



05 June 2020

Dear colleagues,

Further to my previous letters, I am writing to you to provide an update on patients in the 'clinically highest risk' (shielding) group.

1. Update Letter to Shielding Patients

On 8 June I will begin writing out to all patients in the shielding group (currently around 180 thousand patients). This letter informs patients that while at this time we cannot give them an exact date for when shielding will end, over the summer, we will be working on ways to help them make informed decisions based on their individual circumstances, needs, and the risk of catching the virus in their local community.

Patients are being asked to continue to shield until 31 July. This position will be reviewed in July and any further changes will depend on the progress we have made in managing the spread of the virus across Scotland.

The letter also sets out that from 18 June, it is our intention to advise that those shielding can go outside for exercise, providing that the rate of infection remains in line with our current expectations. The letter, and supplementary guidance, will advise that during such exercise, people shielding should make sure to stay 2 metres away from other people, and, if possible, choose times and areas that are quiet. There is no limit to how often or for how long a person shielding may go out to exercise. However, please note, this advice does not apply to those individuals who are shielding in residential care and nursing homes.

This change is possible because we now know that the risk of catching the virus when outdoors, keeping two metres away from others and not spending time with

other people, is very low. This is why we are now comfortable advising those shielding that they can go outdoors for exercise.

The letter will also provide evidence to an employer that the patient cannot work outside the home. They will not need to get a separate fit note from their GP.

A copy of this letter is attached as **Annex A**. A series of FAQs about shielding will shortly be available online for both patients and clinicians. A further update will be provided when these are live.

2. Next Steps for Shielding

It is important that patients are supported to make decisions that are right for them, and that our advice takes account of the clinical risks posed by Covid-19, which are unlikely to change without a treatment or vaccine, and the environmental risks, such as rates of community transmission, which are more dynamic. Over the summer, we will:

- Give shielded people updated clinical evidence about their conditions and what that means for their risk from Covid-19
- help them to understand the changing infection rate in their local area
- give them access to support and tools to help them make informed choices about their lives.

Work to achieve this is at a very early stage, and we know that many of those shielding will be anxious, so the transition must be handled carefully. We will seek your input as we develop the tools to help those shielding make decisions, and we will also work with you to understand and minimise the impacts of this new approach on GP services.

3. Access to Healthcare

On 13 April I wrote to you in the following terms:

It is vital that people who are being shielded get the care they need when they require it in the safest way possible. This may be routine or urgent primary care. To ensure this happens in a safe and timely manner their needs should be assessed by a clinician and then a risk assessment done to determine where, when and how the patient is seen.

In some circumstances you may decide that it is appropriate to carry out a consultation over the telephone or via NHS Near Me. For NHS Near Me all that is

needed for the patient is a device that has a camera (e.g. smartphone, tablet, laptop) and connection to the internet.

A face to face consultation may be required by way of a home visit, but equally after assessment of infection risk, clinical need and service capacity may involve the patient travelling to a practice or centre to be seen. This risk assessment is part of the care that GPs and other health professionals do every day to meet the needs of their patients and should continue whilst bearing in mind the special requirements of patients who are shielding.

To support you in your conversation with patients on how they best access healthcare, a similar form of words has been included in the shielding update letter.

I remain extremely grateful for all the efforts you are making to protect the health of the people of Scotland during this challenging time.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gregor Smith', with a stylized flourish at the end.

DR GREGOR SMITH
INTERIM CHIEF MEDICAL OFFICER FOR SCOTLAND