

[COVID-19 PCR: home-testing experience of blind and partially sighted people](#)

The PCR Home Test Service (HTS) was first rolled out for key workers in April 2020 and expanded to the wider population by May 2020. As part of the UK NHS Test and Trace programme, HTS was launched as a means of improving accessibility by capturing those who were unable to get to a test site, were shielding or self-isolating, had mobility issues, lived in rural areas or had physical or mental impairments.

Home PCR test process

The process for carrying out a home PCR test was as follows:

1. [Order a PCR test kit](#) online or call 119 (0300 303 2713 in Scotland).
2. Read instructions before opening the test kit.
3. Locate a priority post box or use courier collection (assistance via 119, NHS Scotland helpline).
4. Register PCR test kit to obtain results (you will need a 10 digit order ID plus 11 character test kit barcode plus 13 character barcode on the prepaid label).
5. Ensure kit components are present and undamaged.
6. Wash hands then perform swab of throat and nostril, insert swab into the plastic tube.
7. Insert sample tube into zip-lock bag then insert this bag into biohazard bag.
8. Assemble the returns box, insert biohazard bag and apply security seal.
9. Return the test sample via the returns route identified previously.
10. Receive result via email and text or call 119 (NHS Scotland helpline).

NHS Test and Trace strives to deliver services that are accessible to all users. A one-size-fits-all approach cannot be adopted as different groups within the population may require responses more tailored to their specific needs. HTS was quickly recognised as being a suitable alternative to in person testing for people who are blind and partially sighted (BPS).

According to the Royal National Institute of Blind People (RNIB), figures from 2017 show there are approximately 350,000 people registered as blind and partially sighted in the UK. However, even this cannot be considered a homogeneous group of individuals as they display a wide variation in visual abilities and circumstances which can be influenced by the severity of sight loss and age of onset, to name but a few. Furthermore, these numbers only reflect those who have been in some contact with health and social care services and as such, there may be [more than 2 million people](#) currently experiencing some form of sight loss.

Home self-testing is not straightforward for BPS people, particularly if they live alone. In order to continually monitor and improve the service offered by NHS Test and Trace, 2 user experience evaluations were undertaken in

collaboration with voluntary sector partners in May 2020 and in February 2021 respectively. The first aimed to understand the end-to-end experience for BPS participants, from ordering a test kit to receiving a result, and to identify the range and depth of challenges to home testing. The second sought feedback from BPS participants on some bespoke assistance incorporated in response to the first evaluation. This report describes the 2 evaluations, summarises their findings and describes how services have been adapted to support service BPS users.

User experience evaluation I

In the first evaluation, the RNIB helped to recruit 29 BPS people using their established communication routes. The ease with which these individuals were able to access and complete home PCR testing through the live service was then monitored. Participants agreed to researchers observing them by video throughout the process. Researchers did not intervene or offer advice to participants at any stage of the process so as not to undermine the holistic experience of the service. Individuals could use whatever visual aids were normally available to them, including help from a sighted individual, assistive technology or devices. Additional feedback was garnered by interviews conducted by the research team. Participants partaking in the evaluation all stated that they were asymptomatic for coronavirus (COVID-19) so that anyone unable to complete and return the test would not be at a disadvantage clinically.

The group comprised:

- 23 individuals who were severely sight impaired since birth or for more than 20 years
- 4 who had developed a severe impairment within the last 20 years
- 2 individuals who had experienced partial sight loss from birth or for more than 20 years

Evaluation I feedback

BPS people want to complete the test independently without having to rely on friends and family. People expect the call centre to be able to assist with a broad range of issues across the user journey. Feedback provided at different stages of the process are highlighted below.

Before the test

The GOV.UK platform is in general well suited to serve most BPS people.

However, finding and reading barcode numbers for registration and courier pickup was almost impossible for participants to complete without assistance.

Preparing for the test

Digital text only instructions would be preferred by most BPS participants.

The flow of the instruction document should support people in preparing for

the test.

Instructions should describe the objects by their tactile qualities as well as provide enough information to understand the purpose of each object.

Taking the test

Accidental contamination of the test kit was the main concern for participants.

Identification of some kit components was challenging without assistance.

The swab test was considered unpleasant but intuitive for participants to carry out

Packaging the test

Complex manual activities like sealing the biohazard bag and especially folding the box were very hard to complete for most of the participants.

For returning the test, participants liked having the option to choose between the post box and courier pick up.

