



7 May 2020

Dear colleagues,

Further to my letter of 13 April, I am writing to provide an update on processes for supporting patients in the 'clinically highest risk' (shielding) group.

First of all, I wish to thank you for all your efforts to help support those who are at highest risk from Covid-19.

## 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 has 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 an absent spleen or 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. These searches will cover the period from 2000 to early this year. The most recent cases identified are from January and early February 2020 but the data for this year may not be complete.

Searches are also being prepared to allow GPs to interrogate their own records to identify people who have an absent spleen or have had their spleen removed outwith this time period or outwith Scotland.

### 3. Identification of additional patients for shielding

I know great efforts have been made 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 and are made jointly with the person affected. 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 4 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 their 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. User research

Scottish Government user researchers are working to understand health professionals' experiences of providing support and guidance to citizens who are shielding and adding people to the shielding list. We use this information to improve existing processes and develop further support for citizens. If you would you be interested in taking part in our research via a telephone interview, please email [ucd@gov.scot](mailto:ucd@gov.scot).

### **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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