



Chief Medical Officer

Date: 26 March 2020

Dear colleagues

From Monday 23 March all COVID-19-related queries and assessments for patients should be diverted away from general practice into the new NHS24 -111 COVID-19 Hubs and assessment centres. Self-isolation notes for up to 14 days will also be managed through this process and patients can also be directed by practices to this online facility <https://111.nhs.uk/isolation-note>.

The intention is to support the additional work that has been placed on general practice in the past two weeks so that your teams can also focus on managing patients with ongoing non-COVID-19 related illness. **We would also like to ask for your help with the identification and proactive management of patients who are at particularly high risk of severe morbidity and mortality from COVID-19.**

**This letter covers two categories of patients who, due to their health conditions, may be at greater risk of being impacted by Covid-19: groups at risk and groups at a high risk. We have recommended actions that should be considered for both groups.**

## GROUPS AT HIGH RISK

The wider group (groups at risk), who broadly speaking comprise the criteria of adults eligible for an annual flu vaccine for medical reasons, will not all be proactively contacted but have 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 severe morbidity or mortality from COVID-19. We have identified this group, based on expert consensus. The method for this is described in



Annex A. In Scotland, this equates to around 200,000 patients, across 940 practices. The group includes:

**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<sup>1</sup>**

**6. People who are pregnant with significant heart disease, congenital or acquired**

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<sup>1</sup> This includes all patients on the following medications:

Azathioprine  
Mycophenolate (both types)  
Cyclosporin  
Sirolimus  
Tacrolimus

And/or those identified to you by secondary care colleagues.

People identified as being in these groups are to be sent a letter with advice on how to protect themselves and access the care and treatment they need during this time (Annex B).

This involves strict social isolation with no contact from the outside 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 will not be without its own attendant physical and mental health risks. We recommend that if possible practices upload the patient letter to their website so that patients are able to see it, if for some reason they do not receive it through the post.

Patients will mainly be identified using national data sets – it is believed that this will identify that majority of patients within these six groups. However, there are limitations to the national data sets for identifying all patients.

NSS is working with the GP IT suppliers to allow a code to be added to the GP patient record of each patient who has been centrally identified. This work is expected to be completed during the week of 30 March and will allow GPs to know which of their patients have been identified as a part of the most vulnerable group.

This code will be visible when the patient record is opened, and can be searched for at a practice level using clinical audits which will be provided by your clinical software supplier EMIS or Vision. We will inform you of the code which has been used.

We acknowledge this central search approach may not identify all patients in this very high risk group, and we will also be asking hospitals to help us identify any of the above groups of patients who may not be found on central registers and ensure there is two way communication between practices and specialist teams to ensure communication and work is shared and not duplicated.

If you have capacity, we ask you to forward a generic copy of the CMO's advice letter to any additional patients you identify who have not been centrally identified. We appreciate that all services are under significant pressure at this time and it may not be possible to do this.

We also acknowledge that some of the six groups are broad in their definitions. The NHS Inform website will be updated regularly over the next few days with more detailed guidance to identify those within each of the six groups. We value your clinical knowledge and practice based systems intelligence in helping to identify those at particularly high risk within the six groups.

All territorial Health Boards will immediately take steps to establish a team to co-ordinate the sharing of information regarding this very high risk patient group and to act as a point of contact for NHS National Services Scotland, local authorities, GP practices and hospital clinicians. Your health board co-ordinating team will collate

patient details to share with stakeholders who will be required to support patients during the shielding period.

**All GP practices which identify patients in these six groups should supply those patients' CHI number to their local Health Board co-ordinating team. You should also enter the appropriate code in the GP patient record** (which will be provided by your clinical software provider). Your health board co-ordinating team will be in contact with you shortly with details of how to share relevant patients' CHI numbers. This information will then be passed by the Health Board co-ordinating team to NSS who will arrange for a letter to be issued to the patient.

**Patients are being advised in their letters that their GP practice will be in touch with them as soon as they can to discuss the letter.** We recognise that this is different to the approach being suggested elsewhere in the UK (which is for patients to contact their practice directly), but we believe that this allows for a more planned and consistent way of managing workload around these conversations.

There may be clinicians in your practice team who are self-isolating but remain well who would be able to undertake this work over the telephone. By working as a whole system across primary and secondary care, we would expect all parts of the system to help facilitate and co-ordinate care and support for those patients who are at the highest risk during this pandemic.

