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Rt Hon Greg Clark
Chair, Science and Technology Committee
(Commons)
House of Commons
London
SW1A 0AA
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Dear Chair,

Thank you for your kind words and for following up on these points on behalf of the committee. Professor John Newton and I have discussed how we can most effectively respond to the points you raised in your letter given the requests for both overlap and we have agreed that I should respond on behalf both of us.

Prioritisation of testing for essential workers

You asked:

- for the details of the plan for which workers will be prioritised at the different stages of the increase in testing capacity; and
- when these different stages are expected to be reached.

I said during the session that testing is a crucial part of the UK's response to COVID-19, and that through the second pillar of the government's Testing Strategy, published in the days before we spoke, we would be working to prioritise the availability of testing for critical essential workers as we expanded our capacity.

We have worked to establish a programme with commercial partners including Amazon, Boots, Thermo Fisher Scientific and Randox to test essential workers, starting with NHS and social care workers, so those who test negative can return to work as soon as they are able to and continue to provide vital care for those most in need.

As we discussed at the Committee, increasing testing at this scale and pace, requires us to manage a range of risks and challenges; and balance laboratory capacity, supplies, logistics to meet the need for testing. We have therefore taken the approach of opening up eligibility for testing on a phased basis, always prioritising clinical needs first and then NHS and social care staff.

The Secretary of State announced on 17 April that we had the capacity to provide a test to all NHS and social care staff or their symptomatic household member who need one, via a number of different channels.

On this basis and following extensive conversation across government, the Secretary of State last week (23 April) expanded testing to 10m people classified as critical essential workers, and members of their household. From Thursday 24 April, anyone in England classed as an essential worker and members of their household who are currently experiencing symptoms of coronavirus are eligible for a test.

We phased this roll out over the previous week - as the Secretary of State updated the Health and Social Care Committee on (17 April) - to initially expand to 5m essential workers, including those in the police and fire services, prison officers and probation staff, essential benefit workers and local authority staff, including those working with vulnerable children and adults, and those working with the homeless and rough sleepers.

With help from organisations such as the Care Quality Commission, we have been working with employers and Local Resilience Forums to offer tests to priority essential workers who need them. To improve the ease of access testing, we have developed a new web portal on gov.uk that went live on Friday 24 April to help those essential workers in need of testing to access a test simply and easily. The portal allows workers to book a test directly for themselves or members of their household. We have seen high levels of demand for the online booking system and this is improving our ability to fill available testing capacity and ensure people who need a test, get one.

The expansion of testing applies to England, as each Devolved Administration retains responsibility for health policy in their respective areas and therefore who can access testing at what point. Whilst this is the case, we continue to work closely with the Devolved Administrations to ensure the whole of the UK has a cohesive testing policy based on collaboration and shared best practice.

Antibody tests

You asked:

- how much the Government is liable to pay for the antibody tests;
- which of the contracts contained contingency measures making payment dependent upon the demonstration of the tests' effectiveness and accuracy;
- what steps have been taken to recover the costs of the antibody tests that did not pass the evaluation tests;
- how much has been recovered so far; and
- why it was considered necessary to commit to pay for the antibody tests in advance of their effectiveness and accuracy being proven.

With regards your questions on the contracts behind HMG's antibody test procurement – you will appreciate that I can't share the details of all partners and providers of testing materials, as these are subject to commercially sensitive agreements, and in many cases subject to commercial confidentiality.

I can share with you that DHSC issued Purchase Orders totalling approximately £92m, and these Purchase Orders included DHSC's standard conditions of purchase, including warranty.

As we have outlined elsewhere, none of the tests we have ordered have met the standards on specificity and sensitivity for clinical use (including by individuals at home), now set out in an MHRA specification. However, some proportion may have use for other purposes such as research and we are actively exploring those possibilities. Where we are not repurposing the tests, we are now in early stages of negotiation with suppliers who received prepayment in order to cancel orders. To date, we have cancelled orders, with no liability to HMG, totalling c.£70m in value out of Purchase Orders representing approximately £92m. Negotiations are ongoing with other suppliers.

You also asked why it was considered necessary to commit to pay for the antibody tests in advance of validating their accuracy. Our approach was to take some managed risk in order to

secure supply in an extremely globally competitive market at that time. Where possible, we secured only samples of tests for clinical validation with no commitment to order. Where a test seemed promising, but we could not secure only samples, we placed an order on the basis of minimum initial volumes, whilst we clinically validated a sample.

We placed a limited number of these minimum volume orders in order to secure manufacturing output when almost every country around the world was placing similar orders, often in much greater quantities than the UK, and stock was being sold on a 'first come / first served basis' by a limited range of suppliers. We did not want to be in a position of finding a suitable test, and then not being able to source supply, as the delays this would bring before we would be able to roll it out across the country would be unacceptable.

We have an extensive programme of work on the development of antibody testing, involving the scientific community, academia and industry and we look forward to updating you on progress as that develops.

I hope this letter provides some clarity on these matters and further elaborates on the evidence Professor John Newton and I gave during the session on 8 April.

Many thanks and best wishes,

Kathy Hall

Director of COVID-19 Testing Strategy
Department of Health and Social Care