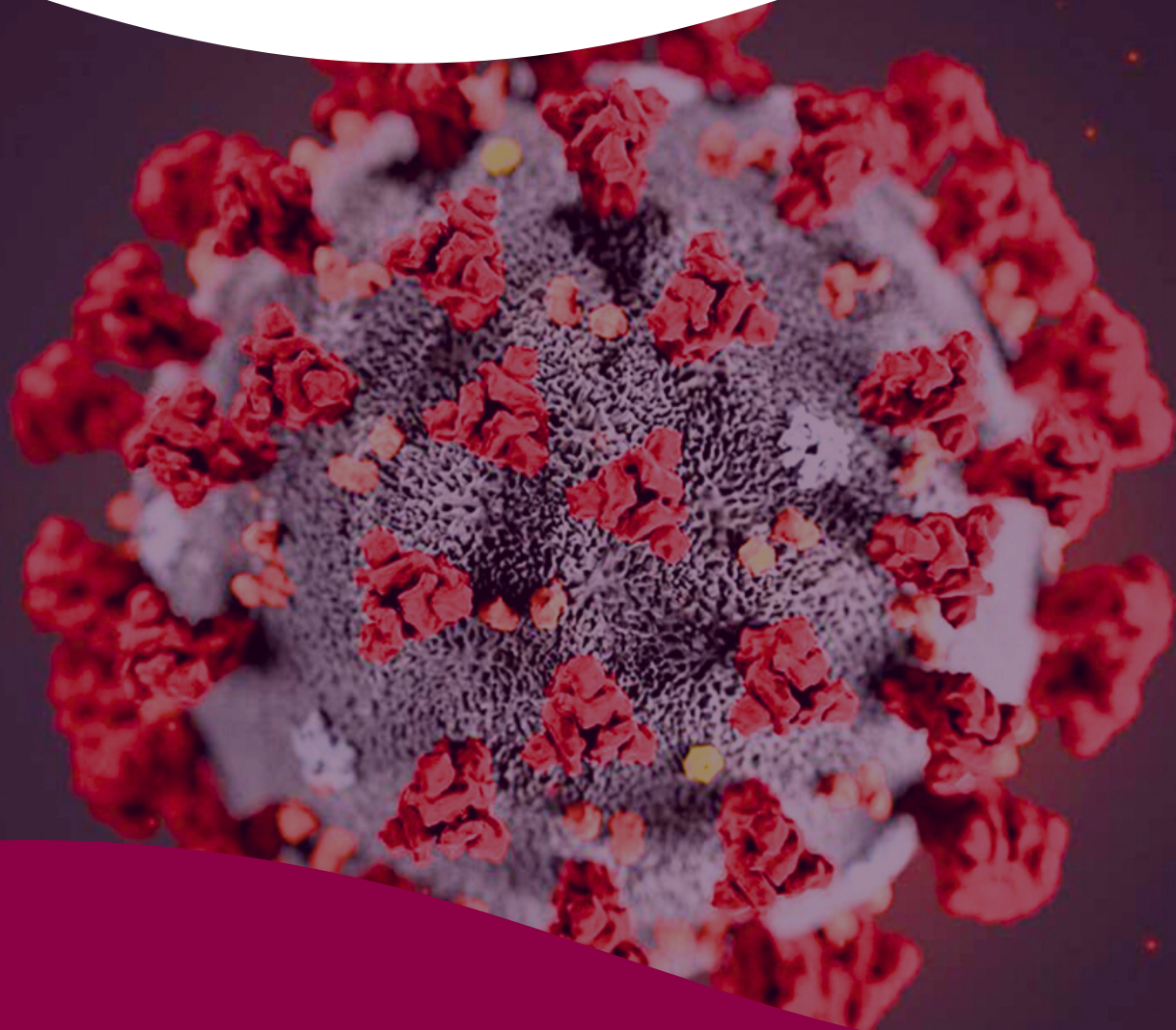




# **Beyond the pandemic: Addressing disparities in timely access to COVID-19 therapeutics**

**Policy Report**  
**July 2025**



**This report has been commissioned and wholly funded by Pfizer but independently authored by Kintiga. It has been reviewed by Pfizer to ensure ABPI Code compliance.**

**Kintiga.com**

PP-UNP-GBR-12552  
Date of preparation: July 2025

## Addressing disparities in timely access to COVID-19 therapeutics

This report evaluates the timely access to therapeutics for individuals at the highest risk of becoming seriously ill with COVID-19 across England's Integrated Care Boards (ICBs). It highlights significant challenges in equitable access, public awareness and service delivery following the transition of national policy to a "living with COVID-19" approach. This report is the first in a two-part series. The second report will be informed by stakeholder perspectives on the key findings of this report, focusing on the challenges and opportunities with timely access to COVID-19 therapeutics and it will also examine the potential impact of reforms to NHS England.

Evidence from the UK COVID-19 Inquiry underscores that individuals with the highest risk of becoming seriously ill with COVID-19 have struggled to access timely treatment, which is critical given the narrow five-day treatment window of antivirals.

