

GUIDANCE FOR GP PRACTICES

PEOPLE AT CLINICALLY HIGHEST RISK OF SEVERE MORBIDITY AND MORTALITY FROM COVID-19 – FOR SHIELDING

21 April 2020

Table of contents

A Introduction
B Key Asks of General Practice
C Role Of GP Practices In Identifying Shielding Patients
D Role Of GP Practices In Supporting Patients Who Have Not Received Letters
E Removal Of Patients from the Shielding Group
F Contacting Shielding Patients
G GP IT Systems And Coding
H National Helpline For High Risk Patients
I Advice to Shielded Patients With Covid-19 Symptoms
J Patient Access to Health care
K FAQS for Clinicians about Shielding

Annex

1. Groups at Clinically Highest Risk
2. Shielding
3. Approach to identification of highest risk patients
4. Groups at high risk (but not at highest risk)

GUIDANCE FOR GP PRACTICES - PEOPLE AT CLINICALLY HIGHEST RISK OF SEVERE MORBIDITY AND MORTALITY FROM COVID-19 – FOR SHIELDING

A. INTRODUCTION

1. GP practices have a very important role in helping to shield the people who are at highest risk of severe morbidity and mortality from Covid-19.

2. This paper consolidates guidance which was issued to GP practices on 26 and 30 March, and 2 and 13 April.

3. We are asking for your help with the identification and proactive management of patients who are at particularly high risk of severe morbidity and mortality from COVID-19.

B. KEY ASKS OF GENERAL PRACTICE

4. All GP practices which identify patients in the highest risk groups should supply those patients' CHI number to their local Health Board co-ordinating team. You should also enter the appropriate code in the GP patient record.

5. If you have capacity, we ask you to forward a generic copy of the CMO's advice letter to any additional patients you identify who have not been centrally identified.

6. Please contact those of your patients who have been sent a shielding letter as soon as you can to discuss their situation.

C. ROLE OF GP PRACTICES IN IDENTIFYING SHIELDING PATIENTS

7. There are patients that have not been centrally identified because of limitations in the nationally held data, for example, patients with severe COPD or severe asthma who do not meet the specified medications criteria or patients missed by clinical networks. There may also be patients who fall into group 7.

Process

8. **All GP practices which identify patients in one of the seven groups should supply those patients' CHI number to their local Health Board co-ordinating team.**

9. With the CHI number indicate which group the patient is in (i.e. Group 1, 2, 3, 4, 5, 6 or 7.

10. It would be helpful if your practice could retain a list of patients that you have individually added to help with this process.

11. **If you are unsure whether a patient has been identified, please pass your health board coordinating team the patient's CHI number and group** (for example Group 5). Public Health Scotland will arrange for that person to be added to the central shielding list if he or she is not already on it.

12. Most people in the highest risk group will have received a letter by now. It is expected that letters will continue to be issued as clinicians, both in Primary and Secondary Care, continue to identify people with existing and new diagnoses. It is important to let your health board coordinating team know of these patients, so that they are on the central list of shielded patients and so that Public Health Scotland can undertake the necessary processes to ensure that these patients are supported.

Examples of potential gaps in patient identification

13. We are aware that Asthma UK have recently brought out further guidance for identifying patients at highest risk due to Asthma. The central searches have identified patients on long term steroids. However, there may be patients who have required emergency admissions in the last year, who are on high dose inhaled steroids, or preventative antibiotics that you feel should also be considered at highest risk and for shielding.

14. There are also patients on immunosuppressants who it has not been possible to identify simply from central data because whether someone falls into this category can depend on the interaction of different medications (some of which are only prescribed in secondary care) and on the presence of co-morbidities.

15. If you are aware of a patient on immunosuppressant medications, who you feel is at highest risk please go through the process for adding patients. Please note that patients on one immunosuppressant are not routinely considered to be at highest risk and in need of shielding. If in doubt, a discussion with their specialist may help.

