09 April 2020

To: General Practice

From NHS England and NHS Digital

Dear Colleagues,

Thank you for your considerable patience as we work to improve the process for identifying individuals at highest clinical risk from Covid-19, following our letters of 21st March and 3rd April. As you know, we are asking this group who are at highest clinical risk of mortality and severe morbidity from COVID-19 to shield, stay at home and avoid face-to-face contact for a period of at least 12 weeks. The Government has established a national support offer to make sure they have access to medicines and basic supplies during this time.

This letter now confirms the specific tasks we need GPs to complete in this process, and by when they need to be completed.

As set out in the FAQs shared with you on 3 April, there are three parts to this work:

- **Part 1**: Nationally held data was used to identify patients, based on criteria agreed by the United Kingdom Chief Medical Officers (CMOs) (see annex for list and the associated codes)
- **Part 2**: Primary care data extracted centrally to identify additional patients, based on the same clinical criteria
- **Part 3**: Hospital specialists and GPs adding or subtracting individual patients from this register

We now need all practices to complete the work involved for them in parts 1-3 of the patient identification process, as set out in this letter as soon as possible, and by no later than 17:00 Tuesday 14 April. This is to ensure that all relevant patients have been given essential advice on shielding. It will ensure all patients added locally will be able to access the government support offer. There will be a time lag between you flagging any additional patients, and the information being processed centrally, and if in the meantime any of these patients require urgent additional support they should contact their local authority.

We appreciate that this is a Bank Holiday. We are asking for considerable work to now be finalised by practices in a short space of time. We are hugely appreciative of the efforts you have already made and the extra final effort that this will involve you making.

New codes are being set-up on GP systems to capture Covid-19 vulnerability, testing and other factors.

NHS Digital has defined a new SNOMED CT code set related to Covid-19 and all GP suppliers are adding these codes to their systems. These codes are being added in

two waves: the implementation of the most critical flag ("High risk category for developing complication from Covid-19 infection") has been completed first. The additional codes, including flags for medium and low risk Covid-19 risk, are being implemented subsequently.

The high-risk codes are in place in all systems. The medium and low risks codes are already available in TPP systems and will be made available in other systems by 14/04.

The full set of new codes being deployed are detailed in an Annex at the end of this letter.

The work we need you to do falls into the following four categories:

1. Reviewing individuals identified nationally through the clinical algorithm (Parts 1 and 2 of the patient identification process)

NHS Digital identified individuals with the conditions defined in the clinical algorithm. Part 1 was conducted on 20/03 on a fast-track basis, using data from Hospital Episode Statistics, Primary Care Prescribed Medicines, the Personal Demographic Service and the Maternity Services Dataset. This identified approximately 900k individuals. Part 2 analysis was completed on 06/04 using more granular data from general practice data sets, at which point the count of individuals identified grew to approximately 1.3m.

GP records for all the individuals identified through the clinical algorithm (Parts 1 and 2) will be updated through national updates. In all these cases the new flag "High risk category for developing complication from COVID-19 infection" will be set. These updates have already been made for the first 900k individuals identified in part 1 and will be complete by the end of day on 10/04 for the second set of individuals in part 2. The reason the individual has been identified as "high risk" will also be entered, and in some cases visible to patients. We appreciate that because we have relied on routine data there will be inaccuracies, and some patients who should be included will be missed whilst others will have been flagged incorrectly. We have included some text to indicate that this assessment is based on a central assessment of national data and may be subject to modification.

All newly identified individuals will receive SMS communications and letters from the Government informing them that they have been identified as vulnerable and provided with guidance on self-isolation and information about how to access the many support systems being made available for them.

<u>What do GPs need to do?</u>

In order to identify the individuals within your practice who have been identified as vulnerable through the clinical algorithm, please run the search process as defined by your system provider. For your convenience, we have added the current search guidance from each supplier in an Annex to this letter (below).

If you feel any of these patients have been <u>inappropriately</u> identified as high risk, then you should flag these individuals as medium or low risk once those flags are available within your system (note that the 'high risk' flag will remain set). In these cases, you may wish to contact these patients to discuss your revised assessment of them.

<u>When must this work be done?</u>

This work can commence immediately since the individuals identified in the first phase are already flagged, and by Saturday morning it will be possible to identify all individuals flagged nationally since all updates will have been applied. **The task needs to be completed as soon as possible and no later than by 17:00 Tuesday 14 April.**

2. Reviewing individuals identified nationally by secondary care providers (Part 3a of the patient identification process)

It has always been clear that the clinical algorithm will inevitably not capture every individual who is at highest clinical risk. Additional provision has therefore been made for secondary care clinicians to add patients to the registry. In many cases these are individuals undergoing cancer treatment and, in some cases, they are individuals with complex conditions or combinations of conditions.

