

## Testing and Trust

### Case study 1: August, 2020

Third sector worker (Female, 42, White) living with her husband and two daughters aged 9 and 11 in Edinburgh.

#### Testing process

Stage	Diagnostic Burden
<b>Triage</b>	<ul style="list-style-type: none"> <li>• She receives a call from the school Deputy Head, to alert her that her child (9) has been coughing in class, and that her two daughters will not be allowed to return to school until the child shows a negative test for COVID-19.</li> <li>• She tries to negotiate with the school, arguing that the child has a common cold, and has not coughed at home, but agrees to book a test.</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>• She spends an hour and a half trying to book a test online despite error messages and rings the helpline. She books a home test, specifying “The local authority asked me to”.</li> <li>• After this, the website becomes available and she books a drive thru test for herself and her child - because she has heard these have a faster turnaround.</li> </ul>
<b>Test</b>	<ul style="list-style-type: none"> <li>• She collects a sample from her daughter and from herself. She is aware that adults can be swabbed by a professional, but it is impractical to queue again for the administered test.</li> <li>• The rainy and windy weather means that the test kit and inside of the car get wet, and “it didn’t really feel like an ideal scenario to get help.”</li> <li>• She is only given one pair of gloves, which means they are no longer sterile for the second test. She is not very concerned about doing her own test correctly, since her test is a “gateway” to getting her daughter tested.</li> </ul>
<b>Results</b>	<ul style="list-style-type: none"> <li>• Test results are returned in 11 and 26 hours respectively. Her test is void, her daughter’s is negative. She is surprised, as she thought there were chances that both samples had been incorrectly taken. She does not receive further communication. Both children return to school.</li> </ul>

“(...) sending a child home from school to get tested relies on a whole set of infrastructure at home, so it relies on either you have to take four days off to have a home test kit and to wait for your child’s test results - which is totally impractical, particularly if you’re a single parent - or you have to have the ability to get yourself out to the airport (...).”

“I don’t really understand why there has been these out-of-town test centres when GPs have got an infrastructure already and actually have very low patient numbers at the moment, because they stopped doing all the basic stuff.”

## Relationships of trust

The third sector worker recognises the value to public health of testing symptomatic individuals and sees the current testing system as just needing “a lot of ironing out”. Case 1 highlights multiple points where trust relationships are fragile and have the potential to breakdown, including trust: a) in schools, and their roles in diagnosis and triage; c) in the efficacy of a highly bureaucratic system which is not adapted to individual circumstances; c) in the way that testing data is recorded and a system which does not chase up void tests.



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