After the test

Arranging courier collection was difficult or impossible for most participants to do unaided because it required them to be able to read the number on the Royal Mail label, therefore returning the sample through a postbox was the only viable option.

Participants didn't have a strong preference between receiving the results by text or by email.

Additional feedback from participants

Concerns were raised regarding possible accessibility issues for BPS people who are less confident with using, or do not use technology.

Difficulties reading barcode numbers generated the highest risk for BPS people not to engage with the test

Going back and forth between different platforms, browsers or devices, and navigating between apps such as SeeingAI and the registration portal, proved very difficult.

User experience evaluation II

User engagement identified a series of issues which impacted accessibility and from this work, improvements were identified. HTS sought to redress accessibility issues and proposed modifications underwent a second round of evaluations. The introduction of a new support service for this BPS user group would also be examined.

The scope for evaluation was as follows:

1. A trial of a live video assistance service with trained support specialists from the 119-call agent population, using the Be My Eyes smartphone app. This supported participants to carry out the end-to-end home testing process via a free, live one-way video call.
2. A trial of improvements to the packaging design of the returns box. Participants either received an easier to assemble flatpack design or a preassembled box.
3. [An online portal on GOV.UK](#) providing alternative formats of home testing instructions including HTML text only, Easy Read and accessible PDF formats.
4. Improved instructions with enhanced descriptions for a sample of participants who were testing the redesigned flatpack returns box.
5. Improvements to general accessibility and usability of online services.

NHS Test and Trace continued its association with RNIB but the partnership was now expanded to include the Macular Society, Visionary and the Thomas Pocklington Trust. The role of the voluntary sector partners again proved invaluable in a number of areas. They were part of the delivery team and contributed to decision-making in determining the research approach and delivery of the study. In addition, they led a training session for 119 call agents ahead of the trial of the live video assistance service regarding best practice for communicating with people with sight loss. The voluntary sector partners appraised the guidance document and the script used by these 119 agents, as well as contributing to the trial Be My Eyes app content.

As before, communications raising awareness of this evaluation were distributed by the voluntary sector partners through various channels. Ninety-eight BPS participants were enrolled by dedicated NHS Test and Trace team members:

- 72% of participants classed themselves as being severely sight impaired or blind
- 43% stated their eye condition had been present from birth
- a further 24% had been affected for most of their lives

Overview of participants

The following gives background information on the makeup of the participants (for a graphic representation of this data see [Figure 1](#), below).

Registered as blind and partially sighted

Yes, severely sight impaired or blind – 72%

Yes, sight impaired or partially sighted – 18%

Yes (unspecified) – 9%

No – 1%

Proportion of life with an eye condition

From birth – 43%

Most of my life – 24%

Recently or within last few years – 14%

Around half my life – 10%

Less than half my life – 9%

Cause of eye condition

Retinitis pigmentosa – 75%

Diabetic retinopathy – 8%

Glaucoma – 7%

Cataracts – 5%

Age-related macular degeneration – 3%

Other – 2%

Gender

Female – 56%

Male – 44%

Ethnic group

White – 93%

Asian or Asian British – 4%

Black, African, British or Caribbean – 2%

Another ethnic group – 1%

Devices and internet use

“I’m comfortable using the internet completely independently” – 43%

“I can use the internet to do most things independently” – 42%

“I can use the internet with support from someone else” – 11%

“I don’t use the internet or someone else always uses the internet for me” – 3%

Figure 1. Overview of participants

There was a generational divide in the use of technology, with younger BPS people much more likely to be using the internet, a computer or a smartphone, compared to older people. It has been reported that [less than one in 3 BPS people](#) feel able to make the most of new technology. Although some non-digital means were used, most of the recruitment for this study was organised via social media and other digital channels, indicating some degree of digital literacy was prevalent amongst the participants. As such, 85% of the study group described themselves as being comfortable using the internet completely independently or were able to use the internet to do most things independently. All participants were made aware of the specialist support available through live video assistance as part of the enrolment process. Once again, participants were able to use whatever visual aids were normally available to them.

Evaluation II outline

Participants were placed into 2 groups to examine different aspects of the service.

The first group was asked to confirm and expand on the original insights. There were 10 participants, each was interviewed for one to 1.5 hours for their feedback on a range of topics including digital exclusion.

The second group was asked to provide feedback on their experience of the improvements. This group was further split by the different approaches used to gather feedback:

In Group 2A, there were 10 participants who were interviewed about their experience of ordering a home test kit. They were then observed whilst they used the test kit and were interviewed afterwards to describe their experience. This group was provided access to the trial Be My Eyes service so that their organic, unprompted use of this support could be understood. Observation and interview sessions lasted from one to 2 hours.

