

Surge Testing Case Study

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Surge operation in Woking

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Surge testing expanded after further case of South Africa variant detected



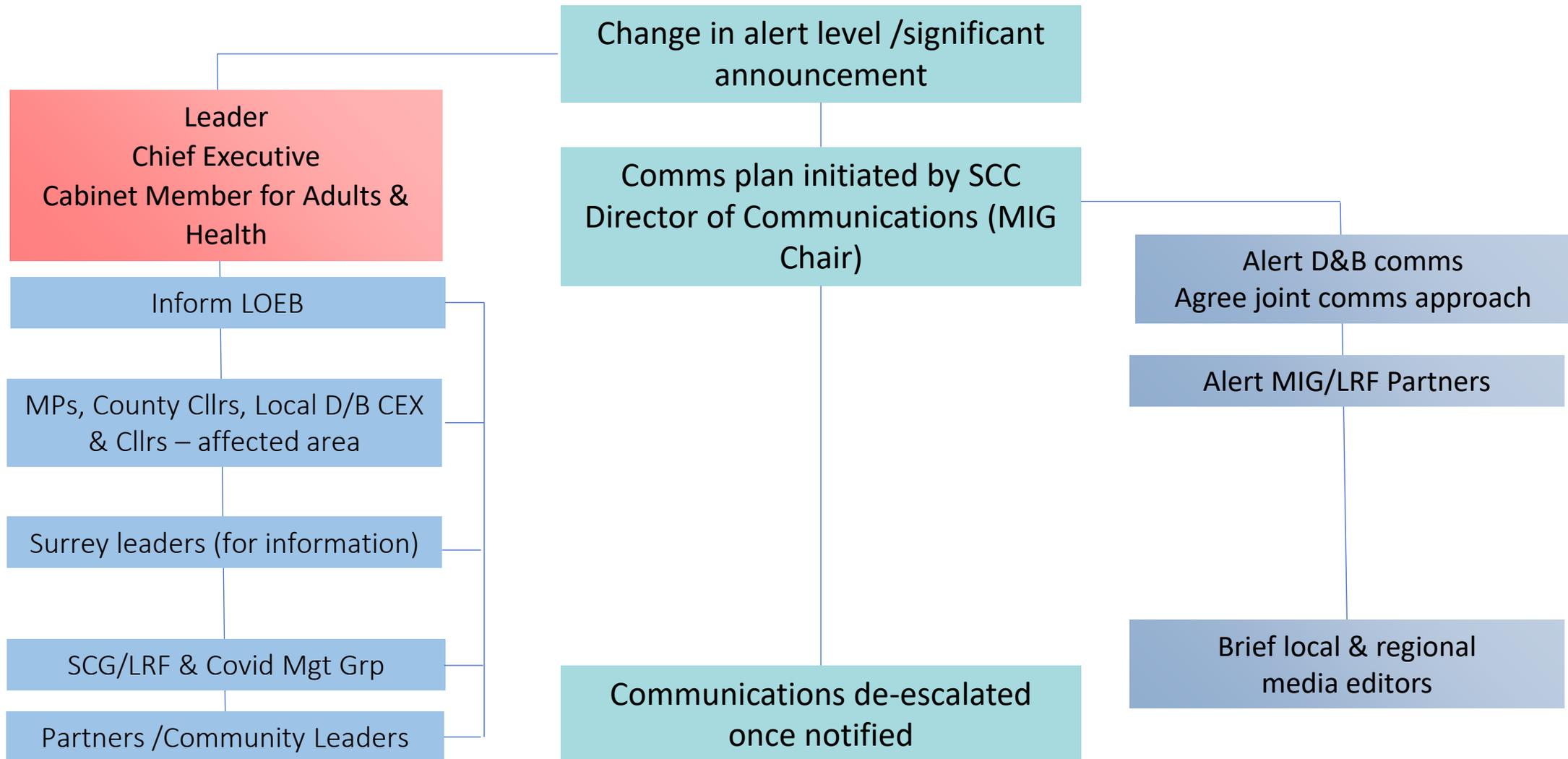
Overview / Context

- 1st of a small group of local authorities asked to run a surge testing operation, to establish whether community spread of new strains of COVID-19
- In Surrey there were 3 operations totaling around 25,000 residents
- Our first 'surge' related to a relatively small area in Woking but included several schools, businesses and a hospice.
- We had just entered our third Lockdown and the impact of new strains was (is) concerning
- Huge concerns around vaccine effectiveness with any new strains of the virus

