The case for Expedient Patient Access to Therapies (EPAT) during a Pandemic

The national report

Foreword

There is the unwritten public expectation that if life is at risk, our country will move rapidly to protect you, your family, your relatives and your friends. There is the expectation that healthcare systems will serve the needs of patients. Moreover, there is an expectation that no one in our country will die waiting for therapies to be made available.

The need for an agile Government response to provide new therapies to combat pandemic threats is exemplified by its fast tracking of vaccines before any other country to mitigate COVID-19 infection. However, the example of Evusheld, brings into focus the gap between the public expectations and realities. This therapy was specifically developed to prevent immunocompromised patients from being infected with COVID-19, where such infection could be life threatening in the extreme due to their underlying conditions. In 2021, patients with weakened immune systems faced unacceptable risks from the pandemic particularly as many patients didn't afford the same protection from vaccination as those with healthy immune systems. Despite representing just 4% of the population, 25% of pandemic deaths and hospitalisations occurred in this group. In August 2021, a new pre-exposure prophylaxis therapy was identified. Twenty-eight countries, including the United States, France and Israel, moved to protect their citizens by making it available very quickly. The UK did not make a decision for two winters, by which time new variants had rendered the drug less effective. Over this critical period from August 2021 to March 2023, 62,698 immunocompromised patients went on to die from COVID-19.

This report, commissioned by the All-Party Parliamentary Group for Vulnerable Groups to Pandemics (APPG VGP), is a narrative report covering the ongoing failure of Government to produce a policy to optimise the protection of this patient cohort. Using the example of Evusheld, it shines a light on the role of parliamentarians, clinical leads, patient groups, charities, national bodies and organisations who tried to make the case for Expedient Patient Access to Therapies. In tackling future pandemics, we cannot ignore the needs of any group who may, for whatever reason, not respond to the treatment made available for the majority or need expedient access to therapies. Specific treatments for these groups need to be rapidly assessed and approved on a fast-track basis, and the provision and roll out financed, so that ALL lives are protected. Through this report we also acknowledge the physical, mental and financial impact experienced by a group of immunocompromised individuals many of whom are still shielding after 4 years now, due to not being given expedient patient access to treatments, antivirals or evidence-based advice. We further offer advice on how lessons can be learned to avoid this happening in future pandemics.

Ongoing health reform and enabling expedient patient access to treatments when they are at their optimum efficacy is a crucial step in re-building the trust and confidence of the public in that the Government will protect them. There is a future where our

country can deliver on the expectation that if life is at risk, policy makers, the NHS, and the Treasury will move rapidly to protect everyone.

We are honoured to deliver this report on Expedient Patient Access to Therapies. This review lays the foundation into fast-tracking of treatments, and we focus on those especially vulnerable to pandemics. If achieved, this can be the era where the vulnerable in our communities are protected, we rebuild and ease the burden on our health services, and our country places our people at the forefront of the world.

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Introduction

Johanna Baxter MP and Lord Mendelsohn, Co-chairs of the APPG VGP

The work of the All Party Parliamentary Group for Vulnerable Groups to Pandemics has continued in the last year to work with clinicians, Forgotten Lives UK patient group and charities to highlight the neglected group of clinically vulnerable people and their families who are still shielding or living restricted lives due to their inability to make antibodies to COVID-19 from vaccines and the lack of any preventative treatments being available on the NHS.

In this report we focus on the failure to offer immune vulnerable patients a new preventative treatment, Evusheld. 32 other countries worldwide implemented this preventative treatment for patients that respond sub optimally to vaccination, but this treatment was not provided in the UK by the NHS. This would have offered at least six months of protection against the existing Omicron variants and allowed patients to resume a more normal life, but the system to offer end-to-end provision of treatments for Coronavirus in the UK could not respond in an agile enough way to approve the new treatment and get it to patients whilst it was at its most effective.

Newer prophylactic COVID-19 treatments are in trial or have already been licensed. France gave compassionate approval for use of the trial agent Sipavibart December 2023. Another pre-exposure prophylaxis treatment for vulnerable patients, Pemgarda, has already been approved in the US. We ask the question why the UK is lagging behind the international community in providing protections for the vulnerable, why our approval systems take so long, and why there is no expedited way to approve and roll out vital treatments.

To avoid the barriers to adoption that were experienced in the UK with the first iteration of Evusheld, the APPG urges the new Government to ensure that patients get access to safe and effective treatments and support as soon as possible.

Jon Mendelsohn

Johanna Baxter MP

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Background

Each year, countless individuals lose their lives to various diseases, with some of the leading causes being heart disease, cancer, respiratory illnesses, and infectious diseases like COVID-19. These health challenges significantly impact our society, not only causing immense personal loss, however, it also affects our national wellbeing, national economy and global standing. Promoting the health of our nation is crucial for our scientific and economic competitiveness and additionally because it is fundamentally the right thing to do.

The situation with Evusheld underscores a notable challenge in the UK healthcare system's ability to give expedient access to therapies for immunocompromised patients. It brings into sharp focus how indecision and suboptimal leadership has led to delays, and these delays have then resulted in substantial negative social, emotional, psychological and economic impacts, and ultimately significant loss of life to this vulnerable population.

In 2021, there was a consensus amongst the clinical and scientific community that more could be done to protect immunocompromised individuals during the pandemic. These are individuals with a weakened immune system due to their conditions or the medication they take to control their condition. In the UK, this is now estimated at 1.8 million individuals of various ages, including people with a diagnosis of cancer or kidney disease, recipients of organ transplants, patients taking immunosuppressive drugs, or those with primary immunodeficiencies. Many of these individuals had poor immune responses and had lower levels of effectiveness from their COVID-19 vaccine, with many having no discernible protective antibody responses.

Despite constituting just 4% of the population, immunocompromised patients accounted for 25% pandemic-related deaths and hospitalisations. This is despite vaccination and early infection treatment with antivirals, highlighting the need for additional options to help immunocompromised patients fully engage in daily life and contribute to society.

In August 2021, a new therapy was developed to protect these patients, a therapy called Evusheld. This was a monoclonal antibody therapy specifically developed to provide protection, or pre-exposure prophylaxis, against COVID-19 for these immunocompromised patients.

