

Sent: Tuesday, March 24, 2020 6:38 PM

Subject: Identified at risk patients for Shielding

Council, CEOs, Coronavirus reference Group, Policy and Communication Leads

Dear Colleague

You will have seen the Prime Minister's announcement about the shielding of vulnerable groups and we circulated details of the high risk groups to all Colleges and Faculties following the call with Chris Whitty last Thursday.

The plan for **NHSE** is that patients will be contacted in four ways:-

- *Group 1 are to be identified and contacted by NHS England using national databases*– they have had, or will have – letters sent out during the course of this week and Trusts and GPs have been informed about these patients. They are sending out about 900,000 letters. This leaves about 600,000 patients who they think might be fall into the extremely high risk groups but have not been identified through the central mechanisms. These may include – recent cancer diagnoses, some immunosuppressed groups, those with susceptible rare disease etc. However NHSE [central data is not able to identify all high risk patients](#) and so College and clinical input are important in this regard to identify patients. Therefore they have suggested the 3 other routes to identify patients as below -

- *Group 2 are be identified and contacted by specific medical specialist societies which have been coordinated by the RCP.* The specialist societies representing dermatology, gastroenterology and hepatology, neurology, respiratory, renal and rheumatology have all been working with RCP in order to draw up some guidance for these specialties regarding (mainly) immunosuppression advice and how to ensure how these identified patient details are appropriately shared. They are distributing the message to their specialist members asking them to additionally identify at risk patients not covered by the central initiative.

- *Group 3 are to be identified and contacted by all other relevant specialties (i.e. those not in the 6 specialties in group 2)* – hence this communication to alert Colleges as requested by DHSC and discussed on our call with Chris Whitty last week. There will be patients who are considered to be at the highest risk of death or severe morbidity, but have not been identified within groups 1 and 2 (above) and for whom offering complete social isolation at home for 12 weeks is a proportionate response to that risk. Colleges and specialist societies, as proposed by the Colleges, are being asked to identify additional patients and to contact them directly. A copy of the letter to be sent to patients is attached. Contacting the patient's GP to let them know you have included them in the vulnerable group is also important so that they can be coded as COVID-19 at risk.

- *Group 4 are to be identified and contacted by primary care* - There will be vulnerable patients who are well known to primary care, particularly the frail elderly with multimorbidity, who may not be known to secondary care. GPs will be asked to identify such patients from their own lists and to include them in the vulnerable group for shielding. We understand that general practice colleagues are being contacted directly to carry out this work.

The Academy and Colleges have therefore been asked to help to ensure that all clinicians in specialities relevant to Group 3 can identify and contact any patients who may not have already been contacted (Group 3). It is recognised that some patients may be contacted by more than one route and therefore receive the same letter twice but this is preferable to the risk of missing at risk patients

The Academy is therefore being asked to request Colleges as a matter of urgency to -

- **Notify members or specialist societies who will be dealing with patients who might be high risk – this is particularly those who are immunosuppressed as they have been the most difficult to specify from the national data bases but includes any of the vulnerable groups so that they are aware**
- **Some of these specialists groups may need to work together to agree some specific criteria (I attach the guidance from rheumatology regarding immunosuppressant treatments – this may be modified for individual specialties as required). I am aware that some specialties are already aware of this and doing this work e.g. rare diseases and ophthalmology uveitis.**
- **Ask clinicians who have identified these patients to let them know directly using a standard letter containing the information they need to commence shielding and access support (attached).**
- **Inform the patient's GP of the decision to include patients in the vulnerable group.**

Please note

- This is a 4 nation agreed list and approach – although different administrations have slightly different logistical arrangements and specific correspondence. **Arrangements in the devolved administrations have not been finalised and further information will follow on these.**
- NHSE believes it will have identified a considerable number of very high risk patients already (900,000 out of a possible 1.5 million)
- Trusts will receive details of the patients who have already been centrally contacted shortly and so consultants can cross check with this
- Bearing in mind the difficult nature of the shielding intervention and, given that the vulnerable patients are already recommended for social distancing measures, consultants are asked to note this is a recommendation only for individual protection and not primarily for the protection of others.

We recognise that undertaking this task will put additional pressure on clinicians but have been reassured that trusts have been given additional resources to do this and that Trust Chief Executives have been told that this is an essential exercise and consultants will be given the time and resource to undertake the task

Enclosed are the **NHSE** documents and letters –

- Attachment 1 - Template letter for Colleges to send to members
- Attachment 2 - Template letter for doctors to send to patients
- Attachment 3 – For information NHSE Letter to patients
- Attachment 4 - For information NHSE Letter to Trusts
- Attachment 5 - For information NHSE Letter to GPs
- Attachment 6 - Rheumatology guidelines for grading risk – for information

All 4 home nations are in agreement with the principles and the final list of conditions. The documents and letters from Scotland, N Ireland and Wales are being finalised and will be shared either directly via their processes or via the Academy – we await further information.

This is a complex logistical exercise and it is recognised that it will not necessarily work perfectly but DHSC has asked that Colleges and clinicians will be able to assist to the best of their abilities.

This will not apply to all Colleges or Faculties and I am happy to speak to individual Presidents or representatives about this exercise and what is being asked or, what may be more helpful, to arrange a teleconference.

Thank you for your help and support.

Carrie

Professor Carrie MacEwen

Chair AoMRC