



CAS reference: CEM/CMO/2020/011

21 March 2020

Dear Colleague,

We are writing to ask for your help with the management and shielding of patients who are at the highest risk of severe morbidity and mortality from coronavirus (COVID-19).

On Monday 16th March the UK government announced a package of measures, advising those who are or may be at increased risk of severe illness from COVID-19 to be particularly stringent in following social distancing measures.

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

This group has been identified to the public as those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
- chronic (long-term) 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
- problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- being seriously overweight (a BMI of 40 or above)
- those who are pregnant

This wider group, who broadly speaking comprise the criteria of adults eligible for an annual flu vaccine, will not be proactively contacted but have instead been asked to take steps to reduce their social interactions in order to reduce the transmission of coronavirus.

There is a subset of this group who have clinical conditions which are likely to put people at the highest risk of mortality and severe morbidity from COVID-19. We have identified this group, based on expert consensus. More detailed information about your essential role in this process is outlined in attached letter from Dr Nikita Kanani and Ed Waller. Given the difficulties of identifying those most vulnerable for some



patients, in some cases this is going to require some clinical judgements by you about your patients. You may know of specific additional patients in your practice who you think are particularly high risk. On the other hand there are a limited number of people that we can shield effectively or for whom this highly socially isolating measure would be proportionate on health grounds; many patients who fulfil the criteria may after discussion with you prefer not to be placed under such strict isolation for what will be a prolonged period. Further broad information about the methodology we followed to identify this group is contained in Annex 1.

We recognise the significant pressures that GP practices are under, which the necessity to self-isolate staff where they have symptoms compatible with coronavirus has inevitably made more acute. We also know the changing pace of guidance and requests that we make of you in support of your patients, as a result of the need to address this new global pandemic, are significant. We massively appreciate all the efforts GPs and other primary care staff are making, and will make, to care for patients and communities at this difficult time, and know the public does as well. A letter from Nikki Kanani and Ed Waller has been issued on the 19 March outlining the current situation and highlighting the work that can be stopped in general practice. A further letter from Nikki and Ed to support this process is attached in annex 2.

Please accept our sincere thanks for your expertise, help, patience and support at this challenging time.

Kind regards,

Professor Stephen Powis
National Medical Director

NHS England and NHS Improvement

Professor Chris Whitty
Chief Medical Officer for England



Annex 1 – Identification of Vulnerable Groups: Methods

This annex explains the basis of the latest advice that has been sent to all patients who are considered to be at highest risk of mortality and severe morbidity from coronavirus (COVID-19). Emerging clinical data about COVID-19 indicated that the death rate would be high for groups of people with particular chronic diseases. The modelling suggests that if we were able to effectively shield these people it would have a significant positive effect on the fatality rate in that group and overall (but a modest effect on the overall curve). This group has therefore been recommended to undertake shielding measures for their own protection.

In order to be effective these people would have to undergo strict social isolation with no contact from the outside world beyond that absolutely necessary, for a period of at least 12 weeks. A move which will significantly impact quality of life, increase social isolation, and would not be without its own attendant physical and mental health risks. We therefore drew up a list of conditions which we felt would justify affected individuals taking such extreme measures. This group are a subset of a wider more generally vulnerable group (broadly any adult eligible for an annual flu vaccine), who have already been advised to follow social distancing measures to reduce their number of contacts for a period of at least 12 weeks.

We developed a four pronged approach towards ensuring coverage across affected groups by 1) identifying a core group of patients to be contacted centrally by NHS England; 2) providing guidance to medical subspecialties in secondary care and asking them to identify and contact additional patients in their caseload who fall under Group 1 category 5; 3) working with the Academy of Medical Royal Colleges to cascade general guidance for hospital specialties to help them identify and contact further high risk patients from their caseload; 4) working with RCGP to issue guidance to GPs to help them identify and contact high risk patients from their own caseload (for example those with severe multimorbidity).

Group 1

We took the following steps when drawing up the list of patients who can be identified centrally by extracting relevant groups from national datasets:

- a) NHS England Clinical Reference Groups (groups of experts who advise the NHS on Direct Commissioning) were asked to consider which conditions would put patients at intermediate, high or very high risk of severe morbidity or mortality from COVID-19
- b) Based on our current understanding and specialist and wider advice senior clinicians (NHSE, NHS Digital, PHE, CMO, DCMOs) categorised these conditions into the following high risk groups (see below)
 1. **Solid organ transplant recipients**
 2. **People with specific cancers**
 - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer



- 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 6 months, or who are still taking immunosuppression drugs.
- 3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD**
 - 4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)**
 - 5. People on immunosuppression therapies sufficient to significantly increase risk of infection**
 - 6. People who are pregnant with significant heart disease, congenital or acquired**

Group 2

There are some patients on this list who will be contacted by other routes due to limitations in national datasets. For example, Cancer Units will contact all patients in category 2; secondary care will contact most of the patients in category 5 via a cascade from the Royal College of Physicians and associated medical societies

Group 3

In addition, the Academy of Medical Royal Colleges will ask its members to identify any other subgroups of patients they feel are at high risk, and will cascade templates to hospital specialists. We will ask clinicians who have identified these patients to let them know directly using a standard letter containing the information they need to commence shielding and access support. We will ask hospital specialists to inform the GP of the decision to include patients in the vulnerable group.

Group 4

In addition, we will issue GPs with specific guidance around identification of high risk patients with complex / severe multimorbidity and ask the GP to contact these groups directly to recommend they are considered for inclusion in the shielding group.

We accept that given this is a new and rapidly moving disease there are inevitable limitations in our methodology but have designed the most robust approach that was possible at pace with the aim of identifying the maximum number of vulnerable individuals in sufficient time to effectively shield this group.

21 March 2020

Dear Colleague,

CARING FOR PEOPLE AT HIGHEST RISK DURING COVID-19 INCIDENT

We are writing to update you on the latest advice that will be sent to all patients who are considered to be at highest risk of severe illness that would require hospitalisation from coronavirus (COVID-19). A letter will be sent to these patients asking them to stay at home at all times and avoid any face-to-face contact for at least twelve weeks.

This builds on existing national guidance, including:

- <https://www.england.nhs.uk/coronavirus/>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/>
- <https://www.gov.uk/coronavirus>

This letter will be sent to patients who fall into one of the following groups (Further detail on the Groups can be found at **Annex 1** above).

List of diseases and conditions considered to be very high risk (Group 1):

1. Solid organ transplant recipients
2. People with specific cancers
 - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - 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 6 months, or who are still taking immunosuppression drugs.
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)
5. People on immunosuppression therapies sufficient to significantly increase risk of infection
6. People who are pregnant with significant heart disease, congenital or acquired



A copy of the letter sent to patients can be found in **Annex 3**. The patients of your practice that have been contacted can be identified through an “at high risk” indicator code that has been applied to each patient record by your clinical system supplier. Your supplier will inform you of the code they have used, which should be treated as temporary until a definitive list of COVID-19 ‘at risk’ SNOMED codes is released.

Your GP System supplier will also provide a report that will list those patients that have been centrally identified as being at high risk. You should have this by 23 March. We ask that you review this report for accuracy and, where any of these patients have dementia, a learning disability or autism, that you provide appropriate additional support to them to ensure they continue receiving access to care.

We have taken a two-pronged approach to identification of people on immunosuppression therapies sufficient to significantly increase the risk of infection (category 5). All patients on the following medications have been centrally identified and will be contacted via the letter:

- Azathioprine
- Mycophenolate (both types)
- Cyclosporin
- Sirolimus
- Tacrolimus

Central datasets are not sophisticated enough to identify all categories of patients who should be included in the vulnerable groups list. We are grateful for the help of colleagues in the Medical Royal Colleges and societies who are cascading guidance to secondary care to help them identify other high risk patients from their caseload. We appreciate this is a complex task requiring difficult judgements, and we ask for your help, as the GP central to the care of these patients, in achieving this. We are writing to UK secondary care colleagues in two groups, (2 and 3):

Group 2

The Royal College of Physicians and associated medical societies will contact six specialties¹ with very specific guidance about identification of patients on immunosuppression therapies who are among the very highest risk. We are unable to adequately identify this group from central datasets which, for example, do not reliably code patients taking biologics. We will ask specialists to identify such patients from their caseload and contact the patients with a copy of the standard letter and write to you with their names.

¹ Dermatology, Gastroenterology, Hepatology, Neurology, Respiratory, Renal and Rheumatology

Group 3

The Academy of Medical Royal Colleges will cascade more general guidance about identifying other high risk groups across specialties. We will ask the wider group of specialists to identify only those that they would consider to be at the very highest risk, bearing in mind the severity and unpleasant nature of the intervention that will be proposed for this group. We will also ask specialists to contact identified patients with a copy of the standard letter and write to you with their names.

You may know of other patients (Group 4) who you would consider to be at very high risk from infection. The RCGP will shortly publish guidance to support GPs identifying additional high risk patients. The guidance will also support GPs to have shared decision-making conversations with all high risk patients as needed, and help GPs to understand what health needs these groups may have.

We ask that, if you choose to identify additional individuals you consider to be at highest risk of severe outcomes, that you proactively contact this group of patients to discuss your recommendation with them. There may be patients not in these categories who contact you to say that they wish to be included in the group to be shielded by the restrictive, stringent measures, and asking for a fit note to cover the period of isolation. We ask you to use your professional judgement and consider the RCGP guidance when advising this group.

The recommendation for shielding the very high-risk group is just that, and we ask that your discussion with patients reflect this. Some patients may decide, on weighing up the risks, that they would prefer not to follow the restrictive, stringent measures. We ask that you help your patients to work through this if they wish to. We also suggest that anybody with a terminal diagnosis who is thought to be in their last 6 months of life should be excluded from this group (unless they wish to be included), to allow them to maintain contact with their loved ones during the last phase of their illness.

Please note this process is covered by your CNSGP arrangements in the usual way.

In addition, we ask that you take the action listed below with respect to patients in your practice who are identified for the vulnerable group from any of the above routes.

These discussions should align with the guidance set out in the letter we sent you on 19 March and upcoming RCGP guidance on supporting high risk patients.

1. Ongoing care arrangements

Please immediately review any ongoing care arrangements that you have with these highest risk patients.

Wherever possible, patient contact, triage and treatment should be delivered via phone, email or online. However, if you decide that the patient needs to be seen in person, please arrange for your practice to contact them to organise a visit to the surgery, a hub or their home as appropriate.

NHS Trusts have also been asked to review ongoing care arrangements and will contact patients directly to make adjustments to hospital care and treatment as needed.

2. Support with medicine supplies:

Patients have been informed that repeat prescription durations will not change during this incident, and that patients will need to ensure that their medication can be collected or delivered to them directly. Repeatable prescriptions can be valid for a year, but each repeat should be for no longer than the patient has now. For example, if the patient has prescriptions for a 28 day supply now then the repeat dispensing should be set up as 12 x 28 days' supply.

Patients who currently have their medication delivered, by a chosen person or by a pharmacy, should continue to do so.

Patients who need regular medicine, but have not yet set up online ordering and delivery will need to be supported to do so. We ask that you arrange that suitable patients be put on electronic repeat dispensing as soon as possible in line with our letter of 5 March.

Patients have been asked to arrange their own delivery or collection of their prescriptions through a nominated person, online delivery or delivery from a community pharmacy. If they struggle to do this, we ask that your practice (via a social prescriber) helps set up an appropriate arrangement.

3. Support with daily living

We have encouraged patients to discuss their daily needs with their carers, friends, families and local voluntary groups. This includes support for physical needs such as food and shopping deliveries, as well as their mental health needs.

If patients contact you asking for help, we suggest that your social prescribing link worker (or equivalent), where available, helps them to arrange additional support and/or link them to local voluntary groups. Where not currently available, local government and other voluntary sector organisations will also be able to arrange support.

NHS England and NHS Improvement are also setting up a new volunteering portal that they can use to access support for daily tasks. This will be available from Tuesday 24 March. Given capacity, only the highest risk patients should be directed to this service.

