



30 October 2020

Medical Directors
Nurse Directors
NHS Board Shielding Leads
Primary Care

For immediate cascade to Primary Care and Hospital Clinicians

Addition to the shielding list of people over 18 with Down's Syndrome and CKD5

Dear colleagues,

I am very grateful for all you have done to support patients who were shielding and to help maintain the Shielding List. This will enable those at highest clinical risk from COVID-19 to continue to receive targeted advice as the epidemiology changes through the winter.

I recently met with the other CMOs of the UK to consider the [QCOVID](https://www.bmj.com/content/371/bmj.m3731) data (published on the British Medical Journal <https://www.bmj.com/content/371/bmj.m3731>) and have agreed the following:

Down's Syndrome

1) I am advising that people with Down's Syndrome over the age of 18 should be added to the shielding list. Public Health Scotland has extracted data from both acute and mental illness hospital records that go back as far as 1981. This will identify a large number in this cohort but may miss some. Therefore additional searches are being prepared, utilising the Albasoft software (provides the Scottish Therapeutics Utility) to allow GPs to interrogate their own records to identify people with Down's Syndrome who have not been detected by the hospital searches. This will be available for you to use once the initially identified people have been sent a letter on 31 October and the GPIT coding has been updated in your system. Once again I ask for, and greatly appreciate your help in utilising these searches to identify any additional patients with

Down's Syndrome, and that you notify your Health Board co-ordination team of these people in the usual way, so that they can be added to the Central list.

Chronic Kidney Disease stage 5 (CKD5)

2) I am also advising that people with CKD5 should be added to the shielding list. Many of these patients will already be on the central Shielding list if they are receiving renal dialysis, are awaiting a renal transplant or have had a transplant. Searches will initially be carried out by the Renal Units through their electronic records to identify additional patients. This will take a little more time and once this is complete, searches will be prepared using the Albasoft software, to allow GPs to interrogate their own records to identify people with CKD5 that are not captured by the initial search. We will write in more detail once the first phase has been concluded.

Dementia

3) The QCOVID data also highlights that people with dementia are at high risk from COVID-19. This covers a broad spectrum of illness and includes some who may be at risk of further cognitive impairment or distress where there is impaired capacity and limited understanding. Unfortunately we are currently unable to break the risk down further by severity and for this reason we are not adding dementia to the shielding list as a group. However, clinicians can add patients to the list based on their clinical judgement and discussion with the individual and/or their carer. This is not a direction to GPs to pre-emptively contact patients with dementia at this time, but something to be aware of in any future discussion with the individual and/or their carer.

I know that in the past months great efforts have been made to identify those patients who are at highest risk from Covid-19 and I want to thank you for your commitment to your patients' best interests and your professionalism.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Gregor Smith', with a stylized flourish at the end.

DR GREGOR SMITH

INTERIM CHIEF MEDICAL OFFICER