

## CARING FOR PEOPLE AT HIGHEST CLINICAL RISK FROM COVID-19

### *Background and Frequently Asked Questions (FAQs) for patients*

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Please note that these FAQs will be updated regularly, as and when new information becomes available. Please use the [weblink](#) to check for the latest and most accurate updates or if you want to share the FAQs with a family member or carer. Please do not download or circulate this document (as a PDF) as it will get out of date.

Please note: The information contained in this document relates specifically to people defined by the United Kingdom's Chief Medical Officers as being **extremely clinically vulnerable to, or at highest clinical risk** from, COVID-19.

The advice in this guidance may feel stringent but it is there to protect those who are at highest clinical risk and should be applied carefully to this group.

**Most** people known to be in this group will have already received a letter through the post or will receive one shortly. These individuals will have been identified using NHS data that can be searched at a national level.

The process for identifying additional people who meet the clinical criteria, but who have not been identified through the initial central process, is continuing. People identified through this process, i.e. by their GP or hospital clinician, will also receive a letter directly from them.

### **Background**

The NHS has written to around 1.3million people considered to be at highest clinical risk from coronavirus (COVID-19) to inform them that they should stay at home at all times and avoid all face-to-face contact for a period of at least 12 weeks. This is known as 'shielding'. This advice is set out in the [Public Health England guidance](#).

The GPs and hospital clinicians looking after people in these groups have also been informed of who is included in the highest clinical risk group. They have been asked to review their patient lists and to add in anyone else who they think should be considered at highest clinical risk and advised to shield.

People falling into this highest clinical risk group include:

1. Solid organ transplant recipients
2. People with specific cancers:

- people with cancer and are having chemotherapy
  - people with lung cancer and are having radical radiotherapy
  - 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. Women who are pregnant with significant heart disease, congenital or acquired

***Frequently Asked Questions:***

**Q1: I have received a letter telling me that I am at the highest clinical risk during the COVID-19 pandemic. Why have I received this letter?**

A1: You have received this letter because you have been identified as having a condition(s), or are taking medication, or receiving treatment, that puts you at the highest risk of severe illness if you catch COVID-19. The list of highest risk diseases was agreed by the United Kingdom's Chief Medical Officers and includes:

1. Solid organ transplant recipients
2. People with specific cancers:
  - people with cancer and are having chemotherapy
  - people with lung cancer and are having radical radiotherapy
  - 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
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5. People on immunosuppression therapies sufficient to significantly increase risk of infection
6. Women who are pregnant with significant heart disease, congenital or acquired

## **Q2: I am in one of the highest clinical risk groups, so what do I do now?**

A2: You are strongly encouraged to follow the guidance issued by Public Health England, as set out in the letter you have received – stay at home and avoid all face-to face contact for the next 12 weeks. This approach is called ‘shielding’.

If you have any concerns or queries about the content of the letter you have received, your condition, what shielding involves, or what this might mean for you, please get in touch with your GP or hospital clinician in the first instance.

All people who have received the letter should register with the Government’s website: <https://www.gov.uk/coronavirus-extremely-vulnerable>. This will help you to access support with activities such as obtaining food packages or medications. Even if you do not need any support with daily tasks, please do register with this website to let Government know your current situation. If you do not register you may receive a phone call to ask whether you need any help.

Please note that patients are being added to the central data base all the time. There may be a delay between you being identified as highest risk, receiving a letter and then being recognised by the Government website and phone line as someone who is eligible for support.

If you experience a delay and require urgent help in obtaining food or medication during this period, please contact your local council where you will find information about help available in your area.

## **Q3: I think I should be considered as highest clinical risk, but I haven’t received a letter. What should I do?**

A3: **Most** people who are within the highest clinical risk group will have a letter from the NHS. However, we know that central records do not capture everybody in this group. GPs and hospital clinicians have been asked to help identify and contact additional people who meet the clinical criteria, but who have not been picked up through the initial central process for any reason. It may take time for letters to reach patients identified by their GPs and hospital clinicians, and for those individuals to then be recognised on the Government support website.

