



# Mobile Phone Apps Become Medical Devices – The Tale of the NHS Covid-19 App

# NHS COVID-19 App



## Key non-functional needs:

- Speed, Reach & Precision
- Anonymous & Private
- CE Mark from MHRC
- WCAG AA Compliant
- Support 12 Languages
- Continuous Evolution
- Google/Apple ENAPI
- Open-source:  
<https://faq.covid19.nhs.uk/article/KA-01157/>

# Reflection for context-awareness



Traditional distributed systems were based on the premise of *transparency*: distributed components should be unaware of network connectivity, location, operating system etc

This was widely implemented in distributed computing middleware.

In her PhD thesis, Lica Capra was first to argue that context-awareness is important in mobile computing and that these transparencies need to be given up from time to time

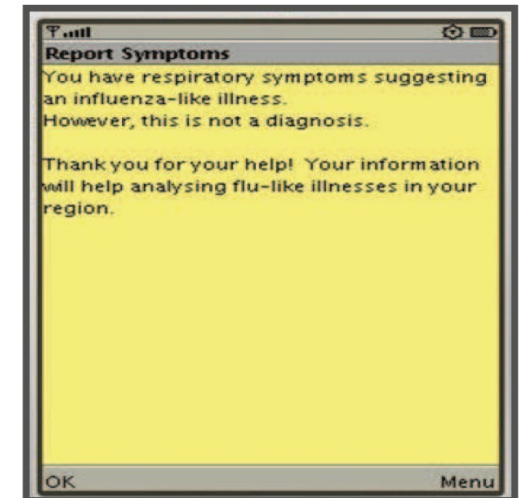
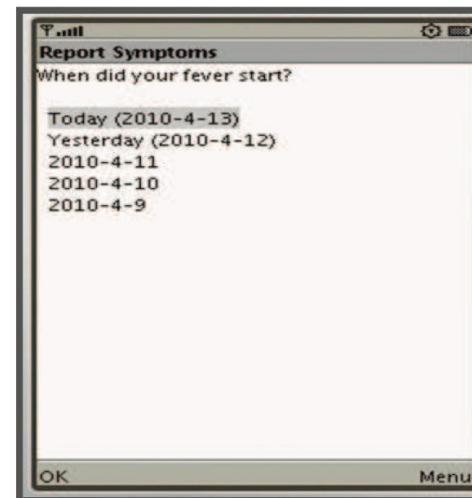
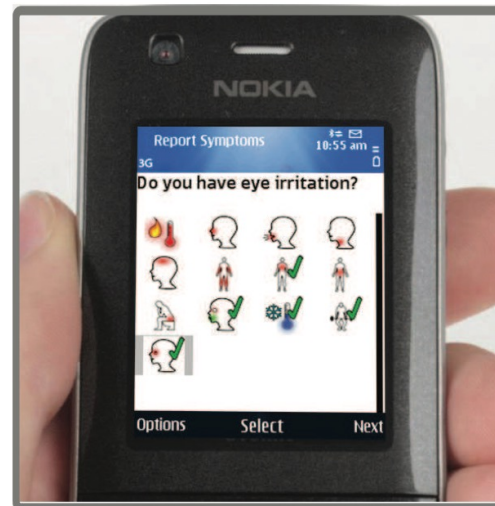
She built a first reflective middleware that would enable applications to adapt to context (which could be defined in terms of signal strength, location, reachability of other services etc).

The Apple/Google Exposure Notification API is an example of such reflective middleware

See L. Capra, W. Emmerich and C. Mascolo (2003). [CARISMA: Context-Aware Reflective mIddleware System for Mobile Applications](#). IEEE Transactions on Software Engineering, 29(10):929-945

# FluPhone

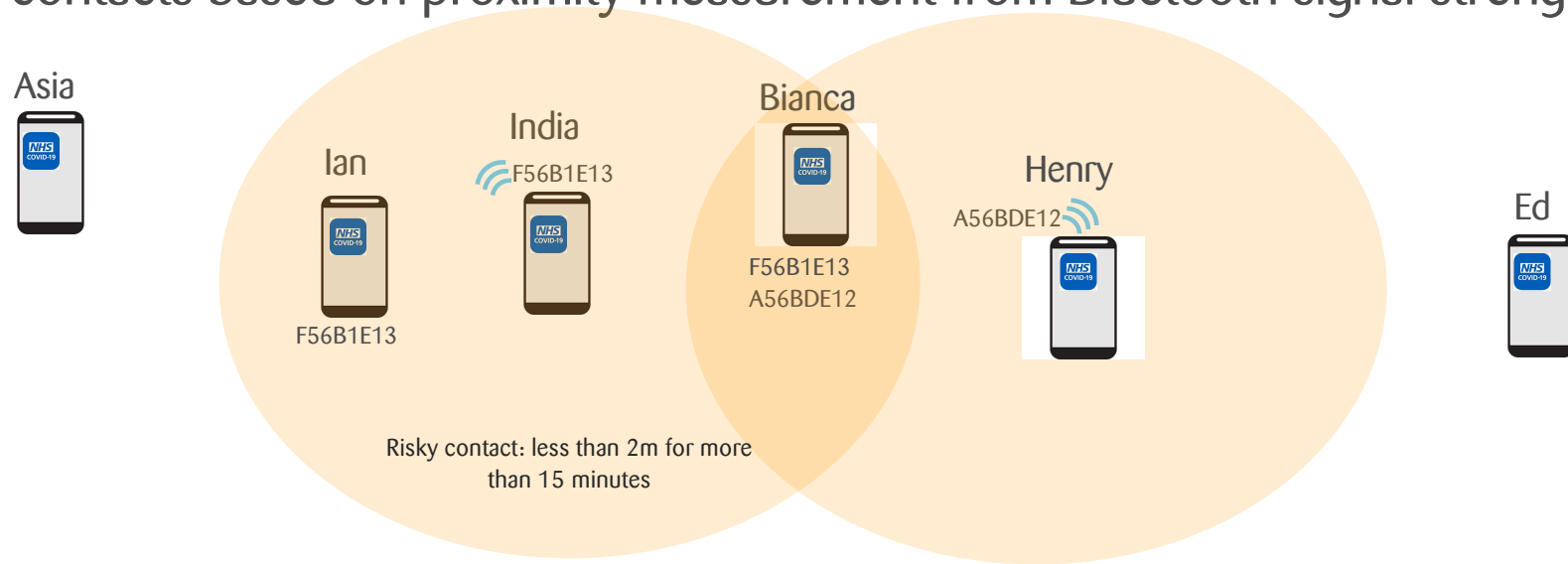
Using Bluetooth signal strength for contact tracing