The recommendation for shielding the very high-risk group is just that, and we ask that your discussion with patients reflect this. Some patients may decide, on weighing up the risks, that they would prefer not to follow the restrictive, stringent measures. We ask that you help your patients to work through this if they wish to. **We also suggest that anybody with a terminal diagnosis who is thought to be in their last 6 months of life should be excluded from this group (unless they wish to be included), to allow them to maintain contact with their loved ones during the last phase of their illness.**

Included with this letter at **Annex C** is a guide to be used with patients to check their understanding of advice they have received in the letter, to ensure that practices have up to date contact details for key carers and healthcare professionals involved in their care and to ensure that they are able to access their medications. It is recommended that the key points are captured in their KIS. **This part of the conversation can be done by any member of the practice team (with appropriate support) and does not necessarily have to be a GP. In addition for some patients in this group it may be appropriate to discuss their Anticipatory Care Plan. This discussion should be done by a clinician but again it doesn't have to be a GP.**

## GROUPS AT RISK

On Monday 16 March the UK government announced a package of measures, advising those who are at increased risk of severe illness because of 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 at risk group, who broadly speaking comprise the criteria of adults eligible for an annual flu vaccine for medical reasons, will be advised that they will **not** all be proactively contacted by their GP practice, but have instead been directly contacted by a letter from the CMO to ask that they take steps to reduce their social interactions in order to reduce the transmission of coronavirus.

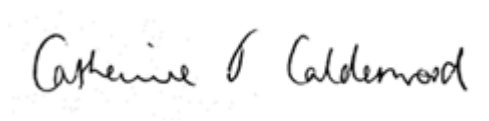
**This is the group in that in Scotland we would recommend have a Key Information Summary (KIS) automatically created (if they do not already have**

**one) and sent. The usual need for explicit consent has been suspended in the context of the COVID-19 pandemic. This will allow automatic sharing of useful data from the primary care record (specifically past medical history).**

An easy way to identify this group at a practice level is to run a search of all those patients who are routinely invited for flu vaccine and do not have a KIS. We issued guidance to practices last week about how to create and send a KIS, and have attached a more simplified updated version as **Annex D** for ease of reference. Please note this task does not necessarily have to be undertaken by a clinician and can involve a trained member of your general practice team. Annex A also explains why patient consent is no longer required.

Please accept our sincere thanks for your support, patience and courage during this challenging time. General practice is such a vital frontline service in our efforts to contain and ultimately overcome COVID-19 and your contribution and support has never been more valued and recognised.

Yours sincerely



**DR CATHERINE CALDERWOOD**

Dr Catherine Calderwood MA Cantab MBChB FRCOG FRCP (Ed) FRCP (Glasgow) FRCS(Ed) HonFFPH

## **ANNEX A – IDENTIFICATION OF PATIENTS AT PARTICULARLY HIGH RISK OF SEVERE MORBIDITY AND MORTALITY FROM COVID-19: METHODS FROM CMO**

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 medically 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.

### **Approach to the identification of people in these 6 groups in Scotland**

Please note this information has been updated since it was originally sent to Health Boards on 25 March 2020.

In Scotland, national data sets will be used to identify the majority of patients; this is done by NHS National Services Scotland. NHS National Services Scotland will update General Practitioners and Health Board coordination teams with a list of patients who have been identified and contacted through these central mechanisms.

We acknowledge 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.

We also acknowledge that some patients will not be identified through these central mechanisms, and we are grateful for your help in identifying relevant patients in these groups. In order to try and help support you, we have provided details of our central approach to identifying patients.

Examples where central systems will be less likely to identify patients include:

- Patients with new or recent diagnoses
- Patients with conditions where they have not been in hospital for a long period of time

- Medications prescribed by hospital (are often not on national data systems) e.g. immunosuppressive therapies

### **Group 1 - Solid organ transplant recipients**

A list of patients has been received by ISD from NHS Blood and Transplant. This is being merged with Scottish hospital transplant files. This process is expected to be completed today, Thursday 26 March, and advice letters issued by first class post. This group comprises around 6000 people in Scotland.

### **Group 2 - People with specific cancers**

This is made up of five sub-groups. They are:

- 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; and
- People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.

ISD is searching the national cancer registry. This will not, however, be fully up-to-date and has limitations.

Regional cancer networks will be contacted by Scottish Government to request patient details through databases such as CHEMOCARE. This information will be provided directly to ISD. These networks are being contacted directly by colleagues from Scottish Government.

### **Group 3 - People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD**

This includes all people with cystic fibrosis, severe asthma and severe COPD.

#### *Cystic Fibrosis*

Clinical networks will be asked by specific individuals at Scottish Government to identify these patients and provide them directly to ISD.

ISD are also carrying out secondary checks against a central database.