Patients identified via this route should receive letters directly from their secondary care clinician, who should also inform the GP that they have designated the patient as someone at highest clinical risk. Trusts are providing lists of these patients back to NHS Digital so that the patient's GP record can be updated with the same new flag "High risk category for developing complication from COVID-19 infection". In addition, where Trusts have provided free text information detailing the basis of the judgement or additional information about the reason for the individual being at highest clinical risk, that information will be transcribed into the text field associated with the high risk Covid-19 flag.

<u>What do GPs need to do?</u>

If you feel any of these patients have been inappropriately identified as high risk, then you may wish to discuss this with the patient and/or the Trusts who have identified them. If different opinions persist, categorise the individual using the highest risk category view.

<u>When should this work be done?</u>

This work needs to be done on an ongoing task. Updates will soon be received from hospitals on a regular basis and will regularly be updated into GP systems.

3. ** Adding flags for individuals who you know to be vulnerable ** (Part 3b of the patient identification process)

The full list of individuals identified via the clinical algorithm and the additional names provided by secondary care clinicians will still be incomplete. GPs will be aware of a relatively small number of additional individuals who have not been captured though either of these practices but who they consider in their professional judgement to be at high clinical risk and should therefore be shielded.

What do GPs need to do?

For all individuals within your practice who you view to be at high risk from Covid-19, please ensure they are flagged as high risk, if they have not already been flagged nationally. **For those patients you flag as high risk, you will also need to send them a copy of the patient letter giving advice on shielding [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/at-risk-patient-letter-march-2020.pdf].**

NHS Digital will pull the details of these flags from GP IT systems weekly. Once this has happened these individuals will be able to access the government's shielding support offer (which they may have already registered for). There will be a lag in processing this information and if in the meantime any of these patients require urgent help they should contact their local authority.

When should this work be done?

This work can commence immediately since GPs will already be aware of their most vulnerable patients. The sooner flags are applied the faster individuals can be offered shielding support. **The task needs to be completed as soon as possible and by no later than 17:00 on Tuesday 14 April.**

4. Reviewing individuals who have self-identified as vulnerable

A number of patients have been able to self-identify as clinically extremely vulnerable via the Cabinet Office website.

The names of individuals who registered on the website prior to 29 March but have not been identified through the central process, will be communicated to each GP Practice shortly. This list will be sent to you within your GP IT system on or around 17th April. The number of patients is relatively small, and it is unlikely you will be adding any or many of these, given the review you will have already completed of patients the practice has added.

What do GPs need to do?

Once you receive the list, please review these individuals, determine their appropriate Covid-19 risk category and flag them as high, medium or low risk as

appropriate. For any of these patients you flag as high risk, you will need to send them a copy of the patient **letter** giving advice on shielding.

NHS Digital will pull the details of these flags from GP IT systems weekly and individuals who you flag as high risk will receive the full government shielding service. Individuals who you flag as medium or low risk will not receive a shielding service.

When should this work be done?

This work can commence after 17th April. The task will need to be completed by 17:00 on Monday 20th April.

We recognise the pressure General practice is under and we are grateful for all your efforts to help protect the most vulnerable patients during these difficult times.

Thank you very much for your support. If you have any questions, please contact the NHS Digital Shielded Patients List Hub: splquery@nhs.net. This mailbox will be monitored and responses provided asap throughout the Easter period.

Annex 1: Sources of additional information and assistance

If you have any queries or difficulties with the operation of these processes please contact the NHS Digital Shielded Patients List Hub at SPLQuery@nhs.net

Details of the clinical algorithm, the code sets used, and the dissemination process and recipients of this data can be found on NHS Digital's website at https://digital.nhs.uk/coronavirus/shielded-patient-list

Annex 2: Clinical conditions included in the clinical algorithm

1) Solid organ transplant recipients who remain on long term immune suppression therapy
2) People with specific cancers
    a. people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
    b. people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
    c. people having immunotherapy or other continuing antibody treatments for cancer
    d. people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
    e. 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)
5) People on immunosuppression therapies sufficient to significantly increase risk of infection.
6) People who are pregnant with significant congenital heart disease

A small number of specialities which include patients at highest clinical risk have received guidance directly from their Royal Colleges or societies:

