CARING FOR PEOPLE AT HIGHEST CLINICAL RISK DURING COVID-19

Background and FAQs for Clinicians

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Please note that the information contained in this document relates specifically to people defined by the United Kingdom's Chief Medical Officers 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, only a very specific sub-set of people considered at highest risk of severe illness and hospitalization from COVID-19. It ***does not*** include people who may be vulnerable, at risk or needing support for other reasons.

Most people that are within this group will have already received a letter through the post. However, the process for identifying additional people who meet the clinical criteria but have not been identified through the initial central process is continuing. People identified through this process will receive a letter shortly.

This document has three key sections:

A. Questions from General Practitioners (pages 3 to 6)
B. Questions from Clinicians in NHS Trusts (pages 6 to 7)
C. General questions (pages 7 to 10)

Background

Public Health England published guidance on 21 March 2020 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 the 23 March 2020, the NHS started to identify and write to these highest clinical risk patients to inform them that they should be 'shielding', which in summary means staying at home at all times and avoiding all face-to-face contact for a period of at least 12 weeks.

There is a three phased process taking place to identify those at highest clinical risk of COVID-19 as summarised below:

- Phase 1, already completed, used hospital data to identify patients, based on criteria agreed by the United Kingdom Chief Medical Officers (CMOs). Flags have been added to the relevant patient record in the GP system.
- Phase 2, in progress, is using primary care data extracted centrally to identify additional patients, based on the same CMOs criteria. These patients will also be flagged automatically in the GP system and your supplier will notify you when this is completed.

- Phase 3, in progress, gives hospital specialists and GPs an opportunity to add or subtract individual patients from this register; by GPs adding codes to their clinical system and hospital specialists completing and returning a template to NHS Digital with details of their additional patients. All clinicians (GPs and hospital specialists) who identify patients to add to the highest clinical list must also give the patient a letter.

Phases 2 and 3 will be on-going (over time) to allow for new at highest clinical risk patients to be identified.

People falling into the centrally defined (i.e. by the CMOs) 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- (Annex F).
6. Women who are pregnant with significant heart disease, congenital or acquired

We have received several questions from clinicians regarding what they need to do to identify and support these individuals. The next section aims to answer as many of these queries as possible received from General Practitioners and Clinicians in NHS Trusts. If you have a question that has not been answered in this document, please contact: england.covid-highestrisk@nhs.net

A. Questions from General Practitioners (GPs)

At a glance...what do I do now as a GP?

- You should have received a letter from the Chief Medical Officer and National Medical Director, describing the people who are defined as being at highest clinical risk from COVID-19 and what you should do to support them. We would like you to review the care needs of these individuals and contact patients directly by phone or text if any of their planned care needs to be changed.

- You should also have received details of patients identified from **Phase 1** of the process. These should have been coded in GP clinical systems (note: the precise text may vary between suppliers) and you should have received **instructions from your GP system supplier** on how to run a report from within your system. If you have not received this notification, then please inform your system supplier immediately.

- **Phase 2** of the analysis, using primary care data, will begin during the week commencing 30 March. This will result in further patients being flagged in your GP records and letters sent to these patients. The same reports from your GP system provider, used to identify patients from Phase 1, will be adapted to pick up the codes added in Phase 2.

- In **Phase 3**, you can add patients who are not on the lists generated in Phases 1 and 2, but whom you consider to be at highest clinical risk (as defined by the Chief Medical Officer's letter). We will ask you to contact these patients individually using the patient letter template which was sent to all GP practices on 27 March 2020. Once Phase 3 is underway, your GP system supplier will inform you of which codes to add to your GP system to flag these additional patients.

- For patients who you consider should ***not*** (on clinical grounds) be listed in the report, your GP system supplier will also inform you of a **Low/ Medium Risk** vulnerability code to **add** to their records. This will remove them from the central registry. Patients may have been included due to inaccurate clinical codes in their records, either in primary or secondary care, but they will all have received letters informing them that they are highly vulnerable. You will, therefore, need to contact these patients to discuss their individual circumstances and decide whether or not they should remain on the list.

- A number of patients have self-identified as being in the highest clinical risk group on the government website. Next week, you will be sent details of the patients in your practice who have self-identified in this way. We ask that you review this list and consider if any of them ***should*** be included in the highest clinical risk group. Please send a letter to any you consider to be at highest clinical risk and add a flag to their record. You may wish to contact the people who self-referred and who you consider to not be the highest clinical risk group to confirm that they do not need to shield.