#### *Severe Asthma and Severe COPD*

ISD is interrogating the National Prescribing Database to identify as many patients as possible. The approach taken in England by NHS Digital to identifying these patients in national

databases has been adopted in Scotland as well. This approach may result in some gaps for patients who have been prescribed the medications outwith the time periods below.

Severe Asthma has been defined by NHS Digital as:

*“Patients who have been prescribed a medicine for asthma for at least 4 of the 6 months (July to December 2019) AND have also been prescribed Prednisolone for at least 4 of the 6 months (July to December 2019)”*

Correspondingly in Scotland, central searches of GP dispensed data will look for patients who have been prescribed a regular medicine for asthma (eg inhaled steroid, montelukast, LABA, theophylline) and are on regular Prednisolone tablets over the previous 6 months up to the end of December 2019 at an average daily dose of 5mg or more.

Severe COPD was defined by NHS Digital as

*“Patients who have been prescribed Roflumilast in either or both November and December 2019 OR who have been prescribed a Long Acting Beta Agonist (LABA) and a Long Acting Muscarinic Agonist (LAMA) and an inhaled corticosteroid (ICS) (as either 3 separate medicines, combinations of single and dual medicines or as triple therapy) in either or both November and December 2019”*

Central searches in Scotland reflect the same criteria.

#### **Group 4 - People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)**

These people are being identified by clinical networks who will be contacted directly by specific individuals in the Scottish Government and asked to provide patient contact details directly to ISD. ISD will also check for codes against records for a variety of diseases in this group of patients.

#### **Group 5 - People on immunosuppression therapies sufficient to significantly increase risk of infection**

ISD are interrogating the National Prescribing Database to identify people who have been prescribed:

- Azathioprine
- Mycophenolate (both types)
- Cyclosporin
- Sirolimus
- Tacrolimus

This is the same approach as in England.

In Scotland we have added:

- Patients on long term high dose of steroid treatment at equivalent of Prednisolone greater than or equal to 20mg per day for more than 4 weeks

In Scotland we are searching against GP prescribed data up to end of December 2019. It is therefore possible some patients newly started on these medications may be missed.

The criteria for immunosuppression by drugs is complex, and difficult to identify using centralised data due to prescriptions being generated from multiple different sources. In particular, patients on Cyclophosphamide or on dual therapies with DMARDs, Biologic/Monoclonal and novel small molecule immunosuppressants are in the high risk group. Most of these medications are generated by specialist centres and are not on the central database.

Several UK-wide medical societies have produced helpful advice in relation to COVID-19 and medications that may lead to high risk of complications, examples of which include:

British Association of Dermatologists:

<http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=6648>

British Society for Rheumatology:

[https://www.rheumatology.org.uk/Portals/0/Documents/COVID19\\_risk\\_scoring\\_guide.pdf?ver=2020-03-23-165634-597](https://www.rheumatology.org.uk/Portals/0/Documents/COVID19_risk_scoring_guide.pdf?ver=2020-03-23-165634-597)

The Renal Association:

<https://renal.org/stratified-risk-prolonged-self-isolation-adults-children-receiving-immunosuppression-disease-native-kidneys/>

### **Group 6 – People who are pregnant with significant heart disease, congenital or acquired**

This is a small cohort of patients. A national clinical lead is currently collating the details of these patients and will provide this directly to ISD.

**[Patient Name**

Patient address Line 1

Patient address Line 2

Patient address Line 3]

Date

**IMPORTANT: PERSONAL**

Dear [Patient],

Your CHI number: [CHI NUMBER]

**IMPORTANT ADVICE TO KEEP YOU SAFE FROM CORONAVIRUS**

If you need support and you have a mobile phone, please text us on 07860 064525. Please include your CHI number, which is the ten-digit number at the top of this letter. This will connect you to a text message service. This service is for you as someone at higher risk of severe illness from COVID-19. This will help you to make sure you have the food and medicines you need while you stay at home. It will let us keep you up to date with the latest information.

If you do not have a mobile phone, you will still be able to access support with daily living by calling your local assistance centre. Their contact details will be available at [www.nhsinform.scot](http://www.nhsinform.scot) .

We know that this is a very worrying time, especially for patients with significant underlying illnesses. Your safety and the continued provision of the care and treatment you need is a priority for the Scottish Government and the NHS in Scotland. This letter gives you practical and detailed advice on how to protect yourself and access the care and treatment you need.

**The NHS has identified you, or the named person you care for, as someone at risk of severe illness if you catch Coronavirus (also known as COVID-19).** This is because you have an underlying disease or health condition that means if you catch the virus, you are more likely to be at risk of serious illness than others.

