

## **Covid Prevention and Treatment Update**

### **1. Background**

- 1.1 The CTPG are keen to ensure that their post-transplant population (and eligible pre transplant population) are both informed and advocates for the optimal Covid prevention and treatments available.
- 1.2 To enable this the CTPG has positively engaged with the associated NICE appraisal processes and disseminated key Covid treatment and prevention information to patients through multiple channels.
- 1.3 This paper will summarise its involvement in this work.

### **2. Covid Vaccines**

- 2.1 Post transplant and other defined high-risk patient are eligible for a spring booster. The CTPG have disseminated information on this programme. In addition, the CTPG invited NHSBT to present the headline results of the Callaghan et al (2022) study at their December 2022 meeting and have disseminated the key messages widely to the patient population.
- 2.2 The overall feedback from the CTPG patient population during the entire pandemic has been very positive about the vaccine programme.

### **3. Other Covid Prevention Treatments**

- 3.1 Many post cardiothoracic transplant patients have been advocates for tixagevimab and cligavimab (tix-cil), indeed several have chosen to fund treatment privately.
- 3.2 The CTPG have been keen to represent their views whilst taking a balanced view from an evidence and health economic basis.
- 3.3 The CTPG are formal stakeholders in the NICE Appraisal process of tix-cil and as part of this submitted the attached response, see Appendix 1.
- 3.4 The final recommendation from NICE was published on 14 June 2023 and as expected did not recommend tix-cil for prevention of Covid 19.
- 3.5 The CTPG has proactively disseminated information about the Cambridge University Hospitals NHSFT PROTECT-V Trial to patients.
- 3.6 The CTPG are formal stakeholders in the upcoming NICE appraisal of ADZ 3152, which is a Covid 19 prevention treatment. The CTPG submitted a response to the proposed remit, scope and stakeholder list in the upcoming appraisal, see Appendix 5.

### **4. Covid Therapies – Guidance**

- 4.1 NICE appraised various therapies for people with Covid 19 (ID4038), of which the CTPG is a formal stakeholder.

- 4.2 The first draft recommendations produced by NICE for consultation did not include any out of hospital treatment options for post-transplant patients as the primary recommendation of Nirmatrelvir / ritonavir is generally not advised for patients taking immunosuppressants.
- 4.3 The CTPG (along with other stakeholders) advocated strongly that the draft recommendations were disadvantaging certain patient groups, including cardiothoracic transplant recipients. The CTPG consultation response is attached in Appendix 2.
- 4.4 Following the consultation process, NICE revised their recommendations on Covid therapies to include Sotrovimab for high-risk patients where nirmatrelvir / ritonavir is unsuitable. Their recommendations were published on 29 March 2023
- 4.5 The CTPG has been actively disseminating and communicating the updated NICE guidance to patients.
- 4.6 NICE have also been consulting on their Covid surveillance and rapid review processes (Covid 19 technology appraisal recommendations: surveillance and rapid update process statement consultation (GID – NGC10017))
- 4.7 The CTPG have submitted a consultation response which is shown in Appendix 3.
- 4.8 NICE are currently consulting on Covid 19 – nirmatrelvir plus ritonavir (Partial Rapid Review of TA878) (ID6262)
- 4.9 The CTPG have submitted a consultation response which is shown in Appendix 4.

## **5. Covid Therapies – Delivery**

- 5.1 Widespread feedback from the patient community has raised concerns about the timely delivery of recommended Covid therapies.
- 5.2 This feedback has been across several aspects of the pathway, however the most frequently occurring is the failure of CMDUs to providing the recommended therapy in a timely manner. There have also been reports of some cardiothoracic transplant services suggesting therapies that are no longer recommended.
- 5.3 Patel et al (2022) looked at the effectiveness of various treatments in a retrospective cohort study. Their data revealed that only 29% of solid organ transplant patients received any treatment.
- 5.4 From 27 June 2023 responsibility for delivering out of hospital Covid treatments devolved to ICSs.
- 5.5 The CTPG Chair has been consistently expressing concerns about the planning and organisation for the transfer of services. Appendix 6 is a copy of a letter to the Secretary of State for Health outlining these concerns, which is signed by the CTPG chair along with 19 other stakeholder groups.

5.6 At the time of writing (1 July 2023) the CTPG Chair is working with other stakeholder organisations to develop a directory of Covid services by ICS. This is proving challenging as many ICB organisations have poorly developed communication channels and are often lacking in the provision of patient information.

## **6. Summary and Recommendations**

6.1 The CTPG has taken a proactive role in supporting its patient population with advocacy and information sharing related to Covid prevention and therapies.

6.2 The CTPG has submitted consultation responses to the relevant NICE appraisal processes. The CTPG have been impressed with NICE's organisation, transparency, and engagement with patient communities.

6.3 The CTPG would recommend that the cardiothoracic transplant centres are provided with information to enable them to refer patients to Covid services convenient to the patient.