

Shielding

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Last updated: 24 August 2021

With thanks to everyone in the CMO's office and NHS Digital who contributed to the latest update of this module.

#RCGPTogether



What is shielding?

- Shielding is a public health measure which aims to protect the most vulnerable (the clinically extremely vulnerable or CEV group), who would be at high risk of serious health complications or death if infected with COVID-19.
- The list of CEV patients is called the Shielded Patient List (SPL).
- The CEV cohort was initially advised to shield in March 2020 and on various occasions since then; this entailed staying at home and avoiding face-to-face social contact.
- Household contacts of those shielding did not need to shield but should, where possible, socially distance from the shielding person, for example by using the kitchen and bathroom at different times.
- The original shielding list is given later in the module – those with CKD 5 and adults with Down syndrome have since been added to it.



Shielding pause – Spring 2021

- Shielding-is now paused in all areas of the UK
- On 19 July, the Government announced the move to Step 4 of the roadmap. This included advising CEV individuals to follow the same guidance as everyone else
- Patients who are CEV should continue to take precautions such as shopping at quieter times of the day and being scrupulous with hand hygiene
- Those who can't work from home should return to work; they can request furlough but there is no obligation for an employer to agree. The right to SSP because of being CEV will end.
- There is no need for a fit note unless medically unfit to work and no obligation on GP surgeries to provide letters for work.
- The SPL should still be kept up to date, to guide vaccination and in case shielding has to restart again locally or nationally



COVID-19 Population Risk Assessment powered by QCovid®

- QCovid is a peer reviewed risk prediction model which uses the latest research to identify the combined risk of catching COVID-19 and being admitted, or catching COVID-19 and dying i.e. the calculation starts from the point at which the patient does not have COVID-19.
- A COVID-19 Population risk assessment (PRA) and a Clinical Risk Assessment tool based on QCovid have been produced by NHS Digital.
- The PRA has been applied remotely to primary and secondary care data in England.
- Patients who are already in the CEV group, or have previously been removed from it will not be included.
- The PRA uses multiple variables to produce a risk score. These include age, ethnicity, deprivation, BMI and co-morbidities.



COVID-19 Population Risk Assessment powered by QCovid®

- A group of patients were identified who are at particularly high risk, defined as:
 - an absolute risk of catching COVID-19 and dying from it of 0.5% or greater or
 - a relative risk of 10 times someone who is matched for age and sex but has no co-morbidities.
- This represents approximately the top 2% of the population in terms of risk.
- These patients (expected to be around 1.7 million nationally) were added to the SPL and had a shielding letter/email sent. They were prioritised for vaccination along with other CEV patients.



What do GPs need to do about the new CEV group?

- There is no need for GPs to use this tool systematically nor to send letters, it will all be done centrally. As before, patients should show their new shielding letter to their employer if needed and do not need a GP letter.
- However, the COVID-19 Clinical Risk Assessment Tool, powered by QCOVID® will be available to all GPs if they want to use it. It can help facilitate discussions with patients, for example showing a patient that they are low risk may give them the confidence to attend a necessary hospital appointment.
- If a patient is sent a shielding letter and for any reason you repeat the calculation in primary care, you may not get the same result. This could be for three reasons:
 - 1) The central search uses both primary and secondary care data.
 - 2) If there is information missing then a default will be used – Black African for ethnicity, male for sex and 31 for BMI. This is a precautionary approach to ensure that risk is over rather than under-estimated.
 - 3) The patient may have had a diagnosis added to/removed from their notes since the central search was done.



How can I get access to QCovid?

I am a GP in Scotland/Wales/Northern Ireland – will my patients be added to the SPL in the same way?

Can I send this link to patients to work out their own risk/put it on our practice website?

If I use QCovid opportunistically and find a patient who fits these new parameters, should I code them as CEV?

A patient of mine who is CEV has not received a letter – how do they get one?

A patient of mine has received a letter but isn't flagged as high risk on the notes – what is going on?



How can I get access to QCovid?

The link is in the resources section – a letter is also being sent to all GPs which includes a Q&A and link to an explanatory video.

I am a GP in Scotland/Wales/Northern Ireland – will my patients be added to the SPL in the same way?

Scotland, Wales and Northern Ireland have been exploring how the QCovid model can be implemented into the respective systems, but it is not currently being used to assess patients for the SPL.