**The safest course of action is for you to stay at home at all times and avoid all face-to-face contact for at least twelve weeks from today, except from carers and healthcare workers who you must see as part of your medical care.**

We recognise this is difficult, and it may feel like a big step, but by doing this it will help to protect you from coming into contact with the virus, which could be very dangerous for you.

If you are in touch with friends, family or a support network in your community who can support you to get food and medicine, follow the advice in this letter. If you do not have contacts who can help support you, more advice is given at Section 5 in this letter.

Over the coming days, councils and health professionals will be working together to keep in contact with you to make sure you have access to food supplies and any medicines you need.

If, at any point, you think you have developed symptoms of coronavirus, such as a new, continuous cough and/or high temperature (above 37.8 °C), seek clinical advice by phoning the NHS on 111. **Do this as soon as you get symptoms.**

This is different to the advice that we are giving people who do not fall into the very high risk group, who are only being asked to contact the NHS if they feel very unwell. **We are asking you to get in touch sooner than we are advising everyone else.**

### **Things you should be doing to stay safe.**

You, or the person you care for, should:

- **DO STRICTLY AVOID** contact with anyone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature (above 37.8 °C) and/or a new and continuous cough. You might want to have a thermometer at home to check your temperature if you are worried that you may have a fever.
- **DON'T** leave your home.
- **DON'T** attend any gatherings. This includes gatherings of friends and families in private spaces e.g. family homes, weddings and religious services.
- **DON'T** go out for shopping, leisure or travel. When arranging food or medication deliveries, these should be left at the door to minimise contact.
- **DO** keep in touch using remote technology such as phone, internet, and social media.
- **DO** use telephone or online services to contact your GP (for non-coronavirus issues) or other essential services.
- **DO** regularly wash your hands with soap and water for 20 seconds. Ask carers or support workers who visit your home to do the same.

The rest of your household need to support you to stay safe and must stringently follow guidance on social distancing, reducing their contact outside the home. In your home, you should:

- minimise the time you spend with others in shared spaces (kitchen, bathroom and sitting areas) and keep any shared spaces well ventilated
- aim to keep 2 metres away from others and encourage them to sleep in a different bed where possible

- use separate towels and, if possible, use a separate bathroom from the rest of the household, or clean the bathroom with cleaning products after every use
- avoid using the kitchen when others are present, take your meals back to your room to eat where possible, and ensure all kitchenware is cleaned thoroughly using a dishwasher at the 60 degrees setting if possible, otherwise in very warm soapy water.

If the rest of your household are able to follow this guidance to help keep you safe, there is no need for them to wear any special medical clothing or equipment.

**We want to reassure you that you will still get the usual medical care you need during this period. Due to the situation, demand for all health services is very high and your GP practice will be in touch with you as soon as they can to arrange with you how best to ensure that. Please only get in touch with them if you have any significant concerns.**

Other advice you may find helpful:

### **1. Carers and support workers who come to your home**

Any essential carers or visitors who support you with your everyday needs can continue to visit, unless they have any of the symptoms of coronavirus. All visitors should wash their hands with soap and water for 20 seconds when they arrive, before and after preparing food and frequently during their visit.

It is also a good idea to speak to your carers about what happens if one of them becomes unwell. If you need help with care but you're not sure who to contact please visit <https://careinfoscotland.scot/topics/how-to-get-care-services>

### **2. Medicines that you routinely take**

The government is helping pharmacies to deliver prescriptions, prioritising those who are not currently able to leave the house. Prescriptions will continue to cover the same length of time as usual. If you do not currently have your prescriptions collected or delivered, you can arrange this by:

- Asking someone who can pick up your prescription from the local pharmacy, and leave them at your door for you (this is the best option, if possible).
- Contacting your pharmacy to ask them to help you find a volunteer (who will have been ID checked) to deliver it to you or they may deliver it themselves.
- If you get medicines or equipment from your hospital care team, they will make arrangements to have them delivered to you.

### **3. Planned GP practice appointments**

Wherever possible, we will provide care by phone, email or online. But if we decide you need to be seen in person, we will contact you to arrange a visit.

#### 4. Planned hospital appointments

NHS Scotland has written to your hospital to ask them to review any ongoing care that you have with them. It is possible that some clinics and appointments will be cancelled or postponed. Your hospital or clinic will contact you by phone or letter if any changes need to be made to your care or treatment. Otherwise you should assume your care or treatment is taking place as planned. Please contact your hospital or clinic directly if you have any questions about a specific appointment or the care you usually get from hospital.

