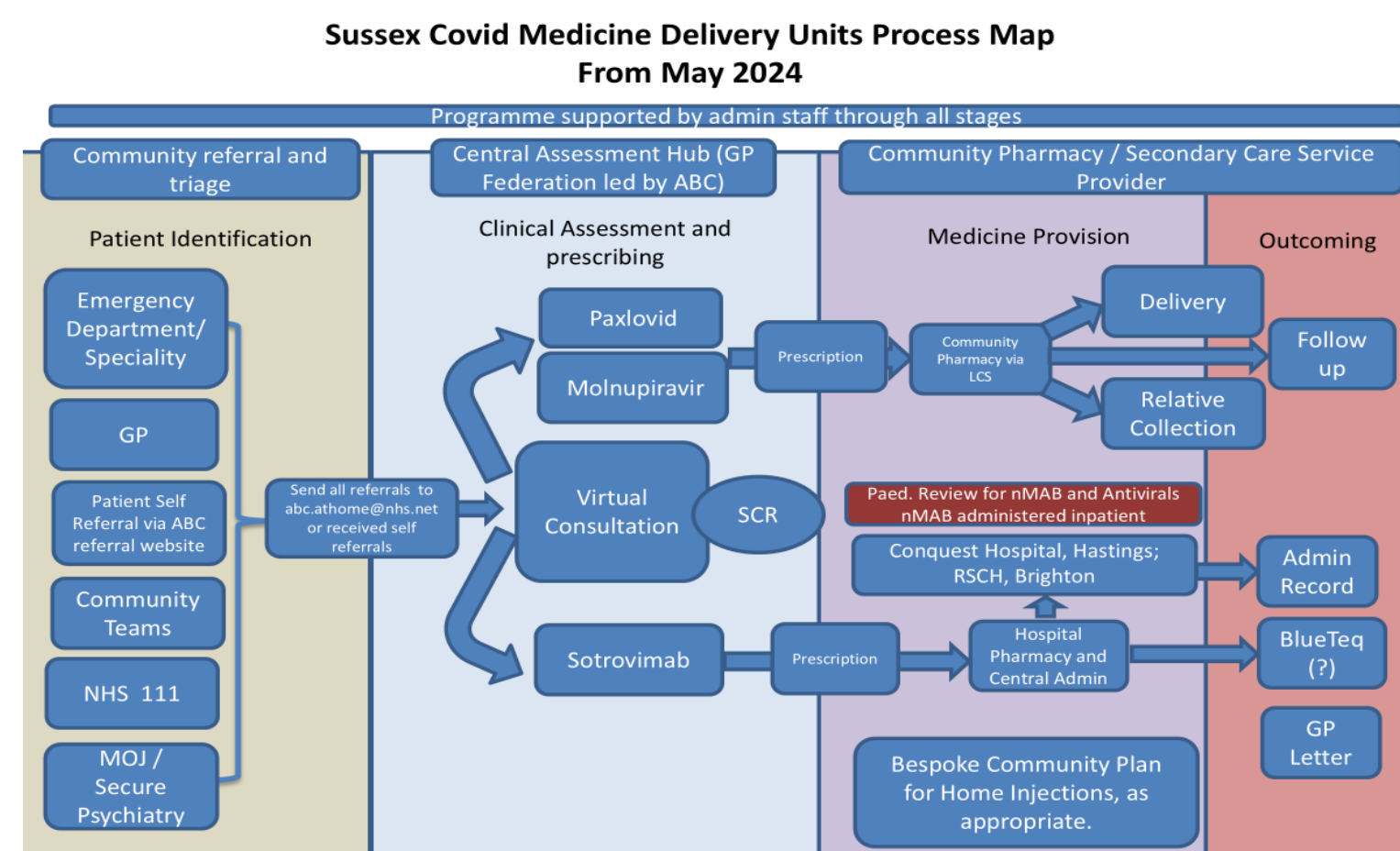


Rapid Response to an Unprecedented Pandemic: Developing a COVID Medicines Delivery Unit (CMDU)

Vikesh Gudka, Clinical Commissioning Pharmacist; Aoife Hendrick, Lead Pharmacist Clinical Infection UHSussex; Kristina Fowlie, Lead Medicines Optimisation Pharmacist; Dr Stephen Pike CMDU CMO; Ogo Okoye, Clinical Effectiveness Lead NHS Sussex.

BACKGROUND – WHY IS THIS IMPORTANT?

Due to the impact of the COVID-19 pandemic and the need for a rapid response to a developing medications landscape, in mid-December 2021 all Integrated Care Boards were asked to develop CMDUs to allow for treatment in the community of high-risk individuals who have tested positive for COVID, using newly-licensed novel therapies. This requires cooperation and collaboration between the NHS services in the region.



AIMS

- To identify and triage potentially eligible patients within the region
- To undertake rapid clinical assessment and prescribing for triaged patients
- To administer treatments within 5 days once prescribed
- To report on outcomes from treatment intervention

Service Design

As a new service, delivering newly-licensed novel therapies for an infectious disease which was only newly developed itself, the existence of the service was unprecedented.