Recognising the critical need to protect their vulnerable populations, twenty-eight countries – including the United States, France, and Israel – authorised and distributed Evusheld rapidly when the therapy was at its most efficacious. These countries demonstrated a commitment to safeguarding their citizens by ensuring timely access to this vital therapy, setting an important precedent for healthcare responsiveness.

In contrast, despite UK clinicians identifying Evusheld as a potentially lifesaving treatment before the winter of 2021/22, regulatory and bureaucratic delays impeded its deployment. This

delay in access contributed to the tragic outcome of 62,698 deaths being attributable to COVID-19 between August 2021 and Feb 2023.

Other countries have streamlined approval and commissioning processes, improved coordination between health authorities, and developed proactive measures, which enabled them to protect their vulnerable populations more effectively. These differences underscore the need for the UK to reform its approach to ensure faster access to essential therapies.

There were admittedly potential confounding issues. A new SARS-CoV-2 variant, Omicron, appeared in the UK in February 2022. By Summer 2022, Evusheld was shown to be less effective in the laboratory against newer variants, however, studies continued to show that for the majority of people, the drug was still effective in preventing hospitalisation and death. It was only in February 2023 that American regulators advised against Evusheld use due to its reduced effectiveness.

As was seen with Evusheld delayed access to life-saving treatments for immunocompromised patients has severe consequences. It teaches us that efficient processes and a strong commitment to rapid response are essential to mitigate health risks for vulnerable groups. It underscores the importance of establishing a robust framework/approval process to ensure timely medical interventions are given to protect life.

Expedient patient access to therapies (EPAT) is not only a medical necessity but an ethical imperative. Ensuring that vulnerable populations receive prompt treatment can drastically reduce mortality and morbidity rates. It can also significantly positively impact on the economy and reduce the burden on a currently overstretched NHS. The benefits of expedient access extend beyond individual health outcomes to broader societal and economic gains, reinforcing our global scientific standing and competitiveness. The Evusheld case vividly illustrates the potential benefits of expedient access and the tragic costs of delays.

The Evusheld controversy significantly impacted five major groups:

- Patients – represented by Forgotten Lives UK
- Government and its agencies
- Parliamentarians
- Charities
- Healthcare professionals

A collaborative report, researched with Liverpool and Bath Universities, provided data on how the Pandemic affected the mental health of 1.2 million immunocompromised people and impacted their political engagement. It showed higher levels of worry, poor mental health, lower perceptions of representation and lower satisfaction and trust in Government and democracy due to Covid 19 and Government handling of the epidemic.[1]

[1] chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.liverpool.ac.uk/media/livacuk/humanitiesampsocialsciences/documents/Final,APPG,report.pdf

Government and its agencies created a plethora of committees which were meant to address the issues. However, these committees did not adequately deliver on the issue of Expedient patient access to therapy.

Meanwhile, Parliamentarians were heavily lobbied by constituents and organisations concerned for patients and families. Witnessing from frontline evidence the failures on Evusheld, they recognised the crisis and potential solution but were unable to break through Government intransigence to secure provision for their constituents. As elected representatives, they experienced a recurring failure to secure policy change to include the vulnerable in the Covid strategy. Heartbreaking stories of financial ruin, mental health and family breakdown, isolation, loneliness, loss and fear were seemingly ignored.

Charities that advocate for vulnerable populations and provide critical support were diverted from their existing charitable programmes to form a coalition to pressure for change. They had to unlock resources to support these patients at their time of critical need and the patient group Forgotten Lives UK – formerly Evusheld for the UK – was formed by immunocompromised patients and carers out of desperation for their situation.

Healthcare professionals who were at the sharp end of patient care, were caught in an intolerable position unable to provide the best possible care to their patients due to administrative and bureaucratic delays. There was a failure in communication between the health agencies and the clinicians on the ground.

In this report, we expand on the effect of healthcare failure on each of these four groups, as Evusheld serves as both an example and a poignant reminder of the consequences of a gap between public expectations and healthcare realities. There should be a focus on immunocompromised patients, ensuring that rapid approval processes are put in place – giving access to antivirals and therapies when they are most effective. We should also provide support for the mental health burden these patients now carry as a result of having to shield to protect themselves. It is hoped that by learning from the Evusheld pathway failures, we can better prepare for future health needs of the population and fulfil the ambition to prevent this lack of provision occurring again.

Timeline of events

20th August 2021

- AstraZeneca releases a headline study demonstrating the efficacy of Evusheld (AZD7442) for pre-exposure prophylaxis against COVID-19.
- Press release from AstraZeneca.[2]
- No queries in Parliament regarding Evusheld.

Autumn 2021

- In response to the scientific advance, government officials start to meet with company representatives, to ascertain the standard approach to ensure expedient patient access to therapies. Three potential routes for approval are explained: Business as Usual (NICE appraisals), JCVI, and a more rapid route through the Anti-Viral and Therapeutics Taskforce (AVTT)
- They are informed that a new group chaired by NICE, called RAPID C-19, will oversee the evaluation on behalf of the AVTT
- COVID-19 deaths start to increase.

15th November 2021

- First query in Parliament regarding Evusheld (Richard Fullner asking for timelines on passive immunisation AZD7442).
- Since the new therapy discovery on the 20th of August 2021, 13,022 deaths are registered from COVID-19.

8th December 2021

- American regulator, FDA, approves the use of Evusheld under an Emergency Use Authorisation

21st December 2021

- RAPID C-19 advises the Chief Medical Officer (CMO) of a strong signal of efficacy from the PROVENT trial of tixagevimab plus cilgavimab for pre-exposure prophylaxis.
- RAPID C-19 oversight group report.[3]
- Second query in Parliament regarding Evusheld timelines (Duncan Baker - Conservative).
- Since the new therapy discovery on the 20th of August 2021, 17,742 deaths are registered from COVID-19.

15th February 2022

- The first Omicron (BA.1) variants land in the UK, replacing the delta variant.