16. The British Thoracic Society has recommended that patients with interstitial lung disease and sarcoidosis receive shielding advice (https://www.brit-thoracic.org.uk/about-us/covid-19-identifying-patients-for-shielding/). Central data searches for these patients have taken place and patients written to. However, the limitations of this data search is that systems use hospital discharge codes (which are only up to 6 months accurate) and there may be patients with newer diagnoses or who have never been to hospital.

D. ROLE OF GP PRACTICES IN SUPPORTING PATIENTS WHO HAVE NOT RECEIVED LETTERS

17. You may be contacted by patients if they think they are at highest risk, but who have not received a letter. These patients may be worried, and should be supported with conversations about the criteria and implications of shielding. **Should your clinical judgement suggest that these patients should be shielded, you should notify your local health- board co-ordinating team with their CHI number.** There will be some patients who are worried, but for whom shielding may not be appropriate. Whether or not someone should be advised to shield is a clinical judgement.

18. Guidance for the public on who is included in the highest risk group has also been published at https://www.gov.scot/publications/covid-shielding-contacts/pages/highest-risk-classification/

and

https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding.

19. This may help reassure patients that shielding is only to be undertaken by those at highest risk and social distancing is the best course of action for those at increased risk.

20. Information for those with health conditions that put people in the *increased risk* category and not the *highest risk* category (and therefore not to shield) has been published by NHS Inform at https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-social-distancing.

21. Scottish Government have also published advice on how people with specific health conditions should manage their condition though this period at https://www.gov.scot/publications/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/. This will be updated as necessary.

E. REMOVAL OF PATIENTS FROM THE SHIELDING GROUP

Process

22. In attempting to protect all patients who are considered to be at highest risk of severe morbidity or mortality from COVID-19, some patients will be identified who you subsequently consider should not be advised to shield. As these patients will have received a letter, **if you become aware that shielding may not be appropriate, please discuss this with your patient**.

23. Removing them from the shielding cohort will mean they no longer qualify for the additional support being provided. **If you jointly agree that shielding is no longer required, please let your health board coordinating team know the patient's CHI number and that the person is to be removed from shielding and the reason why.** Your health board coordinating team will then update Public Health Scotland. (who will update the Local Authority in turn).

24. It is important that the patient is aware of this decision and that they are being removed from the Shielding group.

25. Please also removed the relevant code and flag from that patient's record in your system.

Examples of incorrectly identified patients

26. Patients on home oxygen - whilst the intention is that these are usually patients with severe respiratory disease, there may be a small number of patients who have been sent shielding letters but who are on home oxygen for other reasons (for example cluster headache).

27. Patients on Azathioprine may have been sent letters in error where they have not had a transplant.

28. Patients on other immunosuppressants. This has been a complex area to determine centrally as prescribing of DMARDS and Biologics can be done through Primary Care and Secondary Care. We have asked Secondary Care colleagues to identify patients and utilised Primary Care prescribing data to modify this list. However it is possible some people have been erroneously identified and sent letters. Most people on only one DMARD, unless they have other issues, would not qualify for the highest risk group requiring shielding.

F. CONTACTING SHIELDING PATIENTS

29. **Patients are being advised in their letters that their GP practice will be in touch with them as soon as they can to discuss the letter**.

30. The recommendation for shielding the very high-risk group is potentially onorous and may have negative impacts for the patient as well as the benefits of protecting them from infection. We ask that your discussion with patients reflect this. Some patients may decide, on weighing up the risks, that they would prefer not to follow the restrictive, stringent measures. We ask that you help your patients to work through this if they wish to.

31. **We also suggest that anybody with a terminal diagnosis who is thought to be in their last 6 months of life should be excluded from this group (unless they wish to be included), to allow them to maintain contact with their loved ones during the last phase of their illness.**

32. We have provided GP practices with a guide to be used with patients to check their understanding of advice they have received in the shielding letter, to ensure that practices have up to date contact details for key carers and healthcare professionals involved in their care and to ensure that they are able to access their medications. It is recommended that the key points are captured in their KIS. **This part of the conversation can be done by any member of the practice team (with appropriate support) and does not necessarily have to be a GP. In addition for some patients in this group it may be appropriate to discuss their Anticipatory Care Plan. This discussion should be done by a clinician but again it doesn't have to be a GP.**

G. GP IT SYSTEMS AND CODING

33. The GP IT suppliers (EMIS and Vision) have added codes and flags to the records of your patients who are on the central list of shielded people. As of 20 April,

they have added codes and flags to the records of the vast majority of these people (around 142,000 patient records).

