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Chief Executives NHS Boards

Chief Officers HSCPs

Health Board Shielding Executive Leads

Health Board Shielding Teams

Hospital Clinicians

Medical Directors

Nurse Directors

Primary Care

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

Xx July 2021

Dear colleagues,

**Update on the position of the shielding list in Scotland**

I am very grateful for all you have done for patients on the shielding list. I write with some updates regarding the people who are at the highest risk from Covid.

**1. Changes in terminology used**

People identified as at the highest risk from Covid were previously referred to, as a group, as the ‘shielding list’. From now on, we intend to refer to this group as the ‘highest risk group’ and to the list as the ‘highest risk list’. This is because we are not asking anyone to shield but to manage their risks in ways which are less harmful to them socially, economically, and to their physical and mental health and wellbeing. We now see shielding as a last resort.

**2. The current position of the highest risk group**

With more people getting protection from Covid through vaccination, we do not expect a widespread return to shielding in the future. We expect people in the highest risk group will be able to follow the advice provided to the general population, as we move towards level 0 and beyond, in a way which is right for them. It is, however, important that we continue to identify people at the highest risk from Covid and add them to the highest risk group. This is for several reasons: we may need to contact them at short notice, in the event of local outbreaks; to prioritise booster vaccinations and other clinical interventions; and in the event of vaccine escape. It will also need to take account of people with new diagnoses. The recent increase in cases underlines the need for this approach.

**3. Maintaining the highest risk group**

Please continue to add newly identified patients to the highest risk group, and for remove those who no longer need to be in this group. Based on recent months, the average number of people being added to the shielding list is 104 per week, with the majority of these people being identified in cancer groups, rather than by GPs. The majority of removals are identified by PHS. More information and guidance on additions and removals is available in Annex A.

There are a small number of people in the highest risk group for whom their address does not match the address held on CHI, and a small number who appear to no longer reside in Scotland. We have contacted these people, to gain the correct address on all records, and remove people from the highest risk group if they no longer live in Scotland. Copies of these letters are included in Annex B and Annex C.

**4. The future of the highest risk group**

As we continue to make significant progress on vaccinating the adult population our clinical advisors are assessing the efficacy of the vaccine on all conditions within the highest risk group. We are considering how we may identify both those who remain at the highest risk and those who are at a reduced risk after two doses of the vaccine. We are intending to deploy the QCovid tool, which will help us understand individuals’ risks from Covid as a result of multiple co-morbidities.

Thank you again for all you have done, and continue to do.

Yours sincerely,

**DR GREGOR SMITH**

CHIEF MEDICAL OFFICER