### Key findings from the analysis include:

- **Services:** There are variations in COVID-19 services across England with 74% of ICBs maintaining active COVID Medicines Delivery Units (CMDUs) as a route to timely access for patients and healthcare professionals.
- **Communications:** Public communication about eligibility and access pathways has been inadequate, with 10 out of 42 (24%) ICBs failing to provide clear local guidance on their websites.
- **Uptake:** Significant variation exists in the uptake of COVID-19 antivirals. While some areas, such as London North Central and North-east and North Cumbria ICB, consistently performed well, others remained persistently in the lowest quintiles. The absence of active CMDUs in certain regions appears to correlate with lower medicines utilisation rates, underscoring inequities in access to treatments.
- These variations in access routes, public communication and medicines uptake highlight the urgent need for action to ensure that patients at the highest risk of becoming seriously ill with COVID-19 have clear, consistent and timely pathways to access appropriate treatment.

## National policy recommendations:

- **Fund COVID-19 therapeutics:** the Department of Health & Social Care (DHSC) should ensure ring-fenced funding for early intervention to prevent severe disease and hospitalisations in high-risk groups.
- **Raise public awareness:** the DHSC should launch campaigns on patient eligibility, free COVID-19 testing and access routes via local services.
- **Simplify access:** the DHSC should work with ICBs to streamline pathways for timely therapeutic access, including rapid home delivery of antivirals for high-risk individuals.
- **Track uptake data:** the DHSC and NHS should implement systems to monitor disparities and guide resource allocation.

## Recommendations for ICBs:

- **Review service models:** assess delivery models like CMDUs to ensure timely access for eligible patients.
- **Enhance collaboration:** strengthen local coordination among primary care, pharmacies, hospitals, and other providers to improve integrated treatment pathways.
- **Improve data systems:** collect and report data on treatment access, timeliness, demographics, and outcomes to refine services.
- **Train workforce:** provide updated training on COVID-19 treatment guidelines for healthcare professionals.
- **Clear KPIs (key performance indicators):** develop clear KPIs for CMDUs to improve services by developing clear benchmarks for quality services.
- **Public awareness:** raise awareness with the public on eligibility and how to access testing, assessment if positive and treatment.

By actioning these recommendations, the NHS has the potential to enhance access to COVID-19 treatment services, improve public awareness and reduce disparities in care delivery - ensuring eligible high-risk individuals receive timely treatment.

## Methodology for ICB mapping and gap analysis

**Scope of mapping and analysis:** the scope of the ICB mapping and analysis focused on some key service requirements in the NHS England Commissioning Framework: COVID-19 therapeutics for non-hospitalised patients.

**Desk research:** desk research was undertaken to identify existing information and data from publicly available sources, including ICB and relevant healthcare provider websites and reports. All ICBs in England, 42 in total, were included in the research and analysis.

**Gap analysis:** compared mapped services against service requirements to identify gaps in provision.

COVID-19 has caused serious strains on the NHS since the pandemic. During 2023-24 hospitals in England recorded 868,212 emergency admissions for diseases of the respiratory system.<sup>1</sup> Furthermore, infectious respiratory diseases accounted for 19% of all NHS staff absences as of December 2024.<sup>2</sup>

In recent years, the UK's approach to COVID-19 has evolved from a pandemic response to managing it as an endemic disease within the NHS. This transition has been facilitated, in part, by the development and widespread use of COVID-19 vaccines and, to a lesser extent, antiviral therapeutics.

The UK government published "COVID-19 Response: Living with COVID-19" on 21 February 2022, outlining a strategy to live with COVID-19, while protecting people at higher risk of serious illness. In March 2023, the Government announced further changes towards managing COVID-19-like other respiratory illnesses.

*"After several years of dedicated resources and focus, COVID-19 is now recognised as an established and ongoing health issue in the UK and the approach to managing it will now be even further aligned with other established respiratory pathogens."*

**Maria Caulfield, former Parliamentary Under Secretary, Department of Health & Social Care,  
25 March 2024<sup>3</sup>**

## The 'COVID-19 Response: Living with COVID-19' strategy included:

- **Transition to endemic management:** the plan aims to manage COVID-19 like other respiratory illnesses, minimising mortality while retaining the ability to respond to new variants or waning immunity.
- **Vaccination as a cornerstone:** continued vaccination programmes, guided by the JCVI, are central to the strategy. This includes potential booster campaigns for vulnerable groups and ongoing procurement of up-to-date vaccines.
- **Protection for the vulnerable:** prioritising the protection of those most vulnerable to COVID-19 through targeted testing and ensuring access to effective treatments.
- **Innovation and resilience:** securing innovations from the COVID-19 response, including investments in life sciences, and maintaining ongoing surveillance and contingency planning to address future challenges.

The Labour government has reinforced its commitment to protecting vulnerable patients through vaccination programmes.