See E. Yoneki, and J. Crowcroft (2011): "EpiMap: Towards Quantifying Contact Networks and Modelling the Spread of Infections Developing Countries ". International Conference on Wireless Technologies for Humanitarian Relief (ACWR), December,

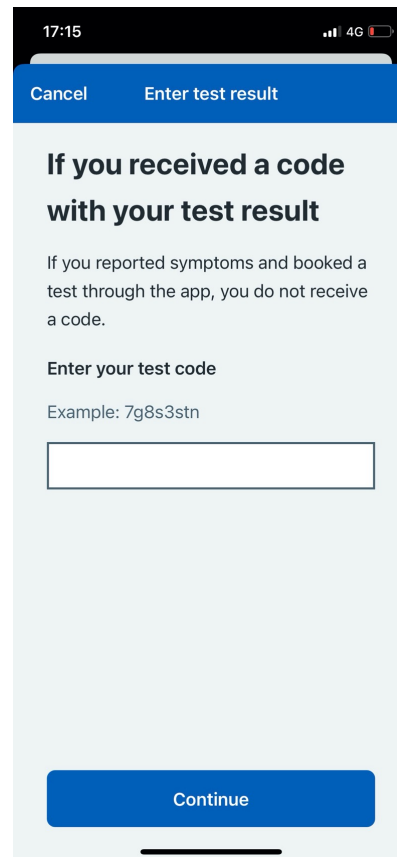
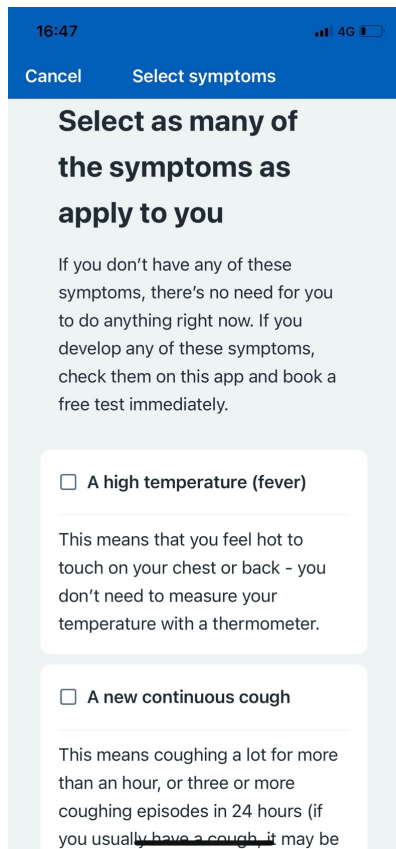
# Digital contact tracing

(1) Record contacts based on proximity measurement from Bluetooth signal strength



