Mersey Care
NHS Foundation Trust

Patient Information Leaflet

Important information about treatments for COVID-19

You have been identified by your healthcare team as being at increased risk if you become unwell with COVID19. This means that you might be suitable for anti-viral / antibody treatments if you get COVID19. When given early to people with particular risk factors these medicines can help to reduce the severity of the illness.

The NHS has a COVID Medicine Service to provide access to those treatments in community. You will need to have free test kits for your personal use if you feel ill and be concerned about COVID. **Test kits are available via the following link** Order COVID-19 rapid lateral flow tests - GOV.UK (www.gov.uk) or **by calling 119 if eligible and making a requesting**.

If you test positive for COVID19, and are uncertain about what to do you should immediately contact 111, your GP, or for some people, your hospital specialist if you have been advised to do so. You will be able to discuss whether they need to refer you for an assessment for treatment.

You also have the option for self-referral and can access COVID-19 treatments in your local area. Your local COVID-19 Medicine Delivery Unit (CMDU) provider for Cheshire and Merseyside is Mersey Care NHS Foundation Trust. If you test positive and would like to refer yourself for an assessment for COVID-19 treatment, you can do so by contacting us via telephone.

You can refer to the COVID-19 Medicine Delivery Unit (CMDU) at Mersey Care using the phone number below:

0151 296 7222 - Lines are open from 9-5, 7 days a week

Before you contact us, please make sure that you have a positive Lateral Flow Test (LFT) result within the last 5 days and your COVID-19 symptoms started within 5 days. If your symptoms started more than 5 days ago your local CMDU cannot provide you COVID-19 treatment as community treatment is effective when given early. In this instance, please contact NHS 111 your GP practice or hospital consultant for other treatment options.

When contacting us you will be asked to provide us the following information to get you registered on to our system:

Full name

NHS Number

Date of Birth

Address including post code

Your GP practice

Date of most recent positive lateral flow test (LFT)

Date when your symptoms started

Contact details (a telephone number is essential)

Please remember, this service can only provide COVID-19 treatment if you are well enough to stay in your usual home. If you are very unwell or would like to seek help for any other illness or concern, please contact NHS 111, GP Practice or in an emergency, 999.

More information for COVID-19 treatment is available at: www.nhs.uk/CoronavirusTreatments

For information on how the Trust uses your information, please see the Patient Privacy Notice on the website at https://www.merseycare.nhs.uk/about-us/privacy

NHS
Mersey Care
NHS Foundation Trust

To: [Clinician]

Dear

Important information about treatments for patients testing positive for COVID-19 who are deemed at highest risk of getting seriously ill

A letter has recently been circulated by NHSE to your patients who are part of the group of patients who are deemed at highest risk of getting seriously ill from COVID-19. The letter explains who patients should contact should they test positive for COVID-19. This includes contacting their GP practice, Hospital specialist or NHS111 to access specific COVID-19 treatments.

A copy of this letter can be found on the link below:-

NHS England » Letter to patients: Important information about treatments for Covid

The reason for this letter to patients is because on 27th June 2023, the way in which COVID-19 positive test results are recorded will change and the onus is now on the patient to contact their GP practice, Hospital Specialist, NHS111 or the local CMDU for access to specific COVID-19 treatments. The patient will need to carry out an LFT test and this must be positive**. Patients will be able to obtain lateral flow tests for free until at least September 2023**. **Test kits are available via the following link** Order COVID-19 rapid lateral flow tests - GOV.UK (www.gov.uk) or **by calling 119 if eligible and making a requesting**.

Patients have always been able to be referred by GP practices, hospital consultants and NHS111 into the CMDU and this process will not change. We will still require a referral form which I have attached, and this should be emailed to mcn-tr.cmdu@nhs.net

However, from 27th June 2023, patients are now also able to self-refer to the COVID-19 Medicines Delivery Unit (CMDU) by calling:-

0151 296 7222 - Lines are open from 9-5, 7 days a week

The local COVID-19 Medicine Delivery Unit (CMDU) provider for Cheshire and Merseyside is Mersey Care NHS Foundation Trust.

