Department of Health & Social Care

Dear Alok

I am writing to suggest how we might move forward with a renewed national program for clinical trials in COVID-19 after the exceptional result from the RECOVERY trial showing a reduction in mortality by one third in ventilated patients and by one fifth in patients receiving oxygen. This result alone changes the parameters for how we manage the epidemic, and if we could find one or more additional therapies we would be well equipped should a safe and effective vaccine not be identified over the next year.

It is worth noting that the RECOVERY trial was funded by NIHR and UKRI and was awarded NIHR Urgent Public Health (UPH) status. This has ensured access to the NIHR Clinical Research Network that has provided the support and co-ordination required to help the trial recruit at speed. Indeed, over 100,000 patients have been recruited to NIHR supported UPH-designated COVID-19 trials. This is a key aspect to any future trial recruitment.

Whilst it is important that we continue to test repurposed drugs through the large scale trials, we also need to ensure that we test newer compounds for efficacy. We should do this quickly, and in a way that fits into the wider clinical trial landscape – particularly to ensure that where positive signals are seen, a drug can move promptly into phase III trials. This was the original intention behind the ACCORD, and ACCORD-aligned platforms, but as you are aware, disappointing patient recruitment has not enabled this to happen.

There is an opportunity now to re-visit how this works ahead of a potential second wave of cases later in the year. I am aware that UKRI have tabled a proposal for a revised iteration of ACCORD that you are considering, and there are some excellent aspects to that. I want to also share my thoughts on how to build on all the work in this space to date, particularly learning what works and what does not:

- It is essential that the research is driven by clinical need, with a rigorous focus on finding treatments that work and that can be delivered. The CMO or DCMO should lead on identifying the critical questions, with a clear process for asking researchers and industry how they suggest answering these. This should be delivered primarily through a new single lead National Trials Programme for COVID-19 therapeutics.