34. The codes and flags are added through a software update to your clinical systems. As the rate of increases to the central shielded list is slowing, we expect the updates to your records to settle into a regular pattern. We will provide you with more information when we can.

35. There will soon be new codes available in your clinical systems to support your routine recording of Covid-19 related activities in the patients record. Further guidance will be made available on the use of these codes once they have been made available.

H. NATIONAL HELPLINE FOR HIGH RISK PATIENTS

36. A new national helpline has been set up to provide essential assistance to those who don't have a network of support but who are in the 'increased risk' group. This group is wider than the highest risk group (the shielded group).

37. The service will offer help to those who do not have family or existing community support and cannot get online and who are over 70, disabled, require the support of mental health services, are pregnant or receive a flu jab for health reasons. This service is in addition to localised support already available for people who have received letters advising them to shield themselves. **However, any of those in the shielding category who are not yet receiving assistance, who do not have family and cannot get online, can access support via this new helpline**.

38. The helpline – **0800 111 4000** – will initially operate during core working hours of 09:00 to 17:00 while plans are developed and implemented to extend it to operate for a longer period each day.

39. Callers will be automatically connected to their local authority who will support them to access the service they need, such as:

- essential food and medication
- links to local social work services for vulnerable children or adults
- emotional support
- contact with local volunteer groups.

I. ADVICE TO SHIELDED PATIENTS WITH COVID-19 SYMPTOMS

40. Patients who have been advised to shield (with one exception set out below) are advised to contact NHS 24 as soon as they show symptoms of Covid-19. This is different to the advice that is being given to people who do not fall into the highest risk group, who are only being asked to contact the NHS if they feel very unwell.

41. Senior cancer clinicians in Scotland recommend that those patients with cancer who become unwell during a course of systemic anticancer treatment or

during radiotherapy or within 6 weeks of completion of a therapy, should **continue to contact their cancer treatment helpline or the National Cancer Treatment Helpline** (and **not NHS 24**).

42. The latest version of the letter going to all newly identified patients (across the seven groups) includes a paragraph for those with cancer to read which highlights this guidance:

“If you, or the person you care for, is currently within 6 weeks of having received chemotherapy or radiotherapy for a cancer (including a blood cancer), and feel unwell, whether or not you think it might be the coronavirus infection, then you should phone the emergency Scottish Cancer Treatment Helpline number 0800 917 7711, or the emergency number given to you by your consultant or specialist nurse. You should do this whether you think you have Covid-19 or are unwell in any other way, just as you would have done before this Covid-19 epidemic."

J. PATIENT ACCESS TO HEALTH CARE

43. It is vital that people who are being shielded get the care they need when they require it in the safest way possible. This may be routine or urgent primary care. To ensure this happens in a safe and timely manner their needs should be assessed by a clinician and then a risk assessment done to determine where, when and how the patient is seen.

44. In some circumstances you may decide that it is appropriate to carry out a consultation over the telephone or via NHS Near Me. For NHS Near Me all that is needed for the patient is a device that has a camera (e.g. smartphone, tablet, laptop) and connection to the internet.

45. A face to face consultation may be required by way of a home visit, but equally after assessment of infection risk, clinical need and service capacity may involve the patient travelling to a practice or centre to be seen. This risk assessment is part of the care that GPs and other health professionals do every day to meet the needs of their patients and should continue whilst bearing in mind the special requirements of patients who are shielding.