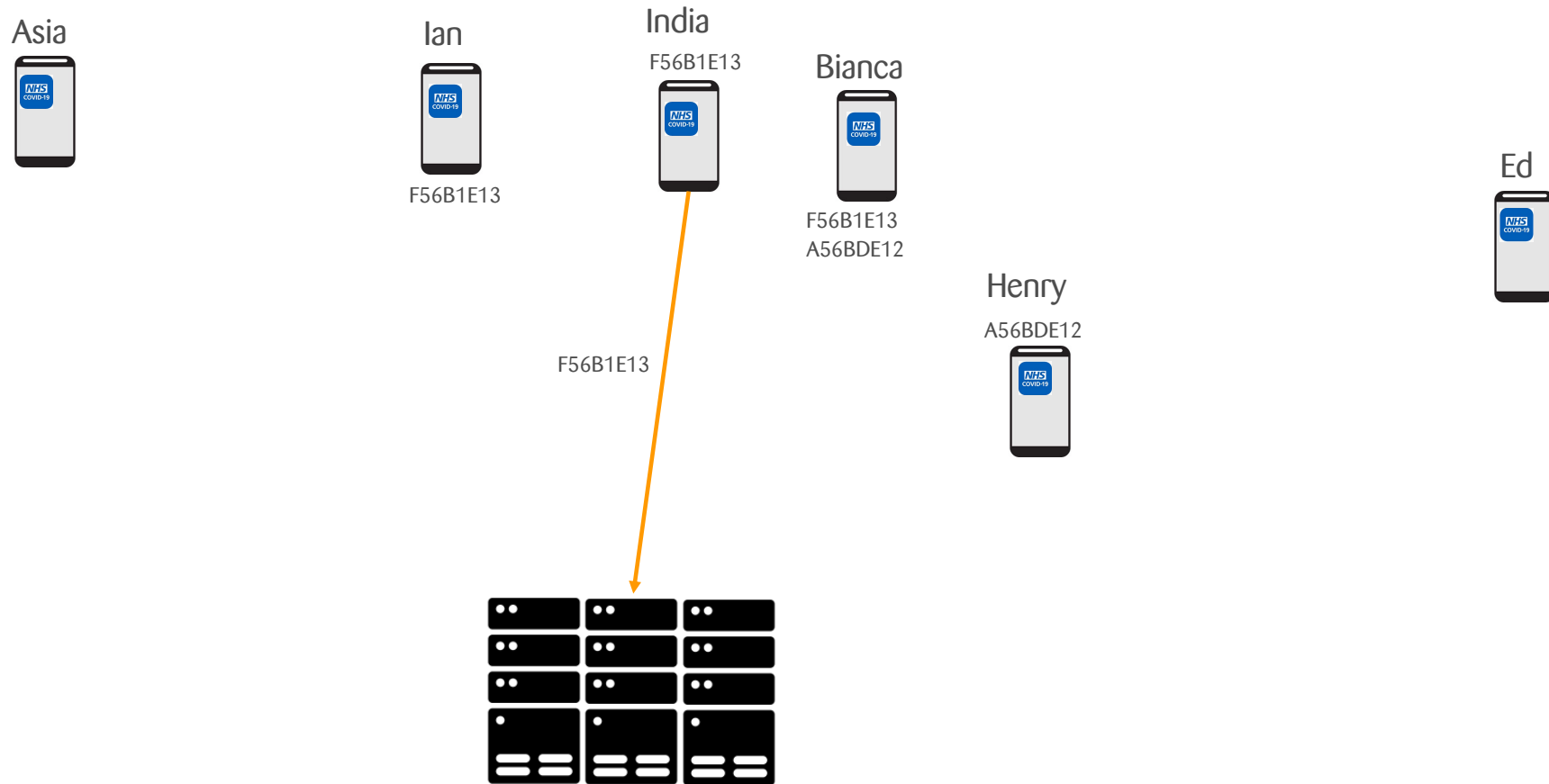
# Symptom Checks and Tests

The reason why the app is a Class-1 Medical Device



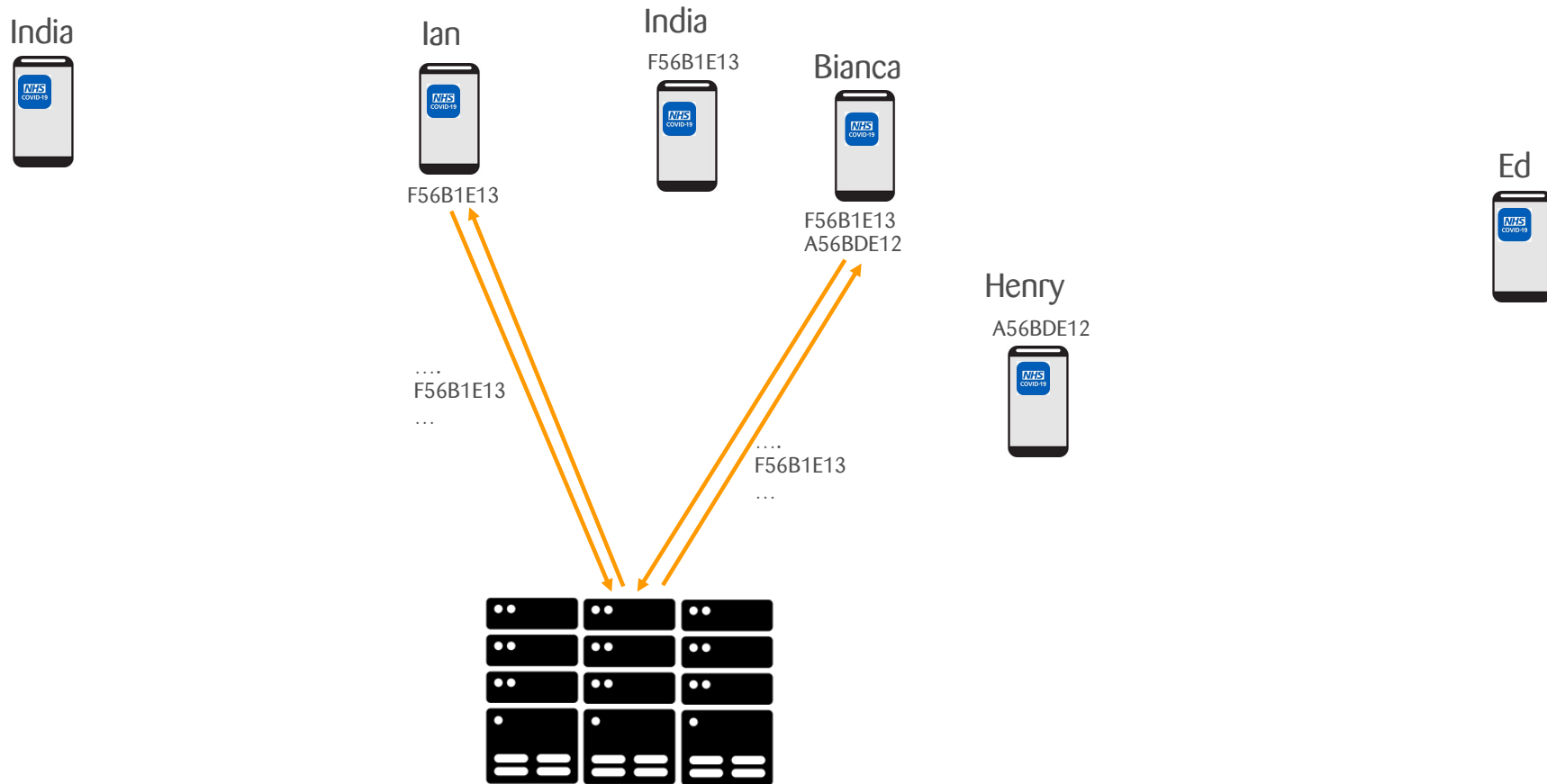
# Digital contact tracing (continued)

## (2) Processing a positive test result



# Digital contact tracing

(3) Six daily exposure checks against files with risky contacts





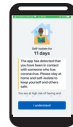
# Digital contact tracing

(4) Show exposure notification and switch to self-isolation mode

India



Ian



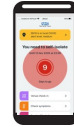
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India



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Bianca



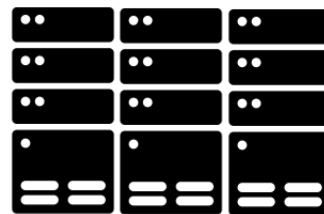
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Henry