The UK COVID-19 Inquiry is an ongoing independent public investigation examining the UK's preparedness and response to the COVID-19 pandemic. The purpose of the Inquiry is to establish the facts of the pandemic response, learn lessons for the future and make recommendations to improve the UK's preparedness and response to future pandemics.<sup>4</sup>

Module 4 of the Inquiry focused on vaccines and therapeutics across the UK and concluded hearings at the end of January 2025.<sup>4</sup> Evidence was heard by clinicians, scientists, policymakers, government bodies and groups representing families and people affected by COVID-19. On the topic of access to COVID-19 therapeutics, the following issues were raised in the evidence from the Clinically Vulnerable Families (CVF), an organisation working to support individuals that are clinically vulnerable, severely immunosuppressed and those living in the same household:

- **Therapeutics programme was under prioritised:** the therapeutics programme received less attention, independence and funding compared to the vaccine programme. This resulted in slower progress, more bureaucracy and limited results, leaving clinically vulnerable individuals, especially the immunosuppressed, behind.
- **Access barriers:** the system for accessing therapeutics was, and remains, difficult, preventing many vulnerable individuals from receiving timely treatment. The process is more restrictive than for other medications like influenza antivirals. Clinically Vulnerable Family (CVF) members reported that accessing therapeutics was "a bit like the Goldilocks story. The triaging system decides that you're either too ill, you're too far gone, or not ill enough".
- **Critical timing for antivirals:** the importance of "swift delivery of antivirals" was emphasized, with the suggestion that clinically vulnerable individuals should be able to receive antiviral medication at their doorstep within 20 minutes of a positive lateral flow test—similar to the efficiency of a takeaway food delivery.
- **Clinically vulnerable overlooked:** evidence at the hearing suggests that clinically vulnerable people were often overlooked, their needs under-appreciated and their voices not heard. There was no initial plan for those with weakened immune systems, despite knowing those communities would be severely impacted.<sup>4</sup>

*"The system for accessing therapeutics did not work properly and still doesn't. Despite its importance, the Covid-19 antiviral pathway was, and remains to this day, fraught with access issues and barriers, which have prevented many vulnerable people from receiving the treatment they need."*

**Adam Wagner KC on behalf of the Clinically Vulnerable Families (CVF) members, COVID-19 Inquiry evidence hearing on 31st January 2025<sup>4</sup>**



**The evidence highlights the ongoing challenges in accessing COVID-19 therapeutics, particularly for clinically vulnerable individuals. This report seeks to examine the current timely access routes to COVID-19 therapeutics for high-risk patients.**



## COVID-19 testing

COVID-19 testing has remained a critical tool in diagnosing high-risk patients with COVID-19. The national procurement and distribution of testing kits was integral to enabling timely diagnosis, supporting public health measures and informing clinical decision-making. As of 1 April 2023, COVID-19 testing has now transitioned to the responsibility of ICBs who receive core funding allocations to make COVID-19 testing available to people at the highest risk of becoming seriously ill with COVID-19. Testing is provided for free for eligible, high-risk patients at local pharmacies.<sup>5</sup> Additionally, Pharmacies in England can claim a £4.10 fee (plus VAT) from the NHS Business Services Authority for supplying lateral flow tests under the Advanced Service, and are also reimbursed at the average wholesale cost of the tests. Whilst COVID-19 testing is an important step in timely access to treatment, it is not in scope of this policy report.<sup>6</sup>

## NHS reforms

Over the next two years, NHS England will be brought into the department entirely. The forthcoming NHS reforms will see the abolition of NHS England, with its functions integrated into the Department of Health and Social Care (DHSC) over a two-year period. Alongside this, ICBs are required to reduce their running costs by 50% by late 2025, resulting in significant reductions in headcount across both NHS England and ICBs.<sup>7</sup> These changes are part of a broader effort to streamline operations and enhance accountability within the health service. The reforms may lead to the reshaping of commissioning and delivery models of healthcare services as ICBs seek efficiencies.<sup>8</sup>

## COVID-19: a commissioning framework for access to therapeutics

In December 2021, the MHRA approved the first antiviral medicines for COVID-19. Following this, NICE conducted a Multiple Technology Appraisal (MTA) to assess the clinical and cost-effectiveness of four antiviral treatments: nirmatrelvir plus ritonavir, sotrovimab, and tocilizumab for high-risk patients to reduce the progression of severe COVID-19.<sup>10</sup> All four treatments were recommended for use within the NHS. NICE also recommended early intervention, stating that nirmatrelvir plus ritonavir must be initiated as soon as possible after COVID-19 diagnosis, typically within 5 days of symptom onset.<sup>9</sup>

NICE published its recommendation regarding the antiviral treatments in March 2023, with an agreement to phase funding while ICBs established local services.<sup>9</sup>

COVID Medicines Delivery Units (CMDUs) in England were established in late December 2021 to provide early antiviral and antibody treatments to high-risk, non-hospitalised COVID-19 patients, aiming to prevent severe illness and hospitalisation.<sup>10</sup> CMDUs assess and treat people at the highest risk of becoming seriously unwell with COVID-19, using therapies such as monoclonal antibodies or antivirals. CMDUs operate through referrals from GPs, NHS 111, or direct self-referral in some cases, ensuring timely access to care for vulnerable populations.<sup>11</sup>

NHS England published the Commissioning Framework: COVID-19 therapeutics for non-hospitalised patients in March 2023 to help support ICBs in establishing and maintaining timely access to COVID-19 therapeutics. The commissioning framework sets out the service requirements and standards that ICBs are expected to meet when commissioning access routes to COVID-19 therapeutics.<sup>12</sup>

The commissioning framework marked the shift from a national procurement model for COVID-19 therapeutics to ICB-commissioned services and access. The commissioning framework states that the “long-term ambition for the NHS is for access to COVID-19 therapeutics to become part of routine services, with the long-term preferred route of access through primary care and integrated urgent care.”<sup>13</sup>

## NHS England’s commissioning framework

The NHS England’s Commissioning Framework: COVID-19 therapeutics for non-hospitalised patients outlines the expectations for services to enable access to COVID-19 therapeutics.