17th March 2022

- MHRA approves Evusheld for use in the UK.
- RAPID C-19 prepares for patient access, confident in the data from UKHSA.
- 13 queries in Parliament regarding Evusheld.
- Since the new therapy discovery on the 20th of August 2021, 31,449 deaths are registered from COVID-19.

24th March 2022

- European regulator, EMHA, approves the use of Evusheld in Europe

[2] https://www.astrazeneca.com/media-centre/press-releases/2021/azd7442-prophylaxis-trial-met-primary-endpoint.html#

[3] https://www.gov.uk/government/publications/rapid-c-19-oversight-group-report-to-chief-medical-officer-review-of-evusheld/rapid-c-19-oversight-group-report-to-chief-medical-officer-summary

April 2023

- Patient groups get frustrated due to lack of information or engagement. They coalesce under the banner Evusheld4theUK, later renamed ForgottenlivesUK.

20th May 2022

- 50 queries in Parliament regarding Evusheld.
- Since the new therapy discovery on the 20th of August 2021, 40,959 deaths are registered from COVID-19.

30th May 2022

- An independent report commissioned by DCMO (McInnes) is published.
- In parallel, RAPID C-19 reviews a single pre-print and advises against usage based on a non-peer-reviewed study, deciding not to make this information public.
- Results from the University of Oxford assessment suggest tixagevimab plus cilgavimab retains neutralising activity against Omicron BA.2 but has reduced activity against BA.3, BA.4, and BA.5.
- BA.4 and BA.5 variants start to emerge in the UK.
- 15 queries in Parliament regarding Evusheld.

28th July 2022

- Clinical consensus statement delivered by APPG-VGP requests information sharing to reassure patients and the clinical community. The statement notes the UK lags behind 32 other countries.
- Blood Cancer UK report.[4]

29th July 2022

- Data from Israel confirms Evusheld's effectiveness.
- Since the new therapy discovery on the 20th of August 2021, 46,081 deaths are registered from COVID-19.

12th August 2022

- Ministers announce a decision not to procure Evusheld, citing RAPID C-19's recommendation of insufficient data.
- 92 queries in Parliament regarding Evusheld.

23rd August 2022

- 17 charities ask the Secretary of State to reconsider the decision.
- Since the new therapy discovery on the 20th of August 2021, 48,748 deaths are registered from COVID-19.

24th August 2022

- RAPID C-19 oversight group meets to review new data selectively, without publishing or releasing the information to the public, clinicians, or patients.
- RAPID C-19 oversight group report.[5]

5th September 2022

- First correspondence letter sent to patients confirming the decision not to procure Evusheld.
- Since the new therapy discovery on the 20th of August 2021, 49,556 deaths are registered from COVID-19.

[4] https://bloodcancer.org.uk/news/leading-charities-and-clinicians-urge-government-to-secure-evusheld/

[5] https://www.gov.uk/government/publications/rapid-c-19-oversight-group-report-to-chief-medical-officer-review-of-evusheld/rapid-c-19-oversight-group-report-to-chief-medical-officer-summary

6th October 2022

- DHSC releases selective scientific analyses to support their decision.
- DHSC decision on Evusheld.[6]
- 113 queries in Parliament regarding Evusheld.

12th October 2022

- Procurement of Evusheld Parliamentary Debate[7] secured by Daisy Cooper MP

7th November 2022

- APPG-VGP clinical leads deliver analyses of 17 studies involving 10,775 patients, confirming Evusheld's effectiveness.
- Global analysis publication.[8]

10th November 2022

- TIME magazine names Evusheld one of the best inventions of 2022.
- 153 queries in Parliament regarding Evusheld.
- Since the new therapy discovery on the 20th of August 2021, 54,418 deaths are registered from COVID-19.

1st January 2023

- 162 queries in Parliament regarding Evusheld.
- Since the new therapy discovery on the 20th of August 2021, 58,754 deaths are registered from COVID-19.

26th January 2023

- The FDA removes Evusheld's Emergency use authorisation, as the national prevalence of resistant variants has reached 90% on a sustained basis.
- FDA update[9]

16th February 2023

- NICE rejects Evusheld, citing no evidence for its effectiveness against current variants.
- NICE announcement.[10]
- Since the new therapy discovery on the 20th of August 2021, 62,698 deaths are registered from COVID-19.
- Nice concludes in its decision on Evusheld that there is an urgent unmet need for a protective drug and a new assessment process is needed

28th March 2023

- Medical Technology Regulations and the NHS Parliamentary debate[11] in which Andrew Gwynne MP, the current minister,

[6] https://www.gov.uk/government/publications/decision-on-evusheld-as-a-coronavirus-covid-19-treatment-letter-to-patient-groups/decision-on-evusheld-as-a-covid-19-treatment

[7] https://hansard.parliament.uk/Commons/2022-10-12/debates/7D01C208-3A36-4F27-A7CE-E95C7F9DAB9F/ProcurementOfEvusheld

[8] https://www.medrxiv.org/content/10.1101/2022.11.07.22281786v1?ijkey=7e77a406442310376f84353bac84dcb24130732a&keytype2=tf_ipsecsha

[9] https://www.astrazeneca.com/media-centre/press-releases/2023/update-on-evusheld-us-eua.html

[10] https://www.nice.org.uk/news/articles/nice-says-no-evidence-that-covid-19-treatment-evusheld-is-effective-in-protecting-vulnerable-adults-against-current-variants-as-it-announces-new-rapid-update-process-for-covid-19-medicines

[11] https://hansard.parliament.uk/Commons/2023-03-28/debates/579BB9CC-7DC8-4DDE-9D4E-

questions the length of time NICE and the MHRA take to assess new treatments like Evusheld and questions what Government are doing to ensure that future safe and effective treatments and technologies do not face similar regulatory delays.

17th April 2023

- Correction to Written Parliamentary Questions:[12] Robert Jenrick issues a correction response given to 13 parliamentary questions on the UK Health Security Agency testing COVID-19 variants for a pre-exposure prophylaxis antibody therapy, Evusheld, and confirms that no further testing of *Evusheld* including against BA.4 omicron variant took place after 26 May 2022.