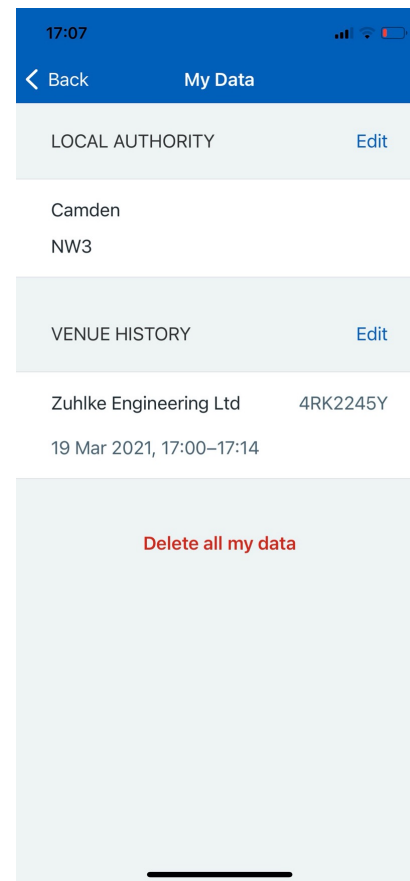
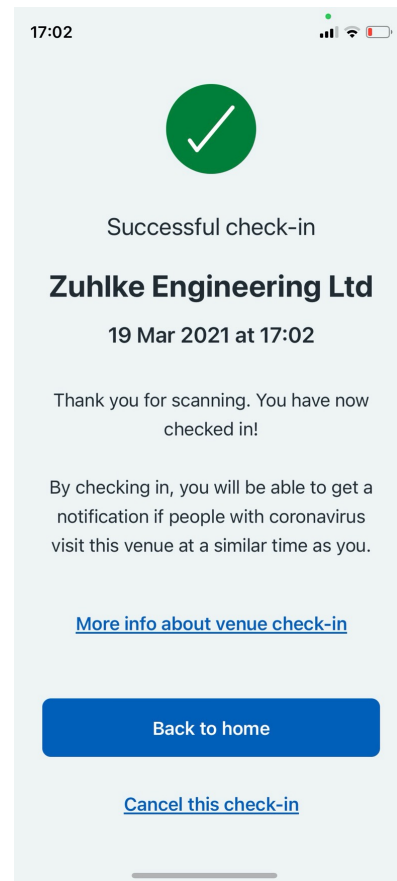
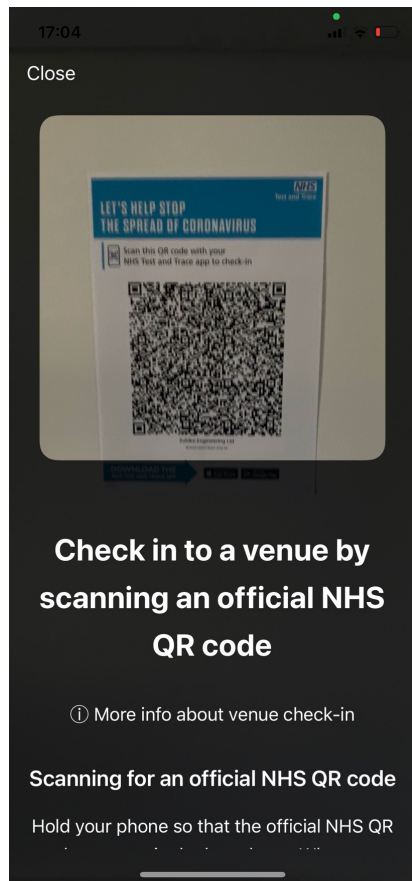
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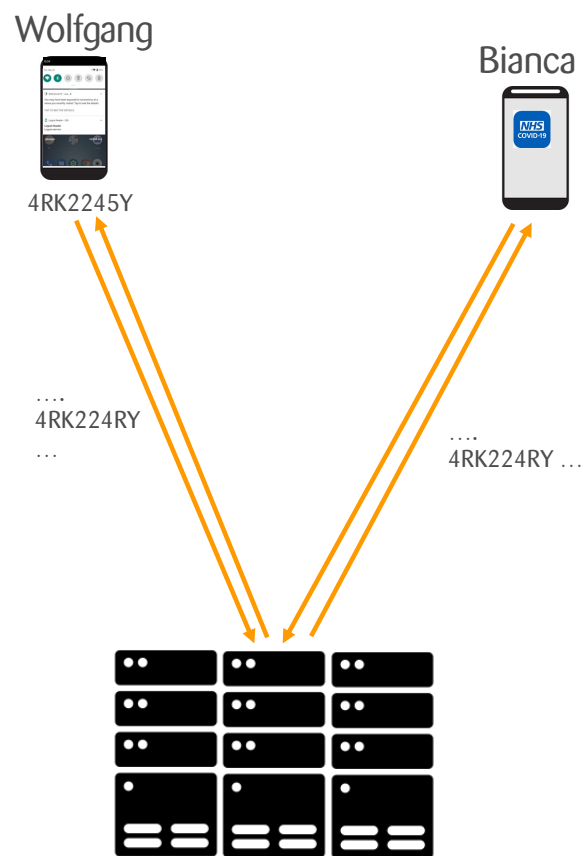


