To all practices Surrey & Sussex LMCs

24th June 2020

Dear Colleagues

Shielding: A gift that keeps on giving

I am writing to highlight to practices NHS England's latest advice regarding shielding patients: as colleagues will recall, the original premise behind shielding was to identify, initially via national databases, and then using local specialist and GP patient data, patients whose clinical condition(s) made them particularly vulnerable to Covid19 infection. Such patients received a centrally written letter advising them to remain at home for twelve weeks (subsequently dated to 30th June 2020) and Government support was available in terms of medication and food supplies. Conscientious shielding is very protective but has a potentially significant impact on patients' mental health and wellbeing. It is also a voluntary measure.

There is currently a national list of shielded patients; this can be added to in relation to newly diagnosed clinical conditions within the Chief Medical Officers criteria, and patients can, after discussion, be removed from it as well. Participation in the shielding programme is voluntary.

At the end of May NHS England issued an updated Standard Operating Procedures (SOP) guidance which included the following recommendations for shielded patients for General Practice:

- ensure such patients are clearly coded as being shielding
- ensure shielded patients receive their medication supplies regularly and encourage the use of EPS where possible.
- provide at least one follow-up contact by the practice since such patients received their original shielding letter; this should note if such patients may be affected by mental health issues
- support patients in terms of self-management of health issues
- ensure patients know how to access medical assistance (which include NHS 111 and may also mean patients contacting their specialist consultant team directly).

In common with other patients, shielded patients should be triaged remotely, using remote consultations, and only seen face-to-face if clinically indicated in a care setting which follows infection prevention and control guidance.

The Government has now updated its shielding guidance; full details are available at: -

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

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I also enclose:

1) A copy of the new shielding advice letter that patients will receive: this envisages a two stage relaxation in shielding guidance, from 6th July, and, assuming there is no significant change in pandemic incidence, from 1st August, when effectively shielding will be paused. This letter is evidence of patients continuing shielded status and GPs are not required to provide any additional documentation or evidence, for example, to employers.

2) A letter to professional colleagues giving details of the above, and further explanation of what is planned: in particular, colleagues should note:

   - The shielding list is being maintained, and newly identified clinically very vulnerable patients should be added to it. This is because if there is a significant recurrence in Covid19 incidence, patients on the shielded list may be asked to shield again or at least temporarily take more precautions.

   - New clinical evidence in relation to children, this is available via the Royal College of Paediatrics and Child Health) at:

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

   - A set of FAQs which may help within consultation conversations with currently shielding patients.

In addition, colleagues may be aware of a predictive risk model that has been developed by the University of Oxford, and was published by their Department of Primary Care Health Service; details of this is available at:

https://www.phc.ox.ac.uk/research/primary-care-epidemiology/covid-19-risk-tool

How this predictive risk assessment tool may be used in unclear and it's probably best not to read every article that prophesises a hugely increased workload for General Practice, certainly for those of a nervous or pessimistic disposition.

I hope this background and accompanying guidance are helpful; the LMC continues to provide regular updates to colleagues and respond to your queries.

With best wishes

Dr Julius Parker
Chief Executive