



11 May 2020

Dear colleagues,

Further to my letter of 13 April, I am writing to you to provide an update on processes for supporting patients in the 'clinically highest risk' (shielding) group. In this letter you will note that we are adding renal dialysis and splenectomy patients to the shielding list. I appreciate the difficulties that changing guidance causes GPs but as our knowledge of Covid-19 grows so does our understanding of what constitutes clinically highest risk.

The advice that you give to patients is dependent on the information available to you at that point in time. During these unprecedented times and public health emergency, it is critical to acknowledge the rapidly evolving understanding about SARS-CoV-2 and to re-state that no-one should hold you accountable for advice given on good faith and current evidence that subsequently changes. This is consistent with the joint statement from GMC and UK CMOs earlier this year. It is important that we continue to protect the most vulnerable from the Covid-19 virus and I would like to thank you for your hard work and efforts to date.

### **1. People receiving renal dialysis treatment**

I am now advising that people who are receiving renal dialysis treatment should be advised to shield. Public Health Scotland have identified these people from the Scottish Renal Registry and shielding letters were issued last week to those who had not already been sent one. The Renal Registry will provide a weekly update to the Public Health Scotland shielding team on any changes to the Renal Registry to ensure that people who start dialysis treatment are also advised to shield.

### **2. People who have had their spleens removed**

I am also now advising that people who have had their spleen removed should be advised to shield. Public Health Scotland is carrying out a search of Scottish hospital discharge data to identify people who have had their spleens removed. This



data covers the period 2000 to December 2019. People who have had their spleen removed out with these dates or outside of Scotland will not be identified through these searches. Your IT system should be automatically updated with the 9d44. Code for these patients by Thursday 14th May.

You may be aware that the Royal Mail has suspended Saturday deliveries. This may mean that patients with previous splenectomy will receive their shielding letter later than they otherwise would have.

We have requested that there will be searches made available through the ESCRO facility to find patients who do not have a spleen, have not been centrally identified and therefore do not have the current 9d44 code in your system. We would advise use of these searches from 14 May. We would appreciate if of you could review these lists and send appropriate CHI numbers to your Health Board co-ordinator.

### **3. Identification of additional patients for shielding**

General practice has made great efforts to identify those patients who are at highest risk from Covid-19 and I hope that now those efforts are largely complete. It is only those who are extremely clinically vulnerable who should be advised to shield. Shielding can significantly impact quality of life, increase social isolation, and is not without its own attendant physical and mental health risks. I know that you have had difficult conversations with patients about shielding and I want to thank you for your commitment to your patients' best interests and your professionalism.

### **4. People incorrectly identified for shielding**

Thank you for your efforts in identifying people who have been incorrectly advised to shield. It is important that these decisions are made on an assessment of clinical need and risk.

Where a person has been incorrectly advised to shield, support with daily living will not be removed suddenly. If the person has requested a weekly grocery box, this will continue for a period of 3 weeks to allow for alternative arrangements to be made. If the person has requested priority access for online deliveries, they will continue to receive that priority access. If the person's prescriptions are delivered to his or her home, those deliveries will also continue.

If your patient has any concerns about support with daily living, he or she should contact the council's local assistance centre. The national helpline number can be used for this: **0800 111 4000**. It currently operates during core working hours of 09:00 to 17:00.

## 5. Coding

There has recently been a new set of codes released in SNOMED-CT to cover a variety of activities relating to Covid-19 coding. The Faculty of Clinical Informatics has reviewed these codes and picked out a selection that apply particularly to Primary Care. SNOMED-CT terms are now widely used in English based systems. To align with this, both EMIS PCS and Vision have created new codes with the same SNOMED-CT terms. These codes are listed in the Appendix below and are available to use in your systems.

To date you have been advised to use the code **9d44** 'Potential Infectious contact' to indicate people advised to shield as this code was the best available at the time it was first needed. It has been automatically imported into patients records for those people who have been centrally identified for shielding and we have previously asked you to add this code if you identify further patients yourself.

After careful consideration of the consequences of making changes to the code being used, the advice is that for the time being **practices continue to use the 9d44 read code and that they do not switch to using one of the new codes**. Maintaining consistency in the code being used ensures that we avoid possible confusion with audits, alerts and other uses of this code.