# Venue Check in

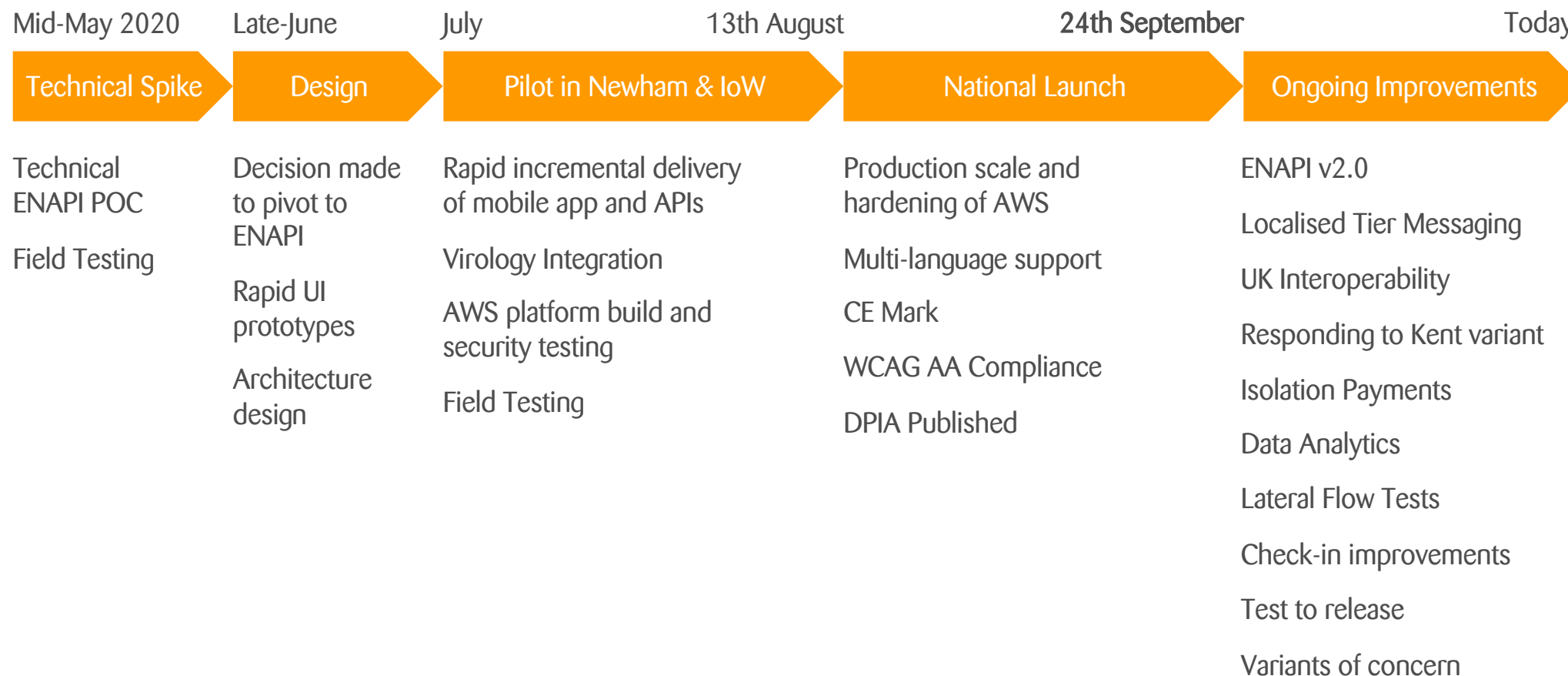


# Digital contact tracing revisited

## (3) Six daily exposure checks against risky venues



# Timeline



# Programme Organisation

Self contained COVID App organisation

Executive Management

Product  
Ownership

Design,  
Delivery &  
Operation

Assurance

Governance &  
Compliance

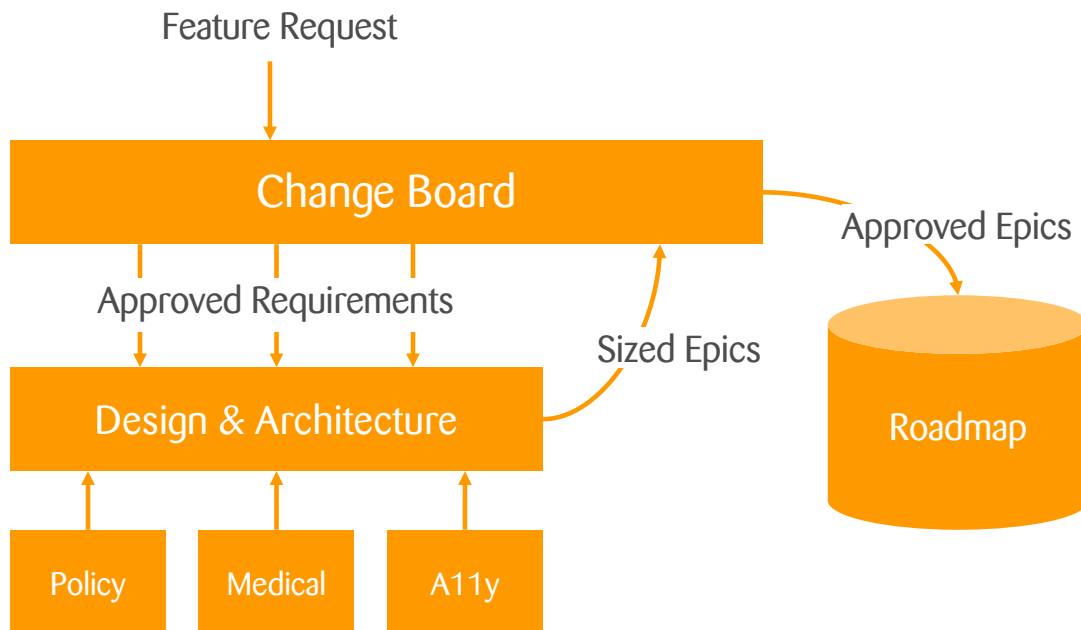
Marketing &  
Comms

Data  
Analytics

Research &  
Science

Policy

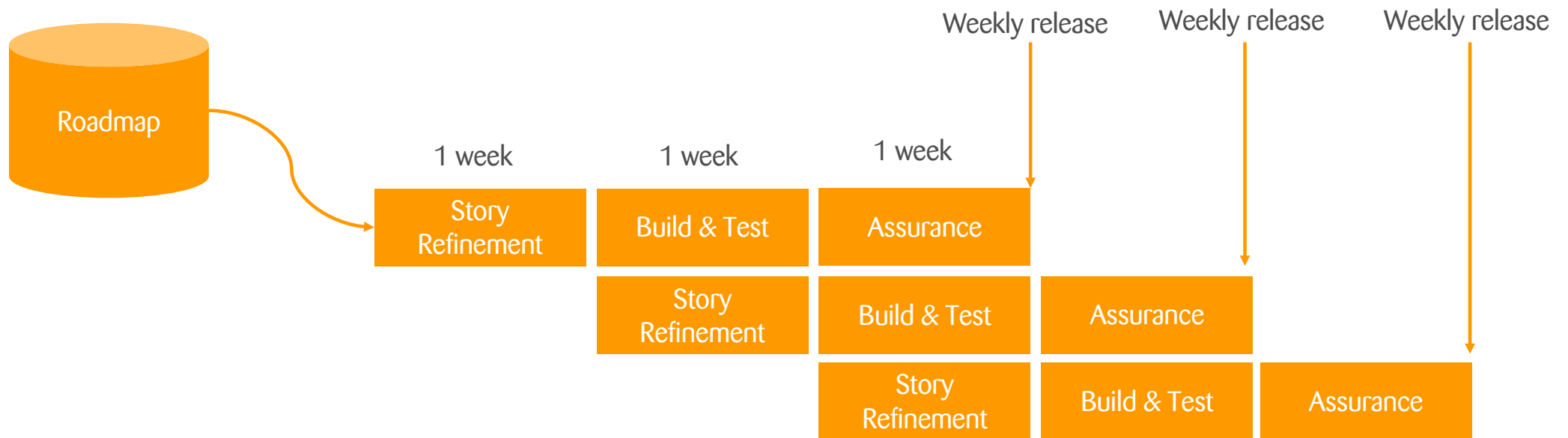
# Continuous Discovery Process



## Discovery process

- Service Design
- UI/UX Design & Prototypes
- User Research
- System Architecture
- Policy feedback
- Medical feedback
- Accessibility review

# Continuous Delivery Process



# Ongoing Governance & Compliance

Continuous embedded governance

- Government Digital Services
  - Usability testing and user needs research
  - Fully Open Sourced
- ICO approval and ongoing DPIA
- NCSC embedded in team
- WCAG AA Compliance
  - Accessible by design with embedded disability user research
  - Published accessibility statement



