Covid-19 Shielding Letters: Managing the Practice List
Covid-19: What’s the difference between ‘at risk’ and ‘at high risk’ groups?

**At Risk**
- Large group normally at risk from Flu
- Should practice Strict Social Distancing

**At High Risk**
- Smaller sub-group defined by CMO as extremely vulnerable
- Should practice Complete Social Shielding
What are the criteria* for the Extremely Vulnerable / High Risk Group?

- Solid organ transplant recipients
- People with specific cancers (for more specific details go to [here](#))
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- People with severe single organ disease (e.g. Liver, Cardio, Renal, Neurological)
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell disease)
- People on immunosuppression therapies sufficient to significantly increase risk of infection
- Pregnant women with significant heart disease, congenital or acquired
- Children (up to the age of 18) with significant heart disease, congenital or acquired

*Full details available [here](#)

Everyone in this group should receive letters advising them to follow the [Shielding Guidance](#).
What are the criteria* for the broader vulnerable groups that should follow social distancing guidance? (i.e. the ‘At Risk’ Group)

Broadly speaking, this wider group comprises the criteria of adults eligible for an annual flu vaccine; These people are asked to follow social distancing guidance. This group should NOT receive a shielding letter.

- 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):
  - chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease
  - chronic liver disease, such as hepatitis
  - chronic neurological conditions, such as Parkinson’s disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
  - diabetes
  - problems with the spleen – for example, sickle cell disease or if you have 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 seriously overweight (a BMI of 40 or above)
  - those who are pregnant

*Full details available here
What is in the Shielding Letter?

- Advises people to stay at home for 12 weeks
- Contains a range of info and advice including:
  - How to get medicine and other essential items (e.g. food) for those who have no-one else to support them
  - For those who are employed, the letter can be used to provide proof they are shielding to share with employer; they can work from home if their job allows them to
  - Wellbeing advice
  - Details about the dedicated mental health helpline for Wales (C.A.L.L Helpline)
  - Welsh government has also published information on website about support for extremely vulnerable people

Template letter for GPs available on Intranet
(See also Appendix 7 of CMO’s Letter 3/4/20)

Last updated 13/4/2020
What if we have Shielded patients who are asking for Fit notes?

• Patients who have received a Shielding letter do NOT need a fit note from GP

What about the household members of Shielded Patients?

• They should NOT be issued with Fit notes (unless clinically indicated otherwise).
• Household members should NOT be issued with shielding letters.
How were these ‘High Risk’ patients selected?

Appendix 3 of the CMO’s letter (dated 3/4/2020, see intranet) contains the full details and criteria used to determine who should receive the letter

- Patients were identified through secondary care coding data and through centrally held prescribing data
- Coded Data from electronic GP records has NOT been used
- The numbers of patients in each sub-category in Wales is given in Appendix 4 of the CMO letter

Would you like to see the fine detail?

- If you would like to see a more detailed break-down of the diseases/conditions that are included in the high-risk category, take a look at Appendices 8 and 9 which contain the methodology
How do we find out who has been sent a Shielding Letter?

Practices can find out in either of the following 2 ways:

**Method 1:**
Go to Primary Care Portal (PCP) → Access to spreadsheet

**Method 2:**
Run a search on the clinical records for patients with code ‘9d44’ → Local report

**Spreadsheet troubleshooting:**
- **Unable to access spreadsheet?**
  Send email to NWIS.PrimaryCareInformationServices@wales.nhs.uk
- **Seeing duplicates?**
  Go to data menu in the spreadsheet and select ‘remove duplicates’ and remove all ticks except for NHS Number

**Which method is best?**
Some practices might notice a discrepancy between the list obtained via PCP and that produced on the local search of clinical records. This might happen as NWIS are still in the process of adding the codes into the clinical records so in early phase more reliable to use the PCP list.
We have noticed Covid-19 alerts appearing on the clinical records of a few patients. Why?

**Centrally identified Extremely Vulnerable Groups**

Alert entered into clinical records (by NWIS)

**EMIS Practices:**
The following is visible in the Problem* / Summary sections of Clinical Record

“Potential infectious contact - High risk category for developing complications from Covid-19 infection”

*Users must ensure reminders are enabled if can’t see pop-ups.

**VISION Practices:**
Yellow Pop-up Box* is visible in clinical records, (in free text) saying,

“High risk category for developing complications from Covid-19 – Added at NWIS request”

*Users must ensure reminders are enabled if can’t see pop-ups.

Information shared with local authorities

Shielding Letter sent directly to these people

These alerts have been added to help identify those patients who have been sent Shielding Letters.
We’ve had shielded patients telling us their letter says to call the GP. What advice is being given (in the Shielding Letters) about when they should contact their GP?

The **letter** mentions contacting the GP in the following ways:

- “Healthcare will continue to be provided by you GP”, and “make contact by telephone or internet”
- “Where possible, GP appointments will be provided by phone, email or online”
- “If you need to be seen, your GP practice will contact you to let you know what you should do”
- For urgent medical attention, to contact GP practice. “Where possible, you will be supported by phone or online. If your doctor decides you need to be seen, the NHS will contact you to arrange how to do this.”

They are reminded that they do NOT need to get a fit note from GP.

Practices can view the **template letter** to see all the information
When should the GP Surgery issue Shielding Letters?

Patient makes enquiry with GP Surgery to request a Shielding Letter

Consultant writes to GP Surgery indicating patient should be on the Shielded List

Is patient on Shielded List?

