

This guidance has been updated to reflect changes to the case definition for COVID-19 from 18 May 2020. Changes are highlighted in yellow.

21 March 2020

Dear Colleague,

CARING FOR PEOPLE AT HIGHEST RISK DURING COVID-19 INCIDENT

We are writing to update you on the latest advice that will be sent to all patients who are considered to be at highest risk of severe illness that would require hospitalisation from coronavirus (COVID-19). A letter will be sent to these patients asking them to stay at home at all times and avoid any face-to-face contact for at least twelve weeks.

This builds on existing national guidance, including:

- <https://www.england.nhs.uk/coronavirus/>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/>
- <https://www.gov.uk/coronavirus>

This letter will be sent to patients who fall into one of the following groups (Further detail on the Groups can be found at **Annex 1** to the CMO letter this accompanies).

List of diseases and conditions considered to be very high risk (Group 1):

1. Solid organ transplant recipients
2. People with specific cancers
 - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - People having immunotherapy or other continuing antibody treatments for cancer
 - People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
 - People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)



5. People on immunosuppression therapies sufficient to significantly increase risk of infection

6. People who are pregnant with significant heart disease, congenital or acquired
A copy of the letter sent to patients can be found in **Annex 3**. The patients of your practice that have been contacted can be identified through an “at high risk” indicator code that has been applied to each patient record by your clinical system supplier. Your supplier will inform you of the code they have used, which should be treated as temporary until a definitive list of COVID-19 ‘at risk’ SNOMED codes is released.

Your GP System supplier will also provide a report that will list those patients that have been centrally identified as being at high risk. You should have this by 23 March. We ask that you review this report for accuracy and, where any of these patients have dementia, a learning disability or autism, that you provide appropriate additional support to them to ensure they continue receiving access to care.

We have taken a two-pronged approach to identification of people on immunosuppression therapies sufficient to significantly increase the risk of infection (category 5). All patients on the following medications have been centrally identified and will be contacted via the letter:

- Azathioprine
- Mycophenolate (both types)
- Cyclosporin
- Sirolimus
- Tacrolimus

Central datasets are not sophisticated enough to identify all categories of patients who should be included in the vulnerable groups list. We are grateful for the help of colleagues in the Medical Royal Colleges and societies who are cascading guidance to secondary care to help them identify other high risk patients from their caseload. We appreciate this is a complex task requiring difficult judgements, and we ask for your help, as the GP central to the care of these patients, in achieving this. We are writing to UK secondary care colleagues in two groups, (2 and 3):

Group 2

The Royal College of Physicians and associated medical societies will contact six specialties¹ with very specific guidance about identification of patients on immunosuppression therapies who are among the very highest risk. We are unable to adequately identify this group from central datasets which, for example, do not reliably code patients taking biologics. We will ask specialists to identify such

¹ Dermatology, Gastroenterology, Hepatology, Neurology, Respiratory, Renal and Rheumatology

patients from their caseload and contact the patients with a copy of the standard letter and write to you with their names.

Group 3

The Academy of Medical Royal Colleges will cascade more general guidance about identifying other high risk groups across specialties. We will ask the wider group of specialists to identify only those that they would consider to be at the very highest risk, bearing in mind the severity and unpleasant nature of the intervention that will be proposed for this group. We will also ask specialists to contact identified patients with a copy of the standard letter and write to you with their names.

You may know of other patients (Group 4) who you would consider to be at very high risk from infection. The RCGP will shortly publish guidance to support GPs identifying additional high risk patients. The guidance will also support GPs to have shared decision-making conversations with all high risk patients as needed, and help GPs to understand what health needs these groups may have.

We ask that, if you choose to identify additional individuals you consider to be at highest risk of severe outcomes, that you proactively contact this group of patients to discuss your recommendation with them. There may be patients not in these categories who contact you to say that they wish to be included in the group to be shielded by the restrictive, stringent measures, and asking for a fit note to cover the period of isolation. We ask you to use your professional judgement and consider the RCGP guidance when advising this group.