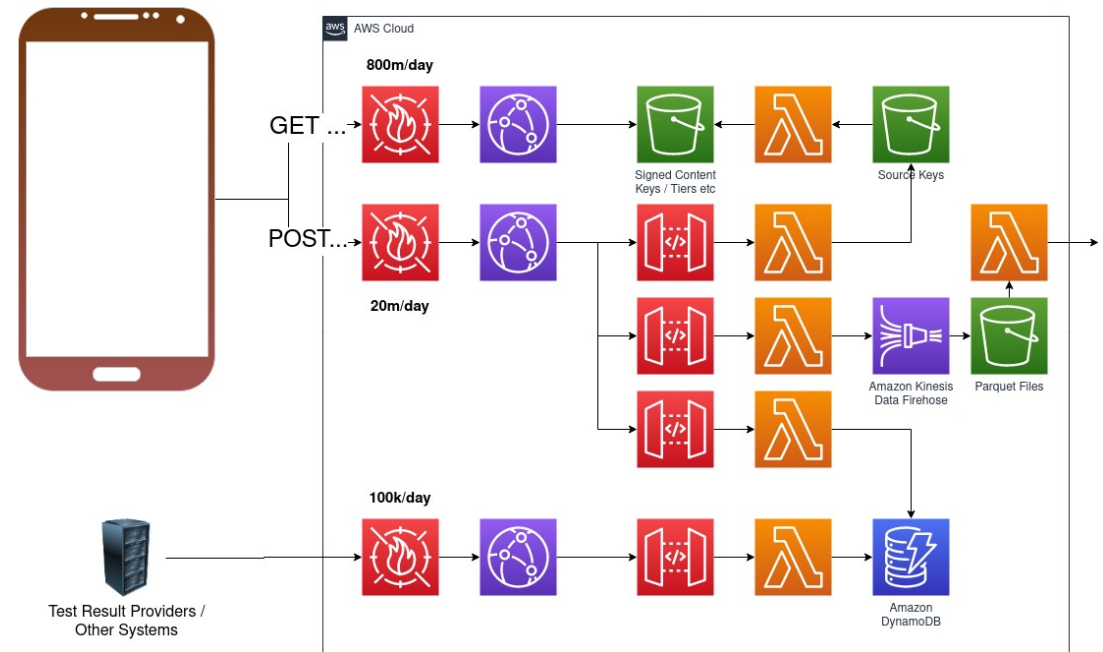
# Architectural Principles

Keep It Simple

Go all in on AWS Cloud-native features

Use limited number of well-understood patterns

- All Inbound is via WAF + CloudFront
- All outbound content is signed
- CDN for high volume
- API Gateway
  - > Lambda for submissions
- S3 or Timer Event
  - > Lambda for processing



# AWS serverless architecture enabled us to scale

Ability to scale to millions of users while keeping costs low

- ~28 million installed apps
- 700 million user requests per day and serving up 12TB of data
- Automatic scaling to handle peaks seamlessly
- S3 and CloudFront enable the distribution of exposure keys at scale
- Highest load API is for analytics, steady state of between 20k-40k requests per minute with peaks of 300k requests per minute

# Downloads

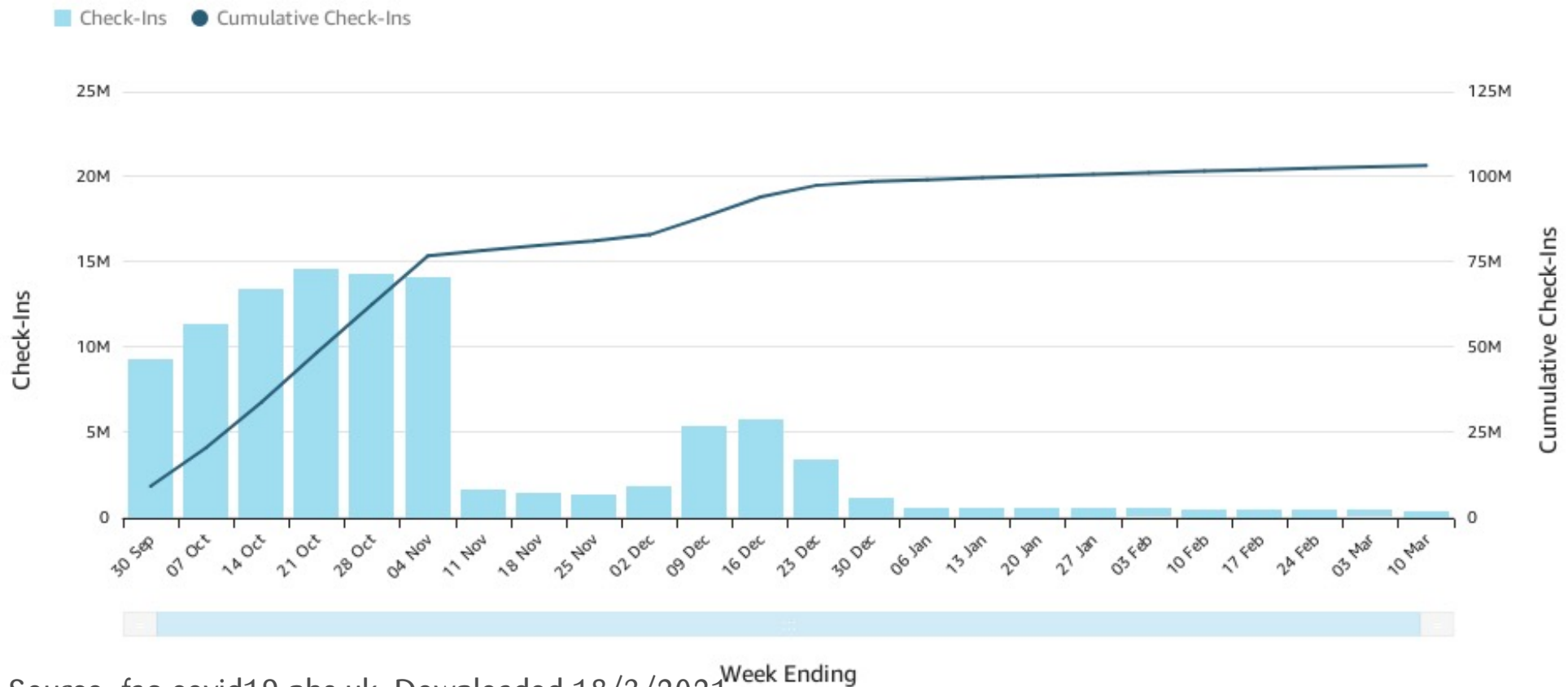
Number of app downloads (England and Wales)



