

To: • NHS trust and foundation trust  
medical directors  
**(For cascade to hospital  
consultants)**

NHS England and NHS Improvement  
Skipton House  
80 London Road  
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SE1 6LH

Cc: • CCG medical directors  
• ICS medical directors

**8 June 2022**

Dear Hospital Consultants / Specialty Teams,

## **Action to take: New patient cohorts eligible for COVID-19 treatments**

On 30 May 2022, the Department of Health and Social Care (DHSC) published an [Independent Advisory Group report](#) which identifies cohorts of patients deemed to be at the highest risk of an adverse COVID outcome.

The UK-wide [clinical access policy](#) for COVID-19 treatments for non-hospitalised patients has been updated accordingly to include additional cohorts of patients the report identifies as potentially eligible for treatment. These changes take effect from **13 June 2022**.

**We would be grateful if hospital consultants / speciality teams could notify patients if they fall into these additional cohorts.** This is so that they know how to access lateral flow tests and assessment for treatment if they test positive.

**Hospital consultants can now also prescribe COVID-19 treatments directly** to patients if they wish to do so. Guidance on prescribing these treatments directly is set out below.

### **Action to take:**

- Familiarise yourself with the latest [policy](#) for non-hospitalised individuals at highest risk from a COVID infection, and the [Independent Advisory Group report](#) detailing who is considered 'highest risk'.
- Contact all eligible patients under your care with conditions that have recently been added to the new policy (see Annex A) using the template letter attached (Annex B). It is important to include their NHS number.
- Continue to contact newly eligible patients under your care.

- Familiarise yourself with the process for prescribing COVID-19 treatments directly (including Blueteq registration requirements) and for referring to COVID Medicine Delivery Units (CMDUs). You must contact your local CMDU if you wish to prescribe treatments directly to minimise the risk of duplication.

**Reminder:** changes to Government policy mean potentially eligible patients should now use a Government supplied lateral flow test and not a PCR test to check their symptoms.

### **Who you need to contact**

Annex A outlines the changes to eligibility for COVID-19 treatments and new patients who consultants need to contact.

In the event these patients test positive they may not be automatically contacted by a CMDU as they may not currently be identified digitally. These patients may need to contact their GP practice (if they are registered with one), 111, or a consultant to be referred to a CMDU. Also, they may not automatically be sent lateral flow tests to keep at home and may need to request them from UKHSA via gov.uk or by calling 119.

A template letter that you can adapt for your patients is attached at Annex B.

### **Prescribing COVID treatments directly and referrals to a CMDU**

Most eligible patients will be assessed for treatment through a CMDU. However, hospital consultants can now also prescribe or administer COVID treatments directly to their patients, if the patient contacts them following a positive test. This treatment must be in line with the [commissioning policy](#). If you prescribe directly please contact the local CMDU in advance so they do not duplicate the assessment or treatment. A CMDU directory is available [here](#).

Alternatively, you may want to make a referral directly to a CMDU for a patient under your care who has tested positive following a lateral flow test.

For a referral, please send an email (via NHS Mail or other compliant service that meets [the secure email standard](#)) to the CMDU including patient details, NHS number, underlying qualifying clinical condition, relevant medication history, date of symptom onset and date of positive lateral flow test. Please notify the patient and their GP that you are referring them to the CMDU.

More information on COVID-19 treatments for non-hospitalised patients is available for healthcare professionals on the [NHSEI website](#), where you can also find a copy of the template patient letter. Information for patients can be found on [NHS.uk](#).

Thank you for your ongoing work to contact these patients to ensure they can benefit from COVID-19 treatments.

Yours sincerely,

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

**Professor Stephen Powis**  
National Medical Director  
NHS England and Improvement

## **ANNEX A: Patients that need to be contacted**

The table below sets out the key changes to the cohorts under the new policy and which new patients need to be contacted.

**As a reminder, you will need to continue to contact any patients under the overall policy who become eligible on an ongoing basis. This is due to a time lag with datasets being updated.** Full details of the patient cohorts can be found in the clinical commissioning [policy](#) and [Independent Advisory Group report](#).

The table below only lists the recent changes in eligibility and additional patients that now need to be contacted. A separate summary table on the [NHSE website](#) provides the complete list of conditions and all of those who need to be contacted. **If you have not already done so, please contact all eligible patients as outlined in the [summary document](#).**

<b>Policy cohort</b>	<b>Key changes to policy cohort and who you need to contact</b>
Down's syndrome and other genetic disorders	<p>Previously only included Down's Syndrome – you do not to contact these patients as they are identified via CMDUs.</p> <p><b>Please contact patients with any other chromosomal disorder known to affect immune competence.</b></p>
Solid cancer	<ul style="list-style-type: none"><li>• Extension of radiotherapy cohort to those having received it in the last 12 months (previously 6 months)</li><li>• Extension of chemotherapy cohorts to include those receiving chemotherapy A in the last 3-12 months (previously all chemotherapy groups in the last 3 months, plus B/C in the last 3-12 months)</li><li>• Addition of people who have had cancer resected in the last 12 months and receiving no adjuvant chemotherapy or radiotherapy</li><li>• Addition of people with lung cancer</li></ul> <p><b>Please contact:</b></p> <ul style="list-style-type: none"><li>• <b>Patients who have had cancer resected in the last 12 months and received no adjuvant chemo- or radio- therapy</b></li><li>• <b>Patients who received <a href="#">Group A</a> chemotherapy in the last 12 months</b></li><li>• <b>Lung cancer patients who you haven't contacted previously</b></li><li>• <b>Any other patients eligible as a result of these new changes who you haven't contacted previously</b></li></ul>

