



8 January 2021

Primary and Secondary care clinicians

Please cascade to Primary Care, Hospital Clinicians and Health Board Shielding Teams

Dear Colleagues,

Additions to the shielding list

Since the start of the pandemic, clinicians have devoted a great deal of time and effort identifying and advising patients who may be at the highest clinical risk of severe illness from COVID-19 ensuring they are added to the Shielding List. We are greatly appreciative of your invaluable work in continuing to support these patients and helping to keep them safe and well.

After the pause of shielding at the end of July 2020, the NHS continued to maintain the shielding list. Clinicians continue to identify and add to the list those at the highest clinical risk from Covid-19 based on the current criteria

<https://www.gov.scot/publications/covid-shielding/pages/highest-risk-classification/>

Clinicians can also, based on their clinical judgement, add to the shielding list people that are clinically at the highest risk from COVID-19, but are not included in the groups, highlighted in the link above, set by the 4 CMOs.

Following the new additional protective (lockdown) measures announced on 4th January 2021, it is very important that clinicians continue in their efforts to identify and add to the shielding list those people that are at the highest clinical risk.

For clinicians who work in General Practice there are ESCRO searches to help them identify people not currently on the shielding list for whom this might be appropriate. If you haven't previously used this it can be downloaded from

http://www.escro.co.uk/escro_shielding/escro_shielding.htm

It is also important that the list is as up-to-date as possible to ensure that the people at the highest clinical risk are prioritised for covid vaccination as set out in the JCVI guidance.

Many clinicians have contacted us asking for a reminder on the existing identification and data process guidance which you will find at Annex A.

Thank you for your on-going support.

Yours sincerely

Shielding identification team

Annex A

Information on the central identification and data transfer process for people to be added or removed from the shielding list from 1 August 2020.

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A. Background

1. On 17 March 2020 the Scottish Government announced Shielding for those who are at the highest clinical risk of severe morbidity or mortality from Covid-19.
2. The conditions that place individuals at highest clinical risk from Covid-19 were set out by the four Chief Medical Officers in the UK in mid-March.
3. The shielding programme was paused after 31 July 2020 due to low community prevalence and therefore lower risk. However pausing shielding does not mean we should stop identifying people at the highest risk. Public Health Scotland (PHS) will continue to update the current shielding list, adding or removing people based on information received from the NHS Boards. We will also continue to write to people who are newly added or identified for removal. This may be necessary for several reasons:
 - To inform individuals whose risk is newly identified that they are at highest risk from Covid, and to allow them to register with the SMS service for information and updates to advice. This will be done through a Chief Medical Officer (CMO) letter;

- To remove people from the list who no longer need to be on the shielding list. A letter confirming removal will be sent to individuals after clinicians have agreed it in consultation with the patient;
- To remove people who have died;
- To be able to quickly contact individuals who are at highest risk in the event of local or national increases in prevalence, and rapidly share their data with partners who need to provide support;
- To enable processes for modification to the Shielding list where new evidence of clinical risk groups appear.

B. The role of the Scottish Government

4. The Scottish Government has overall responsibility for the shielding programme. The CMO advises on the conditions and diseases which put people at higher risk from Covid-19. The Scottish Government, as part of its overall responsibility, liaises with partner organisations to ensure that they receive the information they need to carry out their role in shielding. The Scottish Government does not have access to the personal data of people who are shielding.

C. The role of Public Health Scotland

5. PHS receives information from Health Board shielding teams about people who have been advised to shield locally, either by GP practices or secondary care departments.
6. PHS also receives information from Health Board shielding teams about people who, further to agreement between clinician and patient, have been removed from the shielding list.

D. Maintenance of shielding list

7. PHS collates the details of the people who have been advised to shield into a master shielding list. This involves checks for duplicate entries and for deaths.
8. PHS receives a weekly update from the National Records of Scotland's Register of Deaths, checks the shielding list against it and adds a flag against the name of any people who are known to have died. Due to time lags in reporting deaths and data quality, there will be a number of people on the shielding list at any time who have died and have not been identified as such.

9. PHS also adds flags to the entries for any people who are no longer advised to shield.

E. Distribution of shielding list

10. PHS sends data from the shielding list to the following partner organisations on a regular basis:
 - NHS National Services Scotland;
 - NES Digital Service (part of NHS National Education for Scotland);
 - Territorial Health Boards;
 - Local authorities.
11. PHS will provide a list of the CHI numbers and status for all people on the shielding list to the GP IT team in NSS. This list is then provided to EMIS and Vision.
12. The GP Practice dashboard will be maintained and updated every 2 weeks.

F. The Role of NHS National Services Scotland

13. NHS National Services Scotland (NSS) issues letters on behalf of the CMO.

G. The Role of NHS National Education for Scotland

14. NHS National Education for Scotland (NES) carries out the following functions:
 - It operates the SMS service for shielding people;
 - It shares the data of people who have requested priority online delivery booking with supermarkets.

H. The Role of Health Boards

15. Health Boards have a leading role in providing health care to people who are at highest risk from Covid-19. Health Board shielding team must:
 - Collate the details of people identified as at highest risk by their GP practices and hospital departments;
 - Collate the details of people that have been removed from the shielding list after clinicians have agreed it in consultation with the patient;
 - Provide the details of people identified as at the highest risk and those removed to Public Health Scotland.

16. Each Health Board must ensure that its GP practices and hospital departments know to send the details of any patients they have identified as at highest risk to the Health Board Shielding Team.

I. Role of clinicians

17. Clinicians will continue to identify those who may be at the highest risk based on the current groups set by the 4 CMOs or based on their clinical judgement.
18. At the same time clinicians may remove people from the list where they believe someone has been identified in error or if they think that someone is no longer clinically at the highest risk. This should only ever be done in consultation with the patient and other clinicians where appropriate.

J. Role of Local Authorities

19. Local authorities take the leading role in providing wider social support to people who are shielding.
20. Public Health Scotland provides extracts from the shielding list to those local authorities which request it. Some local authorities receive lists from their local Health Board as these lists include telephone numbers from NHS systems.