

- To: • ICB:
- Chief executives
 - Chief medical officers
 - 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

19 June 2023

Dear Colleagues,

Access to COVID treatments

I am writing to confirm that following the publication of positive NICE recommendations for COVID treatments (TA878), Integrated Care Boards (ICBs) will have responsibility for ensuring routine access to nirmatrelvir plus ritonavir (Paxlovid) and sotrovimab (Xevudy) for eligible patients from 27 June 2023.

As you will know, COVID Medicine Delivery Units (CMDUs) were established as part of pandemic-specific arrangements to provide access to community-based COVID treatments. CMDUs have helped to manage demand on NHS services and reduce the risk of hospitalisation of patients, and over the last 18 months, over 110,000 patients have received community-based COVID treatments through CMDUs. However, as we move out of the pandemic and levels of community infection are reducing, the NHS will need to embed COVID treatments into long-term, sustainable pathways to ensure access for highest risk patients.

NHS England has been working closely with ICBs to support the transition from CMDUs to alternative pathways. As part of this transition, I would like to highlight three key changes:

- As set out in [my letter](#) at the end of March, all national digital infrastructure will be stood down on 26 June. Consequently, patients will no longer be digitally identified and matched following a reported positive test result. Patients will instead need to contact local NHS services to access assessment and treatment.
- Highest risk patients who can currently be digitally identified will receive [a letter](#) (by post or email) ahead of the 26 June asking them to contact local services should they test positive for COVID in the future.
- All national reporting requirements will also end on 26 June and, as with other treatments, it will be for ICBs to determine what arrangements are required for monitoring services and standards of care locally.

Please note that the [interim clinical access policy](#) for remdesivir and molnupiravir published on 11 May will remain in place until the end of the NICE appeals process. This policy will be withdrawn once NICE's final determinations are published.

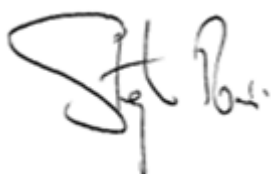
As care pathways will vary locally, we ask that ICBs continue to engage with GP practices, community pharmacists, hospital specialists and all other healthcare professions to confirm local arrangements and ensure patients can continue to access COVID treatments. We also ask that the Directory of Service (DoS) has been updated to reflect changes to service arrangements from 27 June to ensure that NHS 111 and local providers are able to arrange prompt assessment or referral to a local COVID treatment service where applicable.

As outlined previously, the costs of new access arrangements will need to be met through existing funding allocations. However, existing supplies of Paxlovid, sotrovimab and molnupiravir will continue to be made available to the NHS free of charge until central stocks are exhausted. Paxlovid and molnupiravir are also now available for routine dispensing through community pharmacies. Continued access to the free of charge molnupiravir stock will be dependent on the outcome of the NICE appeals process and a positive published recommendation on its routine use.

Current arrangements for access to lateral flow tests from UKHSA for highest risk patients will remain in place until end September 2023. Arrangements that will ensure highest risk patients can access free LFD tests beyond September will be communicated closer to this time.

Finally, we should all recognise what has been achieved over the last 18 months. Through your continued efforts, we enabled patients in England to be among the first in the world to access novel COVID treatments. Although this letter marks the end of a national programme, it remains important that highest risk patients continue to have access to COVID treatments in line with NICE recommendations.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. Powis', written in a cursive style.

Professor Sir Stephen Powis

National Medical Director
NHS England