Can I send this link to patients to work out their own risk/put it on our practice website?

The COVID-19 Clinical Risk Assessment Tool is licensed as a medical device and not designed to be public facing as it is felt that the questions asked may be too complex for the general public to use safely.

If I use QCovid opportunistically and find a patient who fits these new parameters, should I code them as CEV?

Yes, you can add the high risk for covid code to their notes (detailed later in the module).

A patient of mine who is CEV has not received a letter – how do they get one?

They can download one from the link in the resources section; they will need their NHS number.

A patient of mine has received a letter but isn't flagged as high risk on the notes – what is going on?

It can take up to five days for the high-risk code to be applied to the notes – they should shield as per the letter.



I have a patient who was CEV from the start, but I ran them through QCovid and their absolute risk is less than 0.5%. Does that mean they don't need to shield now?

Is there any reason why I would add a patient to the SPL?

Is there any reason why I would remove a patient from the SPL?

My patient is angry that they are only now being told to shield and feels they have been put at unnecessary risk by not being added to the SPL earlier – what can I say to them?



I have a patient who was CEV from the start, but I ran them through QCovid and their absolute risk is less than 0.5%. Does that mean they don't need to shield now?

No – the original CEV group largely stayed at home in the first lockdown. This greatly reduced their mortality and their risk is understated by the QCovid predictive risk model. They should still shield. This also applies to any patient who has recently been diagnosed with a condition that puts them in the original CEV group; their risk will be underestimated by this calculation. Nothing changes for the group currently on the SPL.

Is there any reason why I would add a patient to the SPL?

Yes – you may become aware of a new CEV criteria such as starting chemotherapy or receiving a transplant. Or you might use the QCovid tool and find a patient who meets the threshold for addition to the SPL, but was not picked up centrally due to missing data.

Is there any reason why I would remove a patient from the SPL?

A patient may move off the SPL e.g. a pregnant woman with heart disease who gives birth, or they may ask to be removed. You should contact any patient that you remove from the SPL.

My patient is angry that they were only recently told to shield and feels they have been put at unnecessary risk by not being added to the SPL earlier – what can I say to them?

Our understanding of risk is changing all the time – this model makes use of information gathered during 2020 which was, by definition, not available earlier



Is shielding compulsory if you are on the SPL?

I want to use QCovid for a patient who has gestational diabetes/maturity onset diabetes of the young (MODY) and can't find a code for either of those.



Was shielding compulsory if you are on the SPL?

No – shielding has always been advisory.

I want to use QCovid for a patient who has gestational diabetes/maturity onset diabetes of the young (MODY) and can't find a code for either of those.

