CARING FOR PEOPLE AT HIGHEST CLINICAL RISK DURING COVID-19

Background and Frequently Asked Questions (FAQs) for clinicians

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Please note that these FAQs will be updated regularly, as and when new information becomes available. Please use the weblink to check regularly for the latest and most accurate information. Please do not download and circulate this document as it will get out of date. If you wish to share the information, please refer colleagues to the website for the latest version. The information it contains is only accurate at the last date the document is recorded as ‘update’ above.

Please note that the information contained in this document relates specifically to people defined by the UK Senior Clinicians Group as being extremely clinically vulnerable to, or at highest clinical risk from, COVID-19. The criteria and methodology used to identify this group of patients, who are recommended to adopt ‘shielding’ measures, are described in this document.

The registry of clinically highest risk patients does not include all people eligible for the flu jab, or people who may be vulnerable or needing support for reasons which aren’t clinical. This information is only about a very specific sub-set of people considered at highest risk of severe illness and hospitalisation from COVID-19.

Most people in this clinically highest risk group will have received a letter through the central process, informing them that they have been identified as at highest clinical risk and providing them with guidance on shielding. These individuals have been identified using data that can be accessed and searched centrally by NHS Digital, and their letters have been generated through a national process.

The process for identifying and contacting additional people who meet the clinical criteria, but who have not been identified through the initial central process, has been completed by GP practices and trusts. This process is set out in letters to both GPs and to hospital trusts.

Background

Public Health England published guidance on 21 March 2020, updated on 17 April, for people, including children, who are at highest clinical risk of severe illness from coronavirus (COVID-19), and for their families, friends and carers.
From 23 March 2020, the NHS started to identify and write to people believed to be at highest clinical risk to inform them that they should be ‘shielding’. In summary this means staying at home at all times and avoiding all face-to-face contact, until at least, the end of June (irrespective of when the letter from the NHS was received). The Government is keeping its guidance on shielding under review and will issue further advice in due course.

Those at highest clinical risk were identified in three initial phases:

- **Part 1** used hospital data to identify patients, based on criteria agreed by expert doctors in England, based on what they knew about the virus and what level of risk it might pose to people with the conditions identified. These were signed off by the UK Senior Clinicians Group (including four United Kingdom Chief Medical Officers and clinical leadership at NHS England and Improvement, NHS Digital, and Public Health England). Flags were added to the relevant patient records in all GP practice systems. Everyone identified was sent a letter and a series of text messages where mobile phone numbers were available.

- **Part 2** used primary care data extracted centrally to identify additional patients. The same initial criteria were used to identify people, but the algorithm was updated slightly. Letters and text messages were sent to these patients and their records flagged in GP systems.

- **Part 3** was completed by hospital specialists and GPs, who used their clinical judgement to assess whether patients who had not been identified centrally should be added to, or taken off, the list. The process for doing this was set out in a letter for GPs and in a separate letter to hospital trusts.

To date, approximately 2.2million patients have been identified using the phased approach described above. The Shielded Patient List is dynamic and the number of patients on it will fluctuate as a result of new diagnoses; changes in medication and, sadly, as a result of patient deaths.

The submission methods available to GPs and Trusts will remain open during the current COVID-19 incident, so any new patients diagnosed with conditions that fall within the clinical list can be added, and people can be removed as appropriate. The Government list will be updated weekly, based on weekly downloads of GP data and daily uploads from trusts.

People falling into the centrally defined highest clinical risk group include:

1. Solid organ transplant recipients
2. People with specific cancers:
   - people with cancer and are having chemotherapy
   - people with lung cancer and are having radical radiotherapy
   - 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. The criteria used to identify severe asthma and COPD can be found here: https://digital.nhs.uk/coronavirus/shielded-patient-list/methodology/medicines-data.

4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).