- Association of British Neurologists https://www.theabn.org/page/covid-19_patients
- British Society of Gastroenterology https://www.bsg.org.uk/covid-19-advice/bsg-rcp-advice-for-ibd-liver-clinicians-on-identifying-immunosuppressed-patients-for-shielding/
- The Renal Association https://renal.org/stratified-risk-prolonged-self-isolation-adults-children-receiving-immunosuppression-disease-native-kidneys/
- British Society for Rheumatology https://www.rheumatology.org.uk/News-Policy/Details/Action-needed-coronavirus-identifying-high-risk-patients

- British Association of Dermatologists http://www.bad.org.uk/healthcare-professionals/covid-19/covid-19-immunosuppressed-patients
- British Thoracic Society https://www.brit-thoracic.org.uk/about-us/covid-19-identifying-patients-for-shielding/
- The Royal College of Ophthalmologists: https://rcophth.ac.uk/2020/04/covid-19-update-and-resources-for-ophthalmologists/

Annex 3: New SNOMED Covid-19 Codeset

1300671000000104	COVID-19 severity scale
1321071000000107	Has NHS digital isolation note
1321081000000109	Self-isolation note issued to patient
1321091000000106	Household isolation note issued to patient
1300591000000101	Low risk category for developing complication from COVID-19 infection
1300571000000100	Moderate risk category for developing complication from COVID-19 infection
1300561000000107	High risk category for developing complication from COVID-19 infection
1300631000000101	COVID-19 severity score
1300681000000102	Assessment using COVID-19 severity scale
1321161000000104	Household isolation to prevent exposure of community to contagion
1321131000000109	Self-isolation to prevent exposure of community to contagion
1321141000000100	Shielding of household to prevent exposure of uninfected subject to contagion
1321151000000102	Shielding of uninfected subject to prevent exposure to contagion
1321231000000101	Signposting to CHMS (COVID-19 Home Management Service)
1321061000000100	Signposting to NHS online isolation note service
1320971000000102	Taking of swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)
1300721000000109	COVID-19 confirmed by laboratory test
1300731000000106	COVID-19 confirmed using clinical diagnostic criteria
1321101000000103	COVID-19 excluded
1321111000000101	COVID-19 excluded by laboratory test
1321121000000107	COVID-19 excluded using clinical diagnostic criteria
1321221000000103	Consultation via video conference not available
1321171000000106	Provision of advice, assessment or treatment limited due to COVID-19 pandemic
1321031000000105	Self-taken swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) completed
1321041000000101	Self-taken swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) offered
1321051000000103	Swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) taken by healthcare professional
1321201000000107	COVID-19 health issues simple reference set
1321211000000109	COVID-19 presenting complaints simple reference set
1321191000000105	COVID-19 procedures simple reference set
1321181000000108	COVID-19 record extraction simple reference set

Annex 4 – GP Systems Guidance on searching for Covid High Risk Patients

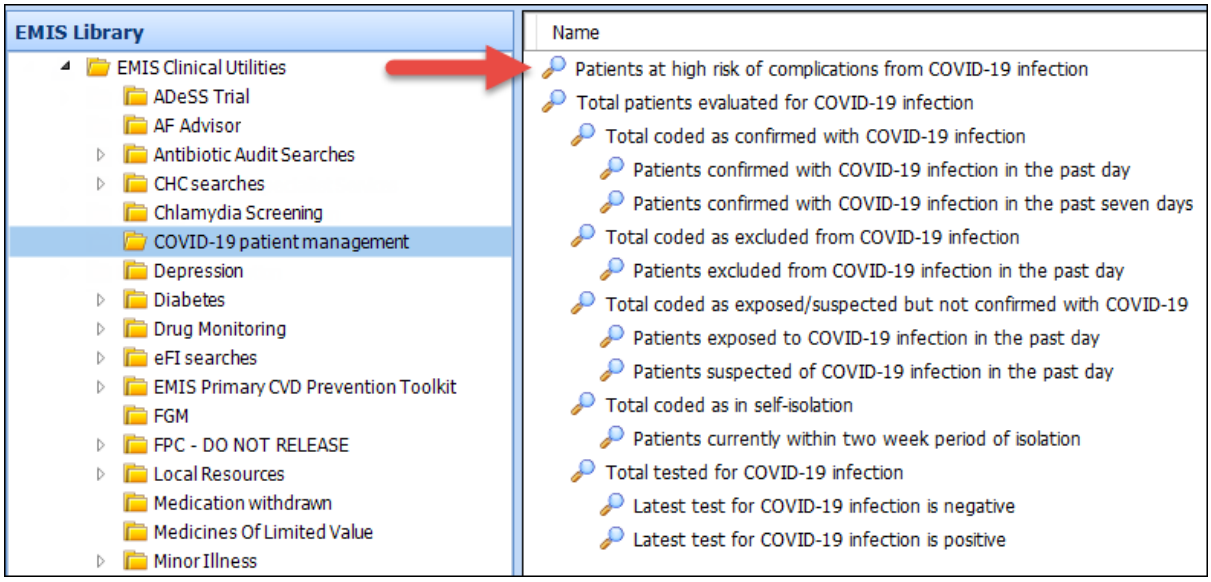
This annex contains the most recently distributed guidance from the GP IT systems suppliers. GPs can access this guidance through the normal communication routes.

