**Annex A**

**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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1. Background
2. 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.
3. 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.
1. The role of the Scottish Government
2. 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.
3. 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.
1. 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.
2. Maintenance of highest risk group
3. 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.

1. 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.
2. PHS also adds flags to the entries for any people who are no longer considered to be at the highest risk.
3. Distribution of the highest risk group
4. 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.
1. 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.

1. The GP Practice dashboard will be mantained and updated every 2 weeks.
2. The Role of NHS National Services Scotland
3. NHS National Services Scotland (NSS) issues letters on behalf of the CMO.
4. The Role of NHS National Education for Scotland
5. 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.
1. The Role of Health Boards
2. 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.
1. 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.
2. Role of clinicians
3. 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.
4. This [document](https://www.hps.scot.nhs.uk/web-resources-container/covid-19-search-criteria-for-highest-risk-patients-for-shielding/) 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.
5. 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.
6. Role of Local Authorities
7. Local authorities take the leading role in providing wider social support to people who are in the highest risk group.
8. Public Health Scotland provides extracts from the group to those local authorities which request it. Some local authorities receive data from their local Health Board.

##  K. New data transfer schedule

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| --- | --- | --- | --- |
| Sent by | Received by | Data | Frequency |
| NHS Boards  | Public Health Scotland | Details of people added to the group or removed  | Ongoing process – deadline **midday on Thursday**:15, 29 July12, 26 August, etc. |
| Public Health Scotland | Territorial Health Board Team contacts | Full extract from the group covering people who reside in Health Board area | Fortnightly:Monday 19 July2, 16, 30 August, etc. |
| Public Health Scotland | NSS | Details of people to be issued letters (except medical information) | Fortnightly:Monday 19 July2, 16, 30 August, etc. |
| Public Health Scotland | NSS | CHI numbers and status for all patients in the group  | Fortnightly:Monday 19 July2, 16, 30 August, etc. |
| NSS | EMIS and Vision (GP IT suppliers)  | CHI numbers and status for all patients in the group  | Fortnightly:Monday 19 July2, 16, 30 August, etc. |
| NSS / Public Health Scotland  | Territorial Health eHealth contacts | CHI numbers and status for all patients in the group | Fortnightly:Monday 19 July2, 16, 30 August, etc. |
| Public Health Scotland | Local authorities | Extract from the group covering people who reside in local authority area (does not include medical information) | Fortnightly:Monday 19 July2, 16, 30 August, etc. |
| Public Health Scotland | NES | Full details of the highest risk group except for medical information | Fortnightly:Monday 19 July2, 16, 30 August, etc. |