Q1: How do I know which of my patients have been identified?

A1: A code to indicate that the patient is "**at high risk**" is being applied to relevant patient records by your GP clinical system supplier and alerts within the clinical system may also be used to highlight these patients. Instructions to run a report listing those identified as being at highest clinical risk will be provided by your system supplier. The methodology used to identify this cohort is available at https://digital.nhs.uk/coronavirus/high-risk-vulnerable-patients-list/vulnerable-patient-list-methodology

Q2: None of my patients' records have been marked and I have not received a report from my system supplier. What should I do?

A2: NHS Digital is working with all GP clinical system suppliers to ensure that practices can identify their highest clinical risk patients as soon as possible. GP practices should have been sent instructions by their clinical suppliers as to the report they should run. If you have not received this information yet, please contact your GP system supplier immediately.

Q3: 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?

A3: When available, your GP clinical system supplier will inform you of a **Low/ Medium Risk** vulnerability code to **add** to patients' records that will remove them from the central registry. This should only be done with the agreement of the identified patient.

Q4: I have received a letter from a hospital clinician identifying one of my patients as at highest clinical risk. I do not agree with this. What do I do now?

A4: 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.

Q5: 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?

A5: Most people who are in the highest clinical risk group have already been identified by central searches or secondary care specialists and have received a letter. We are asking GPs to use their clinical judgement and knowledge of their own patients to identify extra patients who are particularly clinically vulnerable and may have been missed by central searches.

We are aware that there have been other sources of guidance asking you to identify and contact large numbers of extra patients and we ask you to disregard this and follow the principles set out here:

- 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 CMOs. 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. You should also send them a patient letter using the template which was sent to all GP practices on 27th March 2020, refer them to the guidance published by

Public Health England and update your GP clinical system with a code provided by your GP IT system supplier.

- 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, we suggest 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 a number of weeks. . We do not wish to advise anybody to follow these measures unless absolutely necessary.

- There is not a government dedicated food and medicine delivery service to those outside the shielding group. However, people who have significant care needs not already catered for, and/or that family and friends cannot provide, is able to ask for help in the usual way via their local authority.

- For those 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.

- We have also developed a set of patient facing FAQs that you might want to signpost them to.

Q6: 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?

A6: You may have patients that are experiencing these feelings but who are not in the highest risk group clinically. Your social prescribing link workers may be able to help you in supporting these particular individuals initially.

Other support options, such as the new NHS Volunteering Responders, are being established and coordinated across Local Resilience Forums for these individuals. In addition, local councils 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. 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

Q7: I am confused about who qualifies as 'vulnerable' if they are having cancer treatment.

A7: NHS patients who meet the following criteria will have been identified as highly vulnerable as part of Phase 1 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.

In addition, patients undergoing private care for cancer may need to be identified and added by their GP.

Q8: I have been informed by a hospital specialist that my patient is being added to the highly vulnerable list – do I have to do anything myself to add them to my GP system?

A8: The hospital specialist will have completed a template to add the patient to the central register which will automatically add a code to your GP record. You do not therefore need to add a code yourself, although no harm will come if you do as the patient can only appear once on the central register.

B. Questions from NHS Trusts

At a glance...what do I do now if I am a clinician in a hospital?

- As part of Phase 1 of the identification of patients who are at highest clinical risk from COVID-19, your trust should have received from NHS Digital a list of patients that are under your active care and considered to be at highest clinical risk. Medical and Nursing Directors also received a letter explaining the process. They should work with their clinical teams to optimise ongoing care for patients included on this list.

- We ask you to:
  - review the care of patients on this list and, if changes need to be made to an individual's care plans, to notify them directly and inform their GP.

  - identify additional patients known to you or your team who are **not** included on the list provided, but who are included in the Chief Medical Officer's definition of being highly vulnerable.

  - identify specific high clinical risk groups across certain specialties (i.e.: respiratory, renal, gastroenterology, neurology, rheumatology, dermatology, ophthalmology and medical obstetrics) for inclusion in the 'shielding patient list' / registry. You will receive a direct communication about this, and you should identify, review the care of, and notify, these patients with this letter. If you are a specialist in one of these groups and are unsure what do to please contact england.covid-highestrisk@nhs.net .

