



13 April 2020

Dear colleagues,

Further to Catherine Calderwood's letter of 1 April, I am writing to you to provide an update on processes for supporting patients in the 'clinically highest risk' (shielding) group.

1. Identifying those people we cannot identify centrally

The central searches to identify patients who would be indicated for Shielding, using national data have been published at <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-search-criteria-for-highest-risk-patients-for-shielding/>. This document details the data sources and search criteria we have utilised and will continue to be updated with any new searches that take place in the future.

There will be patients that we have not been able to identify because of limitations in the nationally held data for example some patients with severe COPD or severe asthma who do not meet the specified medications criteria. I am very grateful for your help in identifying any patients at highest risk for shielding that we will not have identified already using these national search approaches for Groups 1 to 6.

If you are unsure whether a patient has been identified, please let your health board coordinating team have the patients CHI number and group (for example Group 5.3) and NHS National Services Scotland will process (this includes a check for duplicate entries).

We are aware that Asthma UK have recently brought out further guidance for identifying patients at highest risk due to Asthma. The central searches have identified patients on long term steroids. However, there may be patients who have required emergency admissions in the last year, who are on high dose inhaled steroids, or preventative antibiotics that you feel should also be considered at

highest risk and for shielding. We appreciate you notifying your Health Board co-ordinator of these people.

Most people in the highest risk group will have received a letter by now. It is expected that letters will continue to be issued as clinicians, both in Primary and Secondary Care, continue to identify people with existing and new diagnoses. It is important to let your health board coordinating team know of these patients, so that they are on the Central List of Shielded patients and so that NHS National Services Scotland can undertake the necessary processes to support patients.

You may be contacted by patients if they think they are at highest risk, but who have not received a letter. I thank you for supporting these patients who may be worried, discussing with them the criteria and implications of shielding, and notifying your Health Board co-ordinator if appropriate to shield. There will be some patients who are worried, but for whom shielding may not be appropriate.

Guidance on who is included in the highest risk group has also been published at <https://www.gov.scot/publications/covid-shielding-contacts/pages/highest-risk-classification/> and <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding>. This may help reassure patients that shielding is only to be undertaken by those at highest risk and social distancing is the best course of action for those at increased risk.

Information for those with health conditions that put people in the *increased risk* category and not the *highest risk* category (and therefore not to shield) has been published by NHS Inform at <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-social-distancing>. Scottish Government have also published advice on how people with specific health conditions should manage their condition though this period at <https://www.gov.scot/publications/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/>. This will be updated as necessary.

2. Group 7 – Those at clinically highest risk of severe morbidity or mortality from infection with COVID-19, who are not included in Groups 1-6

As you are aware, we have set up a separate group to ask clinicians (both in General Practice and Hospitals) to identify individual patients who they consider to be at **highest** risk of severe morbidity or mortality of COVID-19, using their clinical judgement. Please continue to identify those at highest risk and if you consider shielding to be in their best overall interests, let your health board coordinating team know their CHI number and that they are in Group 7.

These patients will be extremely clinically high risk and not those who are in the more general 'at increased risk' group, (who roughly equate to those who would receive the flu vaccine). It is acknowledged that the extremely stringent ask of shielding comes with its risks including physical, psychological and social implications. This should be considered when identifying patients to shield.

3. Removing people previously identified to shield who you jointly agree should no longer shield

In attempting to protect all patients who are considered to be at highest risk of severe morbidity or mortality from COVID-19, some patients will be identified for whom you subsequently consider shielding not to be required. As these patients will have received a letter, **if you become aware that shielding may not be appropriate, please discuss this with your patient.**

Removing them from the shielding cohort will mean they no longer qualify for the additional support being provided. If you jointly agree that shielding is no longer required, please let your health board coordinating team know the patient's CHI number and that they are to be removed from shielding. Your health board coordinating team will then update NHS National Services Scotland (who will update the GP and Local Authority systems in turn).

4. Frequently Asked Questions about Shielding for Clinicians

The Scottish Government have published a Question & Answer document for clinicians for shielding. This is included as **Annex A**. We plan to make this available online (and updated regularly in response to feedback) in the near future, details of which will be circulated to you once the link is known.

5. People with respiratory disease – additions to Shielding criteria

a) Those on home oxygen

Patients on home oxygen have been written to with advice to shield. Whilst the intention is that these are usually patients with severe respiratory disease, I am aware that there may be a small number of patients who are on home oxygen for other reasons (for example for the management of cluster headache). We do not know the indications for home oxygen therapy of these people, therefore if you know other patients on home oxygen for non-respiratory reasons I would be grateful if you could review their ongoing need to shield.

b) Interstitial lung disease/sarcoidosis

The British Thoracic Society has recommended that patients with interstitial lung disease and sarcoidosis receive shielding advice (<https://www.brit-thoracic.org.uk/about-us/covid-19-identifying-patients-for-shielding/>). Central data searches for these patients has taken place and patients written to. However, the limitations of this data search is that systems use hospital discharge codes (which are only up to 6 months accurate) and there may be patients with newer diagnoses or who have never been to hospital.

