FAR

“The most important thing is reassurance, no rush, not a production line, it was important to give each person your undivided attention”

Test site operative- Redcar

## Location: Wolverhampton

## Site Type: Temporary Accommodation

Background: Pop-up collaborative testing model in a hostel run by P3 Navigator. The shelter provides temporary/emergency accommodation for a mixed population including homeless, drug and alcohol abuse, and mental health issues. The site was relatively small (10 beds, plus 30 beds from another nearby hostel) and staff were offered tests as well. The shelter does not allow visitors so testing was limited to residents and staff. Testing was run by a combination of P3 and local authority staff with the DPH taking clinical responsibility.

### Key Figures

Duration: 16 Dec 20

Hours of operation: 10am – 2.45pm

Staff: 3

Total tests: 15



## Clinical Responsibility: CoWC

### Operational Lessons:

-Additional time for reassurance and explanation was spent with test participants with additional support needs; leading an increase in time that an individual was in the site. In this instance, staff reported they were able to do this because of the modest numbers. However, thought should be given to the level of experience in busier sites.

-Although small, this model is quite labour intensive.

### Key Insights

-94% (15/16) said they would return for a test in a similar setting

-100% said they would recommend to others to have a test in the same setting

-4 participants almost left because they did not recognise the staff onsite.



