

23 June 2020

## SHIELDING ACTION REQUIRED BY 29 JUNE 2020

- Please review the Transplant Recipients tab of EScro. If there are any patients who are taking these medications because they have a transplant, and are not yet shielding, please return their CHI to <u>covidshielding@ggc.scot.nhs.uk</u> marked transplant.
- Please review the Splenectomy tab of EScro. If there are any patients who have no spleen (not partial splenectomy), and are not yet shielding, please return their CHI to <u>covidshielding@ggc.scot.nhs.uk</u> marked splenectomy.
- 3. Please review the Severe Respiratory Conditions tab of EScro. If there are any patients who have severe COPD or asthma, and are not yet shielding, please return their CHI to covidshielding@ggc.scot.nhs.uk marked respiratory.
- 4. Please review the Immunosuppression therapies tab of EScro. If there are any patients who immunosuppressed because of steroids/DMARDs, and are not yet shielding, please return their CHI to <u>covidshielding@ggc.scot.nhs.uk</u> marked immunosuppression.

Dear colleagues,

## SHIELDING ADDITIONS

I'm writing to you to let you know that some additional patients have been identified who should be added to the to the Public Health Scotland shielding lists. As you will remember we have returned some data directly to Public Health Scotland in order to avoid a burden on practices in NHSGGC. Unfortunately, having audited some of the data extracted it is clear that in some cases, directly returning the data would result in patients being shielded inappropriately. We are therefore asking practices to review a small number of categories of patients.

An example of the challenge is the searches for medications which would result in shielding due to severe asthma or severe COPD. In a recent audit, only a third of those identified needed to shield. This was because there were many patients on 'triple inhalers' (ICS+LAMA+LABA) who did not have severe illness. In other cases patients had triggered the oral steroids threshold because they had been provided with a rescue pack of prednisolone at the start of shielding.

We believe that simply returning these names will cause harm to patients but will also create work for practices, with patients being concerned about this and contacting the practice directly in order to be 'un-shielded'. Therefore, we are also asking practices to review patients in the **Transplant**, **Splenectomy and Severe Respiratory**, and **Immunosuppression therapies tabs** of EScro and return the CHIs of those who need to shield to the COVID email address. We anticipate that for the majority of practices this will account for less than 30 patients for review. Practices have already reviewed the Additional Searches for Review tab and there is no need to repeat this.

I appreciate that this is additional work, at a time when you are already busy, and that you may be wondering why we are doing this when we are so close to the end of the shielding period. The reasoning is that we need to ensure that the shielding group is as comprehensive as possible **as it may well be that further, and perhaps more nuanced messaging around shielding will be needed until a vaccine for covid19 becomes available.** 

I would ask you to try to provide the <u>covidshielding@ggc.scot.nhs.uk</u> address with the CHIs and categories of the additional shielding patients before the **close of business on Monday 29 June 2020.** We will work with PHS to ensure that the patients receive a letter which is clear and minimises the need for patients to contact the practice directly.

I attach a copy of the EScro user guide which will refresh your memory on the nature and use of the tool. The search criteria are in the guide which is self-explanatory. We are seeking patients who need to shield as they are:

- asplenic;
- have a transplant for which they receive immunosuppressants;
- have severe COPD or asthma; or
- are receiving immunosuppressant drugs within the practice.

We continue to press Government for their future plans for keeping the shielding register up to date. In the meantime, if you identify new patients who become eligible due to prescribing or diagnosis, please forward these patients' CHI with their category / reason for shielding to the covid shielding email above.

## **Un-shielding**

We are also working over the next few weeks to identify how we help you to flag that patients have been 'un-shielded' or removed from the shielding register. The code 9d44. will not be removed, but we hope to be able to provide lists of those who no longer need to shield for each practice, and to advise on a code that can be used to clarify their new status. In doing this we would ensure that practices can search for only active shielding patients in the future, if there are further actions required for the shielded cohort. It is not yet known how shielding will be used in the future, however until a vaccine is available, it is likely to remain part of the covid response for the foreseeable future.

I apologise for any inconvenience that this has caused. Shielding has proven to be an extraordinarily complex and challenging endeavour. Thank you again for all that you are doing to meet the needs of your patients during this challenging time. If you have questions please email <u>COVIDShielding@ggc.scot.nhs.uk</u> with the title ADVICE.

Kind regards,

Stay safe,

John

John O'Dowd

**Clinical Director** 

On behalf of the NHSGGC COVID Shielding Group