



Recommendations

for continued care and support of people who are clinically extremely vulnerable

During the first wave of the COVID-19 pandemic, people who were identified as being at higher risk of complications, hospitalisation or death were advised to ‘shield’: take extra steps to protect themselves. They received specific support from government, such as free medicine deliveries.

From 1 August in England, Northern Ireland and Scotland, and 16 August in Wales, the government has paused the programme because the rates of transmission of COVID-19 in the community have fallen.

In this statement, the Royal College of Physicians, Royal College of Emergency Medicine, Royal College of General Practitioners, Royal College of Paediatrics and Child Health (RCPCH), National Voