

Shielding

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What is shielding and how does it differ from social distancing?

- Shielding is a public health measure which aims to protect the most vulnerable, who would be at highest risk of complications or death if infected with covid-19.
- Those who are shielding should not leave the house **at all** for a period of at least 12 weeks from the date when they are advised to shield and may therefore need extra help to get access to food and medication. It is generally considered that shielding may not be appropriate for those who are in the last six months of life due to other medical conditions.
- An exception to the rule of not leaving the house at all is if a patient needs to receive any medical care face to face. The letter sent to patients advises that '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' and so these patients do not necessarily need to be visited. Patients who are shielding do not need a fit note for 12 weeks – they should show the shielding letter to their employer.
- This differs from the advice given to the general population, who should stay home apart from in four circumstances:
 - To shop for basic necessities or pick up medicine.
 - To work if they cannot work from home.
 - To exercise once a day.
 - To attend a medical appointment, give blood or care for a vulnerable person.
- Household contacts of those shielding do not themselves need to shield but, where possible, should distance themselves from the shielding person. This may include using the kitchen and bathroom at different times and keeping 2m distance wherever practical.

How do patients know that they should shield?

- In England NHS Digital, under instruction from the Chief Medical Officer, has used their access to centrally collected datasets and GP data extracts to identify patients with certain codes – they have been sent a letter advising them to shield. There are equivalent systems in place in Northern Ireland, Wales and Scotland.
- Some patients will have taken the initiative and identified themselves as vulnerable on a government website; they may or may not actually be in the shielding list.
- The limitations of coding mean that some patients who have had letters do not actually need to shield, and some patients who need to shield will not have had letters.
- This module will discuss the details of who needs to shield and what we as GPs need to do next.

Who should shield?

- There has been much discussion among both GPs and the general public about who should shield.
- Initial advice (not in Scotland) was that primary care should identify a wide group of patients to shield, known as group 4 (groups 1-3 being identified in hospital care) - this advice has now been withdrawn
- Many of our patients think that anyone who is normally offered an NHS flu vaccination should shield; this is also incorrect. This group should follow social distancing rules (a reminder of which are in the resources section) but do so even more stringently than the general population.



Who should shield – overall list

- Solid organ transplant recipients who remain on long term immune suppression therapy.
- People with specific cancers:
 - people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer (this includes those who have had chemotherapy in the last 12 months)
 - 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 Poly ADP Ribose Polymerase (PARP) inhibitors
 - People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- People on immunosuppression therapies within the last six months, sufficient to significantly increase risk of infection
- People who are pregnant with significant congenital or acquired heart disease.

Who should shield – details

- Some of the categories on the previous slide are obvious to identify, for example those who have had a transplant or who are currently having chemotherapy.
- Others are more nuanced, such as the definition of 'severe' asthma or COPD, or which medicines should be considered as immunosuppressive.
- GPs can use their discretion to add patients who they feel are at particularly high risk and would benefit from shielding. Use your clinical judgment, taking into account a holistic assessment of the patient's overall disabilities and co-morbidities, there may be other patients, such as those with severe visual impairment or who will otherwise find social distancing very difficult, who may be willing to shield and for whom it is in their best interests.
- We should also be comfortable to tell patients who have had shielding letters sent in error that they do not need to shield.



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Who should shield – respiratory

- Patients with asthma should shield if they take a long-acting beta agonist or leukotriene receptor antagonist **and** have had ≥ 4 prescriptions for prednisolone in July – December 2019. This will mainly be those who take regular oral steroids (step 5 of the BTS guidance) but will also catch those who have such unstable asthma that they need regular short courses of steroids. Severe asthma codes such as status asthmaticus are also being used.
- Patients with COPD should shield if they use a triple inhaler (long acting beta agonist, long acting muscarinic agonist and inhaled steroid) or have been prescribed Roflumilast in November – December 2019.
- We can also use our clinical judgment - you may feel it appropriate to add other patients, such as those with multiple recent admissions to hospital, previous admissions to ITU, those who have recently started on Roflumilast and those who attend 'severe asthma' clinics at tertiary hospitals. We will have to use our judgment and balance the likely needs of the individual patient, with the fact that if too many patients are asked to shield, there will not be enough resources to support these patients to stay at home.