Policy cohort	Key changes to policy cohort and who you need to contact
Haematological diseases and recipients of haematological stem cell transplant (HSCT)	<p>Addition of:</p> <ul style="list-style-type: none"> <li>• Chronic phase chronic myeloid leukaemia (CML) in molecular response or first or second line tyrosine kinase inhibitors (if received systemic anti-cancer treatment – SACT - in the last 12 months)</li> <li>• AL amyloidosis</li> <li>• Chronic myelomonocytic leukaemia (CMML)</li> <li>• Myelofibrosis</li> <li>• Thalassaemia and rare inherited anaemia (that fulfil specified parameters as outlined in the <a href="#">policy</a>)</li> </ul> <p><b>Please contact:</b></p> <ul style="list-style-type: none"> <li>• <b>CML patients who are either:</b> <ul style="list-style-type: none"> <li>○ in molecular response, or</li> <li>○ receiving tyrosine kinase inhibitors, or</li> <li>○ in the first 6 months of chemotherapy (SACT treatments)</li> </ul> </li> <li>• <b>All patients with thalassaemia and rare inherited anaemia</b></li> <li>• <b>All patients with AL amyloidosis or myelofibrosis</b></li> <li>• <b>Any patients recently diagnosed with Chronic myelomonocytic leukaemia (CMML) in the last 3 months</b></li> </ul>
Renal disease	No change to existing criteria.
Liver diseases	No change to existing criteria.
Solid organ transplant recipients	No change to existing criteria.

Policy cohort	Key changes to policy cohort and who you need to contact
Immune-mediated inflammatory disorders (IMID)	<ul style="list-style-type: none"> <li>• Addition of 6 month window from last treatment with cyclophosphamide (previously only current treatment)</li> <li>• Addition of people on current azathioprine monotherapy for those with major organ involvement</li> <li>• Addition of people on current methotrexate monotherapy (for interstitial lung disease ONLY)</li> </ul> <p><b>Please contact all patients eligible as a result of these changes who you haven't contacted previously.</b></p> <p>To note, further changes to the cohort include the addition of extra criteria:</p> <ul style="list-style-type: none"> <li>• Definition for steroid dose – equivalent to <math>\geq 10</math> mg/day of prednisolone for at least the 28 days prior to positive PCR.</li> </ul> <p>IMID patients to whom the following apply are also eligible:</p> <ul style="list-style-type: none"> <li>• uncontrolled/clinically active disease (i.e. required recent increase in dose or initiation of new immunosuppressive drug or IM steroid injection or course of oral steroids within the 3 months prior to positive PCR); and/or</li> <li>• major organ involvement such as significant kidney, liver or lung inflammation or significantly impaired renal, liver and/or lung function.</li> </ul>
Immune deficiencies	No change to existing criteria.
HIV/AIDS	No change to existing criteria.
Rare neurological and severe complex life-limiting neurodisability conditions (multiple sclerosis, motor neurone disease, myasthenia gravis, Huntingdon's disease)	No change to existing criteria.

## **ANNEX B: Template letter to send to patients**

[Patient Name

Patient address Line 1

Patient address Line 2

Patient address Line 3]

XX XXXX 2022

**Your NHS number: [NHS NUMBER]**

Dear [Patient],

### **Important information about new treatments for coronavirus**

**If you need this information in easy read, braille or other languages, please visit [england.nhs.uk/coronavirus/patient-letter](https://england.nhs.uk/coronavirus/patient-letter) or contact [england.contactus@nhs.net](mailto:england.contactus@nhs.net)**

Your medical records currently show you **might** be suitable for treatments if you get coronavirus.

#### **This letter explains that:**

1. You should keep lateral flow tests at home.
2. You should take a test if you have coronavirus symptoms. **Important:** You must report your test result.
3. If a test confirms you have coronavirus, call your GP, 111 or the specialist team sending you this letter, so they can refer you for potential treatment.

More information: [www.nhs.uk/CoronavirusTreatments](https://www.nhs.uk/CoronavirusTreatments)

#### **Why are we sending you this letter?**

Health experts have looked at the health conditions which put people at more risk from coronavirus. Those health conditions have been agreed by UK chief medical officers.

Your medical team believes you might currently have, or have previously had, one or more of these health conditions. This means that treatments **might** be suitable for you if a test confirms you have coronavirus. This also means you can still access Government coronavirus tests.

These treatments can stop you from getting seriously ill and need to be given quickly after you start to have symptoms.

### **1. You should keep lateral flow tests at home**

You must keep lateral flow test kits at home so you can get tested quickly if you have any coronavirus symptoms.

You won't be automatically sent tests but you can request them on [GOV.UK](https://www.gov.uk) or by calling 119 if you don't have any.

You can use any lateral flow tests supplied by the Government. Tests bought from a shop (including pharmacies) cannot currently be registered via GOV.UK or 119.

### **2. You should take a test if you think you have coronavirus**

If you have coronavirus symptoms you should take a lateral flow test immediately, even if your symptoms are mild.

You **must** report your result at <https://www.gov.uk/report-covid19-result> or by calling 119, and provide your NHS number and postcode correctly.

If your test is negative but you still have symptoms, you should take another test on each of the next two days (three tests in total over three days).

### **3. If a test confirms that you have coronavirus call your GP, 111 or specialist team**

Following a positive test, most eligible patients will be contacted by the NHS to assess symptoms and discuss treatments.

However, the NHS cannot identify and contact all patients, and this applies to you.

**Once you receive a positive test result, immediately contact your GP, 111 or the specialist team sending this letter.** They will be able to make a referral.

Once you are referred, the NHS will contact you about treatments that may be available to you. You will be asked about medication you are taking, including vitamins. They will then advise which treatment, if any, is suitable, and make any necessary arrangements.

Yours sincerely,



[Insert consultant / team name]