

21 December 2021

Dear Colleagues,

Information on the central identification and data transfer process for people to be added or removed from the highest risk list.

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A. Background

1. In the current epidemiological context with uncertainty around new variants and efficacy of the vaccine, we need to be able to provide additional advice to the people at the highest risk if required. It is therefore important we continue to maintain the list of those in the highest risk group, previously known as the shielding list.
2. Public Health Scotland (PHS) will continue to update the current list of those in the highest risk group, 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 people 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 who are no longer in the highest risk group. A letter confirming removal will be sent to these people after clinicians have agreed it in consultation with them;
- To remove people who have died;
- To be able to quickly contact people 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 list where new evidence of clinical risk groups appear.

B. The role of the Scottish Government

3. The Scottish Government has overall responsibility for providing advice and support to people in the highest risk group. The CMO advises on the conditions and diseases which put people at highest risk from Covid. 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. The Scottish Government does not have access to the personal data of people who are in the highest risk group.

C. The role of Public Health Scotland

4. PHS receives information from Health Board teams about people who have been added to the highest risk group, either by GP practices or secondary care departments.
5. PHS also receives information from Health Board teams about people who, further to agreement between them and their clinician, have been removed from the highest risk group.
6. PHS will require CHI for new additions and will use CHI to routinely:
 - Populate and update names, addresses and GP details in line with CHI; and
 - Remove those who have died using CHI and NRS.
7. PHS will also review an individual's CHI status and if they deem the individual should be removed from the highest risk group (for example, because they have moved outside of Scotland), they will ask the NHS Boards for confirmation.

D. Maintenance of highest risk group

8. PHS collates the details of the people who have been added to the highest risk group into a master list. This involves checks for duplicate entries and for deaths.
9. PHS receives a weekly update from the National Records of Scotland's Register of Deaths, checks it against the highest risk group 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 in the group at any time who have died and have not been identified as such.

10. PHS also adds flags to the entries for any people who are no longer considered to be at the highest risk.

E. Distribution of the highest risk group

11. PHS sends data from the highest risk group 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.
12. PHS will provide a list of the CHI numbers and status for all people in the group to the GP IT team in NSS. This is then provided to EMIS and Vision. This list will be provided every four weeks, as of 6 January 2022 (currently it is provided every 2 weeks).
13. The GP Practice dashboard will be maintained and updated every 2 weeks.

F. The Role of NHS National Services Scotland

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

G. The Role of NHS National Education for Scotland

15. NHS National Education for Scotland (NES) carries out the following functions:
 - It operates the SMS service for those on the highest risk list who have registered for SMS updates
 - It shares the data of people who have requested priority online delivery booking with supermarkets.

H. The Role of Health Boards

16. Health Boards have a leading role in providing health care to people who are at highest risk from Covid. Health Board teams 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 highest risk group after clinicians have agreed it in consultation with them;
 - Provide the details of people identified as at the highest risk and those removed to Public Health Scotland.
17. 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 Team.

I. Role of clinicians

18. Clinicians will continue to identify people who may be at the highest risk based on the current groups set by the 4 CMOs or based on their clinical judgement.
19. This [document](#) sets out details of the groups considered to be at the highest risk should they contract Covid. It includes how people were identified and the codes used to identify them.
20. At the same time clinicians may remove people from the highest risk group 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 individual and other clinicians where appropriate.

J. Role of Local Authorities

21. Local authorities take the leading role in providing wider social support to people who are in the highest risk group.
22. Public Health Scotland provides extracts from the group to those local authorities which request it. Some local authorities receive data from their local Health Boards.

Data transfer schedule

Sent by	Received by	Data	Frequency
NHS Boards	Public Health Scotland	Details of people added to the group or removed	Fortnightly – deadline midday on Thursday: *6 January 2022 20 January 2022 3 February 2022 etc.
Public Health Scotland	Territorial Health Board Team contacts	Full extract from the group covering people who reside in Health Board area	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.
Public Health Scotland	NSS	Details of people to be issued letters (except medical information)	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.
Public Health Scotland	NSS	CHI numbers and status for all patients in the group	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.
NSS	EMIS and Vision (GP IT suppliers)	CHI numbers and status for all patients in the group	Four-weekly on Monday: *10 January 2022 7 February 2022

			7 March 2022, etc.
NSS / Public Health Scotland	Territorial Health eHealth contacts	CHI numbers and status for all patients in the group	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.
Public Health Scotland	Local authorities	Extract from the group covering people who reside in local authority area (does not include medical information)	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.
Public Health Scotland	NES	Full details of the highest risk group except for medical information	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.

** Please note there is a three-week gap between updates over the festive period. This allows for the change freeze during this period. Fortnightly updates will resume thereafter. As of 10 January 2022, updates to EMIS and Vision will move to four-weekly.*

Yours sincerely

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Chief Medical Officer