Early steps taken

1. Quickly established a **Comms Coordinating Group** including Borough comms lead, health, Acute trust of affected area (around 5 of us in total)
2. Agreed roles and responsibilities of team including comms rep to **Gold, Silver and Bronze** as well as daily meeting rhythm. **We were working at pace.**
3. Created a **Comms SitRep** for tracking against delivery. This provided a consistent reporting mechanism into Gold and ensured **clear decision making /approvals on comms.**
4. Agreed specific **Communications tactics** including good local comms & resident engagement plan – building on tried and tested methods
5. Delayed **Symptom Free testing launch** to avoid confusion with residents
6. Critically, we agreed with Gold to use the (already established) Local Outbreak Plan **communications protocol** for Op Eagle to ensure clear and controlled dissemination of information to stakeholders

Communications protocol/cascade



Communications toolkit

- **Letters** to residents printed jointly with Woking Borough Council with FAQs
- Interactive **map**
- **Press statement** and media plan ready to go
- **Video** with subtitles of **Director of Public Health** explaining the SLRF intention – made lo-res for sharing on **WhatsApp**
- **Website live with FAQ's**
- **Digital Advans** designed with reassurance messages
- **Geo targeted social media** in place and **NextDoor posting** to local areas
- Scripts and Q&A provided to ALL **customer call centres**
- **Internal FAQs** circulated to SCC frontline staff
- (Video of '**ten steps**' produced in response to technical **registration issues**)



What we achieved

We adopted a truly hyper local mindset and approach to our communication using multiple touch points which created good trust and transparency.

- **A total 10,000 of test kits were delivered and collected in 4 days with a 94% return rate.**
- **By the end of the week, we had:**
- **Facilitated 40 media outlets**, two days running, achieving widespread national coverage
- **Reached 14,158 users**
- **Reached 26,721 newsfeeds**
- **Achieved 2,695 total clicks**
- **Received around 100,000 visits to the surge testing webpages**
- **Achieved 20% resident engagement** using the **NextDoor** app
- **Shared DPH video across local WhatsApp networks** in the area, including with **faith leaders**, who translated and shared in Urdu (also broadcast on Asian News networks)

What worked well

- **Open dialogue with DHSC and a willingness to support**
- **Our established relationships with partners was critical**, Andy Denner at Woking Borough Council was fantastic in his support and worked alongside us throughout. This gave residents and leaders confidence in us, ensured good coordination as well as providing local knowledge
- **Timely engagement with stakeholders** was achieved with a collaborative approach resulting in clear and consistent messaging
- Levels of **resident engagement** attributed as a key part of the success of the operation with **over 90%** of residents complying
- **Resident feedback** was incredibly positive **describing the ‘rapid response’ as very reassuring**
- Being ready to manage and **facilitate the high levels of media was a key success**. The coverage received definitely supported getting our messages to residents in a quick/ high impact way.
- Having **tried and tested comms protocols** in place and seeking support of Gold early was critical to a smooth dissemination of information

Challenges & lessons learned

- While there was good engagement with DHSC – **updates were light on detail and not enough materials**
- Everyone was at different stages of their Op. **More consideration** (by us) should have been given to **timing/ coordinating with other LAs**, or at least understanding the **impact of our announcement**
- **Huge confusion created by the No 10 press briefing, worked with DHSC to issue clarification**
- **Results of the variant sequencing** was incredibly slow, impacting public confidence
- If you have more than one **Contact Centre helpline** number – ensure they are all signposting in the same way. For Contact Centre helplines, need to really clear what your pathway is regarding registering kits.
- **Letter to residents** - one letter should be produced and used for all areas to ensure consistent messaging
- Any comms that get sent out regarding Surge Testing should have **same branding** throughout (had conflicts using multiple partner logos).
- To provide community reassurance, **be clear about who is knocking on doors** and what organisation they will be representing. **Appropriate ID was a key consideration**
- **MTUs/Symptom Free sites** – when communicating about MTU be clear about their role so it doesn't conflict with core messaging around 'we'll come to you'.