

## Testing capacity and the new cohort of patients in the backlog

DHSC's single largest creation for individual and public health in recent times has been the Test and Trace programme. It is clear that T&T will be with us for a while – at least another 2 years, according to the latest Palantir contract. However, the white paper is curiously silent on what we should do with T&T labs while they are on standby, and to what novel research and uses this unprecedented (if potentially variable) capacity can be applied.

For example, sexual health testing: responsibility should move from the current postcode lottery of local authorities to the new ~~National Institute of Health Protection~~ UK Health Security Agency, using post-back for testing kits (as SH:24 do). The mission is closely enough related, and would use a small amount of capacity for significant health benefit.

Consider another area: at no point have cancer waiting lists been as long as they are now. There has never been an option – outside of denying care for research projects, which would be illegal as well as unethical – of mechanisms that require a large backlog of treatments. This fact seems to have been missed by a DHSC that prefers not to think about waiting lists, in contrast to an NHS England that has to do something about them.

One Holy Grail of cancer testing is a blood test that actually works.<sup>1</sup> This is something we don't yet have, but DHSC appears willing to miss the opportunity to help facilitate research that would move it closer; the equivalent of a 100,000 genome project for testing, based on T&T's spare testing capacity doing blood tests. This may not necessarily resolve all of the problems, but it could provide a research basis – and potentially some assistance in prioritising cases where cancer is so advanced that its effects can be seen in blood tests.

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<sup>1</sup> <https://www.england.nhs.uk/2020/11/nhs-to-pilot-potentially-revolutionary-blood-test/>