

**Public Health Link**

**From the Chief Medical Officer for Wales**

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| **Distribution:** As Appendix 2 |
| **From:**  Dr Frank Atherton, Chief Medical Officer |
| **Date:**  15 May 2020 |
| **Reference:** CEM/CMO/2020/19 |
| **Category:** Immediate (cascade within 6 hours) |
| **Title**: Coronavirus (COVID-19) – Process for  Secondary Care Additions to the Welsh  Shielded Patient List |
| **What is this about:** Shielding patients at highest risk |
| **Why has it been sent:** This alert provides advice on how secondary  care can add eligible patients who may have  been missed to the Shielded Patient List |

**Process for Secondary Care Additions to the Welsh Shielded Patient List**

As you will be aware we have now undertaken 2 rounds of central additions to the Welsh Shielded Patient List (SPL). Together with additions made locally by primary care colleagues we have so far identified approximately 130,000 patients for shielding. As a result we hope that most patients who require advice on shielding are have now been reached.

Whilst significant effort has gone into making centralised searches as comprehensive as possible it is likely that these processes will not have identified all eligible patients. The potential extra patients we are aware of include:

* Those in complex guidances issued by Royal Colleges and British Clinical Societies/ Associations.
* Those being seen and identified for shielding by secondary care colleagues.

Up until now secondary care colleagues have been required to inform primary care if they feel a patient should be added to the SPL. We are aware that some have done so but the process is burdensome and we are also aware that some colleagues may have written to patients directly and as a result they may not have been added to the SPL.

In order for a more consistent approach please find attached at **Appendix 1** details of a national process to enable secondary care clinicians to add any missed or new patients to the SPL. This will ensure these patients not only have the advice to shield but have access to the additional services that can be provided, should they have no other means of support.

This process will be based on twice weekly submission of validated lists coordinated through information departments. The first submissions from health board information departments can commence on Monday 25 May and subsequently each Thursday and Monday.

The process will require health boards to establish an internal clinically led quality control process to ensure that only those patients that meet the current medical guidance parameters are included for shielding. Failure to do so could overwhelm Local Authority support systems and compromise the dedicated support that has been made available to those most in need.

The fundamental criteria in that the decision to shield is based on medical criteria only. There are a number of principles involved, two of which are:

1. There must be strong evidence that a condition is associated with a significantly higher case fatality rate from COVID-19 than in otherwise similar populations without the condition; or strong indirect evidence that this is likely to be the case.
2. Shielding must cause more benefit than harm on a risk-assessment basis (some groups may suffer significant adverse effects from shielding), and have significant marginal benefit over other potential reasonable policy interventions (e.g. social distancing).

The methodology used for the central searches undertaken so far can be accessed via this link: [https://nwis.nhs.wales/coronavirus/digital-support-updates-for-healthcare-professionals/identifying-shielding-patients/](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnwis.nhs.wales%2Fcoronavirus%2Fdigital-support-updates-for-healthcare-professionals%2Fidentifying-shielding-patients%2F&data=02%7C01%7CMark.Walker001%40gov.wales%7C8a703efe02af46ac925708d7f58f99e4%7Ca2cc36c592804ae78887d06dab89216b%7C0%7C0%7C637247869418340596&sdata=57ZBGnkxBDI0KIhDdFM2BO0w321P6wazA91PiJT4bk4%3D&reserved=0)

It should be noted that the initial 12 week shielding period runs until 15 June 2020. I will soon be reviewing the latest evidence with my fellow Chief Medical Officers to decide on the advice for these high risk patients beyond this initial shielding period. Further correspondence will be communicated to all patients on the SPL through the central process once a decision has been made.

Thank you for your support in this important endeavour.