5. People on immunosuppression therapies sufficient to significantly increase risk of infection. The relevant immunosuppression therapies are listed here: https://digital.nhs.uk/coronavirus/shielded-patient-list/methodology/annexes#annex-f-bnf-8-2-drugs-affecting-the-immune-response-

6. Women who are pregnant with significant heart disease, congenital or acquired

Towards the end of April, and following a review of evidence, it became clear that dialysis patients are at higher risk from Covid-19 than the general population, and therefore are advised to follow the shielding guidance.

Further details on the groups considered at highest clinical risk are set out in this set of FAQs.

We have received several questions from General Practitioners and clinicians in NHS Trusts regarding what they need to do to identify and support these individuals.

If you have a question on the process that has not been answered in the recent letters or this document, please contact: england.covid-highestrisk@nhs.net

If you have a technical question around submitting data, or the patient list please contact splquery@nhs.net.
Questions from clinicians

Q1: How do I know which of my patients have been identified centrally?
A1: GP records for people identified centrally by NHS Digital as being at highest clinical risk have been updated by practice system suppliers. For these patients a new flag - “high risk category for developing complications from COVID-19 infection” - was set. Instructions for how GPs can view a list of these patients was sent to them by their system supplier as described in the GP letter sent out on 10 April.

The methodology used to identify this cohort of patients is available at: https://digital.nhs.uk/coronavirus/high-risk-vulnerable-patients-list/vulnerable-patient-list-methodology

Q2: I have patients marked as being at highest clinical risk, but, clinically, I don’t think they should be in this group. What do I do now?
A2: GP clinical system suppliers have added Low/ Medium Risk vulnerability codes to systems. These can be added to patients’ records. The original high-risk flag will remain, but the most recent flag will be used in searches. Patients identified as low or medium risk will be removed from the central registry, but this should only be done with the agreement of the patient.

Q3: One of my patients has been identified as at highest clinical risk by their hospital clinician, but I do not agree with this. What do I do now?
A3: You should contact the relevant hospital clinician directly to discuss this in the first instance. If disagreement remains, we recommend that the patient be included in the list and therefore advised to follow the shielding guidance.

Q4: I am getting calls from patients who are asking to be added to the highest clinical risk group but are not in one of the identified categories. What should I do?
A4: Most people who are in the highest clinical risk group have already been identified by central searches, or by GPs and secondary care specialists, and have received a letter.

The points below are worth referring to if you are addressing such a situation:

- The final decision to include a patient on the formal ‘shielding’ list is a clinical one. You should have a conversation with your patient about the purpose of this list, i.e. defining those patients who are at the highest clinical risk of serious illness from COVID-19 as set out by the UK Senior Clinicians Group. If the individual remains concerned that their health condition puts them at highest clinical risk, and you agree that they should be shielded, you can add them to the list. Where you add someone to the list, you should send them a patient letter, refer them to the guidance published by Public Health England and update your GP clinical system with the “high risk category for developing complications from Covid-19 infection” flag, if you are a GP; and note it in the patients record and notify the GP, if you are a hospital clinician.
• If you do not consider a patient to be at highest risk but they nevertheless wish to follow shielding advice, this is a personal decision that patients are, of course, free to make and follow as far as possible. However, Government guidance suggests that people who are not included in the shielding group, but who are on the broader list of conditions, follow strict social distancing measures instead (broadly the adult group eligible for a free annual flu vaccine – list of conditions is available here).

• This is because shielding is a severe intervention which may be difficult to adhere to for such a long period of time, and the additional benefit gained from this extra measure needs to be weighed against any impact on mental and physical wellbeing from a significant loss of social contact and needing to stay in the home for a number of weeks. Government does not wish to advise anybody to follow these measures unless absolutely necessary.

• The Government’s nationally coordinated food and medicines delivery service is only available to those in the shielding group. However, people who have significant care needs not already catered for, and/or that family and friends cannot provide, can ask for help via their local authority.

• People in the shielding group, and others who are vulnerable on the grounds of frailty, disability, pregnancy or social vulnerability, may receive help from the network of NHS Volunteer Responders on your referral. People referred to this service can get help with the delivery of food and medicines, as well as trips to and from hospital/clinic appointments. There is also a ‘check in and chat’ facility, where volunteers can telephone anybody who is feeling isolated to check that they are ok. Alternatively, patients can now self-refer to this service by calling 0808 196 3646 between 8am and 8pm.

