

Dear ICB,

We are writing to clarify the ICB plans for Covid Medicine Units (CMDUs), after the current service ends on the 27th of June. We feel it is important that GP practices understand what is happening as soon as possible given we are only now four weeks from CMDUs being stood down. We are clear that we do not believe it is appropriate for every GP to be required to start prescribing these medications. This is due to the complexity of the current cohort of eligible patients and the nature of the medications themselves.

GPCE and the wider BMA has attended the national steering group for CMDUs with NHSE, BMA members currently involved in running CMDUs explained in these meetings that the assessment of these patients was time consuming due to the large number of interactions and contraindications, and often required input from specialist colleagues before prescribing. The first line drug (Paxlovid) is very difficult to prescribe, as it has interactions with many common and specialist medications that many in this patient group will be taking. Current numbers of eligible patients suggest prescribing levels are around 5/100,000 patients per week. This does not enable clinicians prescribing at practice level to develop the required knowledge or skill to safely prescribe this treatment. As I am sure you are aware, the General Medical Council's Good Medical Practice guidance is clear that 'in providing clinical care, you must prescribe medicines only when you have adequate knowledge of the patient's health and are satisfied that the medicine serves the patients needs', and 'that the treatment you provide is compatible with any other treatments the patient is receiving'. This treatment therefore does not allow for most GPs to prescribe under this guidance. There is still an option of Monloupivir but as this is fourth line, we would need to refer in for the second line IV Sotrovimab treatment anyway.

We are unclear what guidance Integrated Care Boards (ICBs) have received on this matter. However, Patients must be treated in a Covid treatment service, not as part of core General Practice. It is our understanding from the BMA that the plan was for this to be a 'referred to' service. This may of course be a GP or specialist but with sufficient time, knowledge, and links to safely prescribe. We would be grateful if you can clarify as soon as possible your plans. If the intention of the ICB to commission this service via all practices, we will strongly recommend GPs do not agree to local pathways. The BMA has sent guidance for GPs and LMCs to this effect.

We are also concerned about monitoring the standards of care. It is of utmost importance that antiviral distribution services in all areas operate seven days a week and ensure a minimum of 95% of all eligible patients begin anti-viral treatment within at least 48 hours of testing positive for Covid-19. Ensuring this is being delivered will require some level of monitoring. We believe patients must be able to get access to this potentially lifesaving treatment in a timely manner.

We would also ask how the ICB is planning on discharging its statutory duty to consult with LMCs and whether an EIA has been undertaken to assess how this will impact minority groups. I look forward to hearing clarity on these matters as soon as is practicable.