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21 March 2020

Dear Colleague,

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 16th 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 group has been identified to the public as those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
- 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 your spleen – for example, sickle cell disease or if you have had your spleen 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

This wider group, who broadly speaking comprise the criteria of adults eligible for an annual flu vaccine, will not be proactively contacted but have instead 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. More detailed information about your essential role in this process is outlined in attached letter from Dr Nikita Kanani and Ed Waller. Given the difficulties of identifying those most vulnerable for some

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patients, in some cases this is going to require some clinical judgements by you about your patients. You may know of specific additional patients in your practice who you think are particularly high risk. On the other hand there are a limited number of people that we can shield effectively or for whom this highly socially isolating measure would be proportionate on health grounds; many patients who fulfil the criteria may after discussion with you prefer not to be placed under such strict isolation for what will be a prolonged period. Further broad information about the methodology we followed to identify this group is contained in Annex 1.

We recognise the significant pressures that GP practices are under, which the necessity to self-isolate staff where they have symptoms compatible with coronavirus has inevitably made more acute. We also know the changing pace of guidance and requests that we make of you in support of your patients, as a result of the need to address this new global pandemic, are significant. We massively appreciate all the efforts GPs and other primary care staff are making, and will make, to care for patients and communities at this difficult time, and know the public does as well. A letter from Nikki Kanani and Ed Waller has been issued on the 19 March outlining the current situation and highlighting the work that can be stopped in general practice. A further letter from Nikki and Ed to support this process is attached in annex 2.

Please accept our sincere thanks for your expertise, help, patience and support at this challenging time.

Kind regards,

Professor Stephen Powis

National Medical Director

NHS England and NHS Improvement

Professor Chris Whitty

Chief Medical Officer for England

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Annex 1 – Identification of Vulnerable Groups: Methods

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.