Source: [faq.covid19.nhs.uk](https://faq.covid19.nhs.uk). Downloaded 18/3/2021

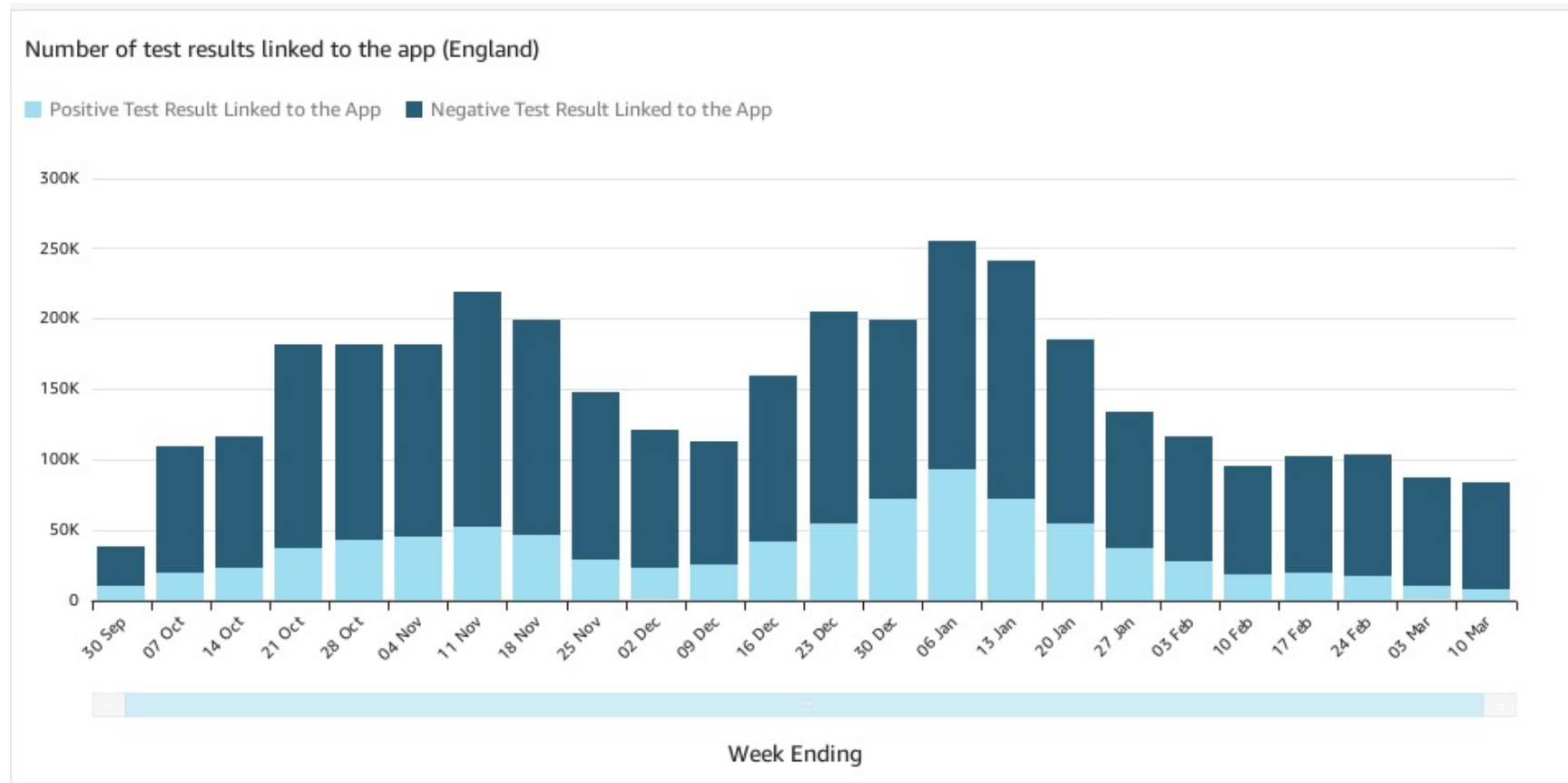
# Venue check-ins

Number of check-ins (England)



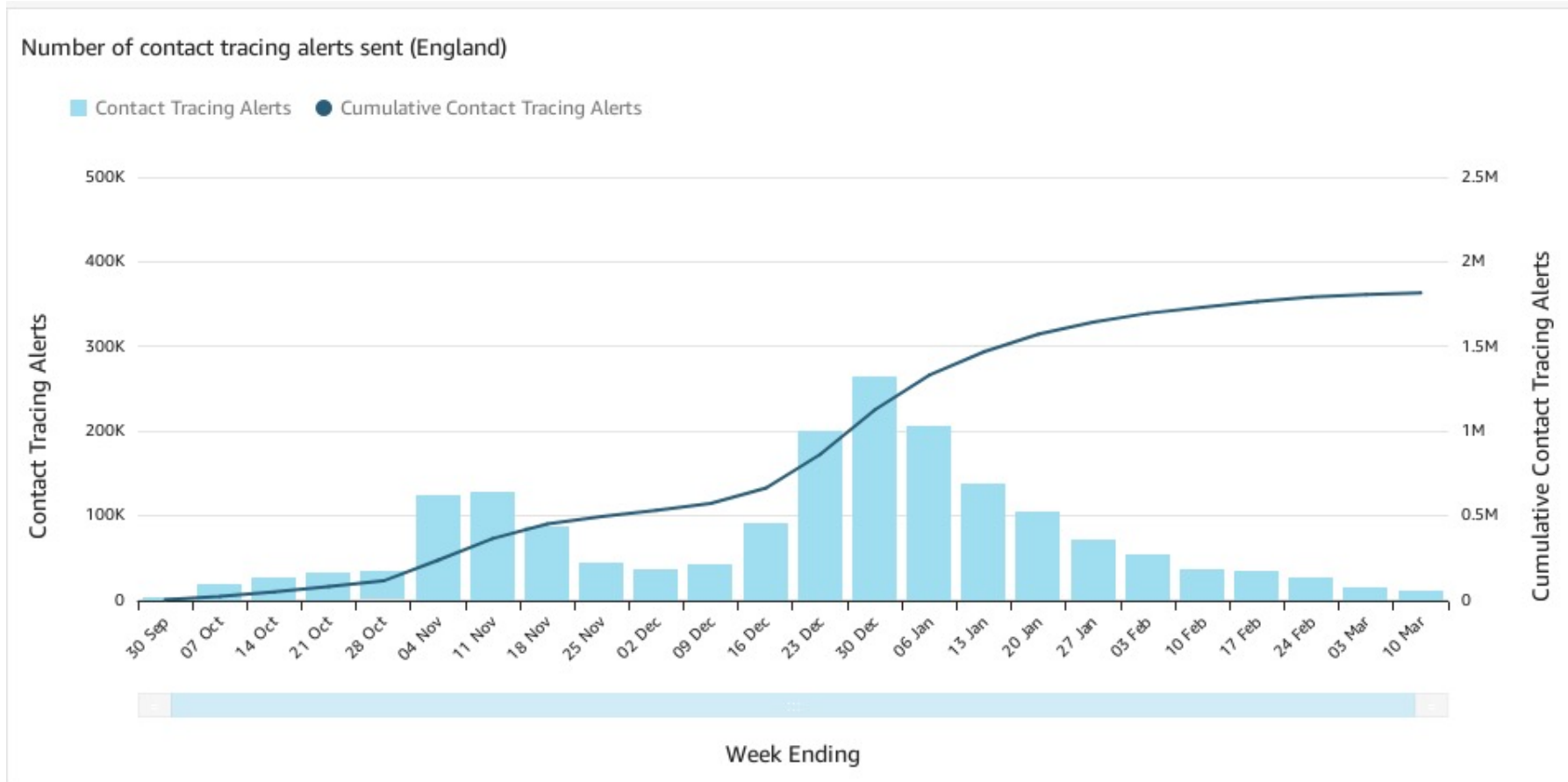
Source: [faq.covid19.nhs.uk](https://faq.covid19.nhs.uk). Downloaded 18/3/2021