Mersey Care
NHS Foundation Trust

Before the patient contacts us, they should ensure that they have carried out a positive Lateral Flow Test (LFT) result within the last 5 days and onset of their COVID-19 symptoms are within 5 days. If their symptoms started more than 5 days ago then the CMDU cannot provide COVID-19 treatment and they will be informed to contact their GP practice or NHS 111 for other treatment options.

When contacting us patients will be asked to provide us the following information to register them on to our system:

Full name

NHS Number

Date of Birth

Address including post code

Their GP practice

Date of most recent positive lateral flow test (LFT)

Date when their symptoms started

Contact details (a telephone number is essential)

Please remember, the CMDU service can only provide COVID-19 treatment for the highest risk patients who could become seriously ill if contracting COVID-19 and these high-risk conditions are contained within the web-link below.

www.nhs.uk/CoronavirusTreatments

If you require any further information please contact us via telephone on 0151 296 7222 or via email at [redacted]

Yours sincerely,

Cheshire and Merseyside CMDU

Cheshire & Merseyside CMDU Pathway 14/06/2023 v4.5
C&M CMDU Contact Details:-
Admin: Mon-Sun 09:00 – 17:00
Clinical Triage: Mon-Sun 09:00 – 17:00
Telephone number: 0151 296 7222
Email address: [redacted]
CMDU Admin: Receive calls from GP and 111, logs the demographics and case details on Adastra and EMISWeb
CMDU Admin: Requests referrer to send referral to the CMDU. Admin to email a blank referral form if required
CMDU Admin: Once referral is received, CMDU admin to change case type to "Triage Required" and attach referral, GP notes and email to Adastra and EMISWeb
CMDU Admin: Receive calls from Patient, logs the demographics and case details on Adastra and EMISWeb
CMDU Admin: Asks and records:- Full Name, NHS No, DOB, Address, GP Practice, date of most recent positive lateral flow test and date of onset of symptoms. Carries out PDS tracing and stores in nMABs pool in Adastra as case type "Triage Required"
CMDU Admin: Receives referral via email to mcn-tr.cmdu@nhs.net inbox
CMDU Admin: Registers all patients onto Adastra and EMISWeb, records demographics including GP and locates record in Adastra using PDS Tracing and store in nMABS pool in Adastra as case type "Triage Required"
Is patient 12-17yo or from East Cheshire?
12-17yo
East Cheshire
CMDU Admin: Register all Alder Hey patients on Adastra and placed into Nurse Advisor Triage Pool as case type "Triage Required"
CMDU Nurse: Call patient and ask to speak with parent / guardian
Parent / guardian not available
Parent / Guardian available
Parent / guardian agrees to Treatment or doesn't agree to treatment
CMDU Nurse: Send patient details to nmabs pool with recorded outcome of discussion
CMDU Nurse: Discuss treatment options with parent / guardian
CMDU admin: Send patient details to [redacted] account via Agency Referral Module in Adastra and close in Adastra upon receipt confirmation from Alder Hey with Informational Outcome "Sent to Alder Hey"
CMDU Admin: Register all East Cheshire patients on Adastra
CMDU Admin: Send patient to Greater Manchester nMABS service (mft.gm.cmdu@nhs.uk) via Agency Referral Module in Adastra upon receipt confirmation from GM CMDU with informational Outcome "Sent to GM CMDU"
KEY:
CMDU Triage Nurse
CMDU Admin
CMDU Prescriber
Patient
Local IV Team
Pharmacy
CMDU Nurse: Contact the patient and triage as appropriate by confirming identity and checking detail collated by admin
CMDU Nurse: Asks Clinical Screening Questions
CMDU Nurse: To hold case in nMABS pool under "await patient call back" for day 3 to 4, patients are given a 2 hour window
CMDU Nurse: To hold case in nMABS pool under "await patient call back" for day 1 to 2, patients are given 6 hour window
Yes
CMDU Nurse: Discusses option of treatments
Is the patient suitable and accepting of enrolment of treatment?
Does the patient want to pause decision in line with 5-day deadline?
No
Does patient want to enrol with CO@H?
CMDU Nurse: Send patient details to nmabs pool with "Oximetry@home" case type
CMDU Admin: Close case and record patient outcome in Informational Outcomes in Adastra with reasons for decline or suitability and refer into the patients Oximetry @ Home Service
CMDU Admin: Close case and record patient outcome in Informational Outcomes in Adastra with reasons for decline or suitability
CMDU Nurse: Discusses red flags with patient and send patient details to nmabs pool with "Complete nMABs" case type
CMDU Nurse: Informs patient of next steps
Pt eligible following CMDU screening
CMDU Nurse: Places Adastra case into nMABS Adastra pool as "Triage Complete nMABs" case type
CMDU Admin: Register patient on EMIS org 20199 and attach Adastra PDF (documents from GPs, referrals)