GUIDANCE FOR GP PRACTICES - PEOPLE AT CLINICALLY HIGHEST RISK OF SEVERE MORBIDITY AND MORTALITY FROM COVID-19 – FOR SHIELDING

ANNEX

1. GROUPS AT CLINICALLY HIGHEST RISK

The Chief Medical Officers have identified six groups of people at clinically highest risk from Covid-19. These groups are:

Group 1 - Solid organ transplant recipients

Group 2 - People with specific cancers

- People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
- 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

Group 3 - People with severe respiratory conditions including all cystic fibrosis, severe asthma (including severe asthma on biologics) and severe COPD, those on long-term home Oxygen for chronic respiratory conditions, and people with non CF bronchiectasis (there is guidance on severity), and pulmonary hypertension.

Group 4 - People with rare diseases, including all forms of Interstitial Lung Disease/Sarcoidosis, and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).

Group 5 - People on immunosuppression therapies sufficient to significantly increase the risk of infection.

Group 6 - People who are pregnant with significant heart disease, congenital or acquired.

There is also a further seventh group:

Group 7 - People who, in your clinical judgement, need to be shielded as they are clinically at 'highest risk' of severe morbidity or mortality from COVID-19, but are not included in the above six groups.

Patients in group 7 will be extremely clinically high risk and not those who are in the more general 'at increased risk' group, (who roughly equate to those who would receive the flu vaccine). It is acknowledged that the extremely stringent ask of shielding comes with its risks, including physical, psychological and social implications. This should be considered when identifying patients to shield.

2. "SHIELDING"

People identified as at clinically highest risk from Covid-19 are being advised to take shielding measures.

This "shielding" involves strict social isolation with no contact from the outside beyond that absolutely necessary, for a period of at least 12 weeks; a move which will significantly impact quality of life, increase social isolation, and will not be without its own attendant physical and mental health risks.

The recommendation for shielding the very high-risk group is potentially onorous and may have negative impacts for the patient as well as the benefits of protecting them from infection. We ask that your discussion with patients reflect this. Some patients may decide, on weighing up the risks, that they would prefer not to follow the restrictive, stringent measures. We ask that you help your patients to work through this if they wish to.

Information for the public on shielding is available at www.nhsinform.scot and www.gov.scot :

https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding

https://www.gov.scot/publications/covid-shielding/

Information for the public is also available on who is at high risk from Covid-19 but is not at highest risk (the shielded group) at www.nhsinform.scot

https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-social-distancing

3. APPROACH TO IDENTIFYING PEOPLE AT CLINICALLY HIGHEST RISK FROM COVID-19

There are three ways in which people who should shield have been or are being identified:

- Many have been identified by Public Health Scotland from searches of central databases;
- Another large cohort has been identified by networks of clinicians e.g. regional cancer networks and clinicians who specialise in rare diseases;
- Both primary and secondary care clinicians have been asked to assist in identifying patients who have been missed by the first two approaches. Many clinicians are already doing this.

The central searches to identify patients indicated for Shielding, using national data have been published at https://www.hps.scot.nhs.uk/web-resources-container/covid-19-search-criteria-for-highest-risk-patients-for-shielding/. This document details the data sources and search criteria we have utilised and will continue to be updated with any new searches that take place in the future.

4. GROUPS AT INCREASED RISK BUT NOT AT HIGHEST RISK

There is group of people who are at increased risk of severe illness because of Covid-19 but are not at highest risk (in the shielded group). These people should be particularly stringent in following social distancing measures.

This group has been identified to the public as those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):

i. chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
ii. chronic heart disease, such as heart failure
iii. chronic kidney disease
iv. chronic liver disease, such as hepatitis
v. chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
vi. diabetes
vii. problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
viii. a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
ix. being seriously overweight (a BMI of 40 or above)
x. those who are pregnant

This is the group in that in Scotland we would recommend have a Key Information Summary (KIS) automatically created (if they do not already have one) and sent. We issued have guidance to practices about how to create and send a KIS.

The usual need for explicit consent has been suspended in the context of the COVID-19 pandemic. This will allow automatic sharing of useful data from the primary care record (specifically past medical history).

Please note this task does not necessarily have to be undertaken by a clinician and can involve a trained member of your general practice team.