The service was designed in '4 pillars' as illustrated in the Process Map.

Community Referral and Triage: All referrals including patient self referrals made to a single point of access via a web portal.

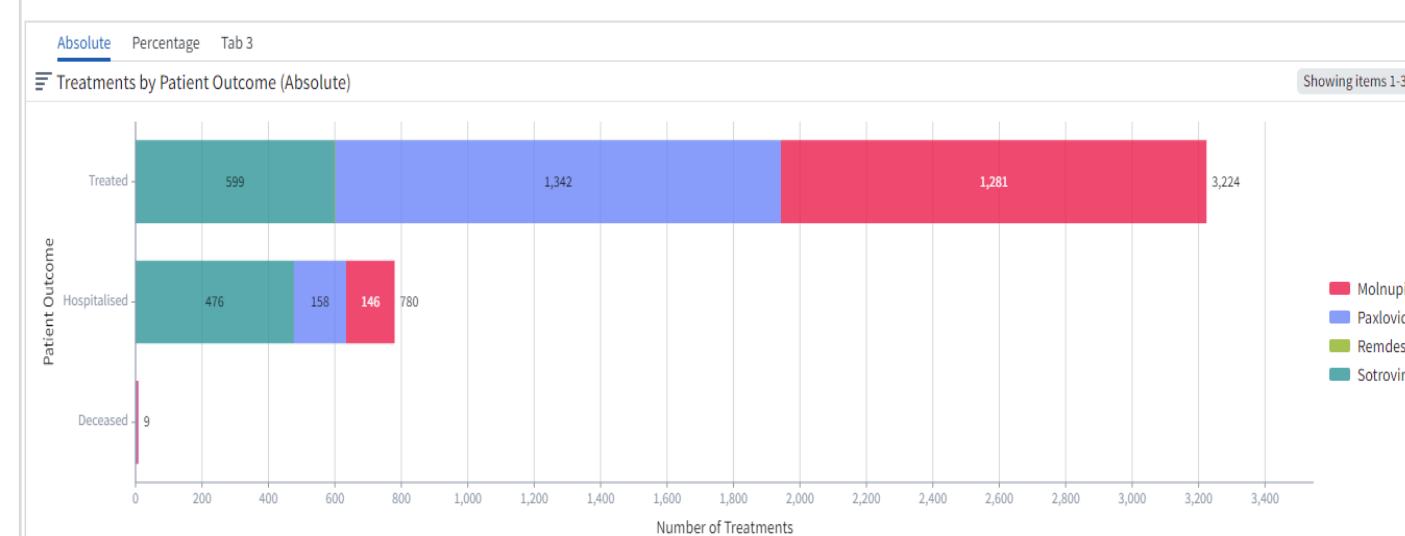
Central Assessment Hub: Provided by a GP Federation who triage patients for eligibility, medically assess via virtual consultation and prescribe treatment as required.

Community Pharmacy/Hospital Treatment Provision: Dependant on treatment prescription sent to community pharmacy (oral antivirals) for pick up or delivery. Sotrovimab infusion treatment patients booked into CMDU infusion unit at 2 hospital sites in Sussex

Outcome: Any outcome requirements within national framework completed.

RESULTS

Sussex saw the highest numbers of patients supplied via the CMDU of all ICBs in the South-East of England with highest usage of Paxlovid as per local guidelines →



↑ Of all the patients treated at the time of extracting the data (n=4013) only 20% (n=780) were hospitalised and 0.2% (n=9) were deceased within 28 days. From the data it could not be determined whether they were hospitalised or deceased due to Covid or other causes.



CONCLUSIONS

What we learnt from this project was that during the pandemic, it was still possible for UHSussex to form partnerships with other local organisations such as NHS Sussex, East Sussex NHS Trust and GP Federations to create an innovative multi-organisational system at rapid pace to treat vulnerable patients of Covid. This has continued throughout the ever changing landscape of Covid and it has now seeded into other pathways that we have collaboratively developed for vaccine programmes and Mpox response.

During this time, using the outcome data gathered, the whole system transitioned from a fully secondary care based system to a hybrid collaboration between Primary and Secondary Care. This enabled improved triaging and better access to treatment for patients located all over Sussex.

Improvements:

- More granular outcome data to be collected from treated patients via virtual follow-up
- Incorporate research into the system to include treatment efficacy measures
- Implement antimicrobial stewardship measures to ensure preserving treatments for the highest risk patients

REFERENCES

1. Jennifer Hammond, Ph.D. et al; Oral Nirmatrelvir for High-Risk, Non-hospitalized Adults with Covid-19. DOI: 10.1056/NEJMoa2118542
2. Anil Gupta, M.D. et al; Early Treatment for Covid-19 with SARS-CoV-2 Neutralizing Antibody Sotrovimab. DOI: 10.1056/NEJMoa2107934

