



## Science and Technology Committee

**Rt Hon Steve Barclay MP**  
**Secretary of State Health and Social Care**  
**(By e-mail)**

**Victoria Prentis MP**  
**Minister for Farming, Fisheries & Food**

19 July 2022

Dear Steve and Victoria,

On 22 June the Committee held a one-off evidence session on antimicrobial resistance (AMR). [We heard from a number of leading experts](#) in the field that the UK is “not in a position where we can confidently say that we’re on top of the problem”. We wanted to write to you on behalf of the Committee in follow-up to the session, to seek your reassurances that the areas for further policy attention which were raised in our evidence session are being considered within the Government’s AMR policy provision for the health of humans, animals, and the environment.

### Research and development

We heard that the UK has excellent scientific research capability for AMR, but that this promise is not being translated into concrete industry strengths and clinical outcomes.

1. What support is being extended within your respective department’s policies for the spin-out of research endeavours into enterprise?

### Tackling AMR from the supply and demand side

Supply-side initiatives for the development of new anti-microbial drugs are a vital focus for AMR. We were glad to hear of the UK’s focus in this area, particularly with regard to the new subscription payment model which has had a recent major success story with the recent approval of two new drugs.

However, we heard that due attention should also be paid to demand-side interventions for AMR such as hospital hygiene measure, to prevent the spread of drug-resistant infections in the first place.

2. In light of this, do you have any update on the implementation of the £37 billion hospital funding programme announced by the Prime Minister in October 2020, which was partly intended to contribute to the design of new wards and



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clinics with the aim of protecting against the transmission of multi-drug resistant bacteria?

There is also a need for coordinated action to reduce demand for, and exposure to, antimicrobials. [We heard from Professor Alison Holmes](#) that standard NHS advice to “complete the course” of antibiotic treatment should be revised where a longer duration is not necessary.

3. What measures will you take to ensure that the NHS collects and analyses data on the duration of antibiotic courses, to revise their guidance if necessary?

### Diagnostics and vaccines

[We heard from Lord O’Neill in our evidence session](#) that the development and use of diagnostic tools for combatting AMR have been “persistently disappointing”.

4. Has any progress been made on the repurposing of high-throughput testing facilities developed for the detection of covid-19, such as the Rosalind Franklin Laboratory in Leamington Spa?
5. What is the Government’s policy regarding diagnostic tests for drug-resistant infections in animals?

We also heard that vaccines were still underutilised as a tool in combatting the spread of AMR.

6. What is the Government’s policy regarding such vaccines, for both humans and animals?

### The O’Neill Review

7. Finally, are you able to offer an update on the implementation of the recommendations posed by the 2016 O’Neill Review into AMR?



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In addition to his work in 2016, Lord O'Neill reflected in our session that with hindsight, he would make further recommendations to the Government on AMR. We echo one of these suggestions here:

AMR should be cited as a cause of death or contribution towards death on death certificates. This measure would provide us with better data on the scale and impact of AMR.

8. Will the Government consider making this change?

We would be grateful for your joint response to these questions by Friday 26 August 2022. As is usual with the Committee's correspondence, we will place this letter and your response in the public domain.

With best wishes,

**Aaron Bell MP**

Interim Chairs, Science and Technology Committee

**Carol Monaghan MP**