Sept 2023

- NICE indicates its intention to run the assessment process of Sipavibart in parallel with MHRA to try to speed up overall time frame for assessment of drug.
- Delays in data availability from trials mean that the current decision will be available in March 2025[13].
- There has been no indication that the UK agencies have attempted to assess data available from use of the treatment in other countries.

6th December 2023

- A joint study between APPG VGP, Forgotten Lives UK, Bath and Liverpool Universities is launched detailing the effects of extended shielding on mental health and political engagement.

23rd December 2023

- France grants Sipavibart compassionate access to all immunocompromised and by early January 2024 the drug is already available and being rolled out to patients.

22nd March 2024

- FDA grants compassionate access to Pemgarda and starts roll out across the US to immunocompromised patients.

18th April 2024

- COVID-19: Response and Excess Deaths Parliamentary Debate[14] in which Sir Christopher Chope raises the issue of fast tracking new treatments such as 'Evusheld 2'.
- Throughout 2023 phase 3 trials of Sipavibart continue showing good effectiveness across a broad range of variants.

974DF4971BE1/MedicalTechnologyRegulationsAndTheNHS?highlight=evusheld#contribution-3413B306-A298-4F8B-9AE1-49240F59AA83

[12] https://hansard.parliament.uk/Commons/2023-04-17/debates/23041729000020/CorrectionToWrittenParliamentaryQuestions?highlight=evusheld#contribution-1EBD81BF-ACC1-4C7A-B9AB-300038FE18D2

[13] https://www.nice.org.uk/guidance/indevelopment/gid-ta11352

[14] https://hansard.parliament.uk/Commons/2024-04-18/debates/9F01F787-D758-43D4-B8D1-4FA357EB3EED/Covid-19ResponseAndExcessDeaths?highlight=evusheld#contribution-A92DC116-E408-4B66-80B1-0A816FC34EDC

Viewpoint 1: The Patient Groups

From the patient viewpoint, the Evusheld situation was fraught with a myriad of fears and frustrations that permeated every aspect of their lives. Many immunocompromised individuals who were already facing a significant fight just to stay alive faced the daunting prospect of navigating a complex healthcare system that seemed both inaccessible and unresponsive to their urgent needs. Other provisions that were also put in place to protect them like access to testing and antivirals were made more complicated and mask mandates in healthcare settings, the one place they had no option but to attend due to their health conditions, were withdrawn. Never again should we see people already facing significant health challenges unsupported and having to fight for further protections in an uncertain health situation.

Without any direct contact with healthcare system leads or Department of Health officials and a lack of clear information communicated, they felt profoundly isolated and voiceless, left to grapple with the relentless uncertainty of their health outcomes. This sense of helplessness was compounded by the constant barrage of inaccurate responses from ministers in answer to their letters sent crying out for help.

Moreover, the pervasive lack of a platform to articulate their concerns left patients seething with anger and frustration, as they witnessed their pleas for expedient access to life-saving therapies fall on deaf ears.

In a bid to reclaim their agency and demand recognition of their plight, patients found themselves compelled to take matters into their own hands, forming grassroots advocacy groups working together to amplify their voices and highlight the urgency of their situation. Yet even these grassroots efforts often felt like futile attempts to breach the impenetrable walls of bureaucracy and indifference that seemed to encase the healthcare establishment.

In desperation, Forgotten Lives UK[15] worked together with media agencies, parliamentarians, clinicians and charities to form and spearhead the Forgotten 500K Campaign, organising vigils in front of the Houses of Parliament that rallied family members, friends, and supporters, determined to shine a spotlight on their struggles and compel the system to acknowledge their existence. At its crescendo there were full page adverts, journalistic stories, recorded media interviews and podcasts in most of the national tabloids.