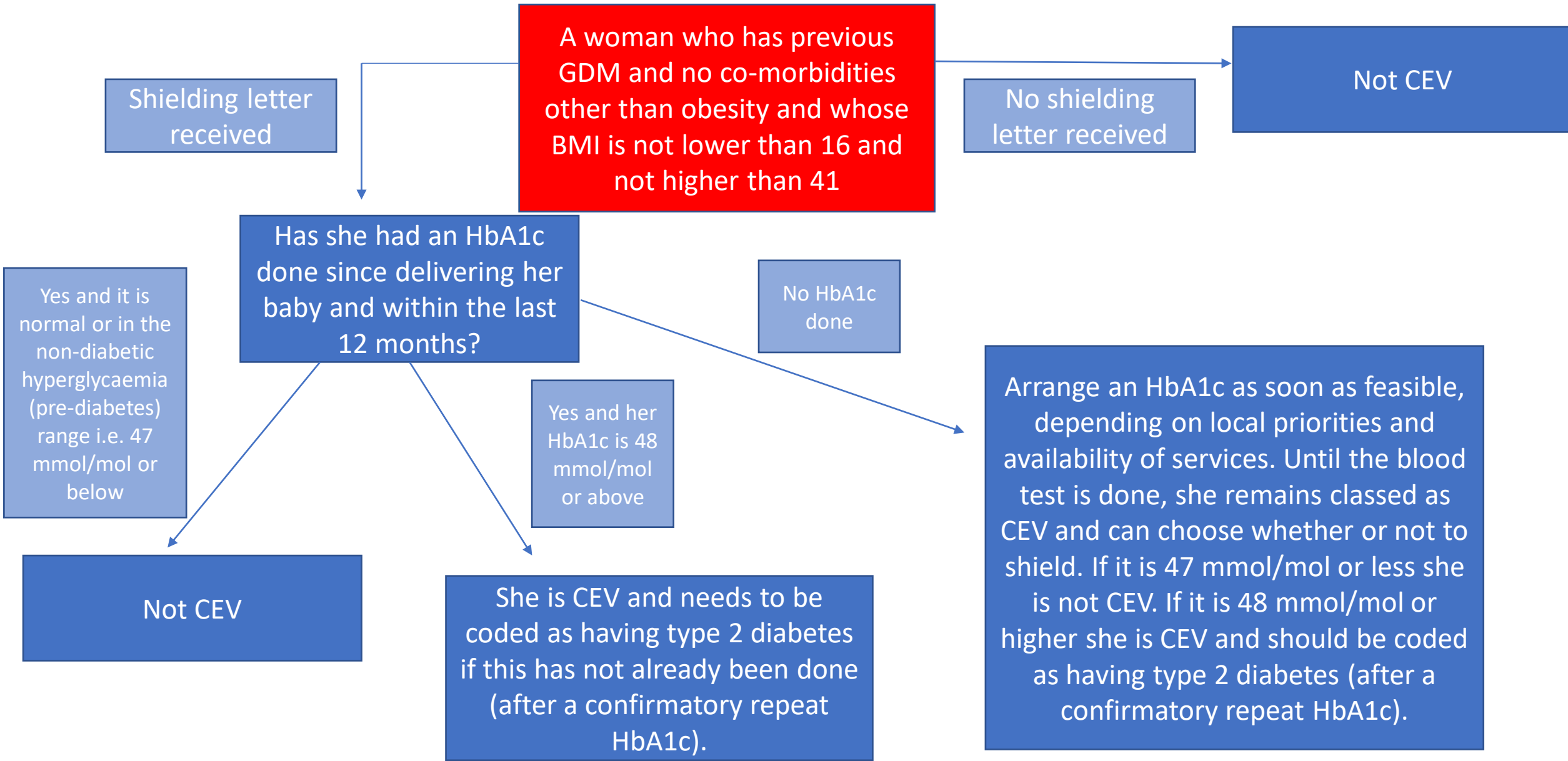
These patients should be coded as having diabetes as there aren't separate codes. Gestational diabetes is discussed in more detail later in the module



Gestational diabetes (GDM) and QCovid

- Some women with previous GDM have been moved into the CEV group on the basis of their relative risk compared to other women of the same age.
- QCovid does not have an input for GDM and therefore the type 2 diabetes input is used. Concerns have been raised that this may overestimate risk for some women.
- Women who are currently pregnant, have GDM and have been sent a new shielding letter have been **correctly identified** as CEV, often based on their relative rather than their absolute risk. This may include other inputs such as BMI and ethnicity, as well as the fact that they have GDM. Their absolute risk may be small and as shielding is advisory, they can choose what to do with this information.
- The flowchart on the following page explains how to manage women with past GDM. All women with a history of GDM should have an annual HbA1c, but in many areas routine bloods have been paused due to COVID-19 and so this may not have been done in the last year; it is hoped that we can now start to catch up on routine care such as this.





Shielding and children – update August 2021

- From 24 August 2021 all those in England, Wales and NI aged under 18 will be removed from the SPL
- This is because of new data suggesting that the majority of children and young people (CYP) on the SPL are at low risk of serious illness from COVID-19.
- A very small group will have been advised to isolate or reduce their social contact by their specialist due to the nature of their medical condition or treatment rather than solely because COVID-19
- Any parent or young person who approaches their GP with questions about this should be directed to their consultant
- The slides about children and young people which follow predate this change, but have been left for reference.
- All children should return to school next term, unless specifically told not to by their consultant.



COVID vaccination for children who were on the SPL

- Vaccination is now available for all 16-17 year olds. Some 12-15 year olds are also eligible for vaccination due to the very specific risks they face and the particular benefits they will receive from the vaccine. However, being eligible for vaccination does not mean CYP are considered to be clinically extremely vulnerable or need to shield.
- Being removed from the SPL does not alter eligibility for the vaccine. NHS Digital have worked with GP system providers to create searches to help practices identify those patients aged 12-15 who are eligible for the vaccination as per Green Book guidelines.