# Test results entered



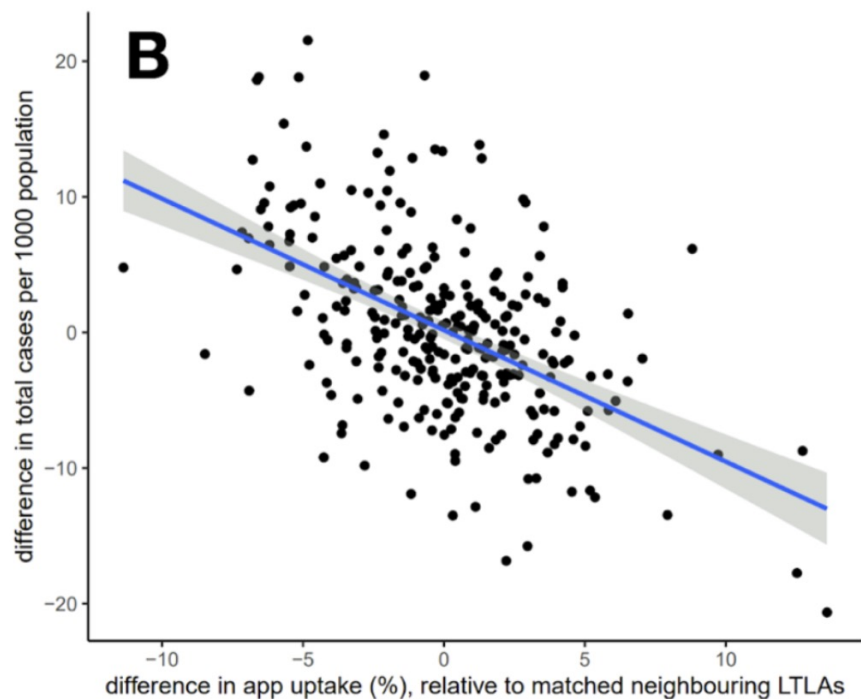
Source: [faq.covid19.nhs.uk](https://faq.covid19.nhs.uk). Downloaded 18/3/2021

# Contact tracing alerts delivered



Source: [faq.covid19.nhs.uk](https://faq.covid19.nhs.uk). Downloaded 18/3/2021

# Infections and deaths averted



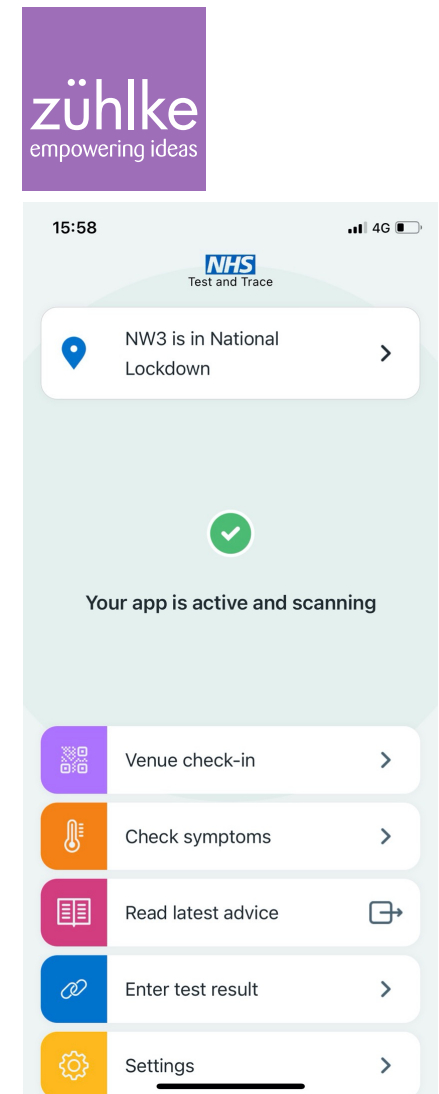
Analysis	Cases averted in phases 1 and 2 combined
Modelling	279,000 (210,000 - 347,000)
Matched neighbours	594,000 (317,000 - 914,000)
Analysis	Deaths averted in phases 1 and 2 combined
Modelling	4,100 (3,100 - 5,100)
Matched neighbours	8,700 (4,700 - 13,500)

Source:

- Wymant, C., Ferretti, L., Tsallis, D. *et al*. The epidemiological impact of the NHS Covid-19 App. *Nature* (2021)  
DOI: [10.1038/s41586-021-03606-z](https://doi.org/10.1038/s41586-021-03606-z)

# Conclusions

- Digital contact tracing through a mobile phone app works and is saving lives
- It provided an effective instrument to respond to challenges of the pandemic
- It cannot replace manual contact tracing and is synergistic with it as it reaches exposures that manual contact tracers cannot reach
- Digital contact tracing will become more important again as the government releases lockdown restrictions





Thank you  
Questions?