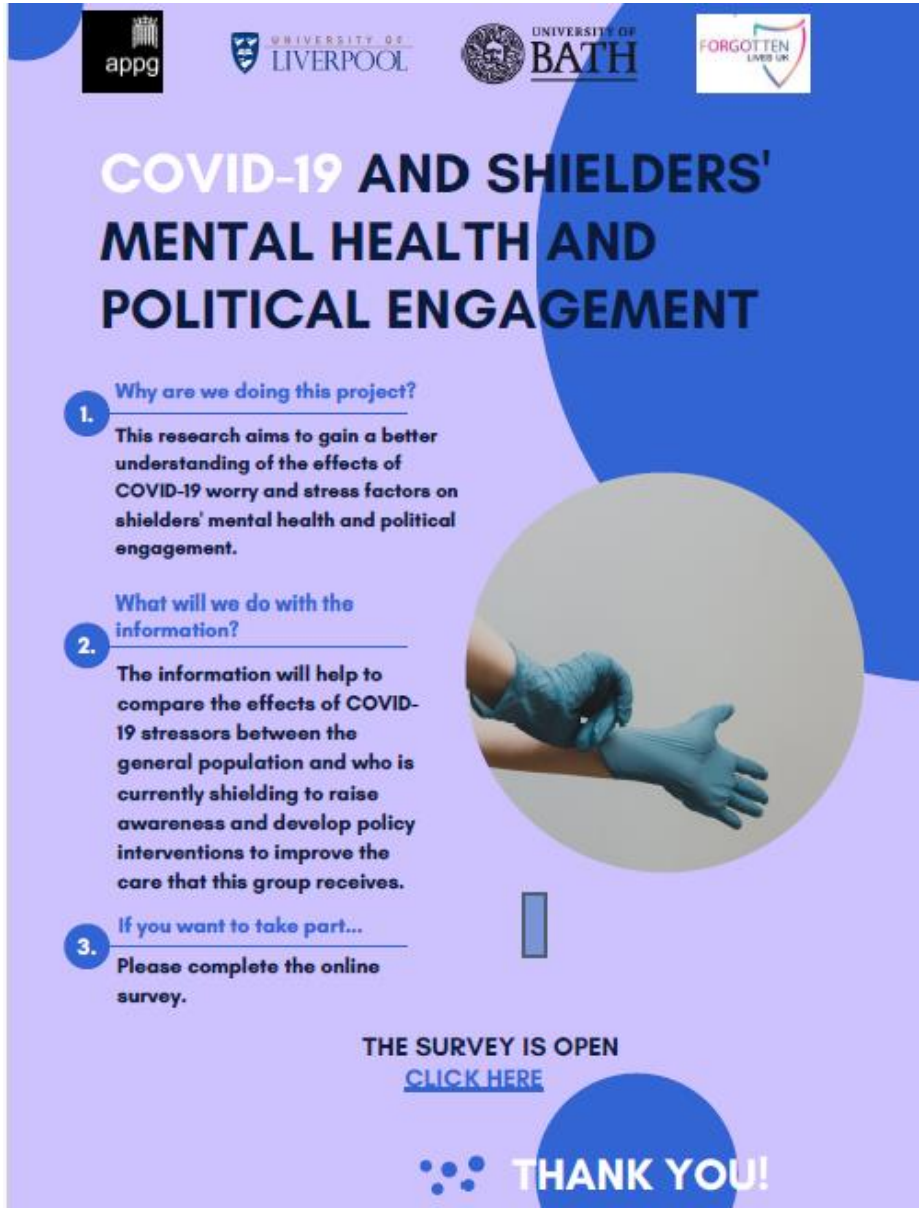
[15] https://www.forgottenlives.uk/

The impact of the failure to provide Evusheld or have a policy to protect the vulnerable extended beyond patients themselves, deeply affecting their families, friends and colleagues. Relatives carried the significant burden and constant worry of inadvertently transmitting COVID-19 to their loved ones.

The inability of affected individuals to rejoin normal life due to the lack of access to essential therapies further compounded the strain and deprived people of the freedoms and opportunities afforded to others. Moreover, the knowledge that their affected family members did not have the same protections as those in other countries instilled a profound sense of abandonment and fear, and the mental health consequences of this will be seen for many years to come.

The Evusheld situation also exposed the profound challenges faced by patients in accessing life-saving COVID-19 treatments within the critical 5-day period, due to different systems in different regions and GPs often being misinformed. This galvanised patients into taking measures to demand change and ensure their voices were heard. It underscored not only the systemic failures that perpetuate health inequities but also the resilience and determination of individuals to fight for their right to health and dignity.

FORGOTTEN LIVES UK



The Herald

SPECIAL REPORT

Thousands still in 'Covid lockdown' amid row over Evusheld

Nikola Brigden with her husband, Scott *(Image: PA)*

She said: "We can't mix with family. We can't go out for something to eat.

NEWS

Coronavirus: Evusheld campaigners call for government to reverse decision

Campaigners have called on the government to reverse a decision on the roll out of a Covid drug for people with weakened immune systems.

Sussex World

Burgess Hill couple call for roll-out of new Covid drug Evusheld after having to shield for two years

A married couple from Burgess Hill who have had to shield from Covid-19 for two years are urging the UK Government to roll out a new preventative drug.

Mail Online

Are health chiefs set to roll out Covid drug for 500,000 vulnerable Britons who don't respond to the vaccine?

- **Evusheld, developed by AstraZeneca, was approved by drug regulators in March after a study showed it reduced the chances of Covid infections by 80%**

Mirror

EXCLUSIVE: New Covid drug could protect 500,000 vulnerable Brits but Government refuses to fund it

Brave schoolboy Max Johnson said the Government should offer vital protection to hundreds of thousands of immuno-compromised people who, like him, could risk being killed by Covid-19

NEWS

Cancer patient in call for Evusheld Covid medicine

Mr Brigden is taking the drug Ritiximab to prevent the cancer returning. However, he says he has been told this can prevent patients forming an antibody response to normal Covid vaccines.

Viewpoint 2: Government And Its Agencies

In October 2020 The Kings Fund – a health and social care charity – provided a comprehensive overview of the approval process for new medicines:[16] This process was adapted during the pandemic with the establishment of a 'Covid-19 Antivirals and Therapeutics Taskforce' to "coordinate the end-to-end provision of treatments for coronavirus in the UK so that patients get access to safe and effective treatments as soon as possible".

Led by the DHSC and tasked to work closely with the devolved administrations, arm's length bodies, other government departments, key stakeholder groups and international partners, the taskforce was responsible for:

- identifying potential COVID-19 therapeutics
- trialling these as part of an advanced programme of clinical trials
- making effective treatments available to UK patients

It established the 'Research to Access Pathway for Investigational Drugs for COVID-19' (RAPID C-19), A 'Therapeutics Clinical Review Panel' and The UK COVID-19 Therapeutics Advisory Panel (UK-CTAP) and they made available treatments including dexamethasone, tocilizumab,

Overview of the development, pricing, licensing and appraisal processes for new drugs

Drug discovery	• Pharmaceutical companies (and others, including research institutes) screen molecules or develop and test new complex molecules to find those that might have a positive effect for a disease.
Animal testing and clinical trials	• Pharmaceutical companies test drugs in labs, first in animals and then in humans to ensure safety and assess their therapeutic effects. In England, the Medicines and Healthcare products Regulatory Agency (MHRA) oversees this.
Marketing authorisation	• For England, two licensing authorities, the MHRA and European Medicines Agency (EMA) assess safety, manufacturing quality and efficacy before deciding if a drug can be sold in the country.
Initial pricing decisions	• At this stage, the pharmaceutical company typically decides what price they will set for a new drug on release in a new country.
Health technology appraisal	• In England, the National Institute for Health and Care Excellence (NICE) assesses the drug's clinical and cost effectiveness given the price set by the manufacturer and evidence of its impact. At this stage, there may be negotiations on the price of the drug for the NHS.
Funding decision	• NICE decides whether the NHS should pay for the drug and in what circumstances, eg, severity of illness. For drugs with a high budget impact, there is scope for further price negotiations on the price.
Drug available for NHS patients	• Once a drug has received marketing authorisation, has been recommended by NICE, and there is an agreed price, it is then available to prescribe to patients. • In general, the NHS should make the drug available within three months after NICE's funding decision.