Patients who do not have family or friends that can help, can also be directed to www.gov.uk/coronavirus-extremely-vulnerable to register for additional support with daily living tasks such as shopping and social care.

Patients have been told that the letter they have received can be used as evidence for their employer, to show that they cannot work outside the home.

Urgent medical attention

All patients who display symptoms of COVID-19, have been asked to contact the NHS 111 online coronavirus service, or call NHS 111 if they do not have access to the internet.

However, if patients have an urgent medical question relating to their pre-existing condition, we have asked that they contact you, or their specialist consultant, directly.

4. Looking after your own health

It is important that you look after your and your practice staff's own health and wellbeing at this time.

If, at any point, you think you or a member of your team have developed symptoms of COVID-19, such as a new, continuous cough and/or high temperature (above 37.8), seek clinical advice using the NHS 111 online coronavirus service (<https://111.nhs.uk/covid-19/>) or, if you do not have access to the internet, call NHS 111.

You can also access support for managing your own mental health from the free, confidential NHS Practitioner Health Service (<https://www.practitionerhealth.nhs.uk/>).

Please accept our sincere thanks for your help, patience and support at this challenging time.

Yours sincerely




Nikki

Dr Nikita Kanani

Medical Director for Primary Care

NHS England and NHS Improvement



Ed

Ed Waller

Director, Primary Care Strategy and
NHS Contracts

NHS England and NHS Improvement

[Patient Name

Patient address Line 1

Patient address Line 2

Patient address Line 3]

IMPORTANT: PERSONAL

Date

Your NHS number: [NHS NUMBER]

Dear [Patient],

IMPORTANT ADVICE TO KEEP YOU SAFE FROM CORONAVIRUS

Your safety and the continued provision of the care and treatment you need is a priority for the NHS. This letter gives you advice on how to protect yourself and access the care and treatment you need.

The NHS has identified you, or the named person you care for, as someone at risk of severe illness if you catch Coronavirus (also known as COVID-19). This is because you have an underlying disease or health condition that means if you catch the virus, you are more likely to be admitted to hospital than others.

The safest course of action is for you to stay at home at all times and avoid all face-to-face contact for at least twelve weeks from today, except from carers and healthcare workers who you must see as part of your medical care. This will protect you by stopping you from coming into contact with the virus.

If you are in touch with friends, family or a support network in your community who can support you to get food and medicine, follow the advice in this letter. If you do not have contacts who can help support you go to www.gov.uk/coronavirus-extremely-vulnerable or call 0800 0288327, the Government's dedicated helpline.

If, at any point, you think you have developed symptoms of coronavirus, such as a new, continuous cough and/or high temperature (above 37.8 °C), seek clinical advice using the NHS 111 online coronavirus service (<https://111.nhs.uk/covid-19/>). If you do not have access to the internet, call NHS 111. **Do this as soon as you get symptoms.**

You, or the person you care for, should:

- strictly avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature (above 37.8 °C) and/or a new and continuous cough
- not leave your home
- not attend any gatherings. This includes gatherings of friends and families in private spaces e.g. family homes, weddings and religious services
- not go out for shopping, leisure or travel. When arranging food or medication deliveries, these should be left at the door to minimise contact



- keep in touch using remote technology such as phone, internet, and social media
- use telephone or online services to contact your GP or other essential services
- regularly wash your hands with soap and water for 20 seconds. Ask carers or support workers who visit your home to do the same.

The rest of your household should support you to stay safe and stringently follow guidance on social distancing, reducing their contact outside the home. In your home, you should:

- minimise the time you spend with others in shared spaces (kitchen, bathroom and sitting areas) and keep shared spaces well ventilated
- aim to keep 2 metres (3 steps) away from others and encourage them to sleep in a different bed where possible
- use separate towels and, if possible, use a separate bathroom from the rest of the household, or clean the bathroom after every use
- avoid using the kitchen when others are present, take your meals back to your room to eat where possible, and ensure all kitchenware is cleaned thoroughly.

If the rest of your household are able to follow this guidance, there is no need for them to take the full protective measures to keep you safe.