#### 5. Support with daily living

Please discuss your daily needs during this period of staying at home with carers, family, friends, neighbours or local community groups to see how they can support you.

The government will be offering support to help you self-isolate, including the delivery of food packs and medications. It would be helpful for us to have your mobile phone number, so that we can get in touch with you through an SMS service to offer you this support. If you have a mobile phone, please text us on 07860064525. Please include your CHI number, which is the ten-digit number at the top of this letter. This will connect you to a text message service. This service is for you as someone at higher risk of severe illness from COVID-19. This will help you to make sure you have the food and medicines you need while you stay at home. It will let us keep you up to date with the latest information. You can see more details at [www.nhsinform.scot](http://www.nhsinform.scot).

If you do not have a mobile phone, you will still be able to access support with daily living by calling your local assistance centre. Their contact details will be available at [www.nhsinform.scot](http://www.nhsinform.scot).

If you do not have anyone who can help you, here is a selection of organisations who can advise you and can signpost you to other services:

**Young Scot:** <https://young.scot/>

<https://www.readyscotland.org/coronavirus/where-to-find-additional-support/>

**Age Scotland:** Freephone 0800-12-44-222

And for support in dealing with anxiety around impacts of Coronavirus:

<https://breathingspace.scot/>

<https://www.samh.org.uk/>

<https://www.supportinmindscotland.org.uk/>

## 6. Financial assistance

**This letter is evidence for your employer, to show that you cannot work outside the home. You do not need to get a separate fit note from your GP.**

If you've been financially affected by coronavirus, and if you're eligible, you should apply for Statutory Sick Pay, Universal Credit or Employment and Support Allowance. The UK Government has introduced some temporary changes to make this process easier. Find out more at <https://www.understandinguniversalcredit.gov.uk/coronavirus/>

Money Talk Team, from the Citizens Advice network in Scotland, can help you see what benefits you might be entitled to, and offer you advice to help make your money go further. You can call the team on 0800 085 7145 or visit the Money Talk Team website at <https://financialhealthcheck.scot/home>.

## 7. Urgent medical attention

If you have an urgent medical question relating to your **existing** medical condition (ie not Coronavirus), or the condition of the person you are caring for please contact your GP practice, or your specialist hospital care team, directly. Where possible, you will be supported by phone or online. If your doctor decides you need to be seen in person, we will arrange to visit you in your home, or where necessary, see you in a hospital.

To help the NHS provide you with the best care if you need to go to hospital as a result of catching coronavirus, we ask that you have ready a single hospital bag. This should include your emergency contact, a list of the medications you take (including dose and frequency), any information on planned appointments and essential things you would need for an overnight stay (snacks, pyjamas, toothbrush, medication etc). If you have an anticipatory care plan, please include that.

## 8. Looking after your mental well-being

We understand that this may be a worrying time and you may find staying at home and having limited contact frustrating. At times like these, it can be easy to fall into unhealthy patterns of behaviour, which can make you feel worse. Simple things you can do to stay mentally and physically active during this time include:

- look for ideas for exercises to do at home on the NHS website
- spend time doing things you enjoy – reading, cooking, jigsaws and other indoor hobbies
- try to eat healthy, well-balanced meals, drink enough water, exercise regularly, and try to avoid smoking, alcohol and recreational drugs

- try spending time with the windows open to let in fresh air, arranging space to sit and see a nice view (if possible) and get some natural sunlight. Get out into the garden or sit on your doorstep if you can, keeping a distance of at least 2 metres or 6 feet from others.

You can find additional advice and support from the NHS Inform advice website.

Yours sincerely,

A handwritten signature in black ink that reads "Catherine Calderwood". The signature is written in a cursive style and is contained within a thin black rectangular border.

**DR CATHERINE CALDERWOOD**  
CHIEF MEDICAL OFFICER

## **ANNEX**

### **List of diseases and conditions considered to be very high risk:**

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)
5. People on immunosuppression therapies sufficient to significantly increase risk of infection
6. People who are pregnant with significant heart disease, congenital or acquired

### **Data Protection Statement**

We would like to reassure you that while you have been identified from either your GP practice, local Health Board or securely stored national data, in order that we could write to you, this information has been shared appropriately within the NHS in Scotland and did not include your medical record. During this outbreak we will maintain your contact details in case we need to contact you again. We will also notify your GP and your Health Board that you have been contacted in order that they can provide appropriate support. Should we need to, in order to provide some of the additional support noted above, we will share your contact details only with your local authority (your council) in order that they can support you during this difficult time. We would highlight that this action is only being taken due to the current Covid-19 outbreak, and would assure you that your local authority would not receive any details of your medical condition or health record.