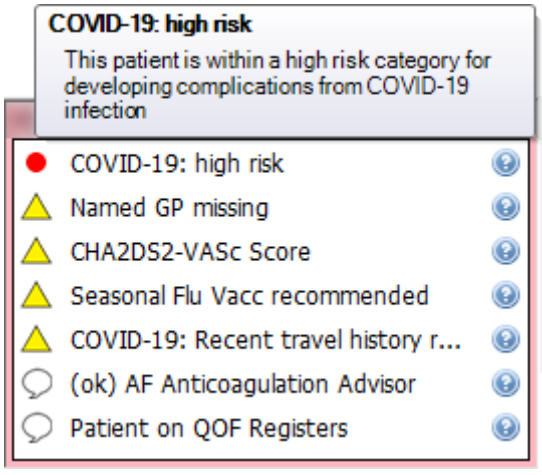
EMIS Bulletin 8th April

From today, clinicians should begin to use the following code to identify any patient that they feel meets the criteria defined by the CMO:

- **Risk of exposure to communicable disease** (Concept ID: 443999008, Description ID: 2841263019)

We are updating our *'Patients at high risk of complications from COVID-19 infection'* search and the accompanying *'COVID-19 (Wuhan novel coronavirus) alert'* protocol to include this code, meaning that patients coded with 'Risk of exposure to communicable disease' will then be included in this search, and will display the below alert in their Care Record:



