

Dear Colleague

## UPDATE ON THE HIGHEST RISK LIST IN SCOTLAND

I am very grateful for all you have done for patients on the Highest Risk List (previously known as the 'Shielding List'). I write with some updates regarding the people who are at the highest risk from Covid.

### 1. The current position of the highest risk group

With more people getting protection from Covid through vaccination, we do not expect a widespread return to shielding in the future. This is true even with the emergence of the Omicron Variant of Concern.

As at 16 December 2021, 96.7% of those eligible on the Highest Risk List have received one dose of the vaccine, 95.4% have received two doses, and 84.6% have received a third dose or booster dose. 86.4% of those identified as severely immunosuppressed have received their third dose and will soon be eligible for a booster dose, if not already booked.

We are still asking everyone on the Highest Risk List to follow the same advice as the general population – wearing face coverings, following hygiene and ventilation guidance. We are encouraging people to work from home if they can, and to regularly perform Lateral Flow Tests, and to encourage other households to do the same before meeting up.

### 2. Maintaining the Highest Risk List

At this time of uncertainty around Omicron, combined with the usual pressures of winter, it is important to maintain the Highest Risk List. While we are currently asking people on the List to follow the same advice as the rest of the population, this could change quickly, and we may need to

**From the Chief Medical  
Officer**  
**Professor Gregor Smith**

21 December 2021

SGHD/CMO(2021) 41

#### Addresses

##### For action

Chief Executives, NHS Boards  
Medical Directors, NHS Boards  
Primary Care Leads, NHS Boards  
Directors of Nursing & Midwifery,  
NHS Boards  
Chief Officers of Integration  
Authorities  
Chief Executives, Local Authorities  
Directors of Pharmacy  
Directors of Public Health  
General Practitioners  
General Practice Nurses  
Immunisation Co-ordinators  
Operational Leads  
Shielding Co-ordinators

##### For information

Chair, NHS Boards  
Infectious Disease Consultants  
Consultant Physicians  
Chief Executive,  
Public Health Scotland  
NHS 24

#### Further Enquiries to:

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ask people to follow additional measures, or to provide them with services and further support, as we have in the past.

Please, therefore, continue to add newly identified patients to the Highest Risk List, and remove those who no longer need to be in this group. This can form part of routine appointments. Based on recent months, the majority of additions to the list have come in bulk from cancer centres, with only a small number being added by clinicians or GPs. More information and guidance on additions and removals is available in Annex A.

### **3. Those who are moderately immunosuppressed**

We know there are many people who are moderately immunosuppressed because of their treatment or medication, who do not meet the criteria for someone who is at 'Highest Risk' from Covid. The evidence suggests that these people are likely to still be at moderate risk of more severe outcomes if they do catch the virus while their immune systems are suppressed. We want to make sure these people understand their risk, and the impact of the medications they are prescribed.

I am therefore asking you, going forward, to discuss these risks with your patients, to advise them to continue to take extra care and follow the protective measures, including good hand hygiene and wearing a mask if they can. You will know your patients' condition best and can provide advice that is person-centred and addresses their individual needs.

I am also asking pharmacists to remind patients when dispensing immunosuppressive medication to take extra care to follow protective measures, to help keep these in mind.

Thank you again for all you have done, and continue to do. Yours sincerely

*Gregor Smith*

Professor Gregor Smith  
**Chief Medical Officer**

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21 December 2021

Dear Colleagues,

**Information on the central identification and data transfer process for people to be added or removed from the highest risk list.**

Contents

- A. Background
- B. The role of the Scottish Government
- C. The role of Public Health Scotland
- D. Maintenance of the highest risk group
- E. Distribution of the highest risk group
- F. The Role of NHS National Services Scotland
- G. The Role of NHS National Education for Scotland
- H. The Role of Health Boards
- I. Role of clinicians
- J. Role of Local Authorities

A. Background

1. In the current epidemiological context with uncertainty around new variants and efficacy of the vaccine, we need to be able to provide additional advice to the people at the highest risk if required. It is therefore important we continue to maintain the list of those in the highest risk group, previously known as the shielding list.
2. Public Health Scotland (PHS) will continue to update the current list of those in the highest risk group, adding or removing people based on information received from the NHS Boards. We will also continue to write to people who are newly added or identified for removal. This may be necessary for several reasons:
  - To inform people whose risk is newly identified that they are at highest risk from Covid, and to allow them to register with the SMS service for information and updates to advice. This will be done through a Chief Medical Officer (CMO) letter;

- To remove people who are no longer in the highest risk group. A letter confirming removal will be sent to these people after clinicians have agreed it in consultation with them;
- To remove people who have died;
- To be able to quickly contact people who are at highest risk in the event of local or national increases in prevalence, and rapidly share their data with partners who need to provide support;
- To enable processes for modification to the list where new evidence of clinical risk groups appear.

