



Supporting mental health providers to  
care for patients deemed clinically  
extremely vulnerable to coronavirus

# Access to the shielded patient list data

29 October 2020, Version 1

# Contents

1. Introduction.....	2
2. Context.....	2
3. Access to SPL data .....	3
Expectation of providers.....	4
Mental health SPL pilot .....	6
Data processing requirements .....	6
Annex: Learning from Somerset NHS Foundation Trust (August 2020) .....	7

## 1. Introduction

Individuals considered to be clinically extremely vulnerable (CEV) to coronavirus, based on the criteria set by the UK Chief Medical Officers, have been identified and added to the shielded patient list (SPL).

At the start of the pandemic these people were advised to 'shield'. National shielding advice was gradually relaxed and then paused on 1 August 2020 given the reduced risk of exposure to the virus in the community at that time.

On 12 October government published a new approach to setting a local COVID alert level (LCAL) for each part of the country. For those residing in 'very high' LCAL areas and in exceptional circumstances, shielding guidance may be reintroduced. This means that many people who have been identified as CEV may still be anxious and concerned about continuing or resuming their daily activities.

To provide holistic care that considers a person's physical health and any advice they have received about their coronavirus risk, mental health providers have asked for direct access to details of people under their care who are on the SPL.

**NHS England and NHS Improvement and NHS Digital are proceeding with making SPL data available to mental health providers for this specified purpose, so they can optimally support patients of all ages recently and currently under their care.** Each provider is responsible for meeting its own obligations in relation to data protection and patient confidentiality for the agreed purposes.

## 2. Context

Some people who have been identified as CEV are receiving care from mental health providers.

For people with existing mental health problems in particular, surveillance data from Public Health England shows the pandemic's clear and significant effect on their mental health. The [ONS Shielding Behavioural Survey](#) reported on 15 June that, of the 2.2 million people identified as CEV and advised to shield, an estimated 785,000 (35%) report a worsening of their mental health since receiving shielding guidance during the first phase of the pandemic.

The needs of patients who followed shielding advice up to 1 August may have been exacerbated by the associated reduction in social support and contact. There is now specific guidance for CEV people at each LCAL following the 12 October 2020 changes in national government policy. Those following [updated guidance for the CEV population](#) may experience significant novel impacts on their mental health, which may be similar or different to the mental health impacts of their shielding earlier in the year. Social isolation, reduction in physical activity, changes to service provision or ongoing arrangements with care providers, and unpredictability and changes in routine can all increase stress, anxiety and, potentially, behaviours that challenge mental health. They may have a serious impact on patients' existing mental health needs, dementia, learning disability or autism and their (or their carers') ability to manage their needs and conditions.

**NHS England and NHS Improvement formally requested that all providers undertake a series of actions for the provision of NHS care to patients who were shielding in [this letter of 4 June](#) from Steve Powis, Medical Director for the NHS in England, and Ruth May, Chief Nursing Officer for England.**

**This letter included the explicit action that “Mental health, learning disability and autism teams should ensure that patients under their care who are known to be shielding are proactively contacted and supported through this time”. Doing so will allow staff working in these providers to take into account the possible significant effects of shielding on their patients' mental health and other cognitive or developmental conditions, and adjust or bolster care plans accordingly.**

### **3. Access to SPL data**

Mental health/dementia/learning disability and autism providers need to be able to access the details of local people they are providing care for and who have been identified as CEV so they can review their care and, where appropriate, proactively contact and support them in line with the policy and guidance set out in this document. NHS Digital will grant providers access to these details in line with the application process set out on its [website](#).

Following receipt of a provider's request to receive their relevant clinical commission group's or groups' (CCG's or CCGs') SPL data, NHS Digital will

securely transfer this data to the provider. Details of the Terms of Release and format for this transfer are set out on [NHS Digital's website](#).

Data is broken down by CCG footprint, so only SPL data for the relevant CCG(s) which commission a provider as the lead secondary mental health provider will be shared with the provider.

For the purposes of this exercise, services and caseloads in scope are all CCG-commissioned community-based services for people of all ages provided by the relevant secondary mental health/dementia/learning disability and autism provider in receipt of SPL data. This **may** include providers that also provide IAPT services **only where they are the same organisation that provides secondary mental healthcare services**. At this stage we are **not** including IAPT providers that do not also provide secondary mental health/dementia/learning disability and autism services in scope for this requirement due to scale, geography and ease of implementation.