Who should shield – immunocompromising drugs

- The decision on whether to shield depends on a number of variables, including:
 - how stable the condition being treated is
 - the number of drugs being used
 - the dose of oral steroids for patients taking them
 - any co-morbidities.
- Guidance has been issued by various organisations to help us advise patients as to whether they should shield, with reference to which medical condition they have and the factors listed above. Secondary care consultants are also sending out letters to this group of patients. Links to guidance are available in the resources section.

Who should shield – questions recently asked by GPs

My patient with sarcoid has been included but she is in remission and on no drugs. Is this a mistake?

I have a patient with breast cancer who is on hormonal therapy only – she has asked me if she needs to shield. What should I say?

My patient with (rare condition) has been included and I'm not sure why. How do I find out if this is a mistake or not?

I have a patient who had a lymphoma 20 years ago but has been discharged from haematology follow-up for the last 10 years. She has been included – is that correct?

I have a question for which I can't find the answer – is there any support available from NHS Digital?

Who should shield – questions recently asked by GPs

My patient with sarcoid has been included but she is in remission and on no drugs. Is this a mistake?

No it isn't a mistake – sarcoid comes under respiratory and is included even if in remission due to the risk of scarring.

I have a patient with breast cancer who is on hormonal therapy only – she has asked me if she needs to shield. What should I say?

No – she would only need to shield if she is having chemotherapy or has had it in the last 12 months.

My patient with (rare condition) has been included and I'm not sure why. How do I find out if this is a mistake or not?

Look in the Excel spreadsheet which is downloadable from the NHS Digital website; a link is in the resources section. This is the definitive list.

I have a patient who had a lymphoma 20 years ago but has been discharged from haematology follow-up for the last 10 years. She has been included – is that correct?

Haematologists tend to use the word remission rather than cure for lymphoma and depending on the type and grade, recurrence may be more or less likely. We can't give a blanket answer – consider the overall context of the type and grade of cancer, clinical course after treatment, co-morbidities and vulnerabilities as well as the patient's wishes. Haematology may be able to offer advice.

I have a question for which I can't find the answer – is there any support available from NHS Digital?

Yes, there is an email address for queries Splquery@nhs.net. Answers given will relate only to the systems in England.

Who should shield – questions recently asked by GPs

Lots of our patients with sickle-cell trait have been identified centrally. Should they shield?

My patient with G6PD deficiency was picked up under glycogen storage disorders but I can't see why they would be high risk. Should they shield?

What about patients who have had a splenectomy? They were in the previous 'group 4' but don't seem to be on this list.

What about lupus? Is that always included?

Who should shield – questions recently asked by GPs

Lots of our patients with sickle-cell trait have been identified centrally. Should they shield?

No, this seems to be a problem with the coding. Please tell people with sickle-cell trait that they don't need to shield.

My patient with G6PD deficiency was picked up under glycogen storage disorders but I can't see why they would be high risk. Should they shield?

We have had reports of this but no, this group are not at high risk and can be told that they don't need to shield.

What about patients who have had a splenectomy? They were in the previous 'group 4' but don't seem to be on this list.

They don't need to shield, but as with anyone normally offered an NHS flu vaccination, they should be stringent about their social distancing.

What about lupus? Is that always included?

Lupus itself doesn't mean that a patient needs to shield, but they may be picked up because of a lupus related respiratory diagnosis, or the drugs that they take.

What do we need to do next? (England)

- An extract from your computer system has been processed remotely and the relevant code (not highlighted as a problem) has been added to the notes of patients who have been picked up as being at need to shield, as well as any who you feel need to shield but have not been identified centrally:
 - 1300561000000107 High risk category for developing complication from COVID-19 infection' (for EMIS and TPP practices)
 - Risk of exposure to communicable disease (for Vison and Microtest practices).
- These patients have been sent a letter and/or SMS centrally and their names have been passed to the local authority for extra support.
- Practices have been sent a list of these patients and are being asked to review the notes to check that the advice is correct. If you find a patient who you feel does not need to shield then you need to contact them and let them know. TPP & EMIS practices in England and Wales can use the codes below to remove patients from the list:
 - 1300571000000100 Moderate risk category for developing complication from COVID-19 infection (all those who would normally get an NHS flu vaccination)
 - 1300591000000101 Low risk category for developing complication from COVID-19 infection (the general public who would not normally be offered an NHS flu vaccination)
- Vision and Microtest practices will need to keep a list of these patients as there may be a code released at a future date to add to the notes to say that they do not need to shield.

