

CEM/CMO/2020/015

3 April 2020

FAO: GP Practices

Update on the Government's shielding policy and implications for General Practice

Please note, the group of people the shielding policy applies to is referred to interchangeably as 'at highest clinical risk' and 'extremely clinically vulnerable'.

Dear colleague,

Professor Chris Whitty (Chief Medical Officer) and Professor Steve Powis (NHS England Medical Director) [wrote](#) to you on 21 March with information about the Government's shielding policy, which aims to identify and give advice to the 1.5 million individuals at highest clinical risk of mortality and severe morbidity from COVID-19. Shielding involves staying at home and avoiding face-to-face contact for a period of at least 12 weeks.

We know that there have been mixed messages about this patient group. To clarify the process of identification of patients and next steps you should take in your practice, we have developed a set of [Frequently Asked Questions](#) (FAQs) aimed specifically for a GP and hospital clinician audience. We have also developed a separate set of [FAQs for patients](#).

In summary:

- **Most** patients in the highest clinical risk group, who have been advised to shield, **have been identified and contacted** either centrally by the NHS or by secondary care clinicians. This week we expect more people to be identified as we are validating the centrally-held list against general practice data. People identified through this process will be sent a letter in the post and these will also be flagged in your GP system.
- The letter sent to you on 21 March asked you to identify additional patients who may be known to your practice as being at highest clinical risk (*referred to as Group 4 in that letter*). We are aware that there have been other sources of guidance asking you to identify and contact large numbers of extra patients. **We ask you to disregard this.**
- **A number of patients have self-identified** as being in the highest clinical risk group on the government website. Next week, you will be sent details of the patients in your practice who have self-identified in this way. We **ask that you review this list** and consider if any of them should be included in the highest clinical risk group. Please send a letter to any you consider to be at highest clinical risk and add a flag to their record. You may wish to contact the people who self-referred and who you consider to not be the highest clinical risk group to confirm that they do not need to shield.
- Secondary care clinicians are reviewing people across specialties such as rheumatology, dermatology, gastroenterology, renal, respiratory, neurology, obstetrics, maternity and patients with severe specific diseases who cannot be identified through the central dataset. These patients will be flagged on the GP system.

After reading the FAQs, if you have any further questions relating to the shielding process, please contact england.covid-highestrisk@nhs.net

We want to thank you for your ongoing support and patience at this very difficult time. We understand the pressures you are under in primary care, and this is foremost in our minds as we navigate the national response to COVID-19. We are hugely appreciative of all your efforts to deliver the best care in these difficult circumstances.

Kind regards,



Dr Jenny Harries OBE
Deputy Chief Medical Officer for England



Dr Nikita Kanani MBE
Medical Director for Primary Care
NHS England and NHS Improvement