

To:

- ICB chief medical officers (CMOs)
- ICB COVID Therapeutics SROs
- Regional Chief Pharmacists

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Cc. ICB:

- Directors of commissioning
- Chief operating officers
- Lead pharmacists

27 March 2023

Dear Colleagues,

Transition of COVID treatments to routine pathways

Thank you for the work you and colleagues have undertaken thus far in standing up and maintaining COVID Medicine Delivery Units (CMDUs) to deliver access to COVID treatments for highest risk individuals. As of March 2023, over 100,000 community-based treatments have been delivered, with a further 118,000 treatments provided to hospitalised patients.

I write now to set out the next steps in transitioning to routine access for COVID treatments.

Publication of the NICE multi-technology appraisal (MTA) for COVID treatments is expected on 29 March (the latest final draft recommendations can be found [here](#)). In line with the statutory responsibilities placed on the NHS, local commissioners will have a maximum of 90 days to implement the published NICE guidance. Alongside the final MTA, a new therapeutic CAS alert will be issued to explain to trusts and clinicians the move away from the current UK-wide interim clinical access policies.

We are asking systems to maintain existing local arrangements for access to COVID treatments during the NICE 90-day implementation period. Maintaining the current arrangements during this period will enable time for systems to plan locally for transition by end of June.

NHS England will be maintaining existing arrangements during this period, including patient communications and digital infrastructure. Systems will continue to be provided with information that matches highest risk individuals with test registration data (via WebView) for proactive outreach. You should be planning on the basis that administration of treatments through CMDUs or their equivalent will need to be met through existing ICB allocations from 1 April 2023.

The DHSC will be making existing supplies of Paxlovid and sotrovimab available to the NHS free of charge until stocks are exhausted or exceed their expiry dates. Assuming demand does not rise significantly, there is enough supply of Paxlovid for two years, and enough sotrovimab for the next 6-12 months. Any other medicine costs will need to be met locally.

As part of any new arrangements, we expect oral antivirals to be available for community pharmacy. DHSC is finalising the distribution arrangements, which we expect to be in place ahead of the transition deadline.

Following the implementation period, we intend to step down all national digital enablers, meaning patient communications and digital identification of patients will stop. Local arrangements will need to be in place to ensure equitable access to treatment for potentially eligible patients, particularly hard-to-reach groups.

Routine pathways will be locally determined. However, we expect that potentially eligible individuals will need to contact local NHS services when they test positive, rather than being contacted proactively by CMDUs or equivalent services.

Please also note that current arrangements for lateral flow testing will remain in place until end September 2023. Arrangements beyond September are still being worked through, and will be communicated in due course.

While we will work with you through the transition, a clear expectation remains that each system must continue to ensure access to recommended treatments following the publication of the final NICE guidance through existing CMDUs, or equivalent local arrangements.

We will continue to meet regularly with the regions to provide updates on progress and while questions should ideally be routed through them, we can also be contacted directly on: england.spoc-c19therapeutics@nhs.net.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. Powis', is positioned above the typed name.

Professor Sir Stephen Powis
National Medical Director
NHS England