



Science and Technology Committee and Health and Social Care Committee

House of Commons London SW1A 0AA

scitechcom@parliament.uk / hsccom@parliament.uk / 020 7219 2792 / 020 7219 6182

From Rt Hon Greg Clark MP and Rt Hon Jeremy Hunt MP, Chairs

Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care
(by e-mail)

22 June 2021

Dear Secretary of State,

Thank you for appearing before the joint committee session on 10 June. We appreciate your willingness to stay for a substantial amount of time and to engage with our Committees.

Asymptomatic transmission

During the session you referred to the developing advice around asymptomatic transmission.

I bitterly regret that I did not overrule that scientific advice at the start and say that we should proceed on the basis that there is asymptomatic transmission until we know there is not, rather than the other way round. But when you are faced with a global consensus, and you do not have the evidence that you are right and the scientific consensus is wrong, it is hard to do that.

You said that the clinical advice was that "asymptomatic transmission was unlikely" and that the "clear overall clinical advice was against this".¹ The SAGE minutes of 28 January do state that "it would not be useful to test asymptomatic individuals, as a negative test result could not be interpreted with certainty." However, the minute goes on to say that "There is limited evidence of asymptomatic transmission, but early indications imply some is occurring".

It has also been brought to our attention (see enclosed letters) that the Nobel Laureates Sir Paul Nurse and Sir Peter Ratcliffe and the chief operating officer of the Francis Crick Institute, Dr Sam Barrell, wrote to you on 14 April 2020 urging you to test asymptomatic healthcare workers and patients. Sir Paul, Sir Peter and Dr Barrell told you that in light of emerging evidence of asymptomatic transmission (which you identified during the session):

Our perception is that, at present, there is reticence about doing more widespread testing of health-care workers. [...] We therefore advise you to action an initiative that all NHS trusts and health-care providers should be required to set up surveillance systems for the regular testing (both virological and serological) of all health-care workers and patients with immediate effect.

Sir Paul, Sir Peter and Dr Barrell did not receive a substantive response until 6 July 2020 and only then from a correspondence clerk in the Department, while a junior minister sent a pro forma response. It is surprising that such eminent scientists wrote to you personally to

¹ Q1305/Q1308

raise such an important and urgent issue and were sent only an offhand response, several months after they had written to you.

We would therefore be grateful if you could clarify why this was the case and what clinical and scientific advice you received, and when, with regard to both asymptomatic transmission and the need for testing of those not displaying symptoms, especially in health and social care settings. We would also be grateful for further details on what steps the Government took, and when, in light of the emerging scientific evidence.

Further commitments

During the session you also committed to supplying further information to the Committees on a number of topics:

- The clinical prioritisation for testing before testing capacity was expanded in May 2020;²
- Internal advice and communications between the Department of Health and Social Care, Public Health England and your ministerial team on hospital discharge and care home testing;³
- A copy of your note of your meeting with the WHO at the end of January regarding asymptomatic transmission;⁴
- Clinical and scientific advice relating to asymptomatic transmission;⁵
- The number of people fully complying with isolation requests;⁶
- The Department's estimate of the number of people discharged from hospital to care homes before testing was available to them;⁷
- The peer-reviewed status of Public Health England's [paper](#) on hospital-associated infection to care home outbreaks;⁸
- A suggestion to provide the evidence behind your point that there is no evidence that a shortage of PPE provision led to anybody dying of covid-19;⁹
- Details of the Department of Health and Social Care's estimate of risk of fraud and approach to risk with regard to procurement of PPE;¹⁰ and
- The number of ICU beds that will be retained permanently.¹¹

We would be grateful for the information and documents by Tuesday 29 June. As is usual with the Committees' correspondence, we will place this letter and your response in the public domain.