You will still get the medical care you need during this period. We are considering alternative options for managing your care and will be in touch if any changes are needed. Your hospital care team will be doing the same. We also advise that:

1. Carers and support workers who come to your home

Any essential carers or visitors who support you with your everyday needs can continue to visit, unless they have any of the symptoms of coronavirus. All visitors should wash their hands with soap and water for 20 seconds, on arrival and often.

It is also a good idea to speak to your carers about what happens if one of them becomes unwell. If you need help with care but you're not sure who to contact please visit www.gov.uk/coronavirus-extremely-vulnerable.

2. Medicines that you routinely take

The government is helping pharmacies to deliver prescriptions. Prescriptions will continue to cover the same length of time as usual. If you do not currently have your prescriptions collected or delivered, you can arrange this by:

1. Asking someone who can pick up your prescription from the local pharmacy, (this is the best option, if possible);
2. Contacting your pharmacy to ask them to help you find a volunteer (who will have been ID checked) or deliver it to you.

You may also need to arrange for collection or delivery of hospital specialist medication that is prescribed to you by your hospital care team.

3. Planned GP practice appointments

Wherever possible, we will provide care by phone, email or online. But if we decide you need to be seen in person, we will contact you to arrange your visit to the surgery or a visit in your home.

4. Planned hospital appointments

NHS England have written to your hospital to ask them to review any ongoing care that you have with them. It is possible that some clinics and appointments will be cancelled or postponed. Your hospital or clinic will contact you if any changes need to be made to your care or treatment. Otherwise you should assume your care or treatment is taking place as planned. Please contact your hospital or clinic directly if you have any questions about a specific appointment.

5. Support with daily living

Please discuss your daily needs during this period of staying at home with carers, family, friends, neighbours or local community groups to see how they can support you. If you do not have anyone who can help you, please visit www.gov.uk/coronavirus-extremely-vulnerable.

This letter is evidence, for your employer, to show that you cannot work outside the home. You do not need to get a fit note from your GP. If you need help from the benefit system visit <https://www.gov.uk/universal-credit>.

6. Urgent medical attention

If you have an urgent medical question relating to your **existing** medical condition, or the condition of the person you are caring for please contact us, or your specialist hospital care team, directly. Where possible, you will be supported by phone or online. If your clinician decides you need to be seen in person, the NHS will contact you to arrange a visit in your home, or where necessary, treatment in hospital.

To help the NHS provide you with the best care if you need to go to hospital as a result of catching coronavirus, we ask that you prepare a single hospital bag. This should include your emergency contact, a list of the medications you take (including dose and frequency), any information on your planned care appointments and things you would need for an overnight stay (snacks, pyjamas, toothbrush, medication etc). If you have an advanced care plan, please include that.

7. Looking after your mental well-being

We understand that this may be a worrying time and you may find staying at home and having limited contact frustrating. At times like these, it can be easy to fall into unhealthy patterns of behaviour, which can make you feel worse. Simple things you can do to stay mentally and physically active during this time include:

- look for ideas for exercises to do at home on the NHS website
- spend time doing things you enjoy – reading, cooking and other indoor hobbies
- try to eat healthy, well-balanced meals, drink enough water, exercise regularly, and try to avoid smoking, alcohol and recreational drugs
- try spending time with the windows open to let in fresh air, arranging space to sit and see a nice view (if possible) and get some natural sunlight. Get out into the garden or sit on your doorstep if you can, keeping a distance of at least 2 metres from others.

You can find additional advice and support from [Every Mind Matters](#) and the [NHS mental health and wellbeing](#) advice website.

Further information on coronavirus, including guidance from Public Health England, can be found on the [nhs.uk](#)² and [gov.uk](#)³ websites.

Yours sincerely,

[Your GP Practice]

[GP Practice Phone no]

List of diseases and conditions considered to be very high risk:

1. Solid organ transplant recipients
2. People with specific cancers
 - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
 - 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 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
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5. People on immunosuppression therapies sufficient to significantly increase risk of infection
6. People who are pregnant with significant heart disease, congenital or acquired

² <https://www.nhs.uk/conditions/coronavirus-covid-19/>

³ <https://www.gov.uk/coronavirus>