- Once you have identified these patients, arrange for them to be sent a copy of the letter and inform your trust's named COVID-19 lead.

- NHS Digital will be in touch with your COVID-19 lead about the on-going process for transferring this information to the central registry. This is in operation and you can send information back to NHS Digital between 8am and 5pm.

- Clinicians should review their patient lists as soon as possible. You should consider the guidance you may have received from specialist medical colleges as you do this.

Q9: Will *all* NHS trusts receive information about patients identified centrally as being at highest risk?

A9: 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.

Q10: How do NHS trusts help ensure the list of patients identified as at the highest clinical risk is kept up to date?

A10: NHS Digital is contacting each NHS trust COVID-19 lead directly to ensure that they record all additional patients identified and provide a report of these via the existing Secure File Transfer System. A template for this process will be shared with COVID-19 leads by NHS Digital and can be updated and transferred daily between 8am and 5pm.

C. Frequently Asked Questions – general:

Q11: Who agreed this list?

A11: The list was jointly developed by the Chief Medical Officer for England in close consultation with the Chief Medical Officers of the Devolved Administrations and senior clinicians in NHS England, NHS Digital and Public Health England. The list is intended to identify people with particular conditions which put them at highest clinical risk of severe morbidity or mortality from COVID-19, based on our current understanding of the disease.

Q12: How did you identify the individuals in the highest clinical risk groups?

A2: 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 for the next 12 weeks.

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

On 20 March, NHS Digital completed a central data extraction from patient records, based on the agreed clinical definitions specified by the Chief Medical Officer. The exact details of this extraction, the methodology and the codes used, 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 are in the process of being 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 have been 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
- **British Society of Gastroenterology** https://www.bsg.org.uk/covid-19-advice/bsg-rcp-advice-for-ibd-liver-clinicians-on-identifying-immunosuppressed-patients-for-shielding/
- **The Renal Association** https://renal.org/stratified-risk-prolonged-self-isolation-adults-children-receiving-immunosuppression-disease-native-kidneys/
- **British Society for Rheumatology** https://www.rheumatology.org.uk/News-Policy/Details/Action-needed-coronavirus-identifying-high-risk-patients

- **British Association of Dermatologists** http://www.bad.org.uk/healthcare-professionals/covid-19/covid-19-immunosuppressed-patients
- **British Thoracic Society** https://www.brit-thoracic.org.uk/about-us/covid-19-identifying-patients-for-shielding/

A similar process is underway for patients in Group 1 category 6 who will be contacted directly by their medical obstetrics units. Patients with specific severe diseases who cannot be identified through central datasets are also being 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 are working closely with the AoMRC who have 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/ .

Group 4: Identification of a small number of patients in primary care considered to be at highest clinical risk. We envisag 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.

Q13: How have you contacted the people identified in these groups as being at highest clinical risk?

A13: Everyone identified as being in this highest clinical risk group has been or will be contacted by letter. Text messages were also sent to those in Group 1 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.

Centrally-generated letters and text messages from Phase 1 were distributed between Monday 23 March and Friday 27 March 2020. A further cohort of centrally-generated letters from Phase 2 will be distributed after 6 April 2020.

Q14: What is the advice to people in these groups?

A14: People who are 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 for a period of at least twelve weeks - this approach is called 'shielding'. Further information is set out in the Public Health England Guidance, published on 21 March.

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.

Advice about 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 or clinical care team to contact them to organise a visit to the surgery / service, a hub or their home as appropriate.

Please note, the following advice for patients:

- ***Planned GP practice appointments –*** Wherever possible, we will provide care by phone, email or online. But if we decide you need to be seen in person, we will contact you to arrange your visit to the surgery or a visit in your home.

- ***Planned hospital appointments –*** NHS England has written to your hospital to ask them to review any ongoing care that you have with them. It is possible that some clinics and appointments will be cancelled or postponed. Your hospital or clinic will contact you if any changes need to be made to your care or treatment. Otherwise you should assume your care or treatment is taking place as planned. Please contact your hospital or clinic directly if you have any questions about a specific appointment.

Q15: What support is being offered to people who are advised to shield?

A15: 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.

All people in the highest clinically vulnerable group should register at 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

It is also worth noting that 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.