At a more settled time we may be able to consider the possibility of the IT systems arranging an automatic batch change of this 9d44. code to one of the new codes with a more suitable term.

## 6. Audits in Vision

I am aware that clinical audits have become available for VISION Practices to utilise:

1. To identify patients who may require shielding.
2. To identify those who are at an increased 'moderate' risk due to age or co-morbidity (the vulnerable group similar to the flu vaccination group with age  $\geq 70$ ).

I would like to urge caution relating to the use of these audit tools in identifying people requiring shielding. These Vision searches are based on specifications for a GP extract process in England, they do not necessarily follow criteria utilised in Scotland and are likely to identify a much wider range of people in the lists. Many of these people would not meet the criteria for shielding.

## 7. ESCRO Shielding reports

ESCRO Shielding Reports are available through a tool produced by Albasoft (makers of the Scottish Therapeutics Utility). The pharmacists in your practice may be more familiar with this system. These audits may help with searching for patients

in the severe respiratory or immunosuppressant groups where the central searches of dispensed prescription data could not identify these patients. This is particularly where they have had prescriptions in the last 2 months. **It is important to appreciate that the results from these audits can only be considered a guide and that clinical review of these lists, as to the appropriateness of shielding, is essential.**

## **8. Updates to GP records systems**

EMIS and Vision are updating GP systems on a weekly basis, adding codes and flags to the records of any patients who have been advised to shield in the last week. The data provided to EMIS and Vision includes all patients who have been sent shielding letters as of the Monday. Vision will deploy this update on a Tuesday evening and EMIS will deploy it on a Wednesday evening. The flags and codes should therefore be visible the day following the deployment of the update.

## **9. Conclusion**

Thank you again for your help with supporting people who are at highest clinical risk from Covid-19.

Yours sincerely



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INTERIM CHIEF MEDICAL OFFICER FOR SCOTLAND

## Appendix – New Codes in GP Systems

The following codes have been added to GP systems.

To record	Look for this Description	EMIS Coding	Vision Coding
Telephone consultation	Telephone consultation for suspected SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)	^ESCT1299041	9N31200
Exposure to COVID-19	Exposure to SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) infection	EMISNQEX58	65PW100
<b>Suspected case of the disease COVID-19</b>	Suspected COVID-19	^ESCT1299116	1JX1.00
Swab taken by HCP	Swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) taken by healthcare professional	^ESCT1300238	4JF6000
Self-swabbing by patient	Self-taken swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) offered	^ESCT1300236	4JF6100
	Self-taken swab for SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) completed	^ESCT1300234	4JF6200
<b>Positive result for PCR (antigen) test</b>	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) detected	^ESCT1299074	4J3R100
<b>Negative result for PCR (antigen) test</b>	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) not detected	^ESCT1299077	4J3R200
Disease confirmed by lab testing	COVID-19 confirmed by laboratory test	^ESCT1300228	A795200
Disease excluded by lab testing	COVID-19 excluded by laboratory test	^ESCT1300245	1IP1.00
Probable case of COVID-19 –NB use with care. Indicates judgement that the disease has been confirmed by clinical picture/other investigations (e.g. imaging)	COVID-19 confirmed using clinical diagnostic criteria	^ESCT1300229	A795300
<b>Definite case – diagnosis of COVID-19</b>	COVID-19	EMISNQCO303	A795100
<b>Not a case of COVID-19</b>	COVID-19 excluded	EMISNQEX59	4J3R200

Telephone advice about SARS-CoV-2	Advice given about SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) by telephone	^ESCT1299107	8CAO100
Signposting to online notes service for providing proof of coronavirus absence from work.	Signposting to NHS online isolation note service	^ESCT1300240	8HkjD00
<b>COVID-19 risk stratification – high risk of developing complications from COVID-19</b>	High risk category for developing complication from COVID-19 infection	^ESCT1300222	14Or.00
Self-isolation of those with symptoms or who live with someone with symptoms.	Self-isolation to prevent exposure of community to contagion	^ESCT1300247	65R5.00
Shielding - to protect people who are clinically extremely vulnerable by minimising all interaction with others.	Shielding of uninfected subject to prevent exposure to contagion	^ESCT1300251	65R7.00
To represent the performance of a PCR test (note does not record the result of the test)	Detection of severe acute respiratory syndrome coronavirus 2 using polymerase chain reaction technique	^ESCT1299053	<none>