In Group 2B, 9 participants were observed as they ordered and subsequently used the home test kit; they were interviewed after each observation to describe their experience of each step of the process; this group was provided with access to the trial Be My Eyes service, and they were actively encouraged to try and critique it at each stage of the process. Each observation and interview session lasted one to 2 hours.

In Group 2C, 69 participants were asked to complete the end-to-end home testing process without being observed and were then asked to complete a survey to provide feedback about their experience of the process as a whole. This group was provided with access to the trial Be My Eyes service so that their organic, unprompted use of this support could be understood.

Feedback was also provided from the specialist team of 119 call centre agents, who provided the trial live video assistance service via the Be My Eyes app.

Half of the participants from each group (2A, 2B and 2C) were sent a pre-

assembled returns box to use. The other half from each group received a redesigned, easier-to-assemble flatpack design. The participants from group 2C who received the flatpack box were also emailed an additional set of instructions which had been produced by the RNIB. These included more haptic, tactile descriptors throughout, and feedback was sought to assess if they were suitable for wider use.

Evaluation II feedback

The sections below highlight the experience of participants as well as identify areas where the service could be improved.

Live video assistance via Be My Eyes

Half of the participants made use of the trial Be My Eyes service, and their experience regarding the quality of assistance provided was overwhelmingly positive. Many felt they wouldn't have been able to complete the home test without assistance via Be My Eyes. Having someone patiently provide step-by-step verbal guidance throughout the process helped provide participants with reassurance and reduce their anxiety. Using Be My Eyes allowed the 119-call agents to address any challenges experienced by individual users, offering a more tailored support service which wouldn't otherwise have been possible.

Participants reported that live video assistance was especially helpful for kit registration, with the agents being able to locate and read the test kit barcodes on their behalf, as well as discussing their local postal options and talking them through how to assemble the returns packaging. Participants in the second evaluation also provided feedback on how a live video assistance service should be more widely communicated among people with sight loss. For example, emphasis should be given to the fact that the 119 call agents providing assistance are actually specially trained NHS Test and Trace staff, and not the volunteers who are generally associated with Be My Eyes.

Participants advised that potential users should be informed that the support offered can be flexible depending on their requirements, for example, support can be provided throughout the whole home testing process, or just to assist at specific, smaller key stages such as barcode reading. Live video assistance call agents can arrange courier bookings and also provide clear guidance on postage timings and wider context for test results.

Be My eyes was routinely available as part of the Home PCR Test Service to all who required it.

Improved flatpack returns box

Although some participants were able to assemble the flatpack box with support via live video assistance, it often took longer than participants and advisers thought it should take, required repeated instructions to achieve assembly and was sometimes the cause of frustration. There was also uncertainty from participants as to whether their attempts to self-assemble boxes were robust enough to protect the sample during shipping. Attaching the security seal often proved problematic due to difficulties removing it from

its backing. Furthermore, the security seal sometimes got lost when opening the kit package, or it was misidentified as a small piece of paper or part of the test kit delivery packaging because of its texture.

There was general agreement from participants that a pre-assembled returns box or another simpler packaging design would be more usable for shipping samples.

Home PCR tests now contain an easier-to-assemble flatpack box.

GOV.UK portals and guidance pages

Following feedback from Evaluation I, alternative formats of PCR home test instructions were available on GOV.UK. Having a wide choice of formats was important to satisfy individual preferences and needs. Formats that were highlighted by participants as being most useful included:

- audio only and video instructions with audio description
- PDF and text only (HTML)
- hard copy large or giant print booklet
- digital and hard copy braille
- Easy Read

This feedback supports the continued provision of a variety of formats, both digital and hard copy. Participants provided general feedback regarding the navigation and ease of use of the GOV.UK portals, including the compatibility and usability of the ordering and registration portals when using assistive technology, such as screen readers. Participants also provided feedback regarding where they would expect to find support services, including alternative formats of instructions, signposted across the digital journey.

Those with sight loss without digital access

Throughout the duration of these trial periods, further modifications were added to the service, which proved beneficial to this community and the public at large. Those who are unable or have no access to digital platforms including email, internet or mobile phones can access PCR testing via the 119 service.