#### B. The role of the Scottish Government

3. The Scottish Government has overall responsibility for providing advice and support to people in the highest risk group. The CMO advises on the conditions and diseases which put people at highest risk from Covid. The Scottish Government, as part of its overall responsibility, liaises with partner organisations to ensure that they receive the information they need to carry out their role. The Scottish Government does not have access to the personal data of people who are in the highest risk group.

#### C. The role of Public Health Scotland

4. PHS receives information from Health Board teams about people who have been added to the highest risk group, either by GP practices or secondary care departments.
5. PHS also receives information from Health Board teams about people who, further to agreement between them and their clinician, have been removed from the highest risk group.
6. PHS will require CHI for new additions and will use CHI to routinely:
  - Populate and update names, addresses and GP details in line with CHI; and
  - Remove those who have died using CHI and NRS.
7. PHS will also review an individual's CHI status and if they deem the individual should be removed from the highest risk group (for example, because they have moved outside of Scotland), they will ask the NHS Boards for confirmation.

#### D. Maintenance of highest risk group

8. PHS collates the details of the people who have been added to the highest risk group into a master list. This involves checks for duplicate entries and for deaths.
9. PHS receives a weekly update from the National Records of Scotland's Register of Deaths, checks it against the highest risk group and adds a flag against the name of any people who are known to have died. Due to time lags in reporting deaths and data quality, there will be a number of people in the group at any time who have died and have not been identified as such.

10. PHS also adds flags to the entries for any people who are no longer considered to be at the highest risk.

#### E. Distribution of the highest risk group

11. PHS sends data from the highest risk group to the following partner organisations on a regular basis:
  - NHS National Services Scotland;
  - NES Digital Service (part of NHS National Education for Scotland);
  - Territorial Health Boards;
  - Local authorities.
12. PHS will provide a list of the CHI numbers and status for all people in the group to the GP IT team in NSS. This is then provided to EMIS and Vision. This list will be provided every four weeks, as of 6 January 2022 (currently it is provided every 2 weeks).
13. The GP Practice dashboard will be maintained and updated every 2 weeks.

#### F. The Role of NHS National Services Scotland

14. NHS National Services Scotland (NSS) issues letters on behalf of the CMO.

#### G. The Role of NHS National Education for Scotland

15. NHS National Education for Scotland (NES) carries out the following functions:
  - It operates the SMS service for those on the highest risk list who have registered for SMS updates
  - It shares the data of people who have requested priority online delivery booking with supermarkets.

#### H. The Role of Health Boards

16. Health Boards have a leading role in providing health care to people who are at highest risk from Covid. Health Board teams must:
  - Collate the details of people identified as at highest risk by their GP practices and hospital departments;
  - Collate the details of people that have been removed from the highest risk group after clinicians have agreed it in consultation with them;
  - Provide the details of people identified as at the highest risk and those removed to Public Health Scotland.
17. Each Health Board must ensure that its GP practices and hospital departments know to send the details of any patients they have identified as at highest risk to the Health Board Team.

#### I. Role of clinicians

18. Clinicians will continue to identify people who may be at the highest risk based on the current groups set by the 4 CMOs or based on their clinical judgement.

19. This [document](#) sets out details of the groups considered to be at the highest risk should they contract Covid. It includes how people were identified and the codes used to identify them.
20. At the same time clinicians may remove people from the highest risk group where they believe someone has been identified in error or if they think that someone is no longer clinically at the highest risk. This should only ever be done in consultation with the individual and other clinicians where appropriate.

#### J. Role of Local Authorities

21. Local authorities take the leading role in providing wider social support to people who are in the highest risk group.
22. Public Health Scotland provides extracts from the group to those local authorities which request it. Some local authorities receive data from their local Health Boards.

#### Data transfer schedule

Sent by	Received by	Data	Frequency
NHS Boards	Public Health Scotland	Details of people added to the group or removed	Fortnightly – deadline <b>midday on Thursday:</b> *6 January 2022 20 January 2022 3 February 2022 etc.
Public Health Scotland	Territorial Health Board Team contacts	Full extract from the group covering people who reside in Health Board area	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.
Public Health Scotland	NSS	Details of people to be issued letters (except medical information)	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.
Public Health Scotland	NSS	CHI numbers and status for all patients in the group	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.
NSS	EMIS and Vision (GP IT suppliers)	CHI numbers and status for all patients in the group	Four-weekly on Monday: *10 January 2022 7 February 2022 7 March 2022, etc.
NSS / Public Health Scotland	Territorial Health eHealth contacts	CHI numbers and status for all patients in the group	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.

Public Health Scotland	Local authorities	Extract from the group covering people who reside in local authority area (does not include medical information)	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.
Public Health Scotland	NES	Full details of the highest risk group except for medical information	Fortnightly on Monday: *10 January 2022 24 January 2022 7 February 2022, etc.

*\* Please note there is a three-week gap between updates over the festive period. This allows for the change freeze during this period. Fortnightly updates will resume thereafter. As of 10 January 2022, updates to EMIS and Vision will move to four-weekly.*

Yours sincerely

**Professor Gregor Smith**  
Chief Medical Officer