Self identified patients (England)

- You will also be sent a list of patients who have self-identified as needing to shield. Some of these may not actually be in the shielding categories.
- Review this list and send those patients who should shield a standard letter (in the resources section of this module) and add the relevant codes as per the last slide. NHS Digital will extract these codes weekly and update the central list – this will automatically send the patient’s details to their local authority for them to be offered extra support. Patients who have had a low/moderate risk code added will be removed from the list at these weekly updates.
- This weekly updating is important as patients will move in and out of the group. For example a patient who starts chemotherapy will move into the shielding group and a pregnant woman with heart disease will move out of the shielding group when she gives birth. Acting on updates received in primary care should be seen as a clinical priority.
- Contact the patients on this list who do not need to shield and let them know that they need only socially distance (stringently if in the flu vaccination group). Local charities, the local authority and the NHS volunteers system will still offer help to those who feel that they need it, even if they are not in the shielding group.

What do we need to do next? (Scotland)

- In Scotland the following code (Priority 1 in Vision, Active Significant Problem in EMIS PCS) has been added to the notes of patients who have been picked up centrally as being at need to shield:
 - 9d44 Potential infectious contact, with additional free text "High risk category for developing complications for COVID-19 infection"
- These patients have been sent a letter centrally.
- This process was undertaken through 2 phases of coding one at the start of April and the other just before Easter Saturday; it is likely that there will be a third phase as more patients are identified by clinicians in secondary care.
- If you find a patient who you feel does not need to shield then you can contact them. If you both agree that they should not be shielded you should remove the above code and notify your local health board co-ordination team by e-mail.
- If you find a patient who needs to shield, but has not had a letter, please notify your health board's local co-ordinator of the name, CHI number and Shielding Group. They will inform the central process to ensure they are sent a letter and able to access the support that will be available to them. You can also give them information about local support. The Scottish CMO has provided an example letter which you may wish to give to them pending their central letter.

What do we need to do next? (Wales)

- The same code as in the previous slide for Scotland has been added to the notes of patients identified centrally and they have been sent a letter. Some of these letters will arrive in the week after Easter.
- Your practice manager can also access a list of the patients who have been sent a letter through the Primary Care Portal.
- If you and a patient agree that they do not need to be shielded, keep a record of their wishes but you do not need to do anything else at the moment.
- If the patient has not received a letter, and they are either on the list that should have had one or you agree that they should shield, you can give them a specimen letter (with their name and the practice stamp on it) and add the code 65Z.. Infectious disease prevention/control NOS to their record. This code will trigger their name being passed to the local authority for extra support.

What do we need to do next? (Wales)

- Practices have not at this point been asked to run any computer searches to identify cases, which have been missed. NHS Wales is investigating the possibility of running searches like this centrally, adding patients to the list of those assessed as extremely vulnerable, and generating letters for these patients, if they have not already been identified in an ad hoc way by practices.
- If a consultant writes to tell you that the patient should shield, please check against your list of patients that have received a shielding letter. If the patient is not in this list, but you agree with the consultant's view, please follow the process on the previous slide for a patient who has not received a shielding letter.

References and resources

RCGP covid resources

Further resources on covid-19 can be found on this link and any queries can be sent to Covid19@rcgp.org.uk

<https://elearning.rcgp.org.uk/course/view.php?id=373>

Guidance on social distancing

Patients who should stringently do social distancing can be sent this link by email or text if they want written advice.

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

Who should shield

NHS digital page giving definitive advice about who should shield. The second link has an Excel spreadsheet listing in detail the conditions included in each category.