Pain point mapping – taking the test

The following describes the response rates from the 69 participants in group 2C to each step of the testing process. The percentage of users who found a step challenging is shown in brackets. Under each step are given some personal responses expressed by group members. This data is conveyed in graphic form in [Figure 2](#).

Before the test

Opening the home test kit (17% of users found this step challenging)

“No obvious tear point. I was concerned opening the kit through brute force might damage something.”

Identifying the parts of the kit (20% of users found this step challenging)

"I was concerned about making sure I got everything right and did not want to feel items and contaminate them despite washing my hands as instructed."

"After having read the enhanced instructions carefully a number of times, I was able to identify each piece of the kit without help."

Prepare for the test

Using the instructions (45% of users found this step challenging)

"I found it rather confusing as I did not have instructions in a format I could read."

"The instruction booklet was not accessible. The font size was too small, the contrast of colours was very poor."

Registering the kit (55% of users found this step challenging)

"Several long codes which are not easily accessible for someone with little or no vision."

"Spent more time doing the kit than actually doing the test."

"I was put off by how complicated the initial opening and registration processes seemed."

Choosing how to send the sample back (23% of users found this step challenging)

"Maybe a pro tip which is concentrated on reassuring you that it is perfectly OK to utilise the [courier] collection service if it would be in any way difficult for you to get a specialised post box."

Take the test

Collecting the swab with the sample (42% of users found this step challenging)

"Something is needed to make the swab easier to feel through the wrapper – the difference between the 2 ends is very slight and the risk of getting hold of the wrong end is very high."

"Making it more obvious where to snap off the stick."

Putting the swab into the tube (32% of users found this step challenging)

"The tube is quite narrow and it would be easy to miss the opening and accidentally touch your hand or the side of the tube hence contaminating the sample."

Sealing the plastic bag (17% of users found this step challenging)

“I wouldn’t have realised the absorbent pad was part of the kit, I thought it was just a bit of packaging.”

“For those with little or no sight at all, this yellow strip could be made to feel more tactile.” (The yellow strip to seal the plastic bag.)

Package the test

Packaging the sample (41% of users found this step challenging)

“It was like doing a jigsaw with no instructions and no picture – that’s what it’s like for blind or partially sighted people doing the test.”

Attaching the label (22% of users found this step challenging)

“Replace the origami box with a different kind of return packaging that does not need to be built.”

“Label needs a ‘peel easy’ section that can be felt (that’s to say, is obvious) as I struggled to take it off the backing (which I could barely distinguish as the edging was so small).”

After the test

Sending back the sample (14% of users found this step challenging)

“If I’m not ill it would be easy.”

Pain point mapping: taking a test

Figure 2. Responses from group 2C highlighting challenging steps

User feedback and engagement

Although these evaluations of user experience were small in scale, they were important in identifying possible barriers to home PCR testing within the BPS community. Feedback gained from these studies, as well as from other sources, has been used to implement service improvement.

The customer feedback survey and the Be My Eyes management dashboard are regularly reviewed to identify further opportunities for continuous improvement, both to the home PCR testing route but also to other services within home testing and across all of NHS Test and Trace where relevant.

Figure 3 shows images of the contents for kits issued as part of the first evaluation and kits available for BPS individuals as of summer 2021. Table 1 lists the components for these kits.

Figure 3. Image of Home PCR test kits, summer 2020 (left) and July 2021 (right)

Table 1. Table listing components of PCR test kits, then and now

Home PCR test kit summer 2020	Home PCR test kit July 2021
24-page printed instruction booklet	12-page printed instruction booklet. Also available in alternative formats (both digital and hard copy). Formats include: easy read, large and giant print, Braille, audio, and 12 different translations of the easy read instructions for non-English speakers
Flatpack box requiring customer assembly	Easier-to-assemble flatpack box
Biohazard bag	Single leakproof bag
Zip-lock bag	
Swab	Swab
Plastic tube containing liquid	Plastic tube containing liquid
Security seal to close the box	Security seal to close the box
Absorbent pad	Absorbent pad

Overall, the voluntary sector partners have welcomed the service modifications as likely to improve accessibility and the experience for the community they represent. The Home Test Service, as well as the programme more broadly, continues to work in close collaboration with these and other voluntary sector partners, seeking out their expert opinion to help us identify and drive service improvements.

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COVID-19 LFD: self-testing experience of blind and partially sighted people

Early in 2021, the home test service was launched by the Department of Health and Social Care to improve access to COVID 19 testing. Exploration of the challenges of PCR home tests faced by those who were blind and partially sighted (BPS) led to the introduction of alternative Instruction For Use (IFU) media formats and the introduction of Be My Eyes live video assistance to help this group of people carry out a PCR self-test more independently.