The framework states that ICBs are expected to meet the service requirements on access, triage, treatment and monitoring, summarised below. ICBs should determine the service model needed to meet the needs of their local population according to the service requirements.<sup>12</sup>

The commissioning framework also highlights the approach to health inequalities, data and monitoring, along with roles and responsibilities between healthcare providers.

The focus of this report is on the implementation of the service requirements relevant to timely access to COVID-19 therapeutics in the five-day treatment window.



## COVID-19 therapeutics for non-hospitalised patients – key service requirements

### Access



- **Ensure full population coverage and accessibility:** guarantee services for all eligible individuals, including children, with clear entry routes into the patient pathway communicated to the local population and healthcare professionals. Provide non-digital access routes and enable access across diverse settings such as care homes, secure mental health facilities and prisons.
- **Meet the five-day treatment window:** ensure treatment begins within five days of symptom onset. This includes establishing on-call clinical services for patient contact, triage, assessment, treatment and dispensing during weekends, out-of-hours periods and bank holidays.
- **Clear entry patient pathways:** develop clear and accessible patient pathways communicated to the local population and healthcare professionals working within the system.<sup>12</sup>

### Triage



- **Conduct triage and clinical assessment:** determine patient eligibility based on clinical policies, support treatment decisions and manage prescriptions or referrals to infusion services.
- **Current treatments:** provide advice and support for current and emerging treatments, ensuring healthcare professionals have access to guidance for newer therapies to aid assessments and decision-making.
- **Digital access and self-care:** utilise digital access to patients' medical records for informed care, while offering resources for monitoring, self-care and tools like oximeters.<sup>12</sup>

### Treatment



- **Intravenous infusion and oral antiviral services:** establish intravenous infusion services for administering nMABs and antivirals to eligible patients. Enable timely dispensing of oral antiviral medicines, through local community or hospital pharmacies to ensure rapid access for high-risk non-hospitalised COVID-19 patients.
- **Adaptation to new treatments:** develop infrastructure to support newly approved treatment types ensuring healthcare professionals have access to guidance for clinical assessment and treatment decisions.<sup>12</sup>

### Surge planning



- **Testing and contingency planning:** systems should test local arrangements for various surge scenarios and implement contingency plans to scale up access to COVID-19 treatments, including mutual aid for workforce and medicine supply during local outbreaks.
- **Centralised surge locations and sleeper arrangements:** establish identified surge locations for centralised assessment, treatment, and medicine supply hubs, potentially aligned with other initiatives like Acute Respiratory Infection (ARI) hubs, while maintaining 'sleeper' arrangements to ensure sustained access to services for all patients.<sup>12</sup>

Timely access routes to COVID-19 therapeutics for people at the highest risk of becoming seriously unwell with COVID-19 is a critical service to be commissioned and delivered by ICBs across England. This report analyses the access routes to COVID-19 therapeutics for non-hospitalised high-risk patients provided by ICBs, in alignment with the service requirements and expectations outlined in the NHS England commissioning framework. The NHS Innovation Scorecard has also been used to capture the use of COVID-19 therapeutics.<sup>14</sup>

This research uses publicly available data from all ICBs to assess timely access to COVID-19 therapeutics. It focused on key service requirements, drawing primarily from the Innovation Scorecard and data published on ICB websites. The findings have been collated to provide an overview of service provision across England. See table on page 9.