Your assistance in identifying patients you consider to be at highest risk would be gratefully appreciated. Please send their CHI number and 'Group 4' to your health board coordinating team. Similarly, you may identify that shielding may not be in some people's best interests and if so, please follow the process above for discontinuing shielding.

6. Patient Update on Keeping Safe from Coronavirus – Getting Support

Last week, a second letter began to go out to all patients identified so far (from Deputy First Minister John Swinney). This provides shielded people with more detail on getting support including delivery of food and prescription medication. I have included this in **Annex B**.

7. Issuing patient letters at the time of new diagnoses – a delay before successful registration with the national SMS service

For patients you identify and notify to your health board/NHS National Services Scotland, the letters to patients will be issued centrally by NHS National Services Scotland; this will be processed as soon as possible, and we are mindful to avoid any delays. NHS National Services Scotland then send patient details to NHS Education for Scotland Digital Service who host the national SMS service. By the time your patient receives their centrally issued letter, they should be able to register using the SMS service for social support.

Some colleagues have helped to issue patient letters directly so that patients can follow the shielding advice (for example when people are newly diagnosed with conditions included in the highest risk group). However if patients try to register for the SMS service at this point, before we have received central notification, they will receive an error message as they require to be validated to receive support. We have therefore updated the patient letter that clinicians can provide to patients (if

they choose) whilst awaiting a centralised letter from NHS National Services Scotland, which does not contain the SMS number.

The letter that we would like you to give to patients (if you decide to do this) is included in **Annex C**. Please continue to let your health board coordinating team know your patient's CHI number in order that they get a central letter (which will contain the SMS number), their GP is notified of them being in the shielding group, and that they can access social support (if this is required).

8. Easter Bank Holiday – Delays for newly identified people to be shielded

The mail service used for issuing central letters was not operational from Friday 10 April to Monday 13 April (inclusive). This means that new people identified to shield may have experienced delays in receiving centrally issued letters. For people newly identified, where urgent social support may be required (before patients receive their central letter and can use the SMS service), I have attached contact details for Local Authority teams (**Annex D**) so that if you provide these to newly identified patients, they can call their Local Authority team to access social support at short notice.

9. Immunosuppression Flow Chart

The Scottish Government published a flow chart to aid with the identification of patients on immunosuppressive therapies, incorporating as best as possible advice from multiple professional societies. Whilst this was released with the intention of supporting clinical decision making, I appreciate this cannot be fully comprehensive because of the broad range of patients, age groups, conditions and therapies provided to patients. Therefore, your clinical judgement in identifying which of your patients should be shielded is of prime importance.

For those immunosuppressed patients you advise to shield (if not in Groups 5.1, 5.3 or 5.4), please let your health board coordinating team know the CHI numbers and that they will be in Group 5.2 (this includes individual clinical decision making and automatically results in a central letter being issued without secondary searches being done centrally). It is recognised that further specialist guidance continues to be issued by various specialist organisations. I would encourage individual clinicians to use their expertise and guidance from relevant specialist societies where the flow chart may not be relevant.

10. Update to GP IT Systems

The first batch of around 90,000 shielded patient CHI numbers were added to GP systems at the beginning of April (EMIS) or the beginning of last week (Vision). There are approximately an additional 28,000 patients in a second batch. For this group of patients EMIS and Vision pushed out an update to your systems at the end of last week, so that this group of patients should have been coded into your systems by Saturday 11th April 2020. Additionally, approximately a further 20,000 patients have been identified for shielding over the last few days, particularly the patients at risk from immunosuppression. These patients are not included in the current update to your system and there will be third update to add these patients.

11. Patient Access to Healthcare

It is vital that people who are being shielded get the care they need when they require it in the safest way possible. This may be routine or urgent primary care. To ensure this happens in a safe and timely manner their needs should be assessed by a clinician and then a risk assessment done to determine where, when and how the patient is seen.

In some circumstances you may decide that it is appropriate to carry out a consultation over the telephone or via NHS Near Me. For NHS Near Me all that is needed for the patient is a device that has a camera (e.g. smartphone, tablet, laptop) and connection to the internet.

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.

12. National Helpline for High Risk Patients

A new national helpline is being set up to provide essential assistance to those who don't have a network of support but who are in the 'high risk' group.

The service will offer help to those who do not have family or existing community support and cannot get online and who are over 70, disabled, require the support of mental health services, are pregnant or receive a flu jab for health reasons. This service is in addition to localised support already available for people who have received letters advising them to shield themselves. **However, any of those in the**

shielding category who are not yet receiving assistance, who do not have family and cannot get online can access support via this new helpline.

The helpline – **0800 111 4000** – will initially operate during core working hours of 09:00 to 17:00 while plans are developed and implemented to extend it to operate for a longer period each day.

Callers will be automatically connected to their local authority who will support them to access the service they need, such as:

- essential food and medication
- links to local social work services for vulnerable children or adults
- emotional support
- contact with local volunteer groups.

Thank you for your help with identifying patients in these seven groups who may be in your clinical service. I am grateful for all the efforts you are making to protect the health of the people of Scotland during this challenging time.

Yours sincerely



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