The requirement for widespread asymptomatic testing using lateral flow devices (LFDs) led to calls from all stakeholders involved in PCR home test improvements to ensure the existing support is extended to aid BPS people in carrying out rapid lateral flow self-tests as independently as possible.

A small-scale pilot was conducted by the UK Health Security Agency (UKHSA) to examine the effectiveness of the current live video assistance service delivered via Be My Eyes app in enabling BPS people to perform COVID-19 self-tests using rapid lateral flow test kits. The test kit chosen to be used in this pilot was one that was widely available for home self-testing and involved nasal-only swabbing with pre-filled sample extraction tubes. These 2 features were believed to simplify the process for BPS people by removing the need for throat swabbing and for filling the sample extraction tube with buffer.

Experiences gathered from BPS participants and Be My Eyes agents would help UKHSA to make informed decisions on introducing service adjustments as part of its ongoing drive to meet equality and accessibility requirements.

There were 2 main elements in determining the effectiveness of this approach:

- collecting user feedback from BPS individuals to understand and recommend where improvements are needed to the LFD live video assistance and to the test instructions
- collecting feedback from the Be My Eyes agents to understand their experiences of supporting BPS participants through the LFD journey

Eliciting suggested improvements to the test kit was not a primary aim of the pilot.

Participant enrolment

The Blind and Partially Sighted Stakeholder Forum, convened by UKHSA, meets regularly to discuss a variety of topics, with a focus on access to testing technologies. This Forum has allowed UKHSA to gain valuable insights into the difficulties experienced by BPS people in their day-to-day lives. Recruitment of volunteers for the pilot was conducted in collaboration with voluntary sector partners involved in this Forum. Volunteers interested in taking part in the pilot were asked to complete a questionnaire which allowed the

selection of individuals with a diverse range of demographic characteristics including the conditions underlying their sight loss. The questionnaire was devised by members of the UKHSA Inclusive Design Team within the Customer, Communications and Innovation directorate, and then tested and reviewed by the voluntary sector partners to ensure the terminology used was suitable as well as verifying the survey format was accessible for various assistive technologies. The voluntary sector partners then used their existing social media networks to inform and facilitate recruitment of suitable participants for the pilot.

Eight candidates were selected. They varied in age between mid-twenties to over 60 with 2 being male and the remainder female. Six were registered as severely sight impaired or blind, one was registered as sight impaired or partial sighted and one was not registered as sight impaired. The project team hypothesised that this last individual may have been unable to register their vision loss status through official channels as a result of the pandemic, but this could not be confirmed. All participants considered themselves to be either moderately or highly confident at using digital media but only 3 had previous experience of using Be My Eyes.

The 8 candidates had a range of vision loss types which included:

- idiopathic intracranial hypertension
- nystagmus optic atrophy
- macular telangiectasia Type 2
- bioptic glioma
- retinitis pigmentosa, and
- age-related macular degeneration

User journey insights and observations

A summary of the testing process as well as an indication of difficulties experienced by users is presented in Figure 1. Levels of difficulty are colour-coded: green represents steps considered easy, yellow represents minor issues and purple represents major issues for participants. The figure describes each step of the testing process which is assigned an overall level of difficulty represented by a colour code and the opinions of each BPS user which are represented by a colour coded square.

Below are the process steps and accompanying levels of difficulty:

1. User receives LFD test kit, overall score for this step was green (no issues), 8 users scored green.
2. User prepares their test area, overall score for this step was yellow (minor issues), 3 users scored green, 4 scored yellow and 1 scored purple.
3. User checks test kit contents, overall score for this step was purple (major issues), 4 users scored yellow and 4 scored purple. Note, 1 participant withdrew from the pilot after this stage.
4. User peels seal off the top of the extraction tube, overall score for this step was purple (major issues), 3 users scored yellow and 4 scored purple.