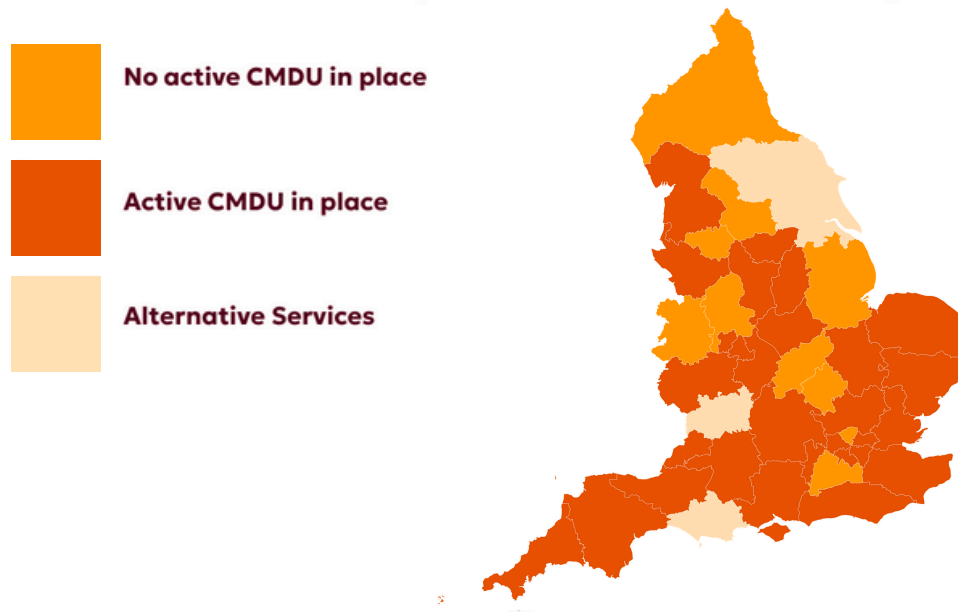
Service requirements	Research question, rationale and limitations
<ul style="list-style-type: none"> <li>• Ensure full coverage of the eligible population in each system, including eligible children.</li> <li>• Meet the five-day treatment window for patients. This should include providing services with on call clinical arrangements to enable patient contact, triage, assessment, and treatment and dispensing over the weekend, out of hours and during bank holidays.</li> </ul>	<p><b>Does the ICB have an active COVID-19 Medicines Delivery Unit (CMDU)?</b></p> <p>The CMDU is a service established to ensure that eligible, high-risk patients have timely access to COVID-19 antivirals and therapeutics, within the critical five-day treatment window. CMDUs provide an indicator that a visible service is in place for providing treatments to eligible patients.</p> <p><b>Limitations:</b> CMDUs are one route to provide access to COVID-19 therapeutics. Access to therapeutics as part of routine care can also be commissioned through primary care, urgent care, pharmacies and other services. It is for ICBs to determine the service model to meet local needs.</p>
<ul style="list-style-type: none"> <li>• Has a clear entry route into the patient pathway been communicated to the local population and healthcare professionals working within the system.</li> </ul>	<p><b>Has the ICB published a communication to their local population on the routes to access COVID-19 treatments and understand the criteria for eligibility e.g. individuals deemed at the highest risk of becoming seriously unwell with COVID-19?</b></p> <p>Effective public communications are essential to ensure that eligible patients are aware of how to access COVID-19 treatments and understand the criteria for eligibility. Examining these public communications allows us to assess whether clear, timely and accurate information is being provided to high-risk populations. Public communications include press releases and information on ICB and related healthcare provider websites that informs the public of the eligibility criteria and how to access treatment for COVID-19.</p> <p><b>Limitations:</b> Data and information on personal communications, such as letters, emails and texts, to individuals at risk is not available to be used in the analysis.</p>

Although medicines utilisation is not included in the expectations and requirements outlined in the NHS England commissioning framework, analysing it provides valuable insights into antiviral uptake across ICBs. This, in turn, can highlight potential variations and gaps in patient access.

	Research question, rationale and limitations
Medicines utilisation	<p><b>Is there equitable uptake of NICE recommended COVID-19 antivirals across England?</b></p> <p>The NHS Innovation Scorecard is a tool designed to monitor the uptake of medicines, medical devices and diagnostics that have been positively appraised by the NICE. The scorecard tracks regional variations in the use of these treatments, providing insights into how quickly and equitably they were adopted across different NHS ICBs and regions.</p> <p><b>Limitations:</b> The NHS Innovation Scorecard has several limitations in its data reporting regarding COVID-19 medicines. It does not provide information on the factors influencing prescribing decisions nor does it account for the number of patients eligible for specific treatments. Additionally, the scorecard does not reflect varying levels of COVID-19 prevalence within the population, which significantly impacts medicine demand. Furthermore, it uses a broad denominator, Assumed Daily Dose (ADD), which are derived estimates based on assumptions about medicine usage rather than actual patient-level data, potentially leading to inaccuracies in measuring real-world medicines utilisation.</p>

This report focuses on CMDUs as they were established as the “gold standard” for COVID-19 therapeutic delivery during the pandemic. While we acknowledge that many ICBs have since commissioned alternative service models in areas without active CMDUs, CMDUs provide a consistent benchmark for assessing access, quality, and system-level planning. This analysis is based on publicly available data and was produced through desk research.

## Availability of COVID Medicines Delivery Units (CMDUs)



3

- Out of the 42 ICBs analysed, 31 (74%) ICBs currently have an active CMDU in place, while others rely on alternative services, such as community pharmacies.
- 11 ICBs do not have an active CMDU in place, with three ICBs (Dorset, Gloucestershire, and Humber and North Yorkshire) using alternative service arrangements, such as community pharmacies and specialist units, as an access route.

## Regional overview:

5

- **South-west:** ICBs in Bristol, North Somerset, South Gloucestershire, and Cornwall offer CMDUs typically five days a week for high-risk patients. Dorset has an alternative route via a GP, which offers COVID-19 therapeutics to non-hospitalised high-risk patients. Gloucestershire closed its CMDU in June 2023, requiring patients to access treatment through primary care or specialist referrals.
- **Midlands:** the Midlands region has a mixed landscape. Birmingham and Solihull, Black Country, and Leicester, Leicestershire and Rutland ICBs operate active CMDUs focusing on high-risk patients with symptoms within a five-day window. ICBs in Nottingham, Shropshire, and Lincolnshire do not have active CMDUs, relying instead on GP services or self-referral systems as a route for patients to access COVID-19 therapeutics.

- **North-east and Yorkshire:** in the North-east and Yorkshire, ICBs like South Yorkshire and Cambridgeshire and Peterborough have CMDUs focused on high-risk patients, requiring a positive lateral flow test and symptoms within five days. Humber and North Yorkshire do not have active CMDUs, relying on community pharmacies for COVID treatment.
- **North-west:** the North-west region, including Cheshire and Merseyside and Lancashire and South Cumbria, has some areas with active CMDUs. Services, such as those in Cheshire, require a positive lateral flow test and symptoms within five days. However, Manchester Foundation Trust had a hospital-based multidisciplinary team (MDT) group that identifies and manages patients who were missed by community pathways and subsequently admitted
- **South-east:** the South-east, including areas like Surrey Heartlands, Kent and Medway, and Hampshire and Isle of Wight, offers a CMDU network with services often seven days a week. These ICBs are largely primary care led. They remained focused on high-risk patients.