• We have developed a set of patient facing FAQs that you might want to signpost patients to if they require any further information.

Q5: I am getting calls from patients who are feeling anxious about the current situation – they are feeling isolated and/or frightened. What should I do?

A5: If you have patients who are shielding or unable to leave the house, who are experiencing these feelings, you can refer them to the NHS Volunteer Responder service, which provides a ‘check in and chat’ option, with volunteers making a phone call to those shielding at home by way of support.

Your social prescribing link workers may also be able to help you in supporting these particular individuals initially. In addition, local authorities are working in partnership with voluntary sector and other partners to set up local support systems, offering help to people at highest clinical risk to COVID-19, as well as those in other vulnerable groups. This includes help for those who are feeling isolated. To find out more about what local government is doing to help, go to: https://www.local.gov.uk/protecting-vulnerable-people-during-covid-19-outbreak
Q6: I am confused about who qualifies as ‘clinically extremely vulnerable’ or highest clinical risk if they are having cancer treatment.
A6: NHS patients who meet the following criteria will have been identified as highly vulnerable as part of the national process, and will continue to be identified by hospital-added data in Phase 3:

- People with cancer who are undergoing chemotherapy
- People with lung cancer and who are undergoing radical radiotherapy
- Some people with cancer that has spread to the lung from somewhere else in the body and may also be receiving radical radiotherapy to the lung.

Patients receiving private cancer care who fall into these categories may need to be identified and added by their GP.

Q7: I am a hospital clinician. Do I need to do anything?
A7: On 21 March, the Chief Nursing Officer Ruth May, and National Medical Director, Steve Powis, wrote to all hospital trust medical and nursing directors, asking for their help in identifying and supporting patients at highest clinical risk from COVID-19 and who have been advised to shield.

Many of you will have already completed this work and submitted the details of any patients identified to NHS Digital.

Additional patients should be submitted through an allocated user of the Strategic Data Collection Service (SDCS) within your trust. These users are the same people who submit the daily SITREP report. If you are unclear who they are within your Trust, please contact emergency.collections@nhs.net who will advise.

Guidance on the submission process is available here: https://digital.nhs.uk/coronavirus/shielded-patient-list/spl-guidance-for-hospitals

Further queries on this process can be sent to: splquery@nhs.net

Q8: Will all NHS trusts receive information about patients identified centrally as being at highest risk?
A8: At this stage, trusts will only receive data about patients already identified centrally, with an active episode of care associated with their categorisation as being at highest clinical risk from COVID-19. As this care will mainly be provided by acute providers, not all trusts will have received a patient list.

Q9: Who agreed the list of those at highest clinical risk?
A9: The list was developed by expert doctors in England, based on what they knew about the virus, and what conditions or treatments placed someone at greatest risk of severe illness from COVID-19. These were signed off by the UK Senior Clinicians Group (including four United
Q10: How did you identify the individuals in the highest clinical risk groups?

A10: Patients were identified in four groups:

Group 1: Identification of a core group of patients who have been contacted centrally by the NHS. Most patients with the conditions below have been identified by NHS Digital and letters have been sent to them advising that they should follow shielding measures, until at least, the end of June.

Category 1 – Solid organ transplant recipients

Category 2 – People with specific cancers
- People with cancer and are having chemotherapy
- People with lung cancer and are having radical radiotherapy
- 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

Category 3 – People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD

Category 4 – People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)

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

Category 6 – People who are pregnant with significant heart disease, congenital or acquired

NHS Digital identified individuals with the conditions defined in the clinical algorithm. Part 1 was conducted using data from Hospital Episode Statistics, Primary Care Prescribed Medicines, the Personal Demographic Service and the Maternity Services Dataset. Part 2 analysis used more granular data from general practice data sets.