5. User places filled tube into extraction tube holder, overall score for this step was yellow (minor issues), 1 user scored green, 6 scored yellow.
6. User identifies swab and opens the packet, overall score for this step was yellow (minor issues), 2 users scored green and 5 scored yellow.
7. User swabs both nostrils, overall score for this step was green (no issues), 5 users scored green, 2 scored yellow.
8. User transfers their sample from the swab to the extraction tube, overall score for this step was yellow (minor issues), 2 users scored green, 5 scored yellow.
9. User closes dropper tip of extraction tube, overall score for this step was green (no issues), 4 users scored green and 3 scored yellow.
10. User squeezes 4 drops of liquid onto the test cassette's sample well, overall score for this step was purple (major issues), 1 user scored green, 2 scored yellow and 4 scored purple.
11. User waits 15 minutes for result to develop, overall score for this step was green (no issues), 7 users scored green.
12. User interprets their test results, overall score for this step was green (no issues), 7 users scored green.
13. User reports their results, overall score for this step was yellow (minor issues), 5 users scored green, 1 scored yellow and 1 scored purple.
14. User understands the implications of their results, overall score for this step was green (no issues), 7 scored green.

Figure 1. Participant experience of the LFD test process

Step1: Although users were provided with the test kits, this step was considered analogous with the real-world process of ordering and receiving a test kit online. No one reported any issues.

Step 2: Some participants mentioned issues relating to a lack of colour contrast between test kit items and their preferred test area surface.

Step 3: There was often confusion around test kit contents. The split between elements that are bundled together and those packaged separately was not intuitive. Component contrast was a common problem. Items packaged inside other items were often missed.

Step 4: Of necessity the small foil cover on the vial is stuck on very firmly to minimise risk of contents spillage. Removing this foil can prove problematic even for people with standard vision level.

Step 5: Some users found the location of the vial holder hole in the box wasn't ideal.

Step 6: Be My Eyes agents were able to provide support for those users having difficulty in identifying the correct way to open the swab to avoid contamination.

Step 7: Users had few issues with swabbing the sample. The nasal only

swabbing was generally considered as being easier than throat and nasal swabbing required for some other test kits.

Step 8: Users noted issues with aligning the swab with the extraction tube. Agents noted that some users took multiple attempts to insert the swab which could result in sample contamination.

Step 9: Some users encountered issues with closing the dropper tip. Due to the 2-handed aspects to this process, agents were often unable to view this stage.

Step 10: Most users encountered multiple issues applying the sample to the test strip. These included difficulties in being able to distinguish the sample well from the results well and determining whether the appropriate sample volume had been applied. Agents could not witness the number of drops applied by users with any degree of confidence.

Step 11: Users did not describe any issues with this waiting time and the requirement to call back the Be My Eyes service to interpret their results. Users noted no issues with speaking to different agents as part of any live service.

Step 12: Agents had no difficulty in viewing and confirming the test results received by users.

Step 13: Agents described some difficulties in viewing the codes required to register test results. Camera angle, environment lighting and device image quality all impacted on viewing the required information.

Step 14: No issues were noted by users in regard to understanding the implication of their test results and any next steps in the process.

Experience summary

BPS participants and Be My Eyes agents described 3 main areas of difficulty using the test kit, identifying kit components, removing the foil seal from the extraction tube and ensuring the correct sample volume was added in the appropriate fashion to the sample well. Some of these difficulties were in part the result of the Be My Eyes agent being unable to adequately view the activities of the participant during particular steps. BPS participants experienced challenges in conducting the tests while holding their smartphone as some parts of the process required them to use both hands. This required them to prop up their cameras up by other means in unsuitable positions which limited the ability of the agent to observe and provide assistance.

Difficulties identifying kit components derived from a combination of how they were packaged and a lack of visual contrast and tactile differences between them. For example, items such as cassettes were individually wrapped whereas 7 days' worth of extraction extraction buffer tubes were contained together within a single package. Participants noted the process would prove easier if all the kit components required to conduct a single LFD test were packaged as 'sets' within the kit box. Even though agents had the benefit of

having a kit in front of them to assist them in providing descriptive and directional language to participants throughout the testing process, the lack of colour contrast of some components sometimes proved problematic for users as well as agents. Concerns were noted by agents that tactile interaction with kit components by the user could lead to contamination of the test sample and invalidate results. Colour contrast issues were more pronounced if test areas with pale backgrounds were used. During the pilot, BPS participants were generally only advised about preparing and sanitising their chosen test area as well as hand washing. They did not receive prior advice in optimising their testing environment to help minimise colour contrast issues.

Further investigation of the difficulties experienced by BPS users when removing the foil lid revealed an issue in the manufacturing process that had affected the test kit batch used in the pilot. The machine attaching the foil lids was subsequently recalibrated, resolving the issue and may mitigate any future difficulties experienced by BPS people at this particular step.