Service delivery arrangements to provide access to COVID-19 therapeutics appear to vary significantly across different ICBs. While around 74% of ICBs have a visible and active CMDU, others may rely on alternative service arrangements to provide timely treatment.

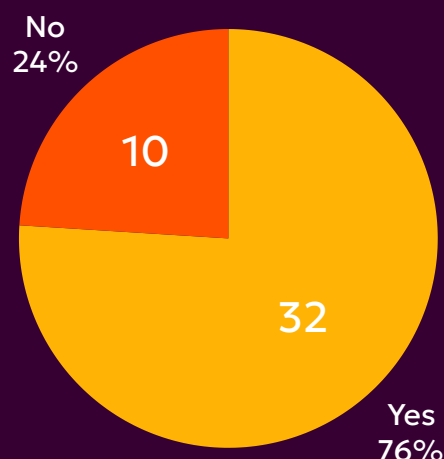
In areas without active CMDUs, most ICBs have commissioned alternative hubs or service models, often based in primary or community care, to maintain access to COVID-19 treatments for eligible patients, which attempts to ensure continued therapeutic provision within the required five-day window. However, both healthcare professionals and patients may face uncertainty regarding the appropriate pathways to obtain COVID-19 treatments. This lack of clarity could hinder timely access to antivirals, potentially affecting patient outcomes and equitable treatment availability.

The absence of mandatory data publication requirements for ICBs further complicates efforts to evaluate whether eligible patients are receiving appropriate and timely treatment. To promote transparency and equitable access, it would be helpful for ICBs to publish data on the provision and accessibility of COVID-19 therapeutics for high-risk and eligible populations in their regions.

## Has the ICB published a communication to their local population on the routes to access COVID-19 treatments and understand the criteria for eligibility?

Effective public communication is essential to ensuring that high-risk patients are aware of their eligibility for COVID-19 therapeutics and how to access treatment services. However, the analysis reveals significant inconsistencies in how ICBs communicate this information.

Nearly a quarter, of ICBs (10/42) have not published communications about the COVID-19 access arrangements or the patient eligibility criteria for their local population. Additionally, the communication is not proactive which causes further issues with patient awareness.



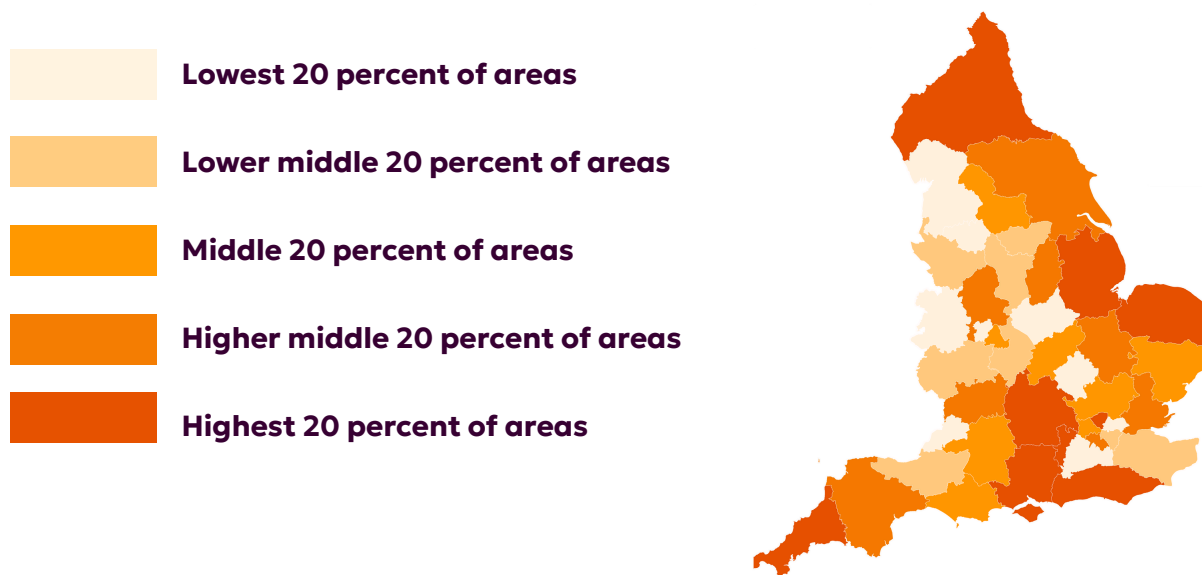
### Regional overview:

