

Publications approval reference: 001559

To: All Trust CEOs
All NHS Medical Directors
All NHS Nursing Directors
Trust ICC/COVID-19 Leads
Trust Directors of Operations

10 April 2020

Dear colleague,

Identifying highest risk patients who need to shield

On 21 March 2020 Ruth May and Steve Powis [wrote to ask all Medical and Nursing Directors for your urgent help](#) identifying and supporting patients who are at the highest risk of severe morbidity and mortality from coronavirus (COVID-19) and advised to shield for at least 12 weeks.

Many of you have already completed this work and submitted it to NHS Digital.

We now require that all trusts fully complete this task by no later than 5pm on Monday 13 April 2020.

We appreciate that this is a bank holiday, but it is absolutely essential that this task is completed, for three reasons:

- to mitigate the risk of the patients who are highest clinical risk and need to shield, not having been asked to do so
- so that NHS Digital can update patient records centrally with the high-risk flag
- to ensure that if these patients have already asked for wider help from government, they can now receive it, given eligibility for support depends on being part of the shielding cohort.

If you have not already done so, please can you:

- Review the lists of patients centrally identified as highest clinical risk.
- Identify any additional patients who should be added to the clinically highest risk register and advised to shield. **Please ensure they are sent a copy of the standard letter with this shielding advice and that their GP is informed.**

- **Submit a list of all additional patients at highest clinical risk that have been sent a letter, or a nil return, to NHS Digital by no later than 5pm on Monday 13 April 2020.**
- Ensure that care plans for all patients considered clinically highest risk have been reviewed and changes communicated to patients as necessary.

Your list of additional patients should be submitted by an allocated user via the [Strategic Data Collection Service \(SDCS\)](#). These users are the same as who submit the daily SITREP report. If you are unclear who they are within your Trust, please contact emergency.collections@nhs.net who will advise.

The submission can be done **daily** between 8am and 5pm for submissions. Please note, that this service can only accept one submission from each trust per day. A template has been provided for this submission. If you have questions on this process, please contact emergency.collections@nhs.net.

Please ensure that clinicians and managers in relevant departments are aware of these requirements and of the process you have put in place to collate patient details from across the trust. Please also ensure they are supported to contact patients they have identified to be added to the highest risk group and their GPs, as requested.

In addition to the [letter](#) we sent you on 21 March 2020, a small number of specialties which include patients at highest clinical risk (i.e. [respiratory](#), [renal](#), [gastroenterology](#), [neurology](#), [rheumatology](#), [dermatology](#), [ophthalmology](#) and medical obstetrics) have received guidance directly from their relevant royal college or societies.

A set of [frequently asked questions](#) on this process is available on NHS England and NHS Improvement's website. NHS Digital has published [guidance on the submission process](#).

If you have any questions, please contact splquery@nhs.net. This includes over the Easter period.

Thank you very much for your support.



Ruth May
Chief Nursing Officer, England



Professor Stephen Powis
National Medical Director,
NHS England and NHS Improvement

Annex 1 – List of highest clinical risk conditions from CMO

1. Solid organ transplant recipients.
2. People with specific cancers
 - People with cancer who are undergoing active chemotherapy.
 - People with lung cancer who are undergoing radical radiotherapy.
 - 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 PARP inhibitors.
 - People who have had bone marrow or stem cell transplants in the last six months, or who are still taking immunosuppression drugs.
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD). The [criteria used to identify severe asthma and COPD](#) is available on NHS Digital's website.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection. The [relevant immunosuppression therapies](#) are listed on NHS Digital's website.
6. People who are pregnant with significant congenital heart disease.