CMDU Admin: Task Prescriber via Clinical Group Task team via EMIS to inform them patient requires review and changes case type on Adastra to "Awaiting Prescriber Response" indicating whether a slot is available for IV Sotrovimab should that be the treatment option
CMDU Prescriber: Confirms receipt of referral via task
CMDU prescriber: Reviews triage questions, CIPHA/ ICE data and calls patient
CMDU Prescriber: Send task to CMDU admin via EMIS to the "nMABs Admin" task group to request medication review (if required)
If Patient is not suitable for any treatment
If patient is not suitable for Paxlovid
Sotrovimab Process
CMDU Prescriber: Review information and consider prescription for Sotrovimab
Pt Not Eligible for IV
CMDU Prescriber: Call patient and discuss treatment options
If patient is not suitable for Sotrovimab
Molnupiravir Process
CMDU Prescriber: Refer to CMDU Admin to offer CO@H via task with an outcome for a rejection for the referral
CMDU Admin: Follow oximetry@home process
CMDU Prescriber: Refer to MCFT to offer CO@H via task with an outcome for a rejection for the referral
CMDU Admin to follow oximetry@home process
CMDU Admin: change case type to complete with Informational Outcome "Sotrovimab"
Local CO@H teams: Onboard patient to nMABs CO@H pathway
Local IV Team: Inform patient of when / where IV will take place via Telephone and move to relevant appointment book
CMDU Admin: Register patient onto relevant EMISWeb IVT Org and place in an untimed slot or email to IVT followed with telephone call
CMDU Admin: Send prescription to pharmacy, Local IV team and relevant CO@H team via CMDU email and via Telephone
CMDU Admin: Extract GP letter from EMISWeb patient record and email to relevant GP surgery via nhs.net account
CMDU Prescriber: Create GP Letter from template and Inform CMDU admin via EMIS task
CMDU Prescriber: Complete prescription and send task to CMDU admin including prescription documentation
Is there capacity to book patient into an IV slot or wait list slot?
Yes
No
Pt Eligible for IV
CMDU Admin: Checks capacity
CMDU Prescriber: Tasks admin to check that IVT have capacity to offer treatment
CMDU Prescriber: Task the admin team with a message prescription has been added to EMIS
CMDU Prescriber: Create GP Letter from template and Inform CMDU admin via EMIS task
CMDU Admin: Extract GP letter from EMISWeb patient record and email to relevant GP surgery via nhs.net account
Paxlovid prescribed
Paxlovid Process
CMDU Prescriber: Clinician call patient
Pt suitable For Paxlovid
If patient declined
Follow Sotrovimab process
Agree Paxlovid to continue
Med Review Rqd
CMDU Admin: Email the local pharmacist for medication review with eGFR result and NHS number via CMDU email with prescriber notes
Pharmacist: Send medication review with description of risks and treatment recommendation to CMDU prescriber
CMDU Admin: Attach Medication Review to EMIS, and send task to the CMDU Prescriber
Paxlovid: Possible drug interaction that might be manageable
CMDU Prescriber: Prescriber and Pharmacist discussion - MDT
No paxlovid
CMDU Prescriber: Prescriber calls patient
NOTE CMDU Admin: If no medication review is available from all sources, then CMDU admin to contact patient's GP
NOTE: CMDU Coord.: Contact pharmacy to chase within 2 hours for all patients via phone
Patient ruled out of Paxlovid due to Medication interactions or blood Results out of range
Sotrovimab Option
Oximetry@home
Follow Sotrovimab Process
Follow oximetry@home Process
MCFT Telehealth: On board patient to nMABs Oximetry @ Home
CMDU Admin: Send prescription onto pharmacy via CMDU email
Local Pharmacy: Liaise with patient for collection / delivery of prescription
CMDU Admin: Complete documentation on Adastra and amend case type to "Complete", and discharge patient on EMIS
CMDU Admin: For patients 3 to 5 days, admin to follow up receipt of email via CMDU email within 2 hours
Clinical Screening Questions
* Nurse Advisor to read out script of what treatment options are available
* When did your symptoms of Covid 19 start? (should be within 5 days of symptom onset)
* Can you tell me what your symptoms are (temperature, continuous cough, loss of sense of taste or smell) – record symptoms
- Are symptoms improving
- Can you tell me the date of your positive LFT test
- Have you had your Covid Vaccinations, if yes can you confirm:
- Date of first vaccination
- Date of second vaccination
- Date of booster vaccination
* Breathlessness?
* Completing full sentence?
* Able to do activities of daily living?
COVID activity
* Mild – not breathless and able to do activities of daily living
* Moderate – Breathless but able to complete full sentences – advise to seek medical help from GP
* Severe – Breathless and unable to complete full sentences or do activities of daily living – advise to call 999