## **Coronavirus (Covid-19) Dos and Don'ts**

You may wish to keep this sheet handy so you can refer to it when needed.

**As always – if you have a critical medical emergency, whether related to the coronavirus or not, phone 999.**

If, at any point, you think you have developed symptoms of coronavirus, such as a new, continuous cough and/or a high temperature (above 37.8 °C), seek clinical advice by phoning NHS 111 . **Do this as soon as you get these symptoms.**

**If you need support and you have a mobile phone, please text us on 07860 064525. Please include your CHI number, which is the ten-digit number at the top of this letter. This will connect you to a text message service. This service is for you as someone at higher risk of severe illness from COVID-19. This will help you to make sure you have the food and medicines you need while you stay at home. It will let us keep you up to date with the latest information.**

**If you do not have a mobile phone, you will still be able to access support with daily living by calling your local assistance centre. Their contact details will be available at [www.nhsinform.scot](http://www.nhsinform.scot)**

- **STRICTLY AVOID** contact with anyone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature (above 37.8 °C) and/or a new and continuous cough. You might want to have a thermometer at home to check your temperature if you are worried that you may have a fever.
- **DON'T** leave your home.
- **DON'T** attend any gatherings. This includes gatherings of friends and families in private spaces
- **DON'T** go out for shopping, leisure or travel. When arranging food or medication deliveries, these should be left at the door to minimise contact.
- **DO** keep in touch using remote technology such as phone, internet, and social media.
- **DO** use telephone or online services to contact your GP (for non-coronavirus related matters) or other essential services.
- **DO** regularly wash your hands with soap and water for 20 seconds. Ask carers or support workers who visit your home to do the same.
- **DO** minimise the time you spend with others in shared spaces (kitchen, bathroom and sitting areas) and keep any shared spaces well ventilated.
- **DO** aim to keep 2 metres (3 steps) away from others and encourage them to sleep in a different bed where possible.

- **DO** use separate towels and, if possible, use a separate bathroom from the rest of the household, or clean the bathroom with cleaning products after every use.
- **DO** avoid using the kitchen when others are present, take your meals back to your room to eat where possible, and ensure all kitchenware is cleaned thoroughly, using a dishwasher at the 60 degrees setting if possible, otherwise in very warm soapy water.

## ANNEX C

### SUGGESTED DISCUSSION TEMPLATE FOR VERY HIGH-RISK GROUPS

Review the centrally generated list shared with your practice and allocate the patients based on who knows them best, and who has capacity to undertake the telephone work.

Phone the patient (or their Power of Attorney/carer if the patient is known to have cognitive impairment) and explain that you are getting in touch with them following the letter they should have received from the CMO about keeping themselves safe during the Coronavirus outbreak given that they are in a higher risk group.

Check they have received and read the letter (if not ensure, you have a copy of the letter to hand so you can go through the main points. We are also suggesting that practices could upload the patient letter to their practice website or Facebook page, so patients could also be directed there).

Check their understanding of 12-week self-isolation advice

Check they are aware of the standard public health advice (especially hand-washing)

Check their understanding of the symptoms of COVID-19 (fever >37.8 and new persistent cough) and recommend that they contact NHS24-111 if they do develop these symptoms, making it clear to the person who answers that they are in the very high-risk group. (note: this is different to the advice to the rest of the population who should only contact NHS24-111 if they have these symptoms and feel significantly unwell). Give details of online advice [www.nhsinform.scot](http://www.nhsinform.scot).

Remind them NOT to turn up unannounced at their GP surgery or A&E with symptoms, call the number above and assessment will be arranged if needed.

Check if they have any other medical needs at the current time that need dealt with; explain that where possible this will be done over the telephone or by video consulting (dealt with on the same call if possible, follow up arranged for this if not, and safe to wait).

Ensure that they have adequate medication available at home (but do not recommend stockpiling!). Check that they have plans in place for being able to collect or deliver their medicines. Chemists will be prioritising delivery of medicines for only those who have no other options available. Encourage them to start using online ordering of their medicines if they are not already set up to do so (and if your practice website has this facility). Whilst on the phone, clinicians should check that all medicines that should and could be on repeat are on repeat and are all re-authorized, with 12 repeats if safe to do so. Also check they have a nominated chemist on your system; choose and set one up if not.

Consider whether your community links worker could have a role in reducing social isolation by connecting to community services that are remaining open through virtual means (recognising that most practices do not have a community links worker).