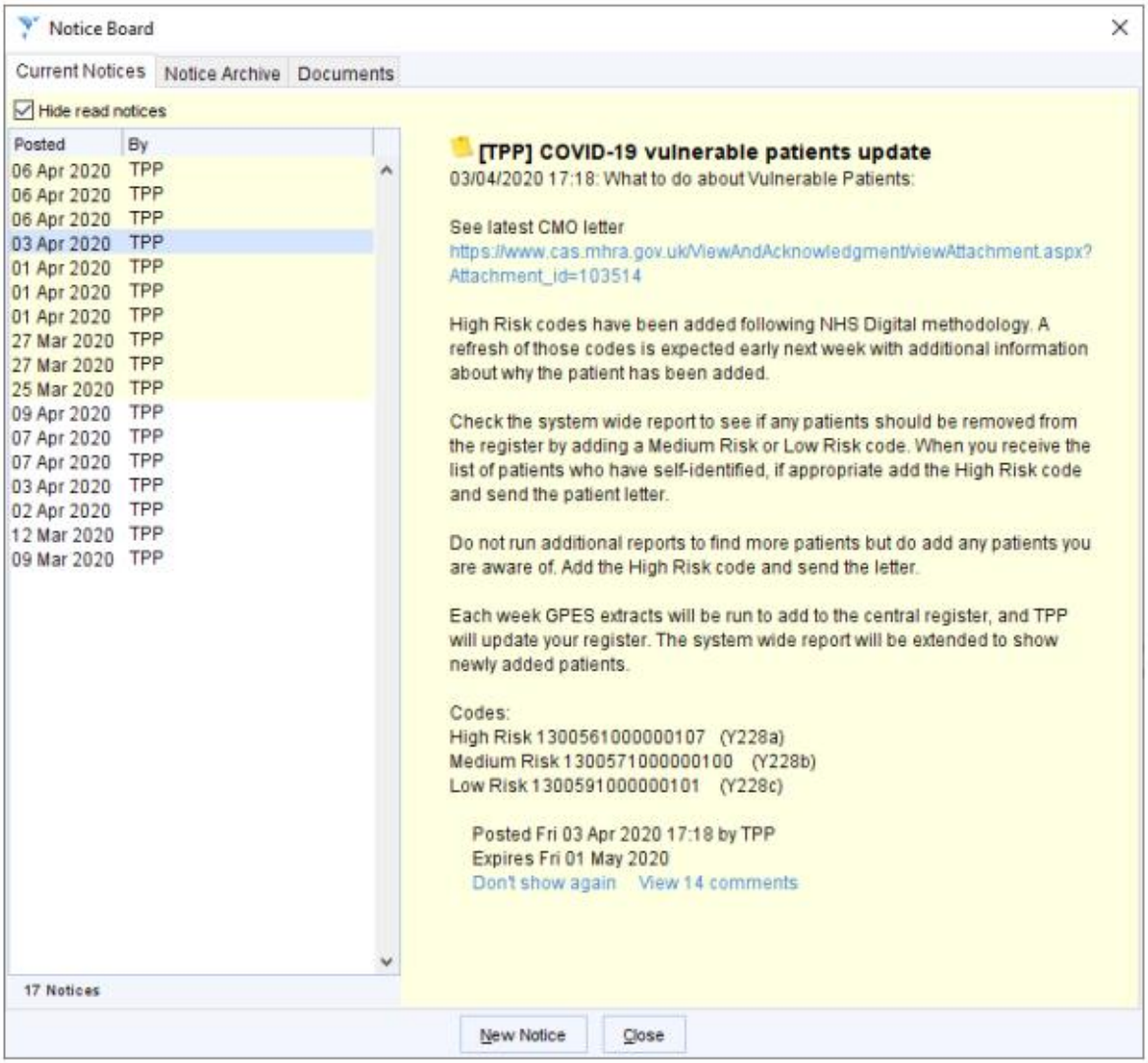


TPP SystmOne

High Risk codes have been added following the NHS Digital methodology. A refresh of those codes is expected early next week with additional information about why the patient has been added.

Check the system wide report to see if any patients should be removed from the register by adding a Medium Risk or Low Risk code. When you receive the list of patients who have self-identified, if appropriate add the High-Risk code and send the patient letter.

Each week GPES extracts will run to add to the central register, and TPP will update your register. The system wide report will be extended to show newly added patients.



Covid-19 At-Risk Patients

As previously reported, NHS England have written to 900,000 at very high risk patients advising them to stay indoors (shield) for the next 12 weeks.

As directed by NHS Digital, overnight on 23 March, a utility was run on your patient records and any patients falling in the 'at highest risk' group as specified by NHS Digital now have the Read code **9d44.00 Risk of exposure to communicable disease (situation)** added to their record.

By default the associated **History** entry for patients identified as at-risk contains the following details:

- **Read Term for Characteristic** - 9d44.00 Risk of exposure to communicable disease (situation) - note the SNOMED CT Description is used for the terms automatically added to patient records.
- **Comment** - High risk category for developing complications from Covid-19 infection - Added at NHS Digital request.
- **Priority** – 3.

IMPORTANT - Previous communications from NHS England advised that practices should await further instruction before contacting affected patients. However, we have now been advised that the original guidance for contacting and reviewing patients is still valid and you should continue to follow NHS England guidance as detailed in their FAQs here. You will see in this guidance that there is also a letter template which we have rendered into a Vision 3 letter template which you can download here.

At-Risk Patients – Phase 2

NHS England have identified additional At-Risk patients as part of phase 2 of this process. This list also includes the reason why the patient has been included in the list. **NHS Digital have only just released this list to us (9th April 2020) to allow us to update the patients at your practice**. We are working to create and run another utility which will add the clinical term "9d44.00 Risk of exposure to communicable disease (situation)" to the appropriate patient records. The reason why the patient has been identified as at highest risk will also be included in the free text comments.

As part of phase 2, we will also ensure that all at highest risk clinical terms are flagged as priority 1 medical history. This means they will be included in SCR uploads for consenting patients.

Once the utility has been run, you can review the newly added patients via the Clinical Audit, as detailed below, and once you have received the April 2020 SNOMED CT update, due to start release from 15 April 2020, you can use the following clinical terms to classify the patient risk:

- **14Op.00** Low risk category for developing complication from COVID-19 infection
- **14Oq.00** Moderate risk category for developing complication from COVID-19 infection
- **14Or.00** High risk category for developing complication from COVID-19 infection

Manually Recording a Patient is At Highest Risk.

If you have any patients in this vulnerable category that have not been identified with the term **9d44.00** for any reason, for example, newly registered patients, patients with new at risk diagnoses or patients prescribed drugs by a hospital, Read term 9d44.00 Potential infectious contact must be manually added to their clinical record with a Priority of 1 and "High risk category for developing complications from Covid-19" entered into free text comments.

Reviewing At Highest Risk Patients

You can view the patients who have had the **9d44.00** clinical term added to their record by downloading and importing the latest Coronavirus Clinical Audit from here and reviewing the Patients flagged by NHS Digital as increased risk for developing complications from Covid-19 infection (9d44) group:

The group has an active **Reminder** of *'At significant increased risk from COVID-19'*.

Dr Tom Hodges-Hoyland
Medical Adviser/Clinical Safety Officer
Vision