With best wishes,



Rt Hon Greg Clark MP
Chair, Science and Technology Committee



Rt Hon Jeremy Hunt MP
Chair, Health and Social Care Committee

² Q1281

³ Q1284/Q1287/Q1289/Q1398

⁴ Q1302

⁵ Q1308

⁶ Q1320

⁷ Q1340

⁸ Q1355

⁹ Q1423/Q1424

¹⁰ Q1445

¹¹ Q1493



14th April 2020

Dear Secretary of State,

We are writing following the April 6th House of Commons Select Committee on testing for COVID19 virus and in the light of early experience of the uptake of viral PCR testing for COVID19 recently set up at the Francis Crick Institute.

We followed the Committee's debate on the adequacy or otherwise of testing capacity within the NHS, but were surprised that, as far as we could hear, no mention was made in that assessment, of the need to test asymptomatic or oligo-symptomatic individuals, be they health-care workers or patients. This is of great concern in view of emerging evidence that a high proportion of infections are asymptomatic, obviously entraining a high risk of transmission between and among HCW and patients.

We assume this has already been debated amongst HM government advisors and you might feel that appropriate responses have already been considered. However, there are several reasons for our concern and for writing to you directly in this way. These are as follows:

- (i) Our perception is that, at present, there is reticence about doing more widespread testing of health-care workers. It will clearly be expensive and yet another challenge for hospitals that are already under pressure. Some have privately expressed their concern that making a positive diagnosis in asymptomatic health-care workers who might otherwise continue to work will deplete staffing levels at a time of need. Whilst perhaps understandable, these concerns are not productive in terms of the overall goal of controlling the epidemic. Rather it will result in recurrent problems of seeding fresh outbreaks with staff absences and the potential for infecting non-Covid patients in the health-care environment. Importantly, we consider that these concerns can only be overcome by a clear central directive from you as Minister.
- (ii) The operational issues in setting up systems for systematic and repeated testing for health-care workers are very substantial, even apart from the tests themselves. We are concerned that this may not have been fully appreciated. To avoid delays, it is essential that this is done in parallel with the development of testing capacity itself.
- (iii) The most accurate interpretation of testing results is only likely to be achieved by systematic repeat testing in vulnerable groups. Such data collections will be essential for accurate assessment of whether and for how long a particular titre of antibody against a particular viral antigen is indicative of protective immunity.

- (iv) Even when the current wave of the epidemic has passed, there will be a continuing risk of re-emergence, with a strong likelihood that this may originate, and be at its most damaging, within the health-care sector. So the need for systematic surveillance will be ongoing for the foreseeable future.

We therefore advise you to action an initiative that all NHS trusts and health-care providers should be required to set up surveillance systems for the regular testing (both virological and serological) of all health-care workers and patients with immediate effect.

Our concern is that if this is not done the current initiative to expand testing itself will not achieve the desired effect and the 'breathing space' potentially achieved for the NHS by the 'lock-down' will not have been used effectively.

Yours sincerely,



Sir Peter Ratcliffe, FRS
Director of Clinical Research
The Francis Crick Institute
Nobel Prize in Physiology or Medicine 2019



Dr Sam Barrell, CBE MB BS BSc
Chief Operating Officer
The Francis Crick Institute
Former Chief Executive of Taunton and Somerset NHS Foundation Trust



Sir Paul Nurse, FRS
Director
The Francis Crick Institute
Nobel Prize in Physiology or Medicine 2001

CC Lord Bethell



Department
of Health &
Social Care

*From the Lord Bethell
Parliamentary Under Secretary of State for Innovation*

*39 Victoria Street
London
SW1H 0EU*

020 7210 4850

PO-1223977

Dr Sam Barrell
Chief Operating Officer
Francis Crick Institute
By email to: e-mail address removed

6 July 2020

Dear Dr Barrell,

Thank you for your correspondence of 14 April about the novel coronavirus (COVID-19).

Unfortunately, I am currently unable to reply personally, and I apologise for this.

In order to prevent further delay, I have asked an official to reply on my behalf and this is enclosed.

Should you require a personal reply from me, please do not hesitate to write again.

I hope the enclosed reply is helpful.

