**Covid-19 Antigen Testing for Primary Care**

**Pillar 1 testing using swabs from the acute trust is now available for *symptomatic* primary care staff and their households (including sessional GPs and out of hours).**

Staff can still choose to access the Pillar 2 services via the national portal

<https://www.gov.uk/get-coronavirus-test>

or by ringing 119 or the NHS Covid app and you can still ‘walk-in’ to mobile testing units (MTUs) if you are *clinical* staff (not available for non-clinical staff or household members) by showing your ID badge. These mobile testing units are in various sites across the county as described on the North Yorkshire County Council website via the link below.

<https://www.northyorks.gov.uk/book-coronavirus-covid-19-test>

There is no guarantee you will be swabbed by the MTUs if you ‘walk-in’ as capacity is very limited and is still reliant on the national Pillar 2 laboratories processing of your result. Advice is to get there early!

**Process for Pillar 1 testing via YHFT**

**The referral criteria**

The test will be carried out if any of the following criteria is met and you must be in *days 1-5* since symptoms started:

** Self-isolating because only the staff member in primary care is symptomatic**

In this instance only the staff member in primary care will be eligible to receive a COVID-19 test

** Self-isolating because staff member in primary care and household members are symptomatic**

In this instance the staff member in primary care and household members who have symptoms will be offered a test

** Self-isolating because someone in their household is symptomatic, but the staff member in primary care is not**

In this instance only the household member(s) of the staff member in primary care who has (have) symptoms is (are) eligible to receive a COVID-19 test. The staff member in primary care will not receive a test. If more than one household member is symptomatic, but not the staff member in primary care, then all household members with symptoms should be tested.

**Your symptoms must be in line with possible COVID-19:**

i.e. a high temperature, a new continuous cough, a loss or change to your sense of smell or taste.

**Applying for a test:**

Please complete the referral form on the next page and send to the CCG who will approve the test. The CCG will allocate a slot for you at a NIMBUS practice and will email you back with that date and time together with instructions on how to take the test and an instructional video should you wish to view this.

**Where to go for a test:**

You will be asked to attend a NIMBUS practice in your car at the time slot allocated to you by the CCG. You will need to drive and park in a parking space at the practice and wait in the car with your windows up. Please be on time as there are limited slots and limited parking. By completing the referral form you are consenting for your details to be passed from the CCG to the NIMBUS practice.

**Administering the test:**

You will be given a test kit by the NIMBUS practice staff member through your car window. You will need to self-administer the test following the instructions emailed to you by the CCG. If your symptomatic household member is the one who needs a test, and that person is a child, you will need to administer the test to the child if they cannot do it themselves.

The NIMBUS practice staff member will return to your car to collect the swab. You are then free to leave.

**Processing your test:**

The test is collected from the practice each day by YHFT transport and processed in their labs. By completing the referral form you are consenting for your details to be passed from the NIMBUS practice to YHFT labs.

**Your results:**

The Occupational Health (OH) Department at YHFT will text your result back to you. By completing the referral form you are consenting for your details to be passed to the OH department.

**Prioritising requests:**

The CCG may have to decide on priority for testing given swab and lab capacity depending on demand.

**Request form for a COVID-19 test (primary care and household members)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of request | |  | | | |
| Name of the GP practice where staff member is employed | |  | | | |
| Name of person with symptoms who requires testing | |  | | | |
| Date of birth of person with symptoms | |  | | | |
| Is the person with symptoms | | NHS staff | Yes / No | Householder member | Yes / No |
| Role of primary care staff member | |  | | | |
| When did symptoms commence? (date) | |  | | | |
| Household address | |  | | | |
| Mobile phone number | |  | | | |
| Email address | |  | | | |
| Car registration number (so Nimbus staff member can recognise you) | |  | | | |
| **Please note by completing and submitting this form you are giving consent to pass on your details to the NIMBUS practice and YHFT** | | | | | |
| **CCG use only:** | | Date and time of slot allocated:  Venue: | | | |
| Approved: | yes / no | Approved by: | | | |
| Reason for not being approved: | |  | | | |

**Send your completed form to –** [**VOYCCG.patientrelations@nhs.net**](mailto:VOYCCG.patientrelations@nhs.net)