



Posted on 2nd November 2020
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published in the Guardian 28th October 2020

A Total Fiasco

England's response to the coronavirus pandemic now relies on unskilled teenaged call centre workers, taking the place of experienced clinicians.

Until a working vaccine is released and widely used, our best hope of controlling Covid-19 is testing, tracing and isolating people who might carry the disease. Even after a vaccine is produced, test and trace will remain essential, as inoculation will not be completely effective, or universally accepted¹.

Today, it's our only real hope of preventing repeated lockdowns, and other great interruptions to our lives. Yet the English system on which our freedoms depend is a total fiasco. The government has so far spent £12bn on test and trace.

But, as a result of catastrophic mismanagement, it might as well have flushed this money down the toilet, as tracing has failed to reach the critical threshold (roughly 80% of contacts²) needed to reduce the infection rate. Last week, after a further fall, the figure stood³ at just under 60%.

To put this in context, £12bn is more than the entire general practice budget⁴. The total NHS capital spending budget for buildings and equipment is just £7bn⁵. To provide all the children in need with free meals during school holidays between now and next summer term, which the government has dismissed as too expensive, is likely to cost about £120m⁶: in other words, just 1% of the test and trace budget.

Because so much about this essential programme has been shrouded in secrecy, it's not easy to see where the money has gone. But the breakdown of the system appears to result at least in part from its oversight by corporate executives (led by Dido Harding), with no relevant experience in public health and a track record of failure⁷, rather than by professional public servants.

The government has created an opaque and unmanageable hybrid system of public and private provision, in which favoured corporations have received vast contracts without competition, advertising

¹ <https://www.theguardian.com/commentisfree/2020/oct/21/covid-vaccine-immunisation-protection>

² <https://www.gov.uk/government/publications/summary-of-the-effectiveness-and-harms-of-different-non-pharmaceutical-interventions-16-september-2020>

³ <https://www.theguardian.com/world/2020/oct/22/england-test-and-trace-reaching-fewer-covid-contacts-than-ever>

⁴ <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/primary-care/>

⁵ <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget>

⁶ <https://www.bbc.co.uk/news/explainers-53053337>

⁷ <https://www.theguardian.com/commentisfree/2020/oct/21/government-covid-contracts-britain-nhs-corporate-executives-test-and-trace>

or even penalty clauses⁸. Public health, reorganised in the midst of the pandemic to give even greater control to Harding and her chums⁹, is in semi-privatised meltdown.

But that isn't even the half of it. I've been talking to someone working on test and trace in a call centre subcontracted to Serco. I've confirmed their identity and job, but to protect their position, the worker wants to remain anonymous. Here's what this person told me.

Until last week, the workers at the call centre were doing the simplest job in the tracing chain, calling those who have been identified as contacts of infected people and telling them to isolate themselves for 14 days, giving them some scripted advice and collecting a small amount of data. But last week, the call centre announced that all the workers on this contract were being "upskilled". Instead of making these simple calls, they would now be calling infected patients and discovering all their contacts over the past fortnight. To use the official terms, they have suddenly been promoted from level 3 call handlers to level 2 clinical contact caseworkers.

In its advertisements¹⁰ for this job, the NHS explains applicants must be at *Clinician Band 6* level, who will be working as part of a team of "experienced clinicians". You must have a health or science degree or "demonstrable equivalent experience or qualifications"; experience in "a field related to public health or health and social care services as a practitioner" and "registration with the relevant professional body". Among your tasks are "conducting a public health risk assessment", "providing public health advice" and "using your clinical knowledge to help escalate complex cases". Anyone accepted for this role would be "provided with appropriate training".

But the workers at the call centre who have been "upskilled" to this level are mostly school-leavers and students, with no relevant qualifications. While the job is officially advertised at between £16.97 and £27.15 per hour, they are all being paid the minimum wage, which means £6.45 for the 18- to 20-year-olds (most of them) and £8.72 for over-25s.

Serco issued an internal notice explaining this change, which was leaked to the press¹¹. From 21 October, it said,

"a number of experienced agents from Serco and Sitel¹² will assist with index case tracing".

What it didn't say is that some of these "experienced agents" are 18 years old. The "appropriate training" for the magical transformation to "experienced clinician", my contact tells me, lasted four hours. It was conducted remotely, as they now work from home, and consisted of a PowerPoint presentation, an on-line conversation, a quiz, some e-learning modules and some new call scripts.

"We weren't asked if we wanted to 'upskill': there was no consultation and no choice. We were just told. No one felt able to say no."