- **South-east:** most ICBs in the South-east have publicly communicated arrangements for high-risk patients to access COVID-19 antivirals. ICBs such as Kent and Medway, Hampshire and Isle of Wight, Surrey Heartlands, Sussex, and Frimley have all Published information for the public and patients in the form of press releases or details on website. Buckinghamshire, Oxfordshire, and Berkshire West has also communicated access pathways.
- **North-west:** there is a disparity in the North-west, with some areas providing public information while others remain unclear. Cheshire and Merseyside and Lancashire and South Cumbria have published information, but Greater Manchester has not publicly communicated access, indicating a potential gap in access awareness.
- **North-east and Yorkshire:** this region has mixed results, with some ICBs confirming arrangements while others without public communication. South Yorkshire communicated, but Humber and North Yorkshire, North-east and North Cumbria, and West Yorkshire have not provided public details, potentially limiting accessibility.
- **Midlands:** the Midlands presents a varied picture. ICBs such as Black Country, Coventry and Warwickshire, Derby and Derbyshire, Herefordshire and Worcestershire, Leicester and Nottinghamshire have confirmed access arrangements. Birmingham and Solihull, Northamptonshire, Lincolnshire, and Shropshire, Telford and Wrekin have not publicly shared information, creating potential gaps in service awareness.
- **South-west:** the South-west has generally communicated arrangements for high-risk patients, with areas like Bristol, Cornwall, Devon, Dorset, and Gloucestershire providing access details. However, Somerset has not publicly confirmed its arrangements, which could create uncertainty for patients seeking COVID-19 therapeutics.

This analysis identifies areas with well-defined communication re access pathways and those where communication gaps occur, potentially hindering high-risk patients' access to timely treatment.



## ICB use of COVID-19 antivirals - ADD per 100,000 population



The Innovation Scorecard data highlights significant variations in the prescribing of nirmatrelvir plus ritonavir, as well as sotrovimab across ICBs in England during the 2023/24 period. These differences are evident in the utilisation rates of the medicine, measured in Assumed Daily Doses (ADD), and reflect disparities between regions and over time.<sup>14</sup>

- **Highest 20% of areas:** London North Central ICB ranked in the highest 20% of areas, while North-east and North Cumbria ICB appeared in the top 20% for two quarters. North-east and North Cumbria was the highest overall with 371.5.
- **Lowest 20% of areas:** in contrast, ICBs in the lowest quintile demonstrated substantially lower prescribing rates. Bristol and Somerset ICB recorded an ADD as low as 5.1 in Q1 of 2023/24, while Shropshire and Telford ICB remained in the lowest 20% across all three quarters in 2023/24. Greater Manchester ICB consistently fell into the lowest or lower-middle quintile, with an ADD of 47.4 in Q2. Notably Greater Manchester, Telford, and Bedfordshire ICBs all do not have an active CMDU and have publicly communicated access pathways for these treatments.
- **Variations over time:** Suffolk ICB moved from the highest quintile in Q1 to the lowest quintiles in Q2 and Q3. These fluctuations underscore both regional disparities and potential inconsistencies in access or implementation strategies.

The data also suggests that structural factors may influence prescribing rates. Areas with lower COVID-19 medicines utilisation often lack CMDUs. This points to a need for targeted interventions to address these gaps and ensure consistent and equitable access to treatment across all regions, particularly for high-risk populations as recommended by NICE guidelines.

This report highlights the critical role of ICBs in ensuring equitable and timely access to COVID-19 therapeutics for high-risk, non-hospitalised patients in England. While the national policy direction aims to manage COVID-19 as an endemic disease, variations in the implementation of NHS England's commissioning framework across ICBs raise concerns about consistent access to these vital treatments.

The analysis reveals that 74% of ICBs have maintained active COVID Medicines Delivery Units (CMDUs), whilst others rely on alternative service arrangements, such as community pharmacies and specialist referrals. Evidence from the COVID-19 Inquiry underscores the challenges faced by high-risk individuals in accessing therapeutics, with concerns raised about under-prioritisation, access barriers, and the need for swift delivery of antivirals.

The findings suggest that a more robust approach is needed to ensure that all eligible patients, regardless of their location, can potentially benefit from timely access to COVID-19 therapeutics within the critical five-day treatment window. With NHS reforms underway, which may impact the commissioning and delivery of services as Integrated Care Boards seek efficiencies, it is vital to closely monitor variations in timely access to COVID-19 therapeutics for high-risk patients to ensure their needs are met effectively.

To address disparities across COVID-19 services and ensure clear access routes across England, the following recommendations are proposed:

## National policy recommendations:

- **Prioritise funding for therapeutics:** the Department of Health and Social Care should ensure adequate and ring-fenced funding for COVID-19 therapeutics and related services, recognising the importance of early intervention in preventing severe disease and hospitalisations for those with at the highest risk.
- **Enhance public awareness:** launch a national public awareness campaign led by NHS England to inform the public about the eligibility criteria, the importance of early testing, access to free testing and treatment for COVID-19, and how to access available services in their local area.
- **Streamline access pathways:** work with ICBs to streamline patient pathways for accessing COVID-19 therapeutics, reducing bureaucratic hurdles and ensuring timely assessment and treatment within the five-day window. Consider the feasibility of rapid at-home delivery of antivirals following a positive test for high-risk individuals.
- **Monitor Uptake Data:** implement robust data collection systems to track disparities in therapeutic uptake and inform resource allocation.