In 6 out of the 7 completed tests, Be My Eyes (BME) agents could not confidently witness whether the correct number of drops had been squeezed into the LFD specimen collection well, nor whether contamination of this well or its contents had occurred via touch by the BPS participants. This step was the most challenging for BPS participants and BME agents and was a particular example where the users' difficulty was compounded by the difficulties for agents to direct suitable positioning of the BPS participants' cameras. However, despite these issues, the tests for the 7 BPS participants were all completed in as much as the LFDs displayed a line in the control line region.

Improving existing service delivery

Due to a general anxiety about testing, multiple participants noted they would want to be reassured that their Be My Eyes agent had received appropriate training. Furthermore, both BPS participants and agents mentioned the usefulness of providing some key information for the caller prior to using the Be My Eyes service. These included having a hands-free setup for the BPS participants' smartphone or camera device using either a directional stand, tripod or some other suitable support. Additional information should be supplied about preparing the testing area and guidance about avoiding the use of white or pale testing areas. Using a coloured test area would increase the contrast between the white test components and test surface and make them more visible to both BPS participants and agents on the video link. It would also be useful to explain the end-to-end rapid lateral flow testing process to help set expectations. To this end, further agent training has been provided via briefings and agent scripts have been updated which should enable improvements to the Be My Eyes service and improve usability and confidence for users.

Since the soft launch of the service on 17 January 2022, followed by the full launch 10 days later, 247 calls were received up until 9 September 2022. Figure 2 describes the calls made to the Be My Eyes LFD support service with an additional breakdown of the numbers of calls and their level of satisfaction at the service provided.

Figure 2. Reasons for calling the Be My Eyes LFD support service

Column1	Number of calls	% Customer satisfaction
Reporting a void LFD test result	10	50
Reporting a positive LFD test result	38	100
Reporting a negative LFD test result	122	96
Identifying LFD test kit components	14	No data
Administering a home LFD test kit	61	91
Ordering a home LFD test kit	2	100

Reasons for calling the service include:

- ordering a home LFD test kit – 2 people called, who were fully satisfied
- administering a home LFD test kit – 61 people called, satisfaction level of 91%
- identifying LFD test kit components – 14 people called, no data as to the satisfaction of their service
- reporting a negative LFD test result – 122 people called, satisfaction level of 96%
- reporting a positive LFD test result – 38 people called who were fully satisfied
- reporting a void LFD test result – 10 people called, satisfaction level of 50%

Future developments

Investigations are actively proceeding for new test kit products to improve accessibility by reducing the need for liquid measuring and limiting the requirement for component identification and manipulation. However, there is no quick fix for this situation as any new products will have to be thoroughly tested and validated. Furthermore, processes are also being reviewed to consider how we can improve meeting customer needs by offering tailored journeys, based on their access needs.

Despite these service improvements and future aspirations, there may be some users that find existing testing solutions unsuitable for independent self-use and require some form of physical assistance to perform a rapid lateral flow test successfully. However, we expect that many users will benefit from the introduction of Be My Eyes to support COVID-19 self-testing using rapid lateral flow tests.

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[OSCE group of friends on safety of journalists: Joint statement to the OSCE](#)

This statement is delivered on behalf of the Group of Friends on Safety of Journalists, which consists of the following member States: Austria, Canada, Denmark, Estonia, Finland, France, Germany, Greece, Latvia, Lithuania, Montenegro, the Netherlands, Norway, Sweden, the United Kingdom, and the United States. We thank the Representative for her report and the Office of the Representative on Freedom of the Media (RFoM) for good cooperation in the past year.

We fully support the autonomous mandate of the Representative and Ms Ribeiro in her execution of that mandate. We appreciate her clear stance regarding Russia's unprovoked and unjustified aggression against Ukraine. We also support her attention to the rest of our region – no country is immune to shortcomings. This is clearly demonstrated by the interventions in a total of 53 OSCE participating States reported by the RFoM so far this year.

As participating States, we have reaffirmed that freedom of expression and media freedom are cornerstones of our common security. The RFoM is a vital instrument for the promotion of this fundamental principle, and we encourage all States to make good use of the toolbox created within the Representative's mandate.

Mr. Chair,

2022 truly has been a dark year for the safety of journalists in our region. Russia's aggression against Ukraine has put a spotlight on the importance of the protection of journalists and media actors in conflict and war. Despite

enormous risks, they strive to provide unbiased, trustworthy, and fact-based information from zones of conflict. We urgently call on the Russian Federation to immediately end its attacks on independent media at home and abroad and to respect the rights of journalists and media actors in accordance with international human rights law, international humanitarian law and OSCE commitments.