## Expectation of providers

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Once details of people on the SPL are provided, mental health providers should cross-check these lists by NHS number against their own records, to identify those people under their care who have been identified as CEV.

**As well as people with active episodes of care, providers should identify people on the SPL who were on their mental health service caseloads at the beginning of the pandemic, but who may since have been discharged from services.** This will be deemed as the provider having a legitimate relationship with those people who have had their cases reopened as a result of this instruction. This is because shielding at the time, along with the general pandemic, wider lockdown and changes since, may have impacted on the mental health of CEV individuals, whether or not they happen to be on a mental health team's caseload. The mental health of those discharged from services since the pandemic took hold is likely to have deteriorated, particularly as they may not have had access to their previous mental healthcare team.

We also know that many mental health services discharged a proportion of patients on their caseload as a result of clinical decisions in the context of operational

pressures earlier in the pandemic – these people are likely to have remained on caseloads under any other circumstances.

In practice, this means that a mental health provider would retain the NHS numbers of those people recently under the care of their services on the version of the SPL it uses for identification, contact and support. **For these purposes, anyone on a caseload from 1 March 2020 to the present day should be considered ‘in scope’.**

At this stage we do not expect providers to proactively contact people on the SPL who were under their care up to 29 February 2020 or who have never been under their care, but we will keep this under review.

Following a provider’s application to NHS Digital to receive their relevant local CCG(s)’s SPL data, NHS Digital’s webpage and Terms of Release set out how it will securely transfer SPL data to the provider and in what format. Data is broken down by CCG footprint, so only SPL data for the relevant CCG(s) which commission a provider as the lead secondary mental health provider will be shared with the provider.

In summary, providers should use the SPL data transferred by NHS Digital to:

- identify **people deemed to be CEV who are receiving care – or who were at any point from 1 March 2020 – from their services**
- subsequently add necessary flags to mental health patient records stating that they are deemed to be CEV and had previously been advised to shield
- where appropriate, **proactively contact** these people
- **optimise their mental health/dementia/learning disability or autism care through reviewing and amending their care plans as necessary, including potentially setting up new interventions or services.** This care optimisation can be done as part of an integrated approach with primary care and acute hospital specialist partners that have held overall responsibility for care co-ordination for CEV people, as per the expectations set out in the 4 June letter mentioned above.

## **Mental health SPL pilot**

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NHS England and NHS Improvement, NHS Digital and Somerset NHS Foundation Trust ran a successful pilot of this data solution, beginning in June 2020 (see Annex). This solution is now being rolled out to all mental health providers.

Please note that as Somerset NHS Foundation Trust is commissioned to provide IAPT services within the Somerset CCG footprint as well as secondary mental health services, as part of this pilot the trust included people in receipt of its IAPT services from 1 March 2020 onwards in its identification and review exercise.

## **Data processing requirements**

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No use of the patient data is permissible beyond what is set out in this document and the NHS Digital Terms of Release.

Providers must also update their transparency notices to reflect their use of the data for the 'agreed purposes' defined in the NHS Digital Terms of Release.

## Annex: Learning from Somerset NHS Foundation Trust (August 2020)

### Digital learning

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- From an IT perspective the pilot went extremely smoothly.
- The file was easy to access from SEFT, and as the trust runs at around 99% valid NHS number completion across all clinical systems, so was linking the data across.
- Of 18,000 open mental health referrals in the period looked at, 400 people appeared on the SPL.
- An alert was placed on the electronic record for each of these people. The quickest way to do this was manually. The list was divided into several sections and several members of the IT team were asked to complete this task for their allocated section.
- Around 1% of the SPL records were found to be for deceased people.
- A self-service report was set up to enable the clinicians to see who among their caseload were on the SPL and for the performance team to monitor when the care plan had been updated.

### Operational/clinical learning

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- Weekly performance reports and summary of exceptions were helpful to managers, as well as adding to the managers' portal.
- Clear communication to managers and frontline staff is important, explaining the rationale and what is required.
- It is important to consider what is available to support SPL and mental health patients before reviewing their care – in Somerset we stood up recovery college courses based on feedback from experts by experience who were involved in the data pilot.
- It is important to consider ahead what actions to take in instances where the patient has been opened to mental health services as part of routine triage, and not necessarily taken onto a caseload.

Local experts by experience said: “This is an excellent initiative; living in lockdown has been really hard for people with mental health difficulties who have physical health problems, and the lifting of lockdown is anxiety-provoking. We feel we have lost skills. It is important to offer something to people when you are reviewing their care.”