[16] https://www.kingsfund.org.uk/insight-and-analysis/long-reads/access-new-medicines-english-nhs

sarilumab, and baricitinib, antiviral treatments including remdesivir, nirmatrelvir and ritonavir, and molnupiravir and neutralising antibody treatments including casirivimab and imdevimab, and sotrovimab[17]

With regard specifically to the vulnerable and immunocompromised high-risk group the taskforce scoped out prophylactic (preventative) treatments including work by the Therapeutics Clinical Review Panel to identify patient cohorts that could potentially benefit from these prophylactic treatments. The taskforce received advice on tixagevimab and cilgavimab (Evusheld) and did not proceed with the purchase of this drug due citing its lack of evidence for its effectiveness against Omicron variants.[18].

The whole process of assessing the drug took NICE, the MHRA and the DHSC approximately 11 months, during which period the efficacy was substantial but by the end of which it was reduced. In comparison to global adoption of Evusheld the UK was unable to provide any protection to this estimated 1.8 million patients. This was despite NICE concluding in its decision on Evusheld of February 2023 that there is an urgent unmet need for a protective drug and a new assessment process is needed.[19]

A WHO study noted that that "there has been substantial variation between countries in their COVID-19 treatment recommendations"[20].

Regarding the causes of this, it said:

"Different conclusions derived from the same evidence, different timing of treatment guideline development, lack of evidence in early infections, lack of pharmacometric evaluation, lack of comparative information, the high cost of new therapeutics and political pressures have all contributed to the heterogeneity in guidance observed between countries".

Campaigners attempted to navigate the new bodies but found it difficult to access information on the advisors involved or the decisions made at their meetings.

Despite good communication with NICE and the MHRA they seemed unable to curtail their processes or utilise information from other countries where new treatments could be fast tracked under more efficient emergency procedures. The Government avoided the many questions raised by parliamentarians and operated without a policy to protect those most vulnerable in a pandemic.

[17] A full summary of effective treatments that the taskforce helped discover and make available can be found at the following: https://www.gov.uk/guidance/clinical-platform-trials-for-coronavirus-covid-19-treatments

[18] Technology appraisal guidance: https://www.nice.org.uk/guidance/ta900/chapter/1-Recommendations

[19] https://www.nice.org.uk/news/articles/nice-says-no-evidence-that-covid-19-treatment-evusheld-is-effective-in-protecting-vulnerable-adults-against-current-variants-as-it-announces-new-rapid-update-process-for-covid-19-medicines

[20] https://gh.bmj.com/content/9/4/e014188

Viewpoint 3: Parliamentarians

Parliamentarians found themselves at the frontline of the Evusheld debacle, directly interacting with concerned constituents and fielding numerous inquiries about the availability of lifesaving therapies. As representatives of the public, they quickly realised the critical nature of the issue, particularly for immunocompromised individuals facing heightened risks from COVID-19. Despite their efforts to raise awareness and push for expedient access to Evusheld, many parliamentarians felt they were merely being managed as stakeholders rather than being truly listened to.

Throughout the timeline, parliamentarians posed nearly 200 questions in Parliament, reflecting the urgency and widespread concern among their constituents. These questions were raised by a substantial number of MPs from various political parties, underscoring the broad-based recognition of the issue's importance. However, their attempts to expedite the approval and distribution of Evusheld were often met with bureaucratic delays and vague assurances. The structured responses from various health authorities and governmental bodies frequently lacked the transparency and decisiveness needed to address the urgent needs of vulnerable populations.

Parliamentarians also struggled with a lack of timely and clear information. Reports and data regarding Evusheld's efficacy were selectively released, leaving many representatives and their constituents in the dark about the true state of the therapy's approval process. This lack of transparency hindered their ability to effectively advocate for their constituents or contribute to informed decision-making.

The frequent changes in government further compounded the challenges faced by the responsible parliamentarians during the processes around Evusheld approval. These changes in responsible parliamentarians disrupted continuity and decision-making processes, making it difficult to maintain a consistent and urgent focus on the issue.

Responsible parliamentarians with decision making capabilities, experienced first-hand an entrenched bureaucratic inertia, with little ambition to expedite patient access to therapies. As a result, they were impeded in their ability to reform or change the existing process to facilitate the swift introduction of innovative treatments. This instability not only delayed critical healthcare responses but also eroded trust in the ability of parliamentary processes to safeguard public health effectively.

Despite their persistent efforts, the experiences of parliamentarians during the Evusheld controversy highlight the challenges of navigating a complex healthcare system that often prioritises procedural rigour over rapid, responsive action. The debacle underscores the need for a more collaborative and transparent approach, ensuring that the voices of elected representatives are heard and acted upon in a timely manner, especially during public health emergencies. The handling of the Evusheld debacle not only impeded an effective healthcare response, it undermined credibility and trust in government. The democratic mandate of parliamentarians to ask important questions and be listened to, such as in their calls for expedient patient access to therapies, was undermined by the bureaucratic delays and lack of transparency.

Viewpoint 4: The Clinicians

Clinicians found themselves in an increasingly frustrating and untenable position throughout the course of the Evusheld debacle. Despite their wealth of expertise and firsthand experience, their insights and recommendations were repeatedly overlooked in favour of bureaucratic processes and the opinions of a select few.

Many clinicians were initially invited to serve on advisory groups tasked with evaluating the efficacy of Evusheld, only to find that their contributions were marginalised, and their concerns dismissed. Despite being privy to compelling data from other countries demonstrating the clear benefits of the therapy, clinicians were confounded by the insistence of a small group of "self-termed" experts who made decisions that affected the entire country's healthcare landscape.

In a remarkable display of dedication, many clinicians offered their expertise pro-bono, recognising the urgency of the situation and the need to expedite access to life-saving treatments. Their meticulous assessment of data was conducted to a much higher standard than expected, reflecting their unwavering commitment to ensuring the safety and well-being of patients.

Additionally, clinicians played a crucial role in generating independent reports, such as the one released on the 30th of May, which identified those most in need of treatment and underscored the urgency of the situation. Their efforts were instrumental in highlighting the pressing need for expedient patient access to therapies and advocating for meaningful change within the healthcare system.

