

Covid-19

----- Guidance for practices



Date: 8.7.2020

Please be aware that this is a rapidly evolving situation.

Guidance regarding shielding, self-isolation and social distancing

The Government and Public Health England (PHE) have issued guidance on groups who are either deemed higher risk to others or those that are at increased risk of complications if they contract coronavirus. They fall into the following three groups:

1. **Self-isolation** (for symptomatic patients or household contacts of symptomatic patients).
2. **Stringent social distancing** (vulnerable).
3. **Shielding** (extremely clinically vulnerable or highest clinical risk).

1. Self-isolation

This applies to someone who has developed symptoms of a coronavirus, currently those who have a persistent cough, fever of 37.8 degrees or above or a loss/change in sense of taste or smell (newly added 18/5/20). Further information is on the [government website](#). There is also a [helpful link](#) with illustrations for multiple occupancy households when individuals develop symptoms at different times. Self-isolation does not require a GP sick note and patients should request an isolation note via [NHS 111 online form](#).

2. Stringent social distancing

The following groups of individuals have been asked by the government to self-identify as someone who may be at increased risk of getting severe illness from Covid-19. These people roughly equate to those eligible for an NHS flu vaccine every year on medical grounds and fall into the following groups:

- Aged 70 or older (regardless of medical conditions).
- Under 70 with an underlying health condition listed below:
 - 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 spleen – e.g., sickle cell disease or if the spleen has been 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.

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The rules regarding social distancing are detailed on the [government website](#).

These individuals would not be eligible for a MED3 certificate for isolation which is for the purpose of signing someone off work for illness only. For individuals who fall into this group and may not be able to work or require adaptations due to the nature of their role, it is the duty of their employer to make adaptations where possible. Further information for employers is [detailed on the ACAS website](#). We have also attached a [template letter](#) for practices to upload to their website for patients to download. There may be practice staff who fall into this group and practices should be offering risk assessments to help determine whether individuals should be in patient-facing roles and support remote working where required.

Please see the [separate guidance in our Living Guide relating to practice HR issues](#).

3. Shielding

The government has [written to patients](#) who are deemed extremely clinically vulnerable if they contract coronavirus and have been advised to follow the government's strict shielding advice detailed on their website [here](#).

Ministers announced (on 22 June) that shielding will be relaxed in two stages on 6 July and 1 August. Unless there is a "significant rise in cases" plans are to pause the shielding programme on 31 July. Those in receipt of centrally provided food boxes and medicine deliveries will continue to receive this support until the end of July if they want it.

From 6 July shielding patients:

- May meet in a group of up to 6 people outdoors, including people from different households, while maintaining strict social distancing.
- No longer need to observe social distancing with other members of their household.
- May form a 'support bubble' with one other household. All those in a support bubble will be able to spend time together inside each other's homes, including overnight, without needing to socially distance.

From 1 August the advice to 'shield' will be paused. From this date, the government is advising currently shielding patients to adopt strict social distancing rather than full shielding measures and may go to work if they cannot work remotely and their work environment has been deemed 'Covid-safe'. [Further details can be seen in the letter sent to shielding patients by the Secretary of State for Health on Monday 22 June](#). The [guidance for the clinically extremely vulnerable](#) group remains advisory.

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From 1 August:

- The government will no longer be advising patients to shield.
- The support from the National Shielding Service of free food parcels, medicine deliveries and care will stop.
- NHS Volunteer Responders will carry on delivering prescriptions and essential items to patients if they need it.
- Patients will still be eligible for priority supermarket slots (if they have registered by 17 July).

As before, the shielding letter received by patients can be used as proof for employers or for other purposes that the individual is in the shielding group and a MED3 certificate should not be required. Practices cannot make individual assessments about an individual's suitability to work in a specific environment due to their qualifying condition and it remains the employer's responsibility to arrange appropriate occupational health assessments where required. Please see details regarding work above under 'social distancing' and we encourage practices to upload our [template letter to their website for individuals to download](#).

Shielding patients are covered by the following health conditions:

- Solid organ transplant recipients.
- People with specific cancers:
 - People with cancer and are having chemotherapy.
 - People with lung cancer and are having 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.
- People with severe respiratory conditions including all cystic fibrosis, severe asthma, and severe COPD.
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired.

The following conditions were added at a later date by the Chief Medical Officer (CMO) through central or secondary care searches:

- People who have had a splenectomy.
- People with some lung conditions including interstitial lung disease, pulmonary hypertension and some people with bronchiectasis.
- People receiving renal dialysis.

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The CMO wrote to practices on the [21 March](#), [3 April](#) and the [9 April](#) to clarify their role in identifying patients who have been missed out by the central identification process. **We recommend that GPs stick to the CMO's defined criteria for adding patients to the highest risk group.**

The CMO previously published FAQs for [clinicians](#) and [patients](#) to attempt to address some of the uncertainty about what GPs should do to identify highest risk patients. While most of this identification work has now been completed, the following summary applies:

Identifying and maintaining the shielded patient list:

- NHS England recognise this is a dynamic list and on an ongoing basis, there will be a small number of patients who need to be added to the list as they become sick. Those who have time-bound conditions (eg receiving chemotherapy) may also need to be removed from the list. This is through the use of relevant practice codes and a weekly data extraction updating central list. The criteria for shielding may change, however practices have been advised to maintain the list in the instances of future peaks of Covid.
- In particular, the [RCPCH have advised](#) that children who were included on the shielded list only need to remain on the list if advised to do so by a specialist. This means a number of children have been advised they can return to school from the 1st of August or as schools reopen unless specialist advice states otherwise. This decision should not be left to the GP.
- If practices are aware of extremely clinically vulnerable individuals who meet the CMO criteria and have not been identified as high risk they should continue to code them as high risk using the relevant practice code (depends on system provider- 'High risk category for developing complication from Covid-19 infection' for TPP and EMIS or 'Risk of exposure to communicable disease' for Vision and Microtest practices).
- Where patients have been identified by the central process or where patients who have self-identified as high risk but clearly do not meet the shielding criteria, their risk can be downgraded using a new low (no identified risk factors) or medium risk code (moderate risk i.e. eligible for a flu jab) provided by system suppliers. It is recommended that any decision to re-code is communicated to the patient. This removes them from the central register.
- Practices are **not** required to code all patients on their practice list as falling into one of the three categories. This is a reactive process.
- If a specialist has identified someone as falling into the shielded category and coded them high risk, we recommend you do not downgrade the patient unless there is a clear indication to do so.
- The definition of many groups, eg severe asthma has been unclear, with different advice published on specific conditions. See further CMO [guidance on the specific criteria used](#). Where it is unclear if a patient should fall in the shielded category, Londonwide LMCs advises GPs to err on the side of caution and keep them at the higher risk level. The RCGP have an [e-learning module](#) with further information about the patient groups, and a link to a page with [further resources](#).
- System suppliers have also sent further instructions to GPs on how to conduct searches to identify patients who might have been missed from central searches.

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Managing identified shielded patients:

- Practices should advise shielding patients that they will be receiving care by phone, email or online in the first instance but if they decide they need to be seen in person, they will contact them to offer an appointment in a specially designated clean area of the surgery. Home visits should only be required if individuals are housebound for reasons other than being in the shielding category. Routine transactional care (e.g. blood tests or injections) for this group is determined by need and should be delivered by the most appropriate individual.
- If you are a provider who is worried a vulnerable or isolated individual may require further support that might not meet the criteria for shielding, you can refer them to the [NHS volunteer programme](#).