



Chief Medical Officer

Date: 02 April 2020

Dear colleagues

Further to my letter of 26 March, I am writing to you to provide a brief update on processes for supporting patients in the 'clinically highest risk' group.

## **GROUPS AT CLINICALLY HIGHEST RISK OF SEVERE MORBIDITY AND MORTALITY FROM COVID-19**

My letter of 26 March set out six categories of clinically highest risk patients to which "shielding" letters would be sent. **Annex A** (Search Criteria for Highest Risk Patients for Shielding) contains the final methodology as to how those groups were identified; I anticipate that most patients identified using central approaches will have received a letter by 7 April 2020. **Annex B** (Process for Identification of Patients on Immunosuppression therapy, at Highest Risk if COVID-19 exposure) contains a flow chart used for patients in Group 5 (People on immunosuppression therapies sufficient to significantly increase risk of infection) to assist with the identification of patients who are recommended to shield.

There is now a seventh group of patient and that is those patients, who in your clinical judgement, need to be shielded for 12 weeks as they are clinically at 'highest risk' of severe morbidity or mortality from COVID-19, but are not included in the other six groups.

As a reminder, the seven groups are:

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 heart disease, congenital or acquired
  7. Those patients, who in your clinical judgement, need to be shielded for 12 weeks as they are clinically at 'highest risk' of severe morbidity or mortality from COVID-19, but are not included in the above six groups.

If you identify a patient in in this seventh group (or a patient that should be included in one of the original six groups but has not received a letter), you should follow the following procedure.

**All GP practices which identify patients in one of the seven groups should please supply those patients' CHI number to their local Health Board co-ordinating team. With the CHI number please indicate which group the patient is in (i.e. Group 1, 2, 3, 4, 5.1, 5.2, 5.3, 5.4, 6 or 7; Group 5 breakdown is in the attached flowchart). Please note that lists identified in groups 5.3 or 5.4 will go through further analysis against Public Health Scotland held data, to assess if they meet criteria for shielding advice.** Your health board co-ordinating team will be in contact with you shortly (if they have not already done so) with details of how to share relevant patients' CHI numbers and their associated groups. This information

will then be passed by the Health Board co-ordinating team to NSS who will arrange for a letter to be issued to the patient.

## FALSE POSITIVES

There is a risk that some people will be centrally advised for shielding as a result of searches of central databases returning false positives. If a clinician forms the view that a patient who has been advised to shield is not in the highest clinical risk groups, a process needs to be in place to remove that person's name from the central database of patients.

Decisions to remove a patient from shielding arrangements should be made jointly by the patient's clinician (which may either be the GP or the hospital specialist) and the patient.

Where clinicians have come to the view that a person does not fall into the highest risk group, they should provide their Health Board's co-ordinating team with that person's CHI number and the reason why they are of the view that the person should be removed from shielding. NSS will then remove that person's name from the central database. This will mean that person will no longer be eligible to receive support with shielding.

## PATIENTS WITH CANCER

Senior cancer clinicians in Scotland recommend that those patients with cancer who become unwell during a course of systemic anticancer treatment or during radiotherapy or within 6 weeks of completion of a therapy, should **continue to contact their cancer treatment helpline or the National Cancer Treatment Helpline** (and **not 111**). We have updated the letter going to all patients (across the seven groups) and included a paragraph for those with cancer to read which highlights this guidance:

"If you, or the person you care for, is currently within 6 weeks of having received chemotherapy or radiotherapy for a cancer (including a blood cancer), and feel unwell, whether or not you think it might be the coronavirus infection, then you should phone the emergency Scottish Cancer Treatment Helpline number 0800 917 7711, or the emergency number given to you by your consultant or specialist nurse. You should do this whether you think you have Covid-19 or are unwell in any other way, just as you would have done before this Covid-19 epidemic."

**Annex C** is the updated version of the Patient Letter (which includes this paragraph).

## GROUPS AT RISK

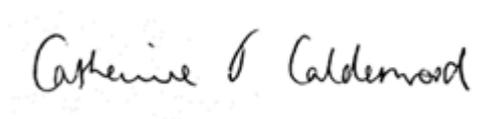
In my previous letter I noted that the wider 'at risk' group, who broadly speaking comprise the criteria of adults eligible for an annual flu vaccine for medical reasons, will not be proactively contacted by their GP practice, but instead would be written to. This was an error and **I can confirm that this separate group will not be written to but will be covered by the current media campaign on social distancing and asked to take steps to reduce their social interactions in order to reduce the transmission of coronavirus.** While it is recommended that a KIS is created for this cohort, this is a fast developing situation and this request should be seen in the light of other priorities.

## PATIENTS WITH NEW DIAGNOSES IN THE FUTURE

You may become aware of patients in the future with new diagnoses or therapy which would mean those patients would be recommended to shield (using the seven groups). When you consult new patients who meet the criteria for shielding, please provide the patient with shielding advice when you meet them and also provide their details to your local Health Board co-ordinating team, in order that they will be sent a letter and they can access social support (if this is required).

Thank you again for your help with identifying patients in these seven groups who may be in your clinical service. I am grateful for all the efforts you are making to protect the health of the people of Scotland during this challenging time.

Yours sincerely



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