If you think you should be considered as highest clinical risk, you should contact your clinician to discuss this with them. In the meantime, you may wish to follow Public Health England’s [guidance](#) on ‘shielding’.

## **Q4: I have one of the conditions or medications that puts me in the clinically highest risk group but have not yet received a letter. My GP has told me that I am too late to get on the list, so what do I do now?**

A4: Firstly, don’t worry as this is inaccurate. Around 1.3 million people on the highest clinical risk list have been identified using central records and have either received, or will shortly receive, a letter confirming this.

We also expect that a number of additional patients will be identified by GPs and hospital clinicians as they review their patient records. These people will be added to the central list once they are identified.

There is no cut-off point for being added to the list, as after this initial central identification process is complete, people can be added as part of 'business as usual' activities during the response to COVID-19 at any time, if they have one of the diseases in the agreed clinical list. If you think you fall into one of these groups and should be added to the highest clinical risk list, and your GP agrees, your GP can record this in your patient record and issue you with a letter confirming your status. This letter will act as evidence for your employer that you cannot leave the house and will enable you to access Government support for food packages and medications delivery.

**Q5: I have been told that I am not considered to be at highest clinical risk, but I still want to be in the shielding group. What should I do?**

A5: If you are not considered by healthcare professionals to be at the highest clinical risk but nevertheless wish to follow '[shielding](#)' advice then this is a personal decision that you are, of course, free to make and to follow as far as possible.

However, Government advice is that people who **are not included** in the shielding group but who are on the broader list of conditions (below), follow strict [social distancing](#) measures instead.

This is because shielding is a severe intervention which may be difficult to adhere to for such a long period of time, and the additional benefit gained from this extra measure needs to be weighed against any impact on your mental and physical wellbeing from a significant loss of social contact and needing to stay in the home for a long period of time. The Government's nationally coordinated food and medicines delivery service is only available to those in the shielding group

People who are considered in a wider vulnerable group (sometimes referred to as the 'flu group') but are **not** in the highest clinical risk registry (or shielding group) are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. for adults this usually 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

**Q6: I have received a letter saying that I am considered as highest clinical risk, but I think this is incorrect. What should I do?**

A6: If you have any queries/ concerns about the letter you have received or think that you may have received it in error, please contact your GP or hospital clinician as soon as possible to discuss how you can stay safe during this time. In the meantime, it is advised that you follow the Public Health England guidance on [shielding](#) unless advised otherwise by a healthcare professional.

**Q7: I have had a telephone call from somebody claiming to be from the National Shielding Helpline. How do I know this is not a scam?**

A7: While you are at home 'shielding' a government support service may contact you by letter, email or telephone. This team is contacting you to understand your food and wellbeing support needs and will always identify themselves with their name and as a representative of the National Shielding Helpline.

To give you confidence, the phone number they're calling from will register on your phone as 0333 3050466. It is not a live telephone line, but if you call it you will get the following recorded message:

*"You were called today by the Shielding Helpline, sorry that we missed you, there is no need to call us back as we will try again soon. Thank you goodbye".*

Early on in the call agents from this service will ask you to confirm some details, for example your name and NHS number, to make sure they are speaking to the right person. They will never ask you for information like your National Insurance number or bank details. Your local council may also be in touch.

**Q8: What support is being offered to people who are advised to shield?**

A8: It is expected that many people who have been identified as highest clinical risk and are now 'shielding', i.e. staying at home and avoiding all face-to-face contact, will have family members, carers, friends or neighbours, who can help them out while they are required to stay at home, for example by picking up essential food shopping and medicines.

If you are at highest clinical risk and have received a letter from the NHS advising you to stay at home, you should register for support from the Government. Support is initially focused on provision of food packages and ensuring medication delivery where you have no other means to receive these. Everybody who has a letter and has been advised to shield should go to <https://www.gov.uk/coronavirus-extremely-vulnerable>. Even if you do not require support at this time, please register with the site so that we know that you have received your letter.

We know that not everybody will have people around to support them. Local councils are also working with the voluntary sector and other partners to support people at highest clinical risk during this time. Please look at your local council's website where you will find information and advice about support available in your area.

