

## **Shielding Patients Guidance for NHS Greater Glasgow & Clyde**

There has been some conflicting advice about how Primary Care manages their contacts with Shielding Patients. The Primary Care Clinical Advisory Group have taken time to consider the best way of managing the group of Shielding patients who require access to Primary Care

- 1. Routine care** eg bloods, injections and CDM- do as much as possible remotely and postpone work appropriately. Then on a case by case basis consider either HV by phlebotomy or bring into GP Practice- will depend on availability of their own transport
- 2. Urgent care**- remote consult via phone/ attend anywhere. Again consider on individual basis whether need to do HV or can bring into Practice using their own transport
- 3. Potential Covid symptoms**-patients to contact the Covid Community Pathway by calling NHS24. If following phone consultation they are felt to require a face to face assessment they should be seen at their local community assessment centre. If they are housebound, and cannot be fully assessed using Attend Anywhere technology they will require a House visit. Consideration should be given during the phone consultation as to whether they require direct referral to SATA.

Individual patient circumstances need to be considered. This position is aligned with the statement in the consolidated guidance from Scottish Government;

A face to face consultation may be required by way of a home visit, but equally after assessment of infection risk, clinical need and service capacity may involve the patient travelling to a practice or centre to be seen. This risk assessment is part of the care that GPs and other health professionals do every day to meet the needs of their patients and should continue whilst bearing in mind the special requirements of patients who are shielding.

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On behalf of the Primary Care Clinical Advisory Group

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