RCGPLearning
Essential CPD for primary care

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 were initially advised not to leave the house **at all** for a period of 12 weeks and that they may therefore need extra help to get access to food and medication. Those in their last six months of life due to medical conditions may consider shielding less relevant to their personal circumstances.
- This differed from the advice given to the general population which has also changed and may vary depending on whether you are in England, Scotland, Wales or Northern Ireland. See government websites for up to date details.
- 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.
- The list was always fluid. For example, a patient who starts chemo would move onto the list and a woman with heart disease who gives birth would move off it.

How has shielding changed and how might it change in the future?

- Shielding has now been paused in all four countries of the UK.

- Most people who were shielding should now adopt strict social distancing. This includes going back to work, if they cannot work from home and their workplace is COVID safe. Children who were shielding can return to education from August 1st if they are eligible to do so and in line with their peers. As a general principle, children who are not under secondary care should not be shielding.

- Areas which are in local lockdown may reinstate shielding. This will be a fast moving area and you should consult local guidelines for up to date details of areas in which shielding is still active.

- Work in ongoing on a more nuanced algorithm to determine risk. It is hoped that this will be available online in the coming months and may be something that both the public and healthcare professionals can use, in the same way that GPs currently use risk calculators such as FRAX and QRisk.

How might this affect GPs?

- Whenever changes like this are announced, GPs are inundated with phone calls from patients with queries. It is likely that many patients will ring their GP looking for advice on returning to work, or asking for a medical certificate.

- A medical certificate is only appropriate if the patient is currently unwell and not fit to work; giving a certificate simply because they are one of the ex-shielding cohort is inappropriate.

- Patients should be advised to discuss this with their employer, involving their union or ACAS if necessary. As a last resort, a concerned employee could contact the Health and Safety Executive if they feel that their employer is not making changes to keep them safe from COVID-19. They do not need any letter or documentation from their GP, however you might find that having a standard letter which reception can give out saves calls being put through to the doctors. You can download an example letter for the existing moderate risk group and for the ex-shielding group in the resources section.

- The shielding list will be maintained for use if shielding needs to resume locally or nationally due to an increase in prevalence of COVID-19. The high risk codes discussed later in this module will continue to be added to patients notes if they newly meet the criteria (e.g. someone who starts chemotherapy) and we should still remove any inappropriate codes that we find.

- Government food parcels and medicine deliveries to this group will cease from the end of August but this cohort will still be entitled to priority supermarket delivery slots. Patients concerned about losing support should be signposted to NHS Volunteers or local charities.

What about children?

- The RCPCH have released a document about shielding in children. The key message is that **any child who is not under the care of a paediatrician does not need to shield.**

- The document divides children into Group A (need to shield until July 31st , or August 16th in Wales) and Group B (the decision as to whether or not to shield should be made by the paediatrician and the parent together). Details of the groups are in the document linked above.

- GPs should not be making any shielding decisions in children. If a parent contacts you about this, suggest that they contact their consultant's secretary. If they have been discharged they are very unlikely to need to shield, but if the parent remains concerned you could ask their previous consultant, by email if you can contact them that way or otherwise by advice and guidance or a formal referral.

- Consultants will be contacting-parents to update their child's shielding status, for example if a new diagnosis has been made or an existing diagnosis was not picked up by previous coding. If a parent then contacts their GP to query this advice, they should be directed back to their consultant.

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How do patients know that they should shield?

- In England NHS Digital, working with 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.

- Patients who are at moderate risk should carry out stringent social distancing – this group is similar to the flu vaccination group and is listed on the next slide.

Who should shield – overall list

- Solid organ transplant recipients.
- People with specific cancers:
    - people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer (some specialists have interpreted this as chemo in the last 3 months, but the original NHS Digital searches in England pick up chemo 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 and homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- People who are pregnant with significant congenital or acquired heart disease.

Who should stringently social distance?

Anyone who meets these criteria and is not in the shielding group should stringently carry out social distancing:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone offered a flu vaccination as an adult each year on medical grounds):
    - chronic (long-term) mild to moderate 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
    - a weakened immune system as the result of conditions such as HIV, or medicines such as steroid tablets (though some taking steroid tablets should shield, depending on the dose and the indication)
    - being seriously overweight (a body mass index (BMI) of 40 or above)
    - those who are pregnant.