The 2nd of November marks the International Day to End Impunity for Crimes against Journalists. While killings are the most extreme form of media censorship, journalists are also subjected to countless other threats – ranging from kidnapping, torture, and other physical attacks to harassment, particularly in the digital sphere. Furthermore, journalists also face intimidation from public authorities and political leaders in their own and other countries, such as illegitimate state surveillance, the use of SLAPPS or the denial of visa to travel for work.

Threats of violence and attacks against journalists create a climate of fear for media actors, impeding the free circulation of information, opinions, and ideas for all. The disproportionate targeting of women journalists and other women media actors through structural sexual and gender-based violence, harassment and abuse is of deep concern and runs the risk of silencing women's voices.

All OSCE participating States have committed to protect journalists. Proper investigation and prosecution of perpetrators should go hand in hand with the positive obligations for participating States to promote a safe and enabling environment for independent media.

Threats against media freedom, safety of journalists and freedom of expression is part of the backsliding of democracy that we are witnessing around the world. The right to freedom of expression and opinion, including the ability to access to reliable information are corner stones of a democratic society. There is indeed no security without media freedom.

Dear Representative Ribeiro,

We congratulate you, past Representatives and all your colleagues in the Office of the RFoM with the 25th anniversary. You can trust in the continued support of all participating States in the OSCE Group of Friends on Safety of Journalists.

I thank you.

[HMRC late payment interest rates to be](#)

revised after Bank of England increases base rate

News story

HMRC interest rates for late payments will be revised following the Bank of England interest rate rise to 3%.



The Bank of England Monetary Policy Committee voted on 3 November 2022 to increase the Bank of England base rate to 3% from 2.25%.

HMRC interest rates are linked to the Bank of England base rate.

As a consequence of the change in the base rate, HMRC interest rates for late payment and repayment will increase.

These changes will come into effect on:

- 14 November 2022 for quarterly instalment payments
- 22 November 2022 for non-quarterly instalments payments

[Information on the interest rates for payments](#) will be updated shortly.

HMRC interest rates are set in legislation and are linked to the Bank of England base rate.

Late payment interest is set at base rate plus 2.5%. Repayment interest is set at base rate minus 1%, with a lower limit – or ‘minimum floor’ – of 0.5%.

The differential between late payment interest and repayment interest is in line with the policy of other tax authorities worldwide and compares favourably with commercial practice for interest charged on loans or overdrafts and interest paid on deposits.

The rate of late payment interest encourages prompt payment and ensures fairness for those who pay their tax on time, while the rate of repayment interest fairly compensates taxpayers for loss of use of their money when they overpay or pay early.

[Insolvency Service continues to deliver outstanding customer service](#)

News story

The Insolvency Service has delivered excellent customer service to people in financial difficulty and non-institutional creditors according to independent research.



The Insolvency Service has published its [Customer Satisfaction Survey 2022](#) with the agency receiving an overall satisfaction score of 84%, an increase of one percentage point compared to 2020/21.

The 2022 survey was conducted by [IFF Research](#), an independent market research company, and the results have helped the Insolvency Service understand how its customers view the agency's performance and services and identify where improvements are needed.

The Insolvency Service received a 93% approval rating from people who had applied for a debt relief order, and satisfaction levels among non-institutional creditors increased from 71% to 82%, which have historically been the least satisfied group.

Positive feedback was also received from people claiming redundancy payments, who said that decisions had been clearly explained to them. While people in debt were positive about the professionalism of customer service representatives and the accuracy of the information provided.

John Wheatle, Director of Business Services Division for the Insolvency Service, said:

Providing excellent service to our customers, who are often in financial difficulties, is at the heart of everything we do. We are extremely proud of the high satisfaction scores we received this year, and it is testament to the exemplary levels of service provided by our colleagues.

We also recognise that there is more we can do to provide exceptional service to our customers. Going forward we will continue to improve our communications and deliver new customer-centric initiatives, such as the new online holiday claim accrued amendment form.

IFF Research carried out 684 interviews between January and February 2022 with key customer groups, including people in debt, redundancy payment claimants, and non-institutional creditors.

Customer satisfaction in 2022 was reported using a single score and a derived measure aligned to the three core areas that affect every Insolvency Service customer: contact, process, and quality. This provided a more rounded understanding of the expectations and perceptions of key customer groups.

Published 3 November 2022