<https://digital.nhs.uk/coronavirus/shielded-patient-list/methodology/background>

<https://digital.nhs.uk/coronavirus/shielded-patient-list/methodology/annexes>

NHSE letter to primary care

This outlines next steps as discussed in this module – the first link is the NHSE letter to primary care, the second is the letter for us to send to patients who need to shield

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/SPL-Letter-to-GPs-09042020.pdf>

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

References and resources

Useful websites for those working in Scotland

<https://www.gov.scot/publications/covid-shielding-contacts/>

<https://www.sehd.scot.nhs.uk/publications/DC20200326letter.pdf>

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3008/documents/1_covid-19-search-criteria-highest-risk-patients.pdf

<https://www.gov.scot/publications/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/>

Useful website for those working in Wales

<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/how-to-protect-extremely-vulnerable-people-shielding/>

<https://gov.wales/guidance-on-shielding-and-protecting-people-defined-on-medical-grounds-as-extremely-vulnerable-from-coronavirus-covid-19-html#section-38728>

<https://nwis.nhs.wales/news/latest-news/identifying-vulnerable-patient-lists/>

Patient information on shielding, including advice for household contacts and the link for patients to self-identify as vulnerable

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/20200401-FAQs-Patients.pdf>

<https://www.gov.uk/coronavirus-extremely-vulnerable>

Information on covid-19 and immunocompromising drugs, or patients with conditions relating to certain specialties

Information on which patients who take immunocompromising drugs should shield for various groups of conditions as well as more general information on covid-19 with relation to different specialties.

[GI tract](#) [Dermatology](#) [Rheumatology](#) [Neurology](#) [Renal \(immunosuppression\)](#) [Renal \(autoimmune disease\)](#) [Respiratory](#) [Ophthalmology](#) [HIV](#)

[RCP information on shielding](#)

List of SNOMED codes with relevance to covid-19 (not relevant for Scotland)

- 1300671000000104 COVID-19 severity scale (assessment scale)
- 1321071000000107 Has NHS digital isolation note (finding)
- 1321081000000109 Self-isolation note issued to patient (finding)
- 1321091000000106 Household isolation note issued to patient (finding)
- 1300591000000101 Low risk category for developing complication from COVID-19 infection (finding)
- 1300571000000100 Moderate risk category for developing complication from COVID-19 infection (finding)
- 1300561000000107 High risk category for developing complication from COVID-19 infection (finding)
- 1300631000000101 COVID-19 severity score (observable entity)
- 1300681000000102 Assessment using COVID-19 severity scale (procedure)
- 1321161000000104 Household isolation to prevent exposure of community to contagion (procedure)
- 1321131000000109 Self-isolation to prevent exposure of community to contagion (procedure)
- 1321141000000100 Shielding of household to prevent exposure of uninfected subject to contagion (procedure)
- 1321151000000102 Shielding of uninfected subject to prevent exposure to contagion (procedure)
- 1321231000000101 Signposting to CHMS (COVID-19 Home Management Service) (procedure)
- 1321061000000100 Signposting to NHS online isolation note service (procedure)
- 1320971000000102 Taking of swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) (procedure)
- 1300721000000109 COVID-19 confirmed by laboratory test (situation)
- 1300731000000106 COVID-19 confirmed using clinical diagnostic criteria (situation)
- 1321101000000103 COVID-19 excluded (situation)
- 1321111000000101 COVID-19 excluded by laboratory test (situation)
- 1321121000000107 COVID-19 excluded using clinical diagnostic criteria (situation)
- 1321221000000103 Consultation via video conference not available (situation)
- 1321171000000106 Provision of advice, assessment or treatment limited due to COVID-19 pandemic (situation)
- 1321031000000105 Self-taken swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) completed (situation)
- 1321041000000101 Self-taken swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) offered (situation)
- 1321051000000103 Swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) taken by healthcare professional (situation)
- 1321201000000107 COVID-19 health issues simple reference set (foundation metadata concept)
- 1321211000000109 COVID-19 presenting complaints simple reference set(foundation metadata concept)
- 1321191000000105 COVID-19 procedures simple reference set (foundation metadata concept)
- 1321181000000108 COVID-19 record extraction simple reference set