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; these will be discussed in more detail later in this module.
- With the exception of children, who would be added by paediatricians, 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, learning difficulties 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 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, we will be unnecessarily advising imposition of significant restrictions on their daily lives which are not proportionate to current known clinical risk. NHSE are anticipating that only a small number of patients (around 5/10,000) will be added for these sorts of reasons.
- We should also be comfortable to tell patients who clearly had shielding letters sent in error that they do not need to shield. The experience of GPs who have spent time going through these lists tells us that those who have been picked up in error include those with sickle cell trait, some patients with asthma or COPD who do not meet the shielding criteria and those with a slightly low neutrophil count, often ethnic, which has been picked as a significant agranulocytosis.
- Secondary care consultants are adding patients who they feel need to shield, even if their medical conditions do not appear on this list. GPs should not remove these patients from the list if they have the condition for which they have been shielded. It may be appropriate to tell patients to contact their consultant or clinical nurse specialist for advice, or to do this ourselves if the particular consultant is easy to get hold of, but if in doubt it is safest to leave the patient on the shielding list.

Who should shield – details

- 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 and secondary care consultants are adding patients who take biologic drugs, for example omalizumab.
- Patients with COPD should shield if they use triple inhaled therapy (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. Some of these patients will have already been added by secondary care.
- Since this module was first published, another group of patients have been identified who should shield. These include those with patients with interstitial lung disease, some with bronchiectasis and those with pulmonary hypertension. These patients will be identified and contacted by secondary care but you may receive queries from them in primary care. Further details are in the link in the resources section.

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.

Information for specific patient groups

In the first iteration of this module, we signposted to tables from GI, rheumatology and dermatology societies regarding how to work out if their patients should shield. There are now multiple resources for various different patients and the links are given below, as well as in the resources section.

- GI tract
- Dermatology
- Rheumatology (grid) Rheumatology (scoring system)
- Neurology
- Renal (immunosuppression) Renal (autoimmune disease)
- Respiratory
- HIV
- RCP information on shielding
- Rare diseases risk assessment tool
- Rare diseases risk grid
- Paediatrics

Who should shield – questions asked by GPs

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

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?

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Who should shield – questions 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.

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 not the definitive list, as new conditions are being added by other routes, but may answer your question.

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 related to England Splquery@nhs.net.

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Who should shield – questions asked by GPs

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

A patient on dialysis has told me that she has had a shielding letter, but this group isn't listed as at risk. Should these patients 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?

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Who should shield – questions 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.

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

Patients who have had a splenectomy should shield. There were some early communications which mistakenly said that this was not the case but these have been clarified. NHS Digital will identify any patients with a splenectomy who have been wrongly taken off the shielding list.

A patient on dialysis has told me that she has had a shielding letter, but this group isn't listed as at risk. Should these patients shield?

In late April the evidence was reviewed, revealing that these patients are at significant risk of mortality from covid19. They will therefore be advised to shield by their consultants, although they will need to leave the house to attend dialysis. GPs don't need to do anything proactively but if patients on dialysis contact you, you can add the high risk code to their notes and send them a shielding letter.

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.

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Who should shield – questions asked by GPs

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?

What about patients with motor neurone disease? Do they 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?

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Who should shield – questions asked by GPs

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 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 with motor neurone disease? Do they need to shield?

People with neuromuscular diseases such as MND may be at increased risk due to diaphragm weakness, difficulty swallowing, cough and thick respiratory secretions. Most patients will have some respiratory impairment at diagnosis, whether or not they appear short of breath. MND is relentlessly progressive, and diaphragm weakness or bulbar weakness both increase the risk of complications from COVID-19. Neurologists will be identifying which individual patients with MND may be clinically extremely vulnerable and should be advised to shield and so any questions in this regard can be directed to them

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Management of the shielding list

- 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. The reason given should be visible next to the code.
    - 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 and their names have been passed to the local authority for extra support. Other patients have been identified in secondary care and have also been sent a letter or SMS.
- 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)
- Practices will continue to be sent names of any new additions to the list and should check to see if these patients do indeed fall into the shielding group or if there has been a coding error.

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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-19 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 and shielding

Patients who should stringently do social distancing can be sent this link by email or text if they want written advice. The second link is the shielding guidance updated on June 22nd.

https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing
https://www.gov.uk/government/news/plans-to-ease-guidance-for-over-2-million-shielding

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, although it does not include those who may be added in secondary care.

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

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 (grid) Rheumatology (scoring system) Neurology Renal (immunosuppression) Renal (autoimmune disease) Respiratory HIV RCP information on shielding Rare diseases risk assessment tool Rare diseases risk grid

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References and resources

Useful websites for those working in Scotland

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

Useful website for those working in Northern Ireland

https://www.nidirect.gov.uk/articles/coronavirus-covid-19-pausing-shielding-extremely-vulnerable-people