Medical Directors  
Nurse Directors

Hospital Clinicians

Primary Care

Health Board Shielding Teams

Health Board Shielding Executive Leads

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| Directorate for Chief Medical Officer  Dr Gregor Smith  Interim Chief Medical Officer |  |

**For immediate cascade to Primary Care, Hospital Clinicians and Health Board Shielding Teams**

1 July 2020

Dear colleagues,

**Shielding for Children and Young People (under the age of 18 years)**

The Royal College of Paediatrics and Child Health (RCPCH) have updated guidance for those children and young people (under the age of 18 years) who are recommended to continue shielding. This is available at <https://www.rcpch.ac.uk/resources/covid-19-shielding-guidance-children-young-people>. The guidance provides advice on which children and young people should continue to shield, and which children and young people should now be reviewed on a case-by-case basis to ascertain whether they require to continue shielding. The guidance means that some children and young people who are currently shielding may no longer be advised to shield.

I am writing to advise that this guidance is supported by Scottish Government and it will be announced tomorrow 2nd July 2020, during the First Minister’s media briefing.

A letter (attached at Annex A) will be sent in the coming days to all children and young people that are shielding explaining that clinicians will contact patients where the guidance applies.

In Scotland we are classifying a child or young person as anyone who was under the age of 18 years at 26 June 2020.

**I am grateful for clinicians and Health Boards to begin the process of reviewing whether children and young people in your Board require to continue shielding, supported by the RCPCH guidance and make plans to contact their patients.**

* **Hospital Clinicians:** Where a child or young person is shielding because of a condition managed by a hospital clinician, I would be grateful for that hospital colleague to review the patient’s shielding status.
* **Primary Care Clinicians:** Where a child or young person is shielding because of a condition managed only in Primary Care, I would be grateful for Primary Care colleagues to review the patient’s shielding status. RCPCH guidance states that children and young people who are cared for solely in Primary Care are very unlikely to need to continue to shield.
* Our expectation is that the majority of children and young people who are shielding will be managed by hospital clinicians, with few (mainly in Group 3 and 7) being managed only in Primary Care. I am grateful if hospital clinicians provide support if requested by Primary Care colleagues in cases requiring additional advice.
* **Health Boards:** I am aware that there may be some children and young people who have been asked to shield, where they have been identified through national searches (one example is children and young people who have been recipients of solid organ transplants). It is not possible to separate the identification of those identified centrally from those identified by Hospital and Primary Care clinicians. Public Health Scotland will send Health Board Shielding Leads a list of all children and young people under the age of 18 who have been asked to shield (from all methods of previous identification) in your Board. This will be sent to Health Board Shielding Leads on 2nd July 2020. I am grateful to Health Boards for working with colleagues to ensure there is a review of the shielding status of children and young people in their Health Board who have been asked to shield. In sending on these lists, it should be made clear where the responsibility (Hospital or Primary Care) lies for reviewing and holding any necessary conversation.
* For children and young people who have had renal transplants or are awaiting renal transplants, the National Paediatric Renal Unit in Glasgow have offered to lead on discussions with patients and their families – I would be grateful if hospital renal clinicians could discuss these patients in their Health Board with the National Paediatric Renal Unit. For all other children and young people who have had another form of solid organ transplant or are waiting for one, I would be grateful if they could be reviewed by their lead hospital clinicians in their Health Board area.

In line with RCPCH guidance, where a child or young person may no longer need to shield, a discussion **must** take place between the clinician reviewing the shielding status and the patient and/or their family.

Where it has been discussed and agreed that the child or young person should no longer be shielded, please:

* Let your Health Board coordinating team know that the child or young person is to be removed from the shielding list (and confirm with your Health Board coordinating team that you have discussed this with the patient and/or family)
* The Health Board coordinating team (after confirmation from clinicians that removal from the shielding list has been agreed with the patient and/or family) will let Public Health Scotland and the child’s GP know that the child is to be removed from the shielding list
* Public Health Scotland will send a confirmation letter to the patient/family that the patient is no longer on the shielding list (the patient and/or family will already be aware from the discussion you have had with them).

**Health Board shielding teams**: I would be grateful for a record to be kept within your Board shielding team of the children and young people who have been reviewed (either by review of medical records or by discussion with them and their family / carers), and of these, which are agreed that it is appropriate to be removed from the shielding list. I would ask that this record is sent to PHS at the end of July. Patients to be removed can be notified on an on-going basis to PHS.

I understand this review process will take time and would be especially grateful for review of children and young people in your Board to have been completed by **31 July 2020**.

Thank you for your efforts in reviewing children and young people in your Health Board with this new guidance.

Yours sincerely,



**DR GREGOR SMITH**

INTERIM CHIEF MEDICAL OFFICER

**Annex A**

**[Patient Name**

**Patient address Line 1**

**Patient address Line 2**

**Patient address Line 3]**

2 July 2020

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| Directorate for Chief Medical Officer  Dr Gregor Smith  Interim Chief Medical Officer |  |

**IMPORTANT: PERSONAL**

Your Community Health Index (CHI) number: [CHI NUMBER]

**Shielding for Children and Young People (under the age of 18 years)**

Dear [patient]

I am writing to you with an update because you (or the child you care for) have been asked to shield and are under 18 years old.

Throughout this pandemic we have been keeping all evidence under review. As you will know, we recently advised that those shielding could take exercise outside, and meet with one other household of up to 8 people. New evidence and research findings allow us to reconsider and update the advice about which children are at the highest risk.

The Royal College of Paediatrics and Child Health is a group of medical experts across the UK who specialize in looking after children and young people. They have reviewed the latest evidence on the effect of coronavirus on children and young people. They now have some new recommendations on which children and young people should continue to shield and which children and young people might not need to shield any more. As a result, you may shortly be contacted by a clinician to discuss your individual case.

The new guidance is available at <https://www.rcpch.ac.uk/resources/covid-19-shielding-guidance-children-young-people>

We do not want anyone to shield if they do not have to. We have therefore asked clinicians to review individual cases, and where they believe that the new guidance applies, they will contact the children and young people and their families/carers to discuss their individual case with them.

**No action is required from you at this time.** You should continue to follow the shielding advice unless contacted by your clinical team and a discussion results in a shared decision that the child or young adult no longer needs to shield. I must stress that no child or young person will be removed from the shielding list until that has occurred – although of course the shielding advice itself may be updated, as it recently did to allow outdoor exercise, for example.

Please only contact your clinician regarding this review if you have not heard from them by 31 July.

I am acutely aware that the restrictions we have asked you and your family to follow are extremely difficult, and can significantly impact on your quality of life and increase social isolation – and that for children and young people these restrictions are particularly tough.

I know this has been a very worrying and difficult time for you and your family, and I wish to thank you for continuing to follow the shielding guidance.

Yours sincerely,



**DR GREGOR SMITH**

INTERIM CHIEF MEDICAL OFFICER