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**Wednesday, 02 February 2022**

***Via email***

To: General Practice Colleagues

Cc: System Leadership Executive Group

West Yorkshire Clinical Forum Members

Clinical Directors of Primary Care Network

West Yorkshire Pharmacy Lead

Yorkshire Ambulance Service NHS Trust / NHS 111

West Yorkshire Primary and Community Care Programme Senior Responsible / lead

West Yorkshire Local Maternity Service Programme Director

Communication leads

Dear colleagues

**Antiviral medicines and neutralising monoclonal antibodies (nMABs)**

This is an important update to the letter emailed to you on the 14 January 2022, regarding antiviral medicines and neutralising monoclonal antibodies (nMABs) to clinically eligible, non-hospitalised patients with COVID-19.

**West Yorkshire CMDUs**

We are writing to let you know that on the 28 January 2022, the COVID Medicines Delivery Unit (CMDU) based at Airedale NHS Foundation Trust went operational. The unit will broaden access for eligible patients across West Yorkshire and is in addition to the following models already underway.

Leeds

The CMDU in Leeds (Union House) continues to operate two clinics per week (Tuesday and Thursday) for eligible patients to receive IV nMABs. To date they have given treatment to over 200 patients (accurate 31 January).

Calderdale, Kirklees, and Wakefield

Since Monday 17 January, the five-day Monday to Friday home visiting service, which administers IV nMABs to eligible patients across Calderdale, Kirklees, and Wakefield, has supported 26 patients with the administration of sotrovimab in their own homes and treated five patients with molnupiravir oral antivirals (accurate 29 January).

Bradford District and Craven

The service for eligible patients in Bradford District and Craven, is located at Airedale Hospital and went live for administering IV nMAB therapy on the 28 January. Clinics run on a Monday and Friday. Oral treatment continues to be prescribed by the CMDU and available from both hospital sites.

**Triaging**

Local Care Direct (LCD) continues to triage all patients identified on the national database. They are currently receiving around 75 referrals a day with a 25% conversion rate to possible treatment. Since the 10 January, 1,470 people have been assessed for treatment. This has resulted in 220 patients receiving treatment, 150 oral antiviral molnupirivir and 70 patients on IV infusion sotrovimab (accurate 28 January).

If you identify any patients that you feel should be going through this pathway, who are clinically vulnerable and meet the eligibility criteria, please complete the referral template on S1 / EMIS or email their details securely (name, NHS number and contact number) to [cmdu@lcdwestyorks.nhs.uk](mailto:cmdu@lcdwestyorks.nhs.uk). Please note this is an approved NHS secure address.

**Updated clinical policy**

The [nMABs policy](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103191) for non-hospitalised patients with COVID-19 was updated on the 28 January and will **come into effect from the 10 February 2022**.

It includes the following:

* COVID-19 can be confirmed by either PCR or Lateral flow test (registered via gov.uk or NHS 119)
* A new IV anti-viral, called remdesevir, can be given within seven days of symptom onset (sotrovimab, paxlovid and monupiravir are within five days). Remdesivir is administered as an intravenous infusion over a minimum of 30 minutes for three consecutive days so has significant workforce implications. Because of this, we are still in discussions about how this medication may be used in the CMDU treatment pathway
* Paxlovid is a new oral antiviral medication which is as effective in preventing hospital admissions as the nMABs. It has a huge list of contra-indications and drug interactions, and we are currently trying to work out how this drug can be utilised safely in the community. The decision to prescribe this medication will sit with the CMDUs
* Corticosteroids - if a patient is taking equivalent to ≥10mg/day of prednisolone for at least the 28 days prior to a positive PCR result then they are considered sufficiently immunosuppressed to warrant treatment for their COVID 19.

**Eligibility for treatment - reminder**

NHS England/Improvement policy makes it clear that treatment should only be offered when the patient is **not** showing signs of clinical improvement. Patients whose symptoms are improving are not eligible for antibody or antiviral therapy.

Although remdesivir is licensed up to seven days please only refer patients to the CMDU if they are eligible and within the **first five days** of their illness. Please note the first day of symptoms is day 0. Once we have established a pathway for using remdesivir we are likely to change this five-day rule.

If you have questions about medications, for example DMARDs or steroids please contact your clinical commissioning group prescribing lead for advice.

Patients being referred for treatment **must** have a positive PCR / lateral flow test (from the 10 February) to be eligible.

**Children and young people (ages 12-18)**

There are currently **no treatments available for under 12** children so please do not refer.

The nMABs can be used to treat children 12 and over in the highest risk patient cohorts. The oral treatment, molnupiravir, is not available to patients under the age of 18. We have no new guidance on the other new antivirals currently.

Each acute trust now has a paediatric option as part of a pathway for 12–17-year-olds. You can refer these children through the triage pathway at LCD ([cmdu@lcdwestyorks.nhs.uk](mailto:cmdu@lcdwestyorks.nhs.uk)). However, if you have any concerns about an extremely vulnerable child or young person with COVID-19 who is already known to paediatrics, please phone your local acute trust and speak to the paediatric consultant on call for that day to speed up their referral process (i.e., just bypass the LCD process).

**Reminder of the referral pathway**

The pathway for eligible high-risk patients is:

* They will have been contacted by the national team to inform them they are eligible for treatment should they become COVID-19 positive
* If testing positive, they will be contacted by LCD regarding treatment options, and given advice on how to access care, whilst following COVID-19 guidance
* Clinically vulnerable, COVID positive patients will automatically be referred to LCD by NHS England via a ‘Webview’ system and advised that they should be contacted within 24 hours
* NHS 111 are referring patients who phone for advice to LCD.

Inevitably there will be some new clinically vulnerable patients, not on the national database, or those who contact their GP as their first port of call. **Please send the patient details though to LCD –** [**cmdu@lcdwestyorks.nhs.uk**](mailto:cmdu@lcdwestyorks.nhs.uk) **for clinical triaging.**

**Patient transport**

It is important that patients, wherever possible, arrange their own transport to the CMDU.

We would appreciate your help in emphasising to patients that they need to arrange their own transport where safe to do so. We are mindful that not all patients will have access to household transport and are currently looking into other option.

Thank you for your support on this important service for some of your most vulnerable patients, at this challenging time.

Yours sincerely

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| **Dr Steve Ollerton** |  |
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| **Clinical Lead for West Yorkshire Health and Care Partnership Primary and Community Care Programme** |  |

**For information**

Updated nMABs policy for non-hospitalised patients with COVID-19 visit: <https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103191>

