

21 March 2020

To: All NHS Medical Directors  
All NHS Nursing Directors

Dear colleagues,

### **CARING FOR PEOPLE AT HIGHEST RISK DURING COVID-19 INCIDENT**

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 16<sup>th</sup> 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 wider group, who broadly speaking comprise the criteria of adults eligible for an annual flu vaccine, will not all be proactively contacted but have 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. The method for this is described in annex 1. The group includes:

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)
5. People on immunosuppression therapies sufficient to significantly increase risk of infection
6. People who are pregnant with significant congenital heart disease

People identified as being in these groups will be sent a letter with advice on how to protect themselves and access the care and treatment they need during the COVID19 incident. This involves 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 identified a core group of patients who are being contacted centrally. In addition to this, a number of medical subspecialties in secondary care will receive guidance asking them to identify and contact additional patients in their caseload who fall under Group 1 category 5 (see annex 1). We ask that you take specific care in reviewing the needs of any cancer patients who meet the above criteria. This is because some of these patients will not yet show up in central data records, and therefore will not have been sent the letter. **We ask that you identify those patients and immediately send them the attached letter, as soon as you can this week.**

The Academy of Medical Royal Colleges will also be cascading general guidance for hospital specialties to help them identify and contact further high risk patients from their caseload. Finally RCGP will be issuing guidance to GPs to help them identify and contact high risk patients from their own caseload (for example those with severe multimorbidity).

We ask that you work with your clinical teams to review all ongoing care for all patients who you believe fall into one of these groups, taking account of the actions we have set out below. To help with this, trusts shortly will be contacted with a list of patients who have been centrally identified as being in one of the group 1 categories and who have an active episode of care with your organisation.

When discussing treatment and care with any patients considered to be high risk, please ensure they are aware that they should be shielding in line with PHE guidance available at <https://www.gov.uk/coronavirus>. Please also note that although protective shielding is strongly encouraged for these patients it is also voluntary, and that patients on end of life care pathways should be excluded.

Where you identify other patients who you consider to be at the very highest risk, please write to them and, in each case, inform their GP that you have done, so their records can be updated.

For all patients in the groups above, please work with your clinical teams to:

## **1. Ongoing care arrangements**

Immediately review any ongoing care arrangements that you have with patients that fall into these groups.

Wherever possible, patient contact, triage and treatment should be provided by phone, email or online to support these patients to stay at home. If adjustments can be made to support this, we ask that you contact patients directly to confirm any new arrangements.

Some highest risk patients will need to continue attending the hospital or clinic to receive ongoing care. Patients have been advised that, unless they hear from you, they should assume their care will continue as planned.

We are currently developing guidance for Patient Transport Services to ensure that, where this group of higher risk patients do not have direct access to private transport, they can still attend hospital and clinic appointments without the need for public transport.

## **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.

Patients who currently have their medication delivered, by a nominated 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.

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 have recommended they contact their GP practice for support.

## **3. Support with daily living**

We have encouraged patients to discuss their daily needs while they have to stay at home with their carers, friends, families and local community groups. This includes support for physical needs such as food and shopping deliveries, as well as their mental health needs. If they do not have anyone who can help them, they can visit [www.gov.uk/coronavirus-extremely-vulnerable](https://www.gov.uk/coronavirus-extremely-vulnerable).

## **4. Urgent medical attention**

All patients who display symptoms of COVID-19, have been asked to contact the NHS 111 online coronavirus service (<https://111.nhs.uk/covid-19/>), 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 their GP, or their specialist consultant, directly.

## 5. Looking after your own health

It is important that you look after your and your 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.

Kind regards,



**Ruth May**  
**Chief Nursing Officer, England**



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

## **Annex 1 – Identification of Vulnerable Groups: Methods from CMO**

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.