The recommendation for shielding the very high-risk group is just that, and we ask that your discussion with patients reflect this. Some patients may decide, on weighing up the risks, that they would prefer not to follow the restrictive, stringent measures. We ask that you help your patients to work through this if they wish to. We also suggest that anybody with a terminal diagnosis who is thought to be in their last 6 months of life should be excluded from this group (unless they wish to be included), to allow them to maintain contact with their loved ones during the last phase of their illness.

Please note this process is covered by your CNSGP arrangements in the usual way.

In addition, we ask that you take the action listed below with respect to patients in your practice who are identified for the vulnerable group from any of the above routes.

These discussions should align with the guidance set out in the letter we sent you on 19 March and upcoming RCGP guidance on supporting high risk patients.

1. Ongoing care arrangements

Please immediately review any ongoing care arrangements that you have with these highest risk patients.

Wherever possible, patient contact, triage and treatment should be delivered via phone, email or online. However, if you decide that the patient needs to be seen in

person, please arrange for your practice to contact them to organise a visit to the surgery, a hub or their home as appropriate.

NHS Trusts have also been asked to review ongoing care arrangements and will contact patients directly to make adjustments to hospital care and treatment as needed.

2. Support with medicine supplies:

Patients have been informed that repeat prescription durations will not change during this incident, and that patients will need to ensure that their medication can be collected or delivered to them directly. Repeatable prescriptions can be valid for a year, but each repeat should be for no longer than the patient has now. For example, if the patient has prescriptions for a 28 day supply now then the repeat dispensing should be set up as 12 x 28 days' supply.

Patients who currently have their medication delivered, by a chosen person or by a pharmacy, should continue to do so.

Patients who need regular medicine, but have not yet set up online ordering and delivery will need to be supported to do so. We ask that you arrange that suitable patients be put on electronic repeat dispensing as soon as possible in line with our letter of 5 March.

Patients have been asked to arrange their own delivery or collection of their prescriptions through a nominated person, online delivery or delivery from a community pharmacy. If they struggle to do this, we ask that your practice (via a social prescriber) helps set up an appropriate arrangement.

3. Support with daily living

We have encouraged patients to discuss their daily needs with their carers, friends, families and local voluntary groups. This includes support for physical needs such as food and shopping deliveries, as well as their mental health needs.

If patients contact you asking for help, we suggest that your social prescribing link worker (or equivalent), where available, helps them to arrange additional support and/or link them to local voluntary groups. Where not currently available, local government and other voluntary sector organisations will also be able to arrange support.

NHS England and NHS Improvement are also setting up a new volunteering portal that they can use to access support for daily tasks. This will be available from Tuesday 24 March. Given capacity, only the highest risk patients should be directed to this service.

Patients who do not have family or friends that can help, can also be directed to www.gov.uk/coronavirus-extremely-vulnerable to register for additional support with daily living tasks such as shopping and social care.

Patients have been told that the letter they have received can be used as evidence for their employer, to show that they cannot work outside the home.

Urgent medical attention

All patients who display symptoms of COVID-19, have been asked to contact the NHS 111 online coronavirus service, or call NHS 111 if they do not have access to the internet.

However, if patients have an urgent medical question relating to their pre-existing condition, we have asked that they contact you, or their specialist consultant, directly.

4. Looking after your own health

It is important that you look after your and your practice staff's own health and wellbeing at this time.

If, at any point, you think you or a member of your team have developed symptoms of COVID-19, such as a new, continuous cough and/or high temperature (above 37.8) and/or anosmia (a loss of or change in your normal sense of smell or taste), seek clinical advice using the NHS 111 online coronavirus service (<https://111.nhs.uk/covid-19/>) or, if you do not have access to the internet, call NHS 111.

You can also access support for managing your own mental health from the free, confidential NHS Practitioner Health Service (<https://www.practitionerhealth.nhs.uk/>).

Please accept our sincere thanks for your help, patience and support at this challenging time.

Yours sincerely



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