**Y Grŵp lechyd a Gwasanaethau Cymdeithasol**

**Health & Social Services Group**

19 May 2020

Dear Colleagues,

**Shielding Update**

As you will be aware we have now undertaken 2 rounds of central additions to the Welsh Shielded Patient List (SPL). In addition to this, GPs have identified nearly 13,000 patients for the SPL. Together we have so far identified approximately 130,000 patients for shielding across Wales.

Patients identified by Secondary Care

Up until now secondary care colleagues have been required to inform GPs 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 secondary care colleagues may have written to patients directly, and as a result these patients may not have been added to the SPL.

To support a more consistent approach moving forwards, the Chief Medical Officer has instructed secondary care to follow a new process. Any patients identified by secondary care will now be collated by the respective health boards before being sent to NWIS for checking and letters will then be issued centrally. This process allows for patients to be identified twice a week starting from Monday 25 May. GPs will continue to be provided with their updated patient lists on a weekly basis, as is current practice.

Removing patients from the shielding list

The latest searches to identify patients who should shield have been more inclusive so more people have been detected appropriately, but we are also aware that this widening has also picked up some patients who are not truly at the highest risk.

Practices in Wales have not been asked to review the entire list of patients as in other parts of the UK, but if a patient does present enquiring why they have received a letter we would appreciate if you could take the following steps.

1. Check the list on the Primary Care Information Portal to see the reason the patient has received a letter.
2. If the source of the data is GP, then this is because of information which is coded in the GP record.
3. If the source of the data is APC, then it is coding of their secondary care record. Some of this data will now be out of date. For example, we are aware that some patients who have had haematological cancers are followed up for a long time, and these patients may have received letters although they have been in remission for a significant period of time and could now be considered to not be high risk.
4. If you feel the patient has inappropriately received a letter, enter one of the codes below into their clinical record

|  |  |  |
| --- | --- | --- |
| Code text | EMIS | Vision |
| Low risk category for developing complication from COVID-19 infection | ^ESCT1300224 | 14Op.00 |
| Moderate risk category for developing complication from COVID-19 infection | ^ESCT1300223 | 14Op.00  |

Use the moderate risk code if the patient is in the group who in March were advised to follow stringent social distancing, i.e. patients over 70, or who have chronic diseases such as diabetes or asthma. This group is reasonably synonymous with those who are advised to have a flu vaccine every year. If a patient has none of those risk factors then use the low risk code.

You should not delete any centrally added codes from the record, including those patients who do have reason to be shielded, but do not want to. They are at liberty to decline the advice to shield, and of course offers of assistance if that is their choice, but they should be advised to maintain strict social distancing and wash their hands on a regular basis. They should be aware that they will receive further communication periodically from the CMO. It will not be possible for secondary care records to be reviewed to identify why patients have been sent a letter, but if you have further specific queries please contact SPLQuery@wales.nhs.uk. If you and the patient do not think that they are at high risk then this is sufficient to justify you adding one of the lower risk codes.

Next Steps

It should be noted that the initial 12 week shielding period runs until 15 June 2020 which we are fast approaching. As yet no decision has been made as to what the advice will be going forwards, but the UK Chief Medical Officers will soon be reviewing the latest evidence to decide on the advice for these high risk patients beyond the initial shielding period. It is particularly important to ensure that we request people to shield only if they are truly at high risk.

All patients on the SPL will be communicated through the central process once a decision has been made.

Thank you for your ongoing support and I shall continue to keep you updated.

Yours sincerely



**Dr Mark Walker**

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