Day after day, clinicians bore the heavy emotional burden of caring for immunocompromised patients who remained tragically unprotected, forced to grapple with the difficult task of explaining why the UK lagged behind in providing these essential safeguards. The frustration and disillusionment grew as clinicians witnessed firsthand the devastating consequences of delayed access to life-saving treatments.

Bob Blackman MP at the Forgotten500k and Oxford Uni parliamentary exhibition

At each international conference attended by clinicians, where invaluable exchanges of knowledge occurred, there was a sense of frustration and helplessness. Clinicians eagerly sought insights into the latest advancements and treatments being implemented in other countries to protect immunocompromised patients. However, they were disheartened to find that the UK was not perceived as a leading light in terms of its pandemic response, particularly in safeguarding the most vulnerable members of society. This disappointment highlighted the urgent need for stronger leadership and decisive action at the national level to ensure that the UK remained at the forefront of scientific innovation and global health initiatives.

Furthermore, clinicians observed a concerning trend of rapidly decreasing levels of scientific interest and investment in clinical trials within the UK. As the nation's reputation as a scientific leader in the field of immunocompromised patient care waned, so too did the willingness of researchers and investors to engage in groundbreaking research and development efforts.

Without robust national leadership and decision-making processes in place to drive scientific progress and prioritise the needs of vulnerable patient populations, the UK faced the stark reality of diminishing opportunities for innovation and advancement in the life sciences sector. This downward trajectory not only posed a threat to the future availability of life-saving therapies and vaccines but also had far-reaching implications for the overall competitiveness and sustainability of the UK's biomedical research landscape.

The situation reached a tipping point when clinicians were compelled to advise patients to seek out the therapy privately, a decision that ran counter to the fundamental principles of a public healthcare system. This stark departure from established norms served as a reminder of the system's failure to prioritise patient welfare and left clinicians feeling disheartened and betrayed by the very institutions that they had dedicated their lives to serving.

Viewpoint 5: The Charities

Charities emerged as crucial pillars of support for patients throughout the tumultuous Evusheld process, playing multifaceted roles in advocacy, awareness, and assistance. These organisations served as lifelines for vulnerable individuals, offering a comprehensive range of services aimed at alleviating their burdens and amplifying their voices in the healthcare landscape.

Central to their mission was the dissemination of vital information and research on potential treatments, empowering patients with knowledge and giving agency in navigating their healthcare journey. Moreover, charities actively engaged with government bodies and policymakers, advocating tirelessly for expedient access to therapies and highlighting the urgent needs of the patient community.

However, the campaign to secure Evusheld disrupted the usual operations of these organisations, thrusting them into an unprecedented whirlwind of activity as they grappled with the fallout of delayed approvals and bureaucratic inertia. The resultant surge in telephone calls from distressed patients seeking guidance and reassurance placed immense strain on charity resources, testing their capacity to meet the overwhelming demand for support. Patients, learning that the UK would not be joining the 28 other countries in providing expedient patient access to crucial therapies, were left disheartened and disillusioned, their hopes for timely interventions dashed against the walls of institutional inertia.

Despite these setbacks, charities remained resolute in their commitment to the patient cause, steadfastly advocating for a future where UK patients are not relegated to the sidelines when it comes to accessing life-saving treatments. They envisage a healthcare landscape where expedient patient access to cutting-edge therapies is not a distant dream but a tangible reality, where patients can navigate their healthcare journey with confidence and dignity, knowing that their needs are prioritised, and their voices are heard.

Recommendations

The Evusheld predicament has highlighted critical gaps in our healthcare system, underscoring the urgent need for action. It shows the lack of focus on immunocompromised patients, and the issues around access to antivirals and therapies. The time to commission this therapy experienced significant delays, leaving vulnerable populations unprotected. By the time that multitude of committees had adjudicated, the drug has been superseded by new COVID-19 strains. Individuals were therefore left unprotected for two winters during the midst of the COVID-19 pandemic.

These issues are not isolated incidents: they are part of long-standing problems within our system that have yet to be addressed.

However, the solution can be found through straightforward, targeted interventions. By taking small steps, we can ensure better preparedness, equitable access to treatments, and improved outcomes for all.

1. Commit to an Expedient Patient Access to Therapies (EPAT) pathway for innovative or disruptive therapies.

- Develop and implement a streamlined, transparent, and efficient commissioning process for new therapies, particularly where there is unmet need, or in emergencies. This should be in place and ready to implement in crisis situations and reviewed regularly.

- This process should prioritise rapid evaluation and decision-making to ensure timely patient access while maintaining rigorous safety and efficacy standards.

- This process should have a clear metric that should be achieved, i.e. completed within 100 days.

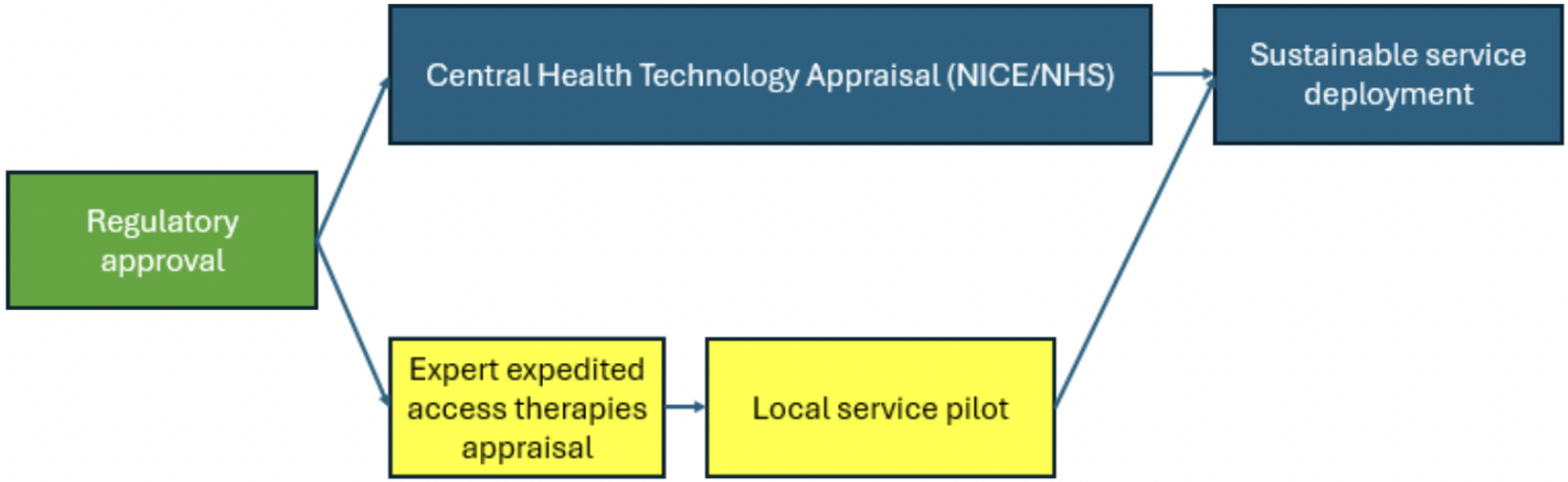
- The EPAT pathway and its metrics could be introduced into the legislation, to ensure maximum clarity and awareness. This will involve technology appraisal recommendations within the "The National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013".