After the announcement,

⁸ <https://www.opendemocracy.net/en/dark-money-investigations/revealed-failing-serco-won-another-57m-covid-contract-without-competition/>

⁹ <https://www.gov.uk/government/news/government-creates-new-national-institute-for-health-protection>

¹⁰ <https://www.jobs.nhs.uk/xi/vacancy/916042855>

¹¹ <https://www.independent.co.uk/news/health/coronavirus-test-and-trace-serco-untrained-tracing-b1204648.html>

¹² <https://www.sitel.com/>

"I spent three hours crying about it. Other people in the team were crying and having panic attacks."

So how has it gone?

"As you might have guessed, it's an absolute shitshow."

During the first hour of the first day, three of the young tracers called people who had just lost someone they loved to Covid-19. The people they spoke to were in extreme distress. After these calls, all three tracers *"were distraught and crying"*, and unable to work for the rest of the day.

"We had no training in bereavement counselling. Just one page of speech bubbles, with a few Mickey Mouse baseline things to say: 'if somebody is upset, be patient', 'give them time to talk'."

It's not going to help if someone has just lost their husband to Covid.

"Some of my colleagues are really struggling. People know their skillsets. We would never have applied for the job if this was what was advertised."

The worker added:

"We've had nonstop messages reminding us of our nondisclosure agreements. It means they're bricking it because they know that it's a really shit decision. They must know we are really unhappy."

When I asked Serco to explain the decision to turn level 3 call centre workers into skilled contact tracers, it told me the instruction came from the government, so I should address my questions to the Department of Health and Social Care (DHSC). The department confirmed that it had made the decision. It seems outrageous that this crucial shift was not made public, but came to light only when the Serco memo was leaked.

The department has made two striking claims: everyone who has taken on this role volunteered for it, and the level 2 job has been split in half – two initial calls are now made to each contact, one by an "upskilled" call centre worker, and one by a "qualified health professional", who dispenses medical advice and decides whether or not to escalate complex cases.

My contact flatly rejects both claims.

"No, absolutely not. There wasn't any consultation, we were just told 'this is what we're doing'."

As for splitting the level 2 job:

"There is no other call by a trained clinician. It's us who are asking the medical questions. We have to read out a list of symptoms and ask which ones they're experiencing. 'Do you have diarrhoea?', 'Have you experienced altered consciousness?' etc. If the patients want health advice, we just tell them to ring 111. If they report very serious symptoms, I would flag that to a clinical lead, but it would have to be an immediate risk to self or others, and I would have to assess whether it reaches that level." In other words, ordinary call centre workers, not professional clinicians, are "escalating complex cases".

What this represents, without any public announcement, is not only a radical deskilling but also a further transfer of work from the NHS to the private sector. Level 2 contact tracers were health professio-

nals employed by the NHS. Now they are call centre workers employed by Serco and Sitel. Public sector clinicians are replaced with unqualified private sector workers, on the minimum wage and eminently exploitable. Upon their judgments, our health, our freedoms, perhaps our very lives depend.

While public health is in meltdown, Serco's shares are surging. It has made such profits this year that it is now considering a dividend¹³. If it issues one, it will consist of money passed from us, via the government, into shareholders' pockets.

And this is just what we can see. We know that billions have been spent on untendered contracts with private corporations, but much of the money dispensed so far is untraceable. It has been reported that, of the pandemic spending by the DHSC, an estimated £3bn is missing from public accounts¹⁴. The Good Law Project is suing to discover how and by whom the money was spent. I keep thinking of George Best's response when asked what happened to his fortune:

"I spent a lot of money on booze, birds and fast cars – the rest I just squandered."

At the same time, the NHS is so underfunded that it is now asking volunteers to fill critical positions. A recent series of advertisements called for applicants for the posts of project manager, lead data warehouse developer and business analyst to work unpaid, on contracts that would usually offer between £450 and £550 a day.

People ask me,

"is this a cockup or a conspiracy?"

The correct answer is both. The government is using the pandemic to shift the boundaries between public and private provision, restructure public health and pass lucrative contracts to poorly qualified private companies. The inevitable result is a galactic cockup.

This is what you get from a government that values money above human life.

www.monbiot.com

¹³ <https://www.theguardian.com/business/2020/oct/16/serco-considering-dividend-payout-covid-test-and-trace-boosts-profits>

¹⁴ <https://www.mirror.co.uk/news/politics/tories-face-legal-challenge-over-22827399>