* Confirmation of patient in eligible cohort - Down's Syndrome and other genetic disorders, Sickle Cell Disease, Patient with a solid cancer, Patients with a haematological malignancy, Patients with renal disease, patients with liver disease, patients with immune mediated inflammatory disorders, primary immune deficiencies, HIV/AIDS, Solid organ transplant recipient, rare neurological conditions, Respiratory conditions (non-invasive ventilation treated COPD, asthma treated with immunosuppressants)
Note exclusions: Patient requires hospitalisation, Patient requires new supplement oxygen specifically to manage COVID symptoms
- Have you ever had an anaphylactic reaction? If yes, what was the reaction to?
- Have you ever had an allergic reaction? If yes, what was the reaction to?
- Does the patient understand that the nMABS are given by IV infusion?
- Does the patient consent to having IV infusion?
- Are you able to have an IV infusion at your home?
- Are you able to travel to site to have your IV infusion?
- Discuss Covid Oximetry at Home virtual ward monitoring
Next Steps
Thank you for answering all of the questions. I can confirm that based on your answers you are eligible for treatment, however the final decision needs to be made by our prescriber based on the information you have given to me
Confirm that the details will now be passed to the prescriber who will review the information and if has no further questions will issue a prescription
Patients who may be potentially eligible to receive Paxlovid will be contacted by the prescribing clinician or pharmacist to review medicines for drug interactions with Paxlovid if any. If no interactions/contraindications, Paxlovid will be prescribed. If drug interactions then Sotrovimab or alternative treatment may be prescribed. If available for Sotrovimab then pass it through to the local community IV service who will arrange an appointment slot for the treatment to be administered as soon as possible and they will contact the patient.
*If the clinician needs further information, they will contact them in the next 24 hours
* Refer patient to COVID O@H
* Explain that if they start to feel more unwell/more breathless to call 111 for urgent medical help or to call 999 in an emergency
CCG areas where MCFT will contact patients to offer treatment
Liverpool
South Sefton
Southport & Formby
St Helens
Knowsley
Halton
Warrington
Wirral
Cheshire Mid
Cheshire West
West Lancashire
Patients Declined or unsuitable for Antivirals or IV and referred to each CO@H services
Description of CO@H relayed to patient via Nurse Advisor
COVID Oximetry @ Home Referral Routes
Liverpool CCG – Refer through to the MCFT Telehealth Team of enrolment
South Sefton CCG – Refer through to the MCFT Telehealth Team of enrolment
S'port & Formby CCG – Refer through to the MCFT Telehealth Team of enrolment
Knowsley CCG – Refer through to the MCFT Telehealth Team of enrolment
Warrington CCG – Refer through to the MCFT Telehealth Team of enrolment
Halton CCG – Refer through to the MCFT Telehealth Team of enrolment
Wirral CCG – Refer through to the MCFT Telehealth Team of enrolment
St Helens CCG – Refer onto [redacted] for CO@H
Cheshire East – email referrals to [redacted]
Cheshire West – email referrals to [redacted]
Cheshire Mid – email referrals to [redacted]
Other CMDU Contact Details:-
Lancashire & South Cumbria CMDU
Fylde - [redacted]
Morecambe bay - [redacted]
East Lancs/Pennine - [redacted]
Central - [redacted]
Staffordshire & Stoke CMDU
[redacted]
Pharmacy Contact Details:-
Liverpool CCG, South Sefton CCG, Southport & Formby CCG
Aintree Hospital Pharmacy (email - [redacted])
Knowsley CCG and St Helens CCG
Whiston Hospital Pharmacy (email - [redacted])
Warrington CCG and Halton CCG
Halton and Warrington Hospital Pharmacy (email- [redacted])
Wirral CCG
Arrowe Park Hospital Pharmacy
(email - [redacted] and [redacted])
Cheshire CCG (West & Mid)
Countess of Chester pharmacy ([redacted] or [redacted])
Leighton Hospital Pharmacy ([redacted])
IVT Referral Contact Details:-
Liverpool & Sefton - [redacted]
St Helens & Knowsley – email [redacted] (all emails to be followed up with phone call to [redacted])
Halton & Warrington – email [redacted] (all emails to be followed up with phone call to [redacted])
Wirral – email [redacted] (all emails to be followed up with phone call to [redacted])
Cheshire Mid – email [redacted] (all emails to be followed up with phone call to [redacted])
Cheshire West – email [redacted] (all emails to be followed up with phone call to [redacted])
West Lancs- email [redacted]
Paxlovid Screening Questions
*Exclude all 'Yes' answers from Paxlovid
1. Is the patient under 18: Yes / No
2. Is the patient pregnant or breastfeeding: Yes / No
3. Does the patient have any decompensating liver disease or Cirrhosis: Yes / No
4. Do you have CKD4 or CKD5 renal failure: Yes / No
5. Has the patient had a solid organ transplant or islet cell transplant: Yes / No
6. Is the patient on renal dialysis: Yes / No
7. Has the patient been admitted in the last year for drainage of ascites: Yes / No
8. Is the patient lactose intolerant: Yes / No