Shielding and the new lockdown - children

- *Current knowledge suggests that very few children are at high risk of severe illness due to COVID-19, though evidence is still being reviewed and policy refined.*
- *Paediatricians have been reviewing all children and young people who were initially identified as CEV to confirm whether they are still thought to be at high-risk.*
- *Decisions on which children are in the CEV group should be made by paediatricians and queries passed to the child's consultant, however there are criteria written by the RCPCH which are in the resources section of this module*
- *It would be unusual for a CEV child not to be under the care of a consultant, but if this is the case (e.g. due to recent relocation) then referral, or seeking advice informally or via an advice and guidance process would be appropriate.*
- *Children who are CEV should now return to school if they have not already done so*



Children on the CEV list - examples

These examples will hopefully aid understanding of what to do with queries about possibly CEV children.

Sickle

- *If a child is on the CEV list for sickle trait this is clearly an error – remove them.*
- *If a child has homozygous sickle then the RCPCH say they are only CEV if they have comorbidities or a recent crisis. This is **not your decision** to make – leave them on and the consultant will review. You do not need to do anything to trigger this review.*

Asthma

- *If a child is on the CEV list for asthma but they have inhaled steroids only, have never been admitted and are under primary care only this is clearly an error – remove them.*
- *If a child has asthma and is under secondary care and on oral steroids the RCPCH says that they may not need to be in the CEV group. This is **not your decision** to make – leave them on and the consultant will review. You do not need to do anything to trigger this review.*



Who was on the original shielding 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 and those who have had a splenectomy
- People who are pregnant with significant congenital or acquired heart disease.
- Anyone deemed to be clinically extremely vulnerable based on clinical judgment and an assessment of their needs



How do we define 'severe asthma' for shielding?

- This question, and many other similar ones, are answered in the original version of this module – for more information on this, please see the archived version which is available from the front page of the course.



What might GPs be asked about shielding?

- CEV patients may ask for a fit note or a letter to allow them to work from home if they feel nervous about returning to work now that shielding has been paused.
- A fit note is only appropriate if the patient is currently unwell and not fit to work; giving a fit note simply because they were on the SPL is inappropriate.
- Patients who need proof to show their employer, can download a shielding note if they have not been sent one or have lost it – the link for this is in the resources section.
- 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 example letters from the resources section of this module for both the CEV group and the moderate risk group.



What code should I add if someone moves into the shielding list?

- England:
 - 1300561000000107 High risk category for developing complication from COVID-19 infection (EMIS/TPP)
 - Risk of exposure to communicable diseases (Vision/Microtest)
- Scotland and Wales:
 - 9d44 Potential infectious contact, with additional free text “High risk category for developing complications for COVID-19 infection”



References and resources

QCovid links

<https://digital.nhs.uk/coronavirus/risk-assessment/population> - information about the tool

<https://digital.nhs.uk/coronavirus/risk-assessment> - background about the tool and how it was developed

<https://digital.nhs.uk/coronavirus/risk-assessment/clinical-tool> - the risk assessment tool itself

QCovid letter to GPs

This letter has been sent to GPs regarding the use of QCovid to update the SPL

<https://elearning.rcgp.org.uk/mod/resource/view.php?id=11905>

Living risk prediction algorithm (QCOVID) for risk of hospital admission and mortality from coronavirus 19 in adults: national derivation and validation cohort study

<https://www.bmj.com/content/371/bmj.m3731>

<https://www.medrxiv.org/content/10.1101/2021.01.22.21249968v1>

Government letter to practices about shielding, November 2nd, 2020

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0830-i-gp-update-update-clinically-extremely-vulnerable-2nov.pdf>



References and resources

Shielding letter download

Patients who are on the SPL but have not received a letter, and need one for work, can download one from this link. They will need to know their NHS number.

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/shielding-note/>

Devolved nation references

<https://www.gov.scot/publications/covid-shielding/pages/highest-risk-classification/>

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

<https://www.nidirect.gov.uk/articles/coronavirus-covid-19-guidance-clinically-extremely-vulnerable-and-vulnerable-people>

RCPCH document on shielding and children

<https://www.rcpch.ac.uk/resources/covid-19-shielding-guidance-children-young-people>

Definition of the moderate risk group for COVID-19

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>



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>

Current government advice on shielding and COVID-19 vaccination

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>



For more CPD eLearning resources,
please visit:

<http://elearning.rcgp.org.uk/>

