

UK government axes coronavirus infection control funding in social care

Stephen Alexander
5 April 2022

From April 1, key funding for infection control in social care settings, including free lateral flow testing (LFT) for visitors and sick pay for the precariously employed workforce has been discontinued. Free testing will be wound up a few weeks later by the devolved governments in Scotland, Wales, and Northern Ireland.

The move, which comes as the BA.2 variant is producing a record wave of infections and hundreds of deaths daily, will leave relatives and friends of the elderly and clinically vulnerable shouldering considerable costs. Those wishing to take a test before visiting a care home or for keeping loved ones safe in their own homes will now have to pay for an LFT. The legal requirement for people visiting care homes to take a test has been lifted, provoking widespread concerns that the sick, disabled, and elderly will be exposed to the virus.

Nadra Ahmed, chair of the National Care Association, said, “Visitors should never have been left out of the free testing regime, as they’re coming into high-risk environments for themselves and loved ones.

“This is a community of frail, vulnerable people with complex medical conditions and we know the virus is still out there and is highly infectious within communities, and no testing is now the new normal.”

Charity and care sector leaders have condemned the end of free testing as a “tax on caring”. Observing safe testing protocols for vulnerable relatives is an additional financial burden for working-class families, under conditions of a steep rise in the cost of living estimated to plunge 1.3 million people into absolute poverty in the UK. It could cost visitors to care homes upwards of £70 per month to individually fund the previous LFT testing protocols, providing yet another pandemic profit stream for big business.

Many firms are now jumping on the gravy train, with some charging exorbitant prices for the LFT kits they sell. Office supplies company Ryman, for example, is selling packs of 20 kits for £300, or £15 for a single test which some experts say cost only “pennies” to manufacture. More reliable PCR tests, which can confirm a COVID infection, are also no longer free. Here, private companies are charging anything between £45 and £100 for a single test. Those on a minimum hourly wage of £9.50 would have to work between 5 and 10 hours to pay for one test.

The abandonment of all public health measures will further isolate the clinically vulnerable, who have already effectively been excluded from safe access to society as ever more virulent coronavirus strains have been allowed to spread uncontrolled through workplaces, schools and the wider community.

A spokesperson for the Alzheimer’s Society said, “Over the past two years, we’ve consistently heard many tragic stories from families struggling to visit their loved ones in care homes. With infection rates rising once again, the government must provide free lateral flow tests for all visitors to care homes so that families are not put in an agonising position where they are forced to ration visits, leaving people with dementia once again isolated and alone.”

Even before the impact of these measures, infection rates in those aged 70 and older are already at the highest since records began, according to the Office for National Statistics. In the week ending March 18, 2022, there were 325 Covid-related deaths in those aged 86 years or older—25 more than the previous week. The same period saw 187 Covid deaths in those aged 75 to 84, with the next highest death toll (78 deaths) recorded in individuals aged 65 to 74.

The recent Vivaldi study of 15,000 care home

residents, backed by the UK government's Health Security Agency, found that immunity against hospitalisation and death declines rapidly in older generations compared to the young in the three to seven months following a second dose of the vaccine.

Although a second booster shot (or fourth dose) for the elderly (aged 75+) and vulnerable is now available, the roll out is slow and less than half the severely clinically vulnerable have had one. It remains to be seen how well the booster will perform against the BA.2 variant and further mutations that mass infection will produce.

For the moment social care staff, National Health Service (NHS) workers and other "high risk" workforces such as prison officers, will retain access to free testing together with care home visitors who perform personal care for relatives. Testing for residents, however, will only be carried out during a suspected outbreak instead of routine weekly testing.

Testing for domiciliary carers is to be reduced to twice per week rather than daily, in line with the guidance for care homes. Those providing home care can visit upward of a dozen households in a single week. The reduction in testing will increase the risk of infection for the nearly one million people dependent on such visits in the UK.

If more evidence were needed of the Conservative government's homicidal disregard for the lives and health of society's most vulnerable, it is laid bare by the latest testing guidance for severely immunocompromised adults. Although they will have access to some free tests, they are instructed to test only if they become symptomatic, when it may well be too late to save them from serious health complications or death. Their family members and friends will have to pay if they want regular testing, even if they live in the same household as a vulnerable relative.

Even before these measures, the effectiveness of testing in social care settings had already been drastically undermined with the sector on its knees from the combined impact of the pandemic and decades of austerity cuts and privatisation. Staff shortages stand at well over 10 percent of the workforce (120,000 in England alone), with attrition rates as high as 30 percent due to poverty wages and intolerable working conditions across the sector.

In the face of a renewed surge of the virus, such is the

staffing crisis in care that many providers are encouraging infected staff to continue working if they are asymptomatic or develop only mild symptoms. Somerset Council public health consultant Alison Bell said, "In some cases, we have no choice but to have people who are testing positive delivering care to people in Somerset. That risk is actually less than that person not receiving care."

Besides comprehensive free testing, a raft of other essential public health protections and support programmes have been abandoned as of April 1. These include:

- Funding for sick pay for those self-isolating under the Adult Social Care Infection Control Fund has ended. The fund was introduced in May 2020, after the first deadly wave in care homes was linked partly to the absence of sick pay across the heavily privatised sector, which meant that workers could not afford to stay at home when infected.

- Limits on workforce movements between care homes have been lifted. These were set up due to high levels of transmission related to the widespread dependence of the sector on heavily exploited agency workers who work shifts piecemeal across many different care homes and hospitals over a large geographical area.

- The UK-wide compensation scheme which had provided families of NHS and social care staff who died of Covid with a miserly £60,000 bereavement payment has been closed, even though workers in the sector continue to die from workplace exposure. Ten NHS staff have died of COVID since the start of December 2021, according to official figures. Some 922 care workers died from COVID between the start of the pandemic and May 2021 in England, according to the workforce development body Skills for Care.

If you are or have been affected by the issues in this article, get in touch with NHS FightBack to share your experience and link up with our Facebook page. Sign up for the WSWs Health Care Workers News letter here



To contact the WSWs and the Socialist Equality Party visit:

[wsws.org/contact](https://www.wsws.org/contact)