Cheshire & Merseyside Adult nMABs and Antiviral Referral Form

Please send this referral form as an email to [redacted]

DATE OF REFERRAL: Long date letter merged

To refer your patient they must meet the below criteria –

Positive PCR or LFT test within 5 days plus Symptom onset within 5 days

Symptoms can include a high temperature, a new, continuous cough, shortness of breath, feeling tired or exhausted, an aching body, headache, a sore throat, a blocked or runny nose, loss of appetite, diarrhoea or feeling sick / vomiting.

Patients should remain symptomatic with NO signs of improvement.

Does the patient have mental capacity to agree to this referral? Y ☐ N ☐

This referral has been discussed with the patient and the patient consents to relevant information being shared with the service provider. Patient consent will include provider access to Summary Care Records. If consent not obtained, please provide further details:

Does clinician have consent to discuss with patient's relative Y ☐ N ☐
If yes state relatives name and number (Next of Kin / Main Carer):

PATIENT DETAILS

Title: Title	Surname: Surname	First Name: Given Name		
NHS No: NHS Number	Date of Birth: Date of Birth	Age: Age	Weight: Single Code Entry: Body weight	Gender: Gender(full)
Home address: Home Full Address (single line)			Postcode: Home Address Postcode	
Patient Home Contact No: Patient Home Telephone Patient Mobile Contact No: Patient Mobile Telephone			Voicemails can be left? Y ☐ N ☐ Voicemails can be left? Y ☐ N ☐	
Ethnicity: Ethnic Origin	Languages: Main Language		Interpreter Required? Y ☐ N ☐ Does the patient have hearing issues? Y ☐ N ☐	
Smoking Status: Single Code Entry: Never smoked tobacco...			Allergies: Allergies	
Any other risk factors/special circumstances the team need to be aware of:				
Liver Function Test: Single Code Entry: Liver function test...			**eGFR**: Single Code Entry: Estimated glomerular filtration rate (eGFR) monitoring...	
Medication Medication				
Past Medical History Problems				

Covid Status

Patients need to be COVID Positive and confirmed by PCR Test or LFT Test.

