UK Government Therapeutics Taskforce

The aim is for the UK to ensure that promising therapies are tested as fast as possible and that patients in the UK get access to effective medicines as soon as possible.

Context and approach

- The need to get promising therapeutics into the NHS and learn from them through rigorous trials is time-critical, and the impact of this effort should be visible in weeks and months – requiring careful prioritisation at the 'front' of the system; near-instantaneous learning loops as products go through trials; and pre-positioning to take products showing early promise to incrementally greater scale.

- To have impact, this effort will need a quicker and more adaptive approach than traditional clinical trials, supported by real-time coordination across the system.

- We also need to ensure that we have a joined up end-to-end system, from discovery through to manufacturing, supply chain access and implementation.

- The UK's search for new therapeutic propositions should learn from trial results in other countries and engage with international trials so we don't needlessly test non-efficacious interventions or create unnecessary duplication. However, with its world-leading academic, life sciences sector and NHS the UK has a potentially unique contribution to make to the world – with immediate benefits for UK patients and a longer-term opportunity for the UK economy.

Taskforce approach

- An end-to-end approach requires a collective overview, bringing together a range of stakeholders with the ability to effect change. The Therapeutic Taskforce does this in three key ways:

(i) reviewing a 'whole-system' view of Covid-19 therapeutic development in the NHS in the context of the global response;
(ii) problem-solving issues as they arise, while horizon scanning to spot potential blockages; and
(iii) supporting decision-makers to prioritise development activity for maximum impact.

Proposed Taskforce membership – TBC

- CMO/ GCSA (joint chair)
- Deputy CMO (Deputy chair)
- MHRA – June Raine
- UKRI – Sir Mark Walport
- NHS – Steven Powis
- Wellcome – Sir Jeremy Farrar
- OLS – Kristen McLeod
- NIHR – Louise Wood

- Industry – tbc
- Manufacturing/supply chain
- DHSC procurement – Steve Oldfield
- DHSC policy
- HRA

Invited as required (and papers routinely copied to):

Vaccines Taskforce (in BEIS)
HMT

The taskforce may request ad hoc or standing expert advisory groups to be convened as needed.

Key priorities and activity completed to date

- Establishment of REMAP-CAP, RECOVERY and PRINCIPLE trials
- RECOVERY is now the largest randomised controlled COVID-19 clinical trial in the world
- Taskforce established and some resource in place for the secretariat, drawing from industry as well as HMG
- Review of initial long list of candidates for trial, resulting in short list of four priority candidates
- Establishment of email box to create a SPOC for proposals, supported by clear process for managing and recording responses
- Review of proposal for early / phase I and II trials to move at pace to identify future candidates for phase III trial

Future priorities and activities

- Finalise arrangements and funding for early / phase I and II trials, prioritisation and decision-making
- Increase link up with Vaccines Taskforce, in particular to ensure consistency in approach to common issues eg supply chain access and to deconflict issues arising
- Develop full (weekly?) reporting process, including

1. Report on global activity and discovery efforts outside the UK – Gates/ Wellcome therapeutics accelerator (produced by [redacted] at Wellcome), to ensuring promising new opportunities are supported by HMG
2. Prioritised drug proposals from the NHS, academia and industry – produced by the Secretariat from the Taskforce mailbox with expert review and prioritisation conducted by [individuals and group tbc].
3. Data from Covid-19 therapeutic products in trial, mapped by stage – (produced by MHRA, tbc).
4. Simple reports from national platforms – from Senior Investigators for RECOVERY, PRINCIPLE, REMAP-CAP platforms (collated by the secretariat), setting out the latest position on recruitment and drugs being trialled.
5. A report on feedback and bottlenecks for resolution, collated by the secretariat.