Shielded Patients Update – 15 April 2020

This document summarises the expectations of the 'Shielded Patients' programme for General Practice. The timing, deadline and implementation of this programme have been confusing for patients and colleagues alike, and badly handled centrally resulting in unnecessary workload for already stretched practices. We know many colleagues have been working throughout the bank holiday weekend on this huge piece of work.

While the LMC encourages all practice to work towards providing the lists requested, we are happy to support practices in a pragmatic approach to ensure this exercise is done correctly even if it takes beyond the deadline.

Shielded Patients

The Government has established a Shielded Patient process which identifies patients who are most at risk of Covid19 infection, because of concurrent clinical conditions, and who are being asked to stay at home and avoid face-to-face contact for at least 12 weeks. This is a substantial sacrifice for anyone, and so only patients for whom it is clinically appropriate should be placed on the shielded programme. The Government is coordinating a support offer to ensure access to medicines and basic supplies during this time. It is estimated approximately 2% of patients nationally will be identified as appropriate for shielding. Patients identified as at the highest risk will have received an SMS text message, if their mobile number was available centrally.

There are four phases to this programme.

Phase 1: Involved identifying patients on the basis of nationally held data.

Phase 2: Involved adding additional identified patients based on centrally extracted primary care data.

Phase 3: involves both Consultants and General Practitioners adding or subtracting individual patients from this list; this is divided into:

> **Phase 3a** Individuals identified by Hospital Specialists
> **Phase 3b** Individuals identified by General Practitioners

Phase 4: A number of individuals have self-identified as very vulnerable via a national website: GP practices will be sent a list of these on or after 17th April, if they have not been identified via the central process [Phase 1 and 2]. There are likely to be comparatively few such patients per practice, and many of these will have been identified via Phase 3.

Phase 1 and 2 [Centrally identified patients]

What do GPs need to do?

All GP IT systems should have flagged these centrally identified vulnerable patients by Easter weekend, each IT system supplier will have sent a search process to practices. Details of this are in NHS England's weekend letter accessible at:

CEM_COM_2020_016.pdf

GPs are asked to check these flagged high-risk patients to see if any have been inappropriately identified. If so, and the LMC recommends after discussion with the patient, they can be moved to a medium or low risk flag **once these flags are available in the system, which will be on or after 14th April.**

Phase 3a: [Patient identified by hospital consultants]
Hospital Consultants have been asked to identify those who also fall within the high-risk category; in many cases these will be patients currently undergoing cancer treatment.

Such patients should receive letters directly from their Hospital Consultant, but locally the approach between departments and indeed individual consultants has been variable so there may not be consistency. The CCGs are attempting to address this.

In addition, NHS Digital is being informed to update the GP record with high risk flag. Consultants have also been asked to inform the GP if they have identified a patient as of the highest risk, but methods and timescale for this vary.

This process is ongoing, and GPs can expect to receive such information over time.

Phase 3b: [Patients identified by GPs]
General Practitioners should try and identify what is likely to be a comparatively small number of remaining very high-risk individuals who in their professional judgement should be considered for shielding. These patients can be flagged, and on a weekly basis NHS Digital will extract these flags from GP practice data. GPs should send these patients a 'high risk' shielding letter, available at:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/at-risk-patient-letter-march-2020.pdf

Phase 4: [Patients who have self-identified via the national website]
When this list is received on or after 17th April, GPs should review it and make a clinical judgement; those who are considered to be at high risk should be flagged and those patients need to be sent the template shielding letter. Those who are not can be flagged as medium or low risk.

The LMC recommends this process is undertaken in discussion with the patient by a member of the primary care team, and remembering that a patient can be high risk (in the

group eligible for flu vaccination) but not appropriate for shielding (which is for patients who are very high risk such as those currently immunosuppressed) – this distinction has led to confusion for patients and colleagues.

The following section is taken from the 11th April updated NHSE letter and we feel is helpful for colleagues:

Visit https://www.england.nhs.uk/coronavirus/publication/guidance-and-updates-for-gps-at-risk-patients/ for the full text.

"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 below.)*

*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.** The Government does not wish to advise anybody to follow these measures unless absolutely necessary. There may also be genuinely high risk individuals who personally choose not to follow their shielding guidance, against your advice."*

If people at lower risk wish to follow a more stringent shielding strategy than is clinically recommended, they can do so but should not be flagged as high risk.

***"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."*

Patient support:

"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."*

People in the shielded group should still seek help if available from friends, family, and neighbours, but all people who are extremely vulnerable should register at: https://www.gov.uk/coronavirus-extremely-vulnerable

Contacting NHS111 is available as an alternative for people without access to the internet. Patients can also receive support from the NHS Volunteer Responders at: https://www.goodsamapp.org/NHSreferral to which GPs can refer such patients.

https://covidmutualaid.org/local-groups/ is another source of support available across the local area.

Social prescribers are also providing additional support and can be referred to in the usual way.

