

4 November 2020

## **Renal Updates to the Clinically Extremely Vulnerable list**

Dear Colleagues,

We would like to start by thanking you for the huge amount of work undertaken by you and your colleagues to support our patients during the COVID-19 outbreak. Sadly as numbers rise once again we wanted to update you and ask for your vital input once more.

### **Changes to the Renal clinically extremely vulnerable (CEV) groups**

This week the Government in England has announced a second lock down starting on Thursday 5<sup>th</sup> November and for an initial four week period until the 2<sup>nd</sup> December. During this period it will issue revised guidance and offer enhanced support to renal patients who are classified as clinically extremely vulnerable (CEV).

### **Renal patients over the age of 18 who are classified as clinically extremely vulnerable**

#### **EXISTING**

1. All recipients of **renal transplants**
2. **Patients receiving immunosuppression for autoimmune kidney disease** as identified for the first lock down in March

Please remember that new patients will now have entered this group through starting complex immunosuppressive regimes in the last few months – The BRS/RA shielding group is currently simplifying the inclusion criteria for these patients based on new data now available.

Please follow the RA website <https://renal.org/health-professionals/covid-19> where the new inclusion criteria should appear later this week /early next week and add new patients to your trust's digital lists as with the CKD 5 patients (see below)

3. **All patients receiving haemodialysis or peritoneal dialysis.** These patient groups were added in late April after further data emerged - please ensure that your trust added them to the digital list.

#### **NEW**

The government is now adding **ALL CHRONIC KIDNEY DISEASE STAGE 5** patients to the CEV group.

#### **Identification and notification of this group of patients will require your input please.**

Please can we ask that you attend to the request from the Government, as summarised from a letter written to your trusts today.

## If you work in a Renal Unit in England

Acute trusts are now required to support renal units to:

1. Identify adults (18+) with CKD 5 (or G5 A1-3) not on renal replacement therapy (dialysis and renal transplantation), defined as:
  - chronic kidney disease (CKD) defined as a reduction in kidney function or structural damage (or both) present for more than three months (NICE CG 182)
  - CKD stage 5 (or G5 A1-3) defined as a GFR less than 15 ml/min
  - It excludes individuals who transiently drop below 15 ml/min (eg acute kidney injury, acute on chronic kidney disease with recovery to an eGFR >15 ml/min).
  - This process needs to be ongoing, with patients added and removed from the list in accordance with the above definition
2. Send a list of these patients to your trust's named data COVID-19 lead(s), asking for the patients to be added to the SPL (shielded patient list). When sending a list of these patients to your trust's named data COVID-19 lead(s), please ensure that you have included each patient's NHS number, date of birth, postcode and consultant, with a request to add these patients to the SPL.
3. **Ensure that these patients are sent the letter informing them that they have been identified as clinically extremely vulnerable.** [This letter template is available here.](#)
4. Follow up with your trust's data lead to confirm that your patients have been added to the SPL.
5. This process needs to be ongoing, with patients added and removed from the list in accordance with the definition above. Wherever you no longer think a patient should be considered clinically extremely vulnerable, please have a conversation with them about their personal situation and, if they agree, they should be removed from the list. Please follow the process described above to request removals.
6. Your trust's data team should be able to provide details of COVID-19 lead(s) for your trust. Failing this, contact information can be provided to NHS trust staff by emailing [SPLquery@nhs.net](mailto:SPLquery@nhs.net).
7. Your trust's COVID-19 lead should then submit data received from renal units to the Strategic Data Collection Service (SDCS). The submission window for the SDCS will be open daily between 8am and 5pm. Only one submission per trust will be accepted each day, so please liaise with the other COVID-19 data leads in your Trust to ensure you are only submitting one return per day.

For more details about the process of adding/removing and maintaining the SPL, please visit the NHS Digital website.

## If you work in a Renal Unit in Scotland, Wales or Northern Ireland

It is our understanding that the Chief Medical Officers of all four nations are in agreement about the criteria for inclusion of patients in the CEV group including renal groups as identified above. However, local identification and notification processes may differ so you should be notified through your Trust of any data requests. For clinical purposes and advice to patients, please use the list as for England.

## Additional resources available to help Renal Units as rates of COVID-19 rise

Please see the COVID-19 pages of the RA website at <https://renal.org/health-professionals/covid-19>

The risk stratification pages will be updated including the addition of a generic patient education leaflet which units can print and distribute to help patients stay safe at this time. Please feel free to include with letters to patients newly placed in the CEV group if helpful.

The Renal Association is convening a COVID-19 board to ensure all resources are up to date and is creating a portal for members to ask questions and make suggestions at this time.

Finally, once again thank you for all your hard work so far and in the weeks to come.



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