Consider whether there are any safeguarding issues based on your knowledge of the patient and their home circumstances; being in self-isolation is a stressful time for families.

Check who their next of kin is. Note their name, relationship and contact details

Check who their main carer is (if different) and what their contact details are. Ask what their usual alternative arrangements are if their main carer is unwell

Check if they themselves have caring responsibilities for anyone else. Ask what their usual alternative arrangements are for the person they care for if they fall unwell

Check which key healthcare professionals are involved in their care (eg district nursing team, community specialist nurse teams, secondary care) and make a note of key names and contact numbers

Update their KIS (if they already have one) and create and send one if they do not.

It is suggested that the following text can be cut and paste (using keyboard shortcuts: Cut = Control C; Paste = Control V) into the special notes box of the KIS.

Updated as per COVID-19 guidance:  
Checked have received and understood guidance in CMO letter (self-isolation advice and public health measures)  
Checked understanding of COVID-19 symptoms and who to contact  
Checked contact details are up to date  
Next of kin = (phone number = )  
Carer arrangements  
Key health care professionals involved  
Other key issues discussed:

**The above discussion can be carried out by a member of the administration team or other health professionals.**

## ANNEX D

# KEY INFORMATION SUMMARY (KIS) GUIDANCE ON HIGH RISK GROUPS FOR GP PRACTICE TEAMS DURING COVID 19 PANDEMIC

In Scotland, the Key Information Summary (KIS) software allows clinical information from the primary care record (Vision, EMIS) to be shared across the wider NHS, in particular, the out of hours GP service and secondary care.

For those patients who do not have a KIS, only the information available in their Emergency Care Summary (ECS) will be available to view (i.e. medication and allergy data, demographic data).

In normal circumstances to create a KIS for a patient we need to obtain explicit consent from them to do this (assuming they are able to give consent and do not lack capacity to this).

In the situation that we are facing with Covid-19 pandemic, there is a strong practical and moral argument that we should be proactively sharing as much information as possible from patients in “at risk” groups across the wider system to help clinicians who do not necessarily know these patients to make decisions about their care, should they present.

**This guidance is focused on how practices can generate a simple KIS without the need for explicit consent to be obtained to allow rapid sharing of more high level data than the ECS allows (specifically past medical history information).** The Scottish Government is providing assurances that practices can suspend their usual requirement to seek explicit consent and send a KIS'. This is in recognition of the fact that NOT sharing information for our high risk patients is more harmful than not sharing it. It is also what the public would expect us to do to “join-up” their care.

### Step-by-step guidance:

#### **Identify those patients who do not currently have a KIS but would benefit from one**

Run a search for those who are invited for flu vaccine and do not have a KIS; this is the list to work from.

#### **In the VISION IT system:**

##### **Open up the KIS screen**

With the patient record in “consultation manager” view, click on “list” tab and “ECS summary management” at top of list. This opens up the KIS screen.

##### **Fill in the consent section**

At the top of the KIS page, go to “summary and consent status”, click on “more” to expand up the screen; there are 3 separate sections (ECS, KIS, PCS).

Click on the “KIS consent status” box and choose “consent given”.

##### **In the “consent for KIS upload” Notes box**

Enter “created as per Covid19 protocol” (this will allow the option to identify KISs created without consent for this process at a later date).

##### **Send the KIS**

Once ready to go, click on “decision to send KIS” and the traffic light at the top of the form will change to **green**.

Screenshots on next page.

# Vision screenshots

Summary and Consent Status: ECS: ● KIS: ● PCS: ● More...

Emergency Care Summary | Key Information Summary | Palliative Care Summary

- Has a Guardianship Order
- Has Power of Attorney
- Has Adult Incapacity Form
- Has Single Shared Assessment Plan
- 23/02/2018 Has anticipatory care plan

Self Management Plans		
Date	Description	Comments

Summary and Consent Status: ECS: ● KIS: ● PCS: ● Less...

ECS data last sent: 17/03/2020 16:15    History    KIS data last sent: 16/03/2020 18:15    History    No Previous ePCS data sent    History

10/07/2019 Implied consent    Change    23/02/2018 KIS Consent given    Change    No PCS consent status recorded.    Change

No MDT assessment set    +    No practice review set    +    No palliative care review set    +

ECS data will be sent with implied consent KIS data will be sent. PCS data will NOT be sent.

Consent for KIS upload

Consent

KIS Consent Given     KIS Consent Declined

Notes

as per COVID-19 protocol

OK    Cancel

Summary and Consent Status: ECS: ● KIS: ● PCS: ● More...

