

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 Please do not download and circulate this document (as a PDF) as it will get out of date. If you wish to share the information, please refer colleagues to the website for the latest version.

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, 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 clinical risk of severe illness and hospitalisation from COVID-19.

Most people in this 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.

GPs and hospital clinicians have been asked to identify and contact **additional** people who meet the clinical criteria, but who have not been identified through the initial central process. This process is set out in letters to both [GPs](#) and to [hospital trusts](#).

This document has three key sections:

- A. Questions from General Practitioners (pages 4-6)
- B. Questions from Clinicians in NHS Trusts (page 7)
- C. General questions (pages 7 to 11)

Background

Public Health England published [guidance](#) 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 for a period of at least 12 weeks.

There is a three-part process taking place to identify those at highest clinical risk of COVID-19:

- **Part 1** 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 records in all GP practice systems. Everyone identified has been sent a letter and a series of text messages where mobile phone numbers were available. Around 900k people were identified in this phase.
- **Part 2** used primary care data extracted centrally to identify additional patients. The same clinically-defined criteria were used to identify people but the algorithm was run on general practice data sets. Letters and text messages started to go out to people identified in this phase on 7 April. These patients are flagged automatically in the GP system. Around 400k people have been identified in this phase.
- **Part 3** gives hospital specialists and GPs an opportunity to add or remove individual patients from this register. The process for doing this is set out in a letter for [GPs](#) and in a separate letter to [hospital trusts](#).
- NHS Digital will extract data submitted by Tuesday 14 April to share with Government, so that everyone identified by that point will be included in the central 'at highest clinical risk' list. Once processed by the Government, their details should be recognised by the Government's support website.

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 highest clinical risk list can be added, and any 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> (Annex F).
- 6. Women who are pregnant with significant heart disease, congenital or acquired

Further details on the groups considered at highest clinical risk are set out in section C.

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.

A. Questions from General Practitioners (GPs)

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

A1: NHS Digital identified patients on 20 March using centrally held data. This identified around 900,000 people as being at highest clinical risk. Further analysis was carried out on 6 April, using more granular data from general practice data sets. This process resulted in around 1.3 million people in total being centrally identified as being at highest clinical risk. 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>

GP records for the c. 1.3 million people have been updated. For these patients a new flag - “high risk category for developing complications from COVID-19 infection” – has been set. GPs can run a search for this flag. Instructions for how to do this are included in the [GP letter](#) sent on 10 April.

Q2: Some of my patients’ records have been marked, but not all of them – I would expect there to be more. Why is this the case?

A2: To compile the initial list of around 900,000 patients, it was necessary to combine routine NHS data from multiple sources. In this extremely complex process, our priority was to ensure that we got vital information to patients as quickly as possible. 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>.

It has always been clear that the clinical algorithm will not capture every individual who is at highest clinical risk. Additional provision has therefore been made for GPs and secondary care clinicians to add patients to the registry.

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: GP clinical system suppliers are adding **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. This should only be done with the agreement of the 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 and therefore advised to follow the shielding guidance.

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 additional people who are particularly clinically vulnerable and may have been missed by central searches. This process is set out in the [letter](#) to general practice sent on 10 April.

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 UK 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. 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 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 in the usual way 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.

- We have developed a set of [patient facing FAQs](#) that you might want to signpost patients to if they require any further information.

Q6: I have had calls from patients who tell me they have self-identified as being at highest clinical risk. What do I do about these patients?

A6: A number of people have been able to self-identify as being clinically extremely vulnerable, or highest clinical risk, via the Government's support website. The names of anybody who registered on this website prior to 29 March, but who were not identified via the central process, will be communicated to GP practices within your IT system on or around 17 April. This will be via a task.

Once you receive your list, please review these patients to determine whether they should be categorised as highest clinical risk. If so, please send them a letter and add the high-risk flag to their record.

Q7: 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?

A7: Advice on mental well-being is included in the [Public Health England Guidance](#). It includes links to additional advice and support from [Every Mind Matters](#) and the [NHS mental health and wellbeing](#) advice websites.

If you have patients who are shielding or unable to leave the house, who are feeling isolated and lonely, 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. Please note, these are volunteers not trained mental health professionals.

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>

Q8: I am confused about who qualifies as 'clinically extremely vulnerable' or highest clinical risk if they are having cancer treatment.

A8: 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.

B. Questions from NHS Trusts

Q9: I am a hospital clinician. Do I need to do anything?

A9: On [21 March](#) and [10 April](#), the Chief Nursing Officer Ruth May, and National Medical Director, Steve Powis, wrote to all hospital trust medical and nursing directors, asking for their urgent 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>

All hospital trusts are asked to complete this work by 17:00 on Monday 13 April.

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

Q10: Will all NHS trusts receive information about patients identified centrally as being at highest risk?

A10: 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.

C. Frequently Asked Questions – general:

Q11: Who agreed the list of those at highest clinical risk?

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?

A12: 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

NHS Digital identified individuals with the conditions defined in the clinical algorithm. Part 1 was conducted on 20/03 on a fast-track basis, using data from Hospital Episode Statistics, Primary Care Prescribed Medicines, the Personal Demographic Service and the Maternity Services Dataset. This identified around 900,000 individuals. Part 2 analysis was completed on 06/04 using more granular data from general practice data sets, at which point the count of individuals identified grew to around 1.3 million in total.

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 should be 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 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.

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

A13: People identified as being in this highest clinical risk group will receive a letter, either generated by the national review (part 1/2) or by a GP or hospital clinician. Text messages were also 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.

Centrally-generated letters and text messages from Part 1 were distributed from Monday 23 March 2020. The additional cohort of centrally-identified patients received letters and texts from 7 April 2020.

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

A14: 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 for a period of at least twelve weeks - this approach is called 'shielding'. Further information is set out in the [Public Health England Guidance](#).

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 –GPs and hospital clinicians are asked to review any ongoing care arrangements for 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 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>. 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>

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.