The methodology for the extraction can be found here: https://digital.nhs.uk/coronavirus/high-risk-vulnerable-patients-list/vulnerable-patient-list-methodology

Group 2: Identification of people in medical subspecialties in secondary care not identifiable centrally. Patients in Group 1 category 5 were contacted by specialists in
secondary care across six subspecialties (rheumatology, dermatology, gastroenterology, renal, respiratory and neurology).

Some specialty organisations have developed decision-support tools to help identify these patients (see links below). Please note that this is guidance, and ultimately the decision to add a person to the highest clinical risk registry will be on a case by case basis. Specialists were asked to write to the patients they identify using the standard NHS letter, and to notify patients’ GPs about this and any changes to their care plan.

- **Association of British Neurologists** [https://www.theabn.org/page/covid-19_patients](https://www.theabn.org/page/covid-19_patients)

A similar process took place for patients in Group 1 category 6 who were contacted directly by their medical obstetrics units. Patients with specific severe diseases who could not be identified through central datasets were also contacted directly by their specialist units / clinicians.

**Group 3:** Academy of Medical Royal Colleges (AoMRC) cascade of general guidance to allow other hospital specialties to identify further at highest clinical risk patients from their caseload. We worked closely with the AoMRC who picked up a further group of immunocompromised patients in ophthalmology via this route. A decision-support tool for this group is available here: [https://rcophth.ac.uk/2020/03/covid-19-update-and-resources-for-ophthalmologists/](https://rcophth.ac.uk/2020/03/covid-19-update-and-resources-for-ophthalmologists/).

**Group 4:** Identification of a small number of patients in primary care considered to be at highest clinical risk. We envisage that the majority of these patients will have been included in the shielding cohort through identification routes in Groups 1-3 (above). We have given GPs the discretion to add further people to this group, bearing in mind the highly restrictive nature of the intervention and practical limitations on the number of patients able to shield effectively.

**Q11: How have you contacted the people identified in these groups as being at highest clinical risk?**

**A11:** People identified as being in this highest clinical risk group have received a letter, either generated by the national review (part 1/2) or by a GP or hospital clinician. Text messages have also been sent to those identified via the national process for whom we had a contact mobile phone number on central records to confirm that they are in the highest clinical risk group and should stay at home.
Q12: **What is the advice to people in these groups?**
A12: People considered to be at highest clinical risk of severe illness from COVID-19 are being strongly advised to stay at home at all times and avoid all face-to-face contact, until at least, the end of June - this approach is called ‘shielding’. Further information is set out in the [Public Health England Guidance](https://www.gov.uk/coronavirus-extremely-vulnerable), published on 21 March, and updated on 17 April.

Shielding minimises all interaction between those at highest clinical risk, meaning that people have very little or no contact with others. People who are shielding should not leave their home to go for a walk, or to go to the shops. They should also avoid contact with others within their home wherever possible as well, maintaining 2-metre social distancing within the home.

Q13: **What support is being offered to people who are advised to shield?**
A13: People in this group should seek support from friends, family and neighbours for help with shopping and collection of prescriptions where needed. Where this is not available, the Government will provide help with basic needs, such as obtaining food and medicines for patients who are on the national shielding patient list.

*All* people in the clinically highest risk group should register at [https://www.gov.uk/coronavirus-extremely-vulnerable](https://www.gov.uk/coronavirus-extremely-vulnerable). If someone does not have access to the internet, refer them to the phone line in the letter. This will act as confirmation of receipt of the advice by the patient and a mechanism for obtaining support if needed.

The NHS is also providing further support to those at highest clinical risk via the GoodSam App and NHS Volunteer Responders. Any health professional or local authority can refer people who require assistance. This service will not replace any local voluntary referral schemes already established but will complement these. Referrals for support can be made via the NHS Volunteer Responders portal [https://goodsamapp.org/NHSreferrals](https://goodsamapp.org/NHSreferrals)

Local authorities are working in partnership with the voluntary care sector and others to support people in the highest clinical risk group, as well as others in their community, so please advise your patients to check their local authority’s website to find out what is happening in their local area.