Emergency Care Summary | Key Information Summary | Palliative Care Summary

- Has a Guardianship Order
- Has Power of Attorney
- Has Adult Incapacity Form
- Has Single Shared Assessment Plan
- 23/02/2018 Has anticipatory care plan

Self Management Plans		
Date	Description	Comments

**Patient Contact List**

Type	Name	Update
Registered GP	Dr Guy Dixon	Update
Usual GP	Dr Guy Dixon	View
Carer	None recorded	
Next of Kin	None recorded	

**Relevant Medical History**

Date	Pri.	Description	Update
15/10/2019	1	Body Mass Index	Update
06/09/2019	1	Knee joint operations	View
18/07/2019	1	Lateral epicondylitis of the elbow	
29/12/2016	1	Body Mass Index	Edit
25/09/2018	1	Body Mass Index	
12/12/2017	1	Body Mass Index	
19/06/2018	1	Body Mass Index	
07/11/2018	1	No response to bowel cancer scr	

**Access Information**

Date	Description	Add
		Add

**Other Agencies Involved**

Date	Description	Add
		Add

**Special Note:**

Created 17/05/2018

No expiry date

Update

17/05/2018 -Asthma patient at risk of exacerbation and hospital admission. Please prioritise assessment if makes contact with asthma related symptoms as these patients may present late during exacerbation or deteriorate quickly. Please encourage I/up with GP practice.  
Usual GP Dr Guy Dixon. Updated Feb 2018.  
Complex multimorbidity.  
Problem list: arthritis right foot and both knees. Multiple foot/ankle fusion operations

- Has DNACPR Form
- Resuscitation status not recorded.
- Has CYPADM form
- Additional Drugs at Home
- Catheter and Continence Equipment at home
- Moving and Handling Equipment at Home
- Has Oxygen for Home Use
- Preferred Place of Care
- Preferred Place of Final Care

**In the EMIS IT system:**

**Open the KIS page**

Open up the patient record in consultation mode. Click KIS on the toolbar, or press 8 on the keyboard  
This opens up the KIS screen.

**Fill in the consent section**

The screen opens up on the consent tab. Choose the “consent given” option.

**Edit the past medical history**

This is specific to EMIS users (in Vision, the past medical history is automatically included)  
Explicitly add past medical history as appropriate on the ‘Current Situation’ tab, the edit button on the right hand side lets you see currently active problems or you can remove this filter and see a “Full History” view, click on items that you feel are appropriate to share to add them to the KIS.

**In the “Patient Consent” section Notes box**

Enter “created as per Covid19 protocol” (this will allow the option to identify KISs created without consent for this process at a later date).

**Send the KIS.**

Once ready to go, go back to the consent tab click on “decision to send KIS” button, and then click Ok to save the KIS data to the system.

Screenshots on next page.

# EMIS screenshots

**KIS Data Entry**

0: Consent | 1: Demographics | 2: Current Situation | 3: Care & Support | 4: Resuscitation & Preferred Place Of Care | 5: Palliative Care

**1** KIS Upload Decision

Send a Key Information Summary for this patient  
 Do Not Send a Key Information Summary for this patient

Assigned Date: 16/03/2020

Patient Consent

**2** Consent for key information summary upload: Unknown

**3** Notes: as per COVID-19 protocol

Date not Uploaded to KIS

16/03/2020	
16/03/2020	
16/03/2020	
16/03/2020	

Special Notes (shared with ePCS)

Apply Special Note

[ max 2048 characters ]

Apply Expiry Date : Special Note will not expire

KIS Review Date (Practice Use Only)

KIS Review Date: 17/03/2020

OK Cancel

**KIS Data Entry**

0: Consent | 1: Demographics | 2: Current Situation | 3: Care & Support | 4: Resuscitation & Preferred Place Of Care | 5: Palliative Care

Medical History

**Main Diagnosis**

No Diagnosis Selected

**4. Add relevant past medical history using EDIT**

Self Management Plan

Anticipatory Care Plan

Single Shared Assessment (SSA)

Oxygen

Additional drugs available at home (shared with ePCS)

Catheter and Continence Equipment at home (shared with ePCS)

OK Cancel

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<sup>i</sup> Consent is no longer a legal basis under GDPR. All processing is done under Article 6(1)(e) (public task) and article 9 (2)(h) (necessary for the provision of health care). Marking consent, however, is necessary for the ECS system to pull the data into KIS.

The current Information Commissioners' Office [position](#) is:

"In the current circumstances it could be more harmful not to share health and care information than to share it. The Information Commissioner has assured NHSX that she cannot envisage a situation where she would take action against a health and care professional clearly trying to deliver care"