Accessing on-going care

Whenever possible, shielded patients should receive care remotely. However, some patients will need on-going hospital care and have been advised in the shielding letter this will continue unless they are advised otherwise. They have also been advised it is for their GP practice to determine how best to deliver medical and nursing care to such patients. Colleagues should do this bearing in mind the principles of:

1. always remote consulting first,
2. minimising face-to-face contacts to those that are delivering care that cannot be delivered in any other way, and
3. ensuring a 'first time response' that means only the clinician needed to deliver such care is in contact with the patient.

Patients considered at higher risk from Covid (the "flu eligible" group):
https://www.nhs.uk/conditions/coronavirus-covid-19/advice-for-people-at-high-risk/

- are 70 or older
- are pregnant
- have a condition that may increase your risk from coronavirus
    - lung conditions, such as asthma, COPD, emphysema or bronchitis
    - heart disease, such as heart failure
    - chronic kidney disease
    - liver disease, such as hepatitis

- conditions affecting the brain and nerves, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- problems with your spleen – for example, sickle cell disease, or if you've had your spleen removed
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- being very overweight (having a BMI of 40 or above)

IT searches

All IT information, including SNOMED codes, is available as an Annex to the letter at:

CEM_COM_2020_016.pdf

Clinical Algorithm:

Clinical Conditions included in the central clinical algorithm, together with additional specialist guidance, are:

NHSE Central list

1. Solid organ transplant recipients who remain on long term immune suppression therapy
2. People with specific cancers:
   a. people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
   b. people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
   c. people having immunotherapy or other continuing antibody treatments for cancer
   d. people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
   e. 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)
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. People who are pregnant with significant congenital heart disease

Neurology
https://cdn.ymaws.com/www.theabn.org/resource/collection/C5F38B64-DC8F-4C67-B6FC-F22B2CDB0EE5/ABN_Neurology_COVID-19_Guidance_v6_9.4.20_FP.pdf)

- Active myositis/polymyositis
- Muscular dystrophies
- Motor Neurone Disease
- Any neurological condition impacting on respiratory/bulbar function

Gastroenterology
https://www.bsg.org.uk/covid-19-advice/bsg-advice-for-management-of-inflammatory-bowel-diseases-during-the-covid-19-pandemic/

- IBD over age 70 on anti-TNF (infliximab, adalimumab)
- IBD and co-morbidity on anti-TNF
- IBD on ≥ 20mg prednisolone equivalent per day
- Recent combination biological/immunomodulatory/steroids last 6/52
- Short gut syndrome requiring nutritional support
- TPN requirement

Renal
https://renal.org/stratified-risk-prolonged-self-isolation-adults-children-receiving-immunosuppression-disease-native-kidneys/

- Intravenous immunosuppressant
- Oral cyclophosphamide
- ≥ 20mg prednisolone daily equivalent > 4/52
- > 5mg daily prednisolone equivalent plus one other immunosuppressant > 4/52
- Nephrotic range proteinuria
- History of repeated high dose immunosuppressant over a number of years
- Any immunosuppressant and:
    - Over 70
    - Autoimmune lung or heart disease
    - Co-morbidities – DM/respiratory/HTN/CVD/CKD3 or more

Rheumatology
https://www.rheumatology.org.uk/Portals/0/Documents/Rheumatology_advice_coronavirus_immunosuppressed_patients_220320.pdf?ver=2020-03-22-155745-717

- ≥ 20mg prednisolone daily equivalent > 4/52
- Oral cyclophosphamide
- Intravenous cyclophosphamide in last 6/12
- > 5mg daily prednisolone equivalent plus one other immunosuppressant > 4/52 (not hydroxychloroquine or sulphasalazine)
- Any 2 immunosuppressant therapies (not hydroxychloroquine or sulphasalazine)

Dermatology

https://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=6674

- Any 2 immunosuppressant therapies (not hydroxychloroquine or sulphasalazine)
- ≥ 20mg prednisolone daily equivalent > 4/52

- > 5mg daily prednisolone equivalent plus one other immunosuppressant > 4/52 (not hydroxychloroquine or sulphasalazine)
- Oral cyclophosphamide
- Intravenous cyclophosphamide in last 6/12
- Rituximab or Infliximab for skin conditions
- Single agent immunosuppressant and other comorbidities or age > 70

Respiratory
https://www.phauk.org/coronavirus-pulmonary-hypertension/an-open-letter-from-the-national-uk-pulmonary-hypertension-group/
https://www.sarcoidosisuk.org/information-hub/coronavirus-faq/

- Pulmonary Hypertension
- Pulmonary Sarcoidosis
- Interstitial lung disease

Information sent to patients

The links to the patient shielding letter and FAQs that have been sent to patients, are below:

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/at-risk-patient-letter-march-2020.pdf

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/20200402-FAQs-Patients-vFINAL.pdf

Humberside LMCs
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This letter is produced with thanks to our colleagues at Surrey and Sussex LMC.