



25 March 2024

From: Adult Social Care Delivery  
Department of Health and Social Care  
39 Victoria Street  
London SE1H 0EU

To: Adult social care service providers  
Directors of Adult Social Care Services  
Directors of Public Health, Health Protection Teams and wider stakeholders  
Health Protection Teams and other relevant local bodies

Dear colleagues,

### **Adult Social Care (ASC) Infection Prevention and Control (IPC) update**

I am writing to set out details for the adult social care sector following changes to testing policy as set out in the [Written Ministerial Statement](#) laid in Parliament today.

This is part of the Government's strategy for Living with COVID-19, first published in 2022. This outlined a plan to manage COVID-19 in line with other respiratory infections, while protecting people at higher risk of serious illness. Today, UKHSA has set out the next steps of this approach with changes to testing from April 1.

COVID-19 is still circulating in England, however the impact on Adult Social Care (ASC) and other settings has reduced further due to high levels of vaccination among groups at higher risk and access to [COVID-19 treatments](#) across adult social care and the general population. Over winter, we saw a reduction in the number of outbreaks requiring management, more stable trends in hospitalisations and deaths, and a reduction in the severity of infections. As such, the Government is now able to remove some of the highly targeted testing put in place during the pandemic.

From 1 April 2024, the following changes will be made to COVID-19 testing to align with other respiratory infections while continuing to protect those at higher risk of serious illness:

- **Outbreak management** for COVID-19 will align with other [acute respiratory infections \(ARIs\)](#). This means routine supply of free COVID-19 LFD tests for outbreak management in care homes will end. Instead, the local UKHSA [Health Protection Team](#) (HPT) or other local partner will advise if PCR testing is deemed appropriate to test for a wide range of respiratory viruses and identify the cause of an outbreak. Providers should continue to follow [guidance](#), notify their HPT or other local partner of any suspected outbreak, and initiate risk assessments where able.
- **Routine COVID-19 discharge testing** of asymptomatic patients transferring from NHS settings into a care home will end, consistent with admissions from other care settings and the community. In conjunction with care home providers, acute health providers should have trusted assessment arrangements to facilitate safe discharges. Together with the care home, hospitals should assess the risk in the period before planned discharge, seeking advice on proposed changes to testing arrangements from Local Authority Public Health Teams or UKHSA Health Protection Teams, if needed. Following discussion with care home providers and any advice from Public Health or Health Protection Teams, hospitals may decide to undertake an LFD test, for example if there is a local outbreak within the

hospital setting. Any testing will be undertaken by the hospital. The care provider should speak to the hospital to raise any concerns about a planned discharge. Where a care provider is providing services commissioned by a local authority or the NHS and has concerns about a planned discharge that cannot be resolved with the acute hospital provider, they may wish to contact the relevant commissioner.

- **The cohort of people eligible for COVID-19 treatments** has been expanded following updated NICE [recommendations](#) to include:
  - People in care homes or hospital who are aged 70 years and over, or who have a BMI of 35 or more, or who have diabetes or heart failure.
  - People aged 85 years and over outside of care homes or hospital.
  - People with end-stage heart failure who have a long-term ventricular assistance device.
  - People on the organ transplant waiting list.

Providers should familiarise themselves with the full eligibility criteria for COVID-19 treatments, identify people who may be eligible and ensure LFD tests are available if needed. In line with updated recommendations, NHS England is expanding access to symptomatic LFD testing from 1 April 2024 to include people who meet the criteria above in addition to previously set-out criteria. These tests should be accessed via the NHS via [a local pharmacy](#). The UKHSA [multiple registration spreadsheet](#) will remain available to support care settings to report COVID-19 LFD test results from tests supplied by the NHS. Further details on how to access COVID-19 treatments are available [via the NHS](#).

As part of these changes, the 119 phone number service currently used for testing queries will also end from 1 April, with a redirect message in place for anyone calling after this date advising on appropriate routes to report any questions or concerns.

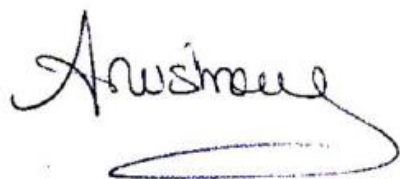
These changes will be reflected in due course in the [IPC guidance for acute respiratory infections](#), which outlines wider IPC measures providers should continue to take.

Vaccination remains one of the most important defences against both COVID-19 and flu, and providers should continue to encourage staff and service users to get vaccinated. **This spring, a COVID-19 vaccine will again be offered to those most at risk of serious illness**, in line with [advice](#) from the Joint Committee on Vaccination and Immunisation.

In addition, providers should ensure standard infection control precautions (SICP) are in place; ensure staff know how to monitor and manage service users with symptoms; and ensure staff know how and when to use PPE. The supply of free PPE for COVID-19 needs was extended in 2023 to run until the end of March 2024, subject to stocks. Further details on the PPE portal will be announced in due course.

While applying IPC measures, providers should continue to facilitate visits in care homes and encourage visits out per residents' preferences, in line with the new CQC fundamental standard on visiting and accompanying.

Yours sincerely,



Claire Armstrong

Director of Adult Social Care Delivery, Department of Health and Social Care