Kind regards,

LORD BETHELL



Department
of Health &
Social Care

Name of Civil Servant and position removed

39 Victoria Street
London
SW1H 0EU

020 7210 4850

PO-1223977

Dr Sam Barrell
Chief Operating Officer
Francis Crick Institute
By email to: e-mail address removed

6 July 2020

Dear Dr Barrell,

Thank you for your correspondence of 14 April to Matt Hancock, co-signed by Sir Peter Ratcliffe and Sir Paul Nurse, about the novel coronavirus (COVID-19). I have been asked to reply and I apologise for the delay in doing so.

I understand your concerns and hope these are now resolved. I trust the information below is helpful nonetheless.

Testing is a key part of the UK's response to COVID-19 and, following the publication of the Government's strategy, capacity has rapidly expanded. Anyone in England who has symptoms of COVID-19, whatever their age, can now be tested for the virus. Further information can be found at www.gov.uk by searching for 'coronavirus (COVID-19): getting tested'.

Employers of frontline workers will be provided with information on how to make an appointment for their staff through their local resilience forum, their associated national department or agency, or directly through the Department of Health and Social Care.

Professor John Newton, the Director of Health Improvement at Public Health England (PHE), was appointed in April to oversee delivery of our testing strategy and to bring together industry, universities, the NHS, PHE and Government to deliver on the ambitious targets and improve testing capacity. Moreover, as part of her unpaid role, Baroness Dido Harding is leading on contact tracing, swab and antibody testing, national surveillance and immunity certification.

The Government wanted to make the process of accessing a test faster and simpler. This is why it set up a new online portal for booking a test, opened 150 regional testing sites across the UK and introduced a home-testing solution, which is now providing tests to thousands of people every day, completely free of charge. Home tests are couriered directly to one of the Government's labs for analysis and results are sent directly to the individual's mobile phone, as well as being added to their NHS patient record.

The Government has already built relationships with commercial partners, including Amazon, Boots, Thermo Fisher Scientific and Randox. It is continuing to build new relationships with national and international businesses in life sciences and other industries to turn their resources to creating and rolling out mass testing at scale. It will

also support anyone across the UK with a scalable scientific idea or innovation to start a business.

The Government needs to be confident of the accuracy of antibody tests before it can roll them out as part of a national testing programme. The risk to the health of individuals and the increased risk of viral transmission from inaccurate test results is high, and the Medicines and Healthcare products Regulatory Agency (MHRA) has published criteria the Government needs to follow to be confident of the accuracy of antibody test kits.

Antibody kits have been tested against the MHRA's criteria at Oxford University; this process is being overseen by several of the leading scientists in the field. Evaluation of the tests carried out has shown that, so far, none have reached the standard required. It should be noted that no country in the world has yet rolled out a population-level antibody testing programme. The Government continues to review the tests on the market, from both domestic and international suppliers, and is backing efforts to develop a 'homegrown' test. The UK Rapid Test Consortium, which includes Oxford University, Abingdon Health, BBI Solutions and CIGA Healthcare, has been launched in order to design and develop a new antibody test that will determine whether people have had the virus.

The Government has also been working to better understand where the virus is and how it is progressing in the UK. This is why it has partnered with the Office for National Statistics (ONS) to embark on a world-leading study to understand the prevalence of the virus over the course of 12 months. In addition, the Government is partnering with a world-class team of scientists, clinicians and researchers at Imperial College London, alongside colleagues at Imperial College Healthcare NHS Trust and Ipsos MORI. The findings from the ONS will be published in due course, and the results will be used to inform both the short- and long-term plans to tackle the virus.

By working together, a truly national response has been delivered. On 30 May, the UK-wide target to build testing capacity to 200,000 tests a day was reached. The rapid expansion of testing capabilities has led to the largest network of diagnostic testing facilities in British history.

I hope this reply is helpful, and I would be grateful if you could share it with your co-signatories.

Kind regards,

Name and signature of Civil Servant and position removed