- There should be clear guidelines on which therapies can be delivered as part of the EPAT pathway, and those which may not qualify.

- The pathway could utilise financial tools to share risks between provider and healthcare systems (e.g. through delayed payments, or contractual causes/clawback).

Single central expert committee appraisal model

Expedited access to therapies appraisal



New routes to bridge the gap, assess data and allow patient benefit

2. Foster Collaborative Decision-Making.

- Foster stronger collaboration and communication between parliamentarians, healthcare professionals, patients, charities and other stakeholders.

- Establish a specific ministerial responsibility for policy regarding the vulnerable population.

- Where there is significant parliamentary interest, perhaps due to a number of questions of Westminster, a facility should be set up for regular briefings with parliamentarians so they can feed into planning, as well as being informed of progress.

- Create a formalised mechanism for clinicians to contribute their expertise, and for specialists to be brought into government departments. These individuals should be given the freedom to provide advice independently, to challenge any "group thinking" that may have emerged.

3. Transform the culture to one of transparency.

- Implement policies to ensure complete transparency in the commissioning and procurement processes of therapies. Minutes and discussions should be stored. There should be clear accountability of senior responsible officers

- Public communication strategies should be enhanced to provide clear, timely, and accurate information to patients, healthcare providers, and the public.

- Regular public updates on the status of new treatments, including reasons for delays should be mandated.

- Individuals who choose to attend these updates meetings should not be asked to sign confidentiality agreements.

4. Acknowledge patient advocacy and Patient Charities.

- Move away from paternalistic commissioning approaches. Integrate the role of patient advocacy groups and charities in the healthcare decision-making process.

- Establish formal scheduled channels for these groups to provide input and feedback to policymakers and healthcare authorities.

- Develop a culture of listening and avoid falling into the trap of stakeholder management.

5. Implement Lessons from Global Best Practices.

- The UK should benchmark its procedures against those of countries that demonstrated effective and expedient patient access to therapies, such as the United States, France, and Israel.

- Specifically, metrics should provide ongoing monitoring of whether our expedient patient access to therapies pathway is hitting the 100-day milestones.

Conclusions

In conclusion, Evusheld serves as a stark example of the profound challenges and systemic failures that can arise when processes take precedence over urgent patient needs. From the initial delays in approval to the disjointed communication and lack of transparency, each facet of this saga underscored the critical importance of expedient patient access to life-saving therapies. The impact rippled across multiple stakeholders, from parliamentarians and patients to clinicians and charities, each grappling with the fallout of a system that prioritised procedural rigidity over human lives.

As we contemplate the failures around Evusheld, it stands as a poignant reminder and a potent impetus for transformative action. It beckons us to envision a future where swift and equitable access to groundbreaking therapies isn't a distant dream but a cornerstone of our healthcare ethos—a vision we must ardently champion to foster both economic growth and societal well-being.

The lessons drawn from Evusheld underscore the pressing need for streamlined pathways to innovative treatments. In the case of immunocompromised patients, it can help streamline access to antivirals and therapies. By prioritising accessibility, we not only enhance patient outcomes but also invigorate industries, attract investments, and catalyse job creation. It is not solely about improving health outcomes; it's about nurturing an environment where innovation thrives, economies flourish, and communities prosper.

It is hoped that this report will enable us to seize this moment, not only to rectify past shortcomings but to forge ahead with unwavering resolve working collaboratively. By strengthening our commitment to expedient patient access to therapies, we can cultivate a future where advancements benefit all, ensuring that progress is not just a privilege, but a promise fulfilled for every individual, regardless of circumstance.

Acknowledgements

This national report is dedicated in remembrance of all those who lost their lives to COVID-19. We extend our heartfelt condolences to their families and loved ones. We also acknowledge all the immunocompromised people and their families still shielding or living restricted lives due to fear of infection by COVID-19.

With sincere gratitude to the outgoing APPG Chair Bob Blackman MP, whose leadership and guidance were instrumental throughout the course of this endeavour. To Lord Mendelsohn and his senior advisor, Tracey Allen MBE, for their invaluable support and expertise and for providing the secretariat to the group, and to all the retiring members of the APPG for Vulnerable Groups to Pandemics (APPG-VGP) to 30th May 2024, upon the dissolution of parliament; Jim Shannon MP, Virendra Sharma MP, Tim Loughton MP, Caroline Ansell MP and Philip Dunne MP for their unwavering dedication and commitment to advocating for vulnerable populations.

We welcome the new APPG membership at its inaugural meeting in September, following which this report will be submitted to the new Government: including: Johanna Baxter MP, Andrew Murrison MP, Lord Mendelsohn, Lord Lansley, Ruth Cadbury, Baroness Brinton, Lord McNicol, Lord Harrington, Baroness Altmann, Lord Polak, Bob Blackman MP, Alex Mayer MP, Baroness Deech, Alex Baker MP, Daisy Cooper MP, Baroness Scott, Baroness Armstrong Rachael Maskell MP, Lord Pickles and Connor Rand MP.

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For support and advice please contact: https://www.forgottenlives.uk/