Type of COVID test taken: PCR ☐ LFT (Lateral flow test) ☐

Date of onset of symptoms:

Date of COVID test:

Test(s) Positive Single Code Entry: Severe acute respiratory syndrome coronavirus 2 detected
Test(s) Negative Single Code Entry: Severe acute respiratory syndrome coronavirus 2 not detected

Please tick which cohort and description the patient meets from the list below			
Please indicate with an X	Cohort	Please indicate with an X	Description
☐	Down's syndrome	☐	All patients with Down's Syndrome or other chromosomal disorders known to affect immune competence
☐	Patients with a solid cancer	☐	metastatic or locally advanced inoperable cancer
		☐	lung cancer (at any stage)
		☐	people receiving any chemotherapy (including antibody-drug conjugates), PI3K inhibitors or radiotherapy within 12 months. Patients with thyroid cancer who have undergone radio-iodine ablation will be eligible for treatment
		☐	people who have had cancer resected within 12 months and who received no adjuvant chemotherapy or radiotherapy. Patients with basal cell carcinomas who have undergone local excision or topical treatment are not considered to be at sufficiently high risk to be eligible for treatment.
		☐	people who have had cancer resected within 12 months and receiving no adjuvant chemotherapy or radiotherapy are expected to be at less risk (and thus less priority) but still at increased risk compared with the non-cancer populations
☐	Haematological diseases and recipients of haematological stem cell transplant (HSCT)	☐	allogeneic HSCT recipients in the last 12 months or active graft versus host disease (GVHD) regardless of time from transplant (including HSCT for non-malignant diseases)
		☐	autologous HSCT recipients in the last 12 months (including HSCT for non-malignant diseases)
		☐	individuals with haematological malignancies who have received CAR-T cell therapy in the last 24 months, or radiotherapy in the last 12 months
		☐	individuals with haematological malignancies receiving systemic anti-cancer treatment (SACT) within the last 12 months
		☐	all people who do not fit the criteria above, and are

			diagnosed with: • myeloma (excluding monoclonal gammopathy of undetermined significance (MGUS)) • AL amyloidosis • chronic B-cell lymphoproliferative disorders (chronic lymphocytic leukaemia, follicular lymphoma) • myelodysplastic syndrome (MDS) • chronic myelomonocytic leukaemia (CMML) • myelofibrosis • mature T-cell malignancy
		☐	All patients with sickle cell disease
		☐	people with thalassaemia or rare inherited anaemia with any of the following (the decision to treat these patients will need to be at the individual patient level with input from the haematology consultant responsible for the management of the patient's haematological condition): • severe cardiac iron overload (T2 * less than 10ms on magnetic resonance imaging) severe to moderate iron overload (T2 * greater than or equal to 10ms on magnetic resonance imaging) plus an additional co-morbidity of concern (for example, diabetes, chronic liver disease or severe hepatic iron load on MRI)
		☐	individuals with non-malignant haematological disorders (for example, aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (for example, anti-CD20, anti-thymocyte globulin (ATG) and alemtuzumab) within the last 12 months
☐	Patients with renal disease	☐	renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who have: • received B cell depleting therapy within the past 12 months (including alemtuzumab, rituximab (anti-CD20), anti-thymocyte globulin) • an additional substantial risk factor which would in isolation make them eligible for monoclonals or oral antivirals • not been vaccinated prior to transplantation
		☐	non-transplant renal patients who have received a comparable level of immunosuppression. Please refer to the section on 'Immune-mediated inflammatory diseases' below for a list of qualifying immunosuppressive therapies
		☐	patients with chronic kidney disease (CKD) stage 4 or 5 (an eGFR less than 30ml per min per 1.73m2) without immunosuppression
☐	Patients with liver disease	☐	people with cirrhosis Child-Pugh class A,B and C, whether receiving immune suppressive therapy or not. Those with decompensated liver disease (Child-Pugh B and C) are at greatest risk
		☐	people with a liver transplant
		☐	people with liver disease on immune suppressive therapy