If you are shielding, and have access to the internet, you can go online to find useful advice about how to access a range of NHS services via your computer/tablet/smartphone, from the safety and comfort of your home, using the [Health at Home website](#). Visit the site to find out how to contact your GP; order repeat prescriptions; manage long-term conditions and maintain your mental and physical wellbeing.

### **Q9: If I am shielding, what do I do about planned GP or hospital appointments?**

A9:12 Any changes to your care plan should be discussed with your GP or hospital clinician but, in general, the following advice applies:

- **Planned GP practice appointments** – Wherever possible, GPs will provide care by phone, email or online. But if they decide you need to be seen in person, they will contact you to arrange your visit to the surgery or a visit in your home.
- **Planned hospital appointments** – NHS England 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 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.

### **Q10: Can I get help from the new NHS Volunteer Responders?**

A10: The new NHS Volunteer Responder service has been established to support people who are shielding because of their health condition and some people who need help for other reasons. Volunteers can help with daily tasks such as shopping and collecting medications and transport to and from hospital appointments. They can also provide a 'check in and chat', which involves a simple phone call from a volunteer to check that you are ok. You can only be referred to this service by a health professional or by your local council.

### **Q11: If I am 'shielding' and must stay at home, can I still go outside, in the garden?**

A11: [Public Health England guidance](#) states that people should "try spending time with the windows open to let in the fresh air, arranging space to sit and see a nice view (if possible) and get some natural sunlight, or get out into any private space, keeping at least 2 metres away from your neighbours and household members if you are sitting on your doorstep".

**Q12: I think I am in the highest clinical risk group but I am not currently registered with a GP, and am not currently being cared for by a hospital specialist. How will I be contacted?**

A12: The NHS is making every effort to identify all individuals who we think should be on the highest clinical risk list. However, it is difficult for us to get in touch with individuals who are not registered with a GP or with a hospital service.

We are working with the voluntary sector to see if there is more we can do to identify people who are known to charities/ local community groups, so that we can get support to those who might be eligible.

**Q13: I am in the highest clinical risk group but do not want to follow the ‘shielding’ restrictions. What do I do now?**

A13: We understand that the restrictions imposed by ‘shielding’ are difficult, both for you and for your family members and/or carers. Public Health England has issued [‘shielding’ guidance](#), strongly advising you to stay at home and avoid face-to-face contact for 12 weeks. This is the safest thing to do to protect you from illness/ complications of COVID-19.

However, this is **guidance** and whether you follow the guidance or not is a personal decision for you to make.

You may decide, having weighed up the risks and the implications of ‘shielding’, that you do not want to follow the guidance. Before deciding, you should discuss the matter with your GP or hospital specialist and those that may provide care for you. This may be particularly relevant for patients who are receiving end of life care. Please do talk to somebody before you decide what to do.

If, having discussed the matter with your GP or hospital specialist, you decide **not** to follow the [‘shielding’ guidance](#), you should follow the same [social distancing](#) and hygiene measures as everybody else, i.e.

- Stay at home
- Only leave home to buy food, for health reasons, or to go to work (if you cannot work from home)
- Stay 2 metres (6ft) away from other people
- Wash your hands as soon as you get home.

**Q14: I live with a person who is ‘shielding’, but I am unable to socially distance from others because of my work or because the size and layout of my home doesn’t allow me to live separately from the vulnerable person who is shielding. What do I do?**

A14: If you live with someone who has been identified as being at highest clinical risk, you should read and familiarise yourself with the [‘shielding’ guidance](#) below, and strictly follow [social distancing](#) guidance.

Public Health England guidance states that the rest of the household should support the person shielding to stay safe and stringently follow guidance on social distancing, reducing their contact outside the home. In your home, you should:

- minimise the time spent in shared spaces (kitchen, bathroom and sitting areas) and keep shared spaces well ventilated;
- aim to keep 2 metres (3 steps) away from others and encourage them to sleep in a different bed where possible;
- use separate towels from other people in the house and, if possible, use a separate bathroom from the rest of the household, or clean the bathroom 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.