Kind regards



**DR FRANK ATHERTON  
Chief Medical Officer**

**Appendix 1**

[](https://www.bing.com/images/search?view=detailV2&ccid=kBIlAUSB&id=F79EEAB7FAFF4B118B8E58CE77705A365BA474AA&thid=OIP.kBIlAUSBM-a09SQo_w0BkgHaDt&mediaurl=http%3a%2f%2fwww.nhsconfed.org%2f%7e%2fmedia%2fConfederation%2fImages%2flogos%2fPartners%2520and%2520sponsors%2fPublic-Health-Wales-Logo.gif%3fw%3d380&exph=400&expw=800&q=nhs+wales&simid=608041478947016670&selectedIndex=0)

**Process for Secondary Care Additions to the Welsh Shielded Patient List**

**Purpose**

The purpose of this document is to set out a process for secondary and tertiary care providers to add patients to the NHS Wales Shielded Patient List (SPL)

**Background**

As part of the response to the COVID-19 epidemic the 4 home nation CMOs agreed criteria and a broadly similar process to identify a list of patients who due to their condition should adopt shielding precautions to lessen the risk of them contracting COVID-19.

It was always acknowledged that this list may miss some individuals, and that both primary care and secondary care may identify patients who need to be shielded.

**Secondary Care Principles and Process**

**Principles**

1. Patients should only be added to the Shielded Patient list (SPL) if they meet the criteria established by the 4 CMOs or respective Royal college / British Society or Association
2. Other patients with clinical conditions not on the CMOs list may be advised to take additional precautions if clinicians believe this appropriate but should not be submitted to the SPL.
3. The process for additions to the SPL will be co-ordinated centrally within Health Boards, with a singular feed coming to NWIS from the HB Information Departments. **In no circumstances should clinical teams attempt to directly contact NWIS to add patients to the SPL.**

**Health Board Process**

1. Each HB should establish a mechanism within the HB where proposed additions to the SPL can be collated by Information Departments. In order for a patient to be included on the SPL the following essential fields must be provided:

* Patient NHS Number (not Hospital number) 10 character format (no spaces)
* Name
* DOB (dd/mm/yyyy)
* Condition/ reason for addition to SPL
* CMO category (from the list below):

1-Solid organ transplant recipients

2-Cancer

3-Severe respiratory conditions

4-Severe single organ disease

5-Rare diseases

6-Immunosuppression therapy

7-Pregnancy with congenital heart disease

8-Renal Dialysis

9-Other

1. The proposed additions to the SPL list should be clinically reviewed within the HB by a senior designated clinician to ensure only eligible patients are added to the SPL.
2. The proposed additions should also be checked against the latest Welsh Shielded Patient List to check if a letter has already been sent to the patient. The full list is available to HB Information Departments via a direct view into the National Data Warehouse.
   1. If the patient is already on the list – then NO further action needed
   2. If the patient is NOT on the list – the patient should be collated onto the HBs list for submission to NWIS
3. Health Boards Information Departments will be responsible for providing additions to NWIS twice weekly on a Monday and a Thursday no later than 4pm as per the technical specification provided to them. Queries regarding the submission of data can be sent to [NWISCOV19DATA@Wales.nhs.uk](mailto:NWISCOV19DATA@Wales.nhs.uk)
4. Patients identified to NWIS through this process will then be address matched against the eMPI before being added to the Welsh Shielded Patient List. These updates will be provided to Shared Services for letter issue and notified to General Practice and Local Authorities as per existing processes for managing updates.

**Appendix 2**

To: Health Boards and NHS Trusts:

Chief Executives

Medical Directors

Onward distribution to

Directors/ Heads of Information

Chief Operation Officer / Directors of Operations

              Directors of Workforce and Organisational Development

             Directors of Therapies and Health Sciences

             Immunisation Leads,

             Infectious Disease Departments

             Acute medical units

             Microbiologists

             Nurse Directors

             Directors of Public Health

             Hospital Principals and Chief Pharmacists

NHS Wales Shared Services Partnership to forward to:

All General Practitioners - please ensure this message is seen by all

practice nurses and non-principals working in your practice and

retain a copy in your ‘locum information pack

### Independent/Private clinics and Hospitals and Hospices throughout

Wales

Cc: Public Health Wales:

Chief Executive

Director of Public Health Services

Consultants in Communicable Disease Control

Microbiologists

Consultant Epidemiologists

Vaccine Preventable Disease Programme

Cc: NHS Direct Wales

NWIS

British Medical Association

Royal College of GPs

Royal College of Physicians

Academy of Medical Royal Colleges

Royal College of Nursing

Royal College of Midwives

Royal Pharmaceutical Society

Community Pharmacy Wales

Royal College of Paediatrics and Child Health Wales