			(including people with and without cirrhosis) – please refer to the section on 'Immune-mediated inflammatory diseases' below for a list of qualifying immunosuppressive therapies
☐	Solid organ transplant recipients	☐	Solid organ transplant recipients not in any of the above categories.
☐	Patients with immune-mediated inflammatory disorders (IMID)	☐	people who have received a B-cell depleting therapy (anti-CD20 drug for example rituximab, ocrelizumab, ofatumab, obinutuzumab) in the last 12 months
		☐	people who have been treated with cyclophosphamide (IV or oral) in the 6 months prior to positive PCR
		☐	people who are on biologics* or small molecule JAK-inhibitors (except anti-CD20 depleting monoclonal antibodies) or who have received these therapies within the last 6 months * People on monotherapy with biologics as maintenance therapy in IMIDs (including anti-IL17A, anti- IL-6R, anti-BLyS, anti-TNF, anti-IL12/23, vedolizumab and abatacept) appear not be at significantly increased risk of severe COVID-19 on available evidence but may have variable responses to currently available vaccines; physician discretion is advised in the context of patients in receipt of combination immune modification
		☐	people who are on corticosteroids (equivalent to greater than 10mg per day of prednisolone) for at least the 28 days prior to positive PCR
		☐	people who are on current treatment with mycophenolate mofetil, oral tacrolimus, azathioprine/mercaptopurine (for major organ involvement such as kidney, liver and/or interstitial lung disease), methotrexate (for interstitial lung disease) and/or ciclosporin
		☐	people who exhibit at least one of: (a) uncontrolled or clinically active disease (that is 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 (b) major organ involvement such as significant kidney, liver or lung inflammation or significantly impaired renal, liver and/or lung function)
	Respiratory Conditions	☐	People who are on immunosuppressants for Asthma or on corticosteroids (equivalent to greater than 10mg per day of prednisolone) for at least the 28 days prior to positive PCR
		☐	COPD -on long term home non-invasive ventilation (NIV) and patients on long term oxygen therapy. People with moderate or severe disease (FEV1 greater than or equal to 50% predicted) who have required 4 or more courses of prednisolone 30mg for 5 days or greater in last 12 months
		☐	People who have interstitial lung disease- all patients with idiopathic pulmonary fibrosis

☐	Immune deficiencies	☐	Common variable immunodeficiency (CVID)
		☐	Undefined primary antibody deficiency on immunoglobulin (or eligible for Ig)
		☐	Hyper-IgM syndromes
		☐	Good's syndrome (thymoma plus B-cell deficiency)
		☐	Severe Combined Immunodeficiency (SCID)
		☐	Autoimmune polyglandular syndromes/autoimmune polyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome)
		☐	Primary immunodeficiency associated with impaired type I interferon signalling
		☐	X-linked agammaglobulinaemia (and other primary agammaglobulinaemias)
		☐	any person with secondary immunodeficiency receiving, or eligible for, immunoglobulin replacement therapy
☐	HIV/AIDS	☐	people with high levels of immune suppression, have uncontrolled or untreated HIV (high viral load) or present acutely with an AIDS defining diagnosis
		☐	people on treatment for HIV with CD4 less than 350 cells per mm3 and stable on HIV treatment or CD4 greater than 350 cells per mm3 and additional risk factors (for example, age, diabetes, obesity, cardiovascular, liver or renal disease, homeless, alcoholic dependency) The use of CD4 counts to assess eligibility for treatment applies only to those patients for whom CD4 counts are used to monitor for treatment compliance and/or levels of immune compromise. Where CD4 counts are not known, but concerns remain around potential immune compromise, discussion with the patient's HIV team is advised
☐	Rare neurological conditions	☐	
		☐	Multiple sclerosis
		☐	Motor neurone disease
		☐	Myasthenia gravis
		☐	Huntington's disease
		☐	Duchenne Muscular Dystrophy
		☐	Dementia and Neurogenerative disorders with severe frailty- (levels 7 or 8 on Clinical Frailty Scale, as part of a personalised care plan.) (Alzheimer's, vascular disease, Lewy body disease, Frontotemporal atrophy, Parkinson's disease).
Name of Referrer: Free Text Prompt Profession: Free Text Prompt Organisation/Practice Code: Usual GP Organisation National Practice Code Contact No.: Free Text Prompt			GP Practice: Usual GP Organisation Name GP Practice Address: Usual GP Full Address (single line) GP Practice Contact No.: Usual GP Phone Number GP Practice E-mail Address:
GP/Referrer Signature:			Date: Long date letter merged