If the rest of your household is able to follow this guidance, there is no need for them to take the full protective measures to keep you safe.

All people who have a letter and have been identified at highest clinical risk should register for Government support at <https://www.gov.uk/coronavirus-extremely-vulnerable>. Even if you do not require support at this time, please register with the site.

Please note that national Government support is only available to the individual who is at the highest clinical risk and has received a letter confirming this.

#### **Q15: I have received chemotherapy in the last three months - am I at highest clinical risk and should I be adopting shielding measures?**

A15: People's immunity remains compromised for some time after finishing chemotherapy and clinical teams will be aware of this when considering their highest clinical risk patient lists.

If you have completed chemotherapy in the last 3 months, please contact your care team to discuss your specific circumstances.

In the meantime, you should follow the Public Health England [guidance on 'shielding'](#) - in summary, stay at home and avoid face-to-face contact for a period of 12 weeks.

#### **Q16: Are people who are currently on targeted therapies for lung cancer classed as highest clinical risk to the same level as immunotherapy patients?**

A16: Both groups of people are considered to be at highest clinical risk from COVID-19.

People in these groups should follow the Public Health England [guidance on 'shielding'](#) – in summary, stay at home and avoid face-to-face contact for a period of 12 weeks.

**Q17: Are people with metastatic cancer in the lungs who are not currently being treated at highest clinical risk?**

A17: People with metastatic cancer in the lungs could be more vulnerable and therefore at highest clinical risk from Covid-19. Vulnerability will depend on the type of cancer and treatments that you have had. If you have not received a letter, please contact your care team to discuss your specific circumstances.

In the meantime, you should follow the Public Health England [guidance on 'shielding'](#) – in summary, stay at home and avoid face-to-face contact for a period of 12 weeks.

**Q18: Are people being shielded entitled to statutory sick pay for the whole time they are advised not to leave the house?**

A18: The government has established a package of measures to support individuals who are not able to work during this pandemic – go to <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-guidance-for-employees> for more information.

**Q19: I have received a letter for a family member or loved one who is deceased. Why have I received this letter?**

A19: We are aware that a very small proportion of letters sent by the NHS, notifying people that they are at highest clinical risk from COVID-19, have been sent to people who are sadly deceased. We apologise for any distress caused.

For more information please go to:

<https://digital.nhs.uk/news-and-events/latest-news/coronavirus-letters-sent-in-error>

You can also read the apology statement about letters sent in error to a cohort of patients: <https://digital.nhs.uk/news-and-events/latest-news/coronavirus-letters-sent-in-error-message-to-family-members>

**Q20: I have received a letter to say that I am at highest clinical risk, does this mean I will be de-prioritised for ventilation if I contract COVID-19 and require hospital care?**

A20: You were sent this letter to inform you that your condition, or the treatment/ medication you are receiving, means that you are at the highest clinical risk from COVID-19. The purpose of the letter is to draw your attention to the guidance issued by Public Health England regarding '[shielding](#)' in order to keep you safe during this COVID-19 outbreak.

If you fall ill from COVID-19, or any other condition, and require treatment in hospital, you will not be denied any medical intervention because you are in the 'shielding' group.

**Q21: Where can I find an electronic copy of the letter sent to people considered to be at highest clinical risk?**

A21: A copy of the letter can be accessed through the NHS England website:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/at-risk-patient-letter-march-2020.pdf>

This letter can only be used by those identified as being at highest clinical risk by their GP or hospital clinician.

**Q22: Is the letter available in other languages or accessible formats?**

A22: An easy read version of the letter is available here:

[https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/2020325\\_Easy-Read\\_At-Risk-Patient-Letter.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/2020325_Easy-Read_At-Risk-Patient-Letter.pdf)

The letter is also available in alternative languages and are available here:

<https://www.england.nhs.uk/coronavirus/publication/guidance-and-updates-for-gps-at-risk-patients/>

The Public Health England guidance, which the letter is based on, is online and available in different languages and accessible formats here:

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>