1. Check Clinical Record:
   - Look for codes added by NWIS to records of those on the shielded lists:
     - **Vision**: look for yellow pop-up
     - **EMIS**: check under Problems
   - 2. If no code, then double-check by checking if patient is on the spreadsheet

Yes

No but agree they should be on the list

Add Code 65Z to the clinical record

Not in the High Risk/Extremely Vulnerable Group

Navigate patient to local authority support* available to the vulnerable

Provide Shielding Letter (use the template letter, add patient’s details to it and use practice stamp)

Template letter for GPs available on Intranet
(See also Appendix 7 of CMO’s Letter 3/4/20)

*See page 18 for details of Support offered by local authority
What about patients who contact GP because they have received a shielding letter but don’t know why?

Patient makes enquiry with GP Surgery asking if they got a Shielding Letter by mistake

- Check the spreadsheet obtained via PCP to see which category the patient has fallen under
- Do your records agree that they are in the Extremely Vulnerable Group?

No

Agree with patient that they do not meet criteria, keep a record of their wishes.
NO FURTHER ACTION NEEDED

Yes

Explain to patient the reason why they meet criteria and advised them to follow the shielding advice

Last updated 13/4/2020
We have asthmatic patients asking for shielding letters. How is ‘severe asthma’ defined?

**Asthmatics meet criteria for a shielding letter if:**

1. They are taking ALL THREE of:
   - Steroid preventer inhaler (at any dose)
   - Another preventer medicine (e.g. formoterol/tiotropium/montelukast as well as the steroid inhaler)
   - Regular or continuous oral steroids (had 4 or more prescriptions in last 6 months)

   OR

2. Been admitted to hospital in last 12 months for asthma

   OR

3. Have ever been in ITU for asthma
We have a patient who was prescribed Hydroxychloroquine by a rheumatologist. Should she be on the Shielded list?

- **NO.**
- Hydroxychloroquine is not regarded centrally as an immunosuppressive drug that is considered to sufficiently increase the risk of infection in the context of Covid-19.
- The Gwent Rheumatology website ([www.gwentrheumatology.com](http://www.gwentrheumatology.com)) has been updated with useful advice for patients during the Covid-19 pandemic.
- The full drug-list can be found in appendix 9 of the CMO’s letter dated 3/4/2020.
- Here are some of the drugs on the list:
  - Azathioprine, Mycophenolate, Ciclosporin, Tacrolimus, Methotrexate, Etanercept
Our practice uses Vision. Why can’t we see the yellow pop-up alerts that have been added by NWIS?

- In Vision practices the free text “High risk category for developing complications from Covid-19 – Added at NWIS request” will be visible in the record.
- A yellow popup alert has been added (centrally) which should be visible when the patient record is opened.
- If you cannot see the pop-up, then you need to enable reminders in your setting.
- Note that if you add the code 65Z to your patient’s record from a consultation, because you have identified that they should have received a shielding letter but have not, in Vision this will default to an immunisation data entry form. You can bypass this by either pressing f11 or by clicking Add-> Medical History.
Will practices have to do mop-up searches in case ‘high-risk’ cases have been missed?

NO  Practices are NOT being asked to do any additional searches.

NHS Wales may consider running additional searches centrally and add more patients to the list (if not already identified in the ad-hoc way by practices); these patients will be sent letters centrally.
What can we offer to any of our patients/carers who need emotional support?

**The C.A.L.L Helpline** is a dedicated mental health helpline for Wales

- Provides confidential listening & emotional support
- Help with getting support available locally (including voluntary or charitable organisations)
- Tel: 0800 132 737
- Text ‘help’ to 81066
- [http://callhelpline.org.uk](http://callhelpline.org.uk)

**Age Cymru** is offering a free check-in-and-chat telephone service for anyone over 70 who lives alone, to provide reassurances, answer basic queries and link people to local services and support during the Coronavirus outbreak.

- Call the Age Cymru Advice Number on 08000 223 444
- or email [enquiries@agecymru.org.uk](mailto:enquiries@agecymru.org.uk)

Last updated 13/4/2020
What local support are the councils offering to the vulnerable people in both the at-risk and high-risk (shielded) groups?

Each Local Authority across ABUHB Area has put into place support mechanisms for local people to ensure they have access to essential supplies, information and support during this difficult time.

**Blaenau Gwent**
01495 311556

**Caerphilly**
- 01443 811490
- Or Adult Social Services: IAA 0808 100 2500

**Monmouthshire**
- Shielded: 01633 644644
- Not shielded: 01633 644696
  partnerships@monmouthshire.gov.uk

**Newport**
- Shielded: council will call these direct
- Not Shielded: 01633 656656

**Torfaen**
01495 762200
calltorfaen@torfaen.gov.uk
If a Shielded Patient contacts the practice with a medical problem, what should we do?

For Planned or urgent GP appointments

Wherever possible, GP appointments to be provided by phone, email or online.

For urgent medical attention, the patient should be assessed by telephone or video consultation

Face to Face Consultation (if needed)

The practice should establish a system for face to face assessments for Shielded patients.

This may include:
• Home visits
• Protected area within the practice
• Cold sites in collaboration with neighbouring practices

Last updated 10/4/2020
How should practices undertake Face-to-Face Consultations for Shielded Patients?

NCN’s should agree local arrangements, ensuring the following:
- Practices to respond appropriately to the clinical situation
- The acute clinical needs of patient are met
- Face-to-Face time spent with the patient is kept to a minimum to minimise risk of exposure to Covid-19 infection
- The best possible protection for patients is provided
If I have more queries about Shielded patients?

Send an email with subject title ‘SHIELDING’ to PrimaryCare.CoV.ABB@wales.nhs.uk