## Recommendations for ICBs:

- **Review COVID-19 service delivery models:** ICBs should review their current service delivery models for COVID-19 therapeutics, considering the need for CMDUs or alternative arrangements that ensure timely access for all eligible patients.
- **Strengthen local collaboration:** foster closer collaboration between primary care, community pharmacies, hospitals and other healthcare providers to create integrated and coordinated pathways for COVID-19 treatment.
- **Improve data collection and reporting:** enhance data collection and reporting on access to COVID-19 therapeutics, including timeliness of treatment, patient demographics and outcomes, to identify areas for improvement and inform service planning.
- **Invest in workforce training:** provide adequate training and resources for healthcare professionals on the latest COVID-19 treatment guidelines and protocols, ensuring they are equipped to assess and treat patients effectively.
- **Clear KPIs (key performance indicators):** develop clear KPIs for CMDUs to improve services by developing clear benchmarks for quality services
- **Public awareness:** raise awareness with the public on eligibility and how to access testing, assessment if positive and treatment

This report is the first in a two-part series, with the second instalment forthcoming. The subsequent report will be informed by key stakeholder perspectives of the key findings of this report. The second report will focus on the challenges and opportunities with timely access to COVID-19 therapeutics and will examine the potential impact of reforms to NHS England, including changes to organisational structure and workforce headcount.

1. **Asthma + Lung UK. (2024).** Breathing issues are the leading cause of all emergency admissions. [online] Available at: <https://www.asthmaandlung.org.uk/media/press-releases/breathing-issues-are-leading-cause-all-emergency-admissions>. [Accessed 4 Apr. 2025]
2. **NHS England. (2025).** NHS Sickness Absence Rates, December 2024. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/december-2024>. [Accessed 4 Apr. 2025]
3. **Parliament.uk. (2024).** Written statements - Written questions, answers and statements - UK Parliament. [online] Available at: <https://questions-statements.parliament.uk/written-statements/detail/2024-03-25/hcws376>. [Accessed 3 Apr. 2025]
4. **UK Covid-19 Inquiry. (2025).** Transcript of Module 4 Public Hearing on 31 January 2025 UK Covid-19 Inquiry Archives. [online] Available at: <https://covid19.public-inquiry.uk/documents/transcript-of-module-4-public-hearing-on-31-january-2025/> [Accessed 3 Apr. 2025].
5. **NHS England. (2023).** NHS England» Changes to COVID-19 testing – use cases consultation underway and financial arrangements. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/long-read/changes-to-covid-19-testing-use-cases-consultation-underway-and-financial-arrangements/>. [Accessed 1 Apr. 2025]
6. **NHS Business Services Authority. (2025).** Drug Tariff - NHSBSA. [online] Available at: <https://www.drugtariff.nhsbsa.nhs.uk/#/00893951-DC/DC00893948/Home>.
7. **Health (2025).** NHS England: Health and Social Care Secretary's statement. [online] GOV.UK. Available at: <https://www.gov.uk/government/speeches/nhs-england-health-and-social-care-secretarys-statement>. [Accessed 6 Apr. 2025]
8. **Healthcare Management (2025).** BREAKING NEWS: Leader confirms 50% cuts for NHSE and ICBs. [online] Healthcare-management.uk. Available at: <https://www.healthcare-management.uk/breaking-news-leader-confirms-cuts-nhse-icbs> [Accessed 3 Apr. 2025].
9. **NICE (2023).** Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 [online] Available at: <https://www.nice.org.uk/guidance/ta878> [Accessed 8 Jul. 2025]
10. **NHS (2023).** Treatments for COVID-19. [online] nhs.uk. Available at: <https://www.nhs.uk/conditions/covid-19/treatments-for-covid-19/>. [Accessed 3 Apr. 2025]
11. **Brown, M., Jasjot Saund, Qureshi, A., Plowright, M., Drury, K., Gahir, J., Simpson, T., Newman, T., Adams, K., Galloway, J., Kezia Durairaj, Kamla Elgizouli, Rampling, T., Cole, J., Easom, N., Goodman, A.L. and Marks, M. (2022).** Demographics and Outcomes of Initial Phase of COVID-19 Medicines Delivery Units Across 4 UK Centers During Peak B.1.1.529 Omicron Epidemic: A Service Evaluation. Open Forum Infectious Diseases, [online] 9(10). doi:<https://doi.org/10.1093/ofid/ofac527>. [Accessed 1 Apr. 2025]
12. **Commissioning Framework: COVID-19 Therapeutics for Non-Hospitalised Patients.** (n.d.). Available at: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/12/C1677-commissioning-framework-covid-19-therapeutics-for-non-hospitalised-patients-march-23.pdf.pdf>. [Accessed 10 Apr. 2025]
13. **University College London Hospitals NHS Foundation Trust. (2024).** COVID Medicines Delivery Unit (CMDU) : University College London Hospitals NHS Foundation Trust. [online] Available at: <https://www.uclh.nhs.uk/our-services/find-service/covid19-clinics/covid-medicines-delivery-unit-cmdu> [Accessed 3 Apr. 2025].
14. **NHS England. Innovation Scorecard: COVID-19 Therapeutics Dashboard.** (n.d.). Available at: <https://app.powerbi.com/view?r=eyJrJoiZmM0OGE5ODQtZmNiYS00NGU2LTg1NGItNDc2OWI0Zjk2ZmU4IiwidCI6ImNmNmNmQwNDgyLTg2YjEtNGY4OC04YzBjLTNiNGRlNGNiNDAYyYyJ9> [Accessed 9 Jul. 2025]

This report includes data from third-party sources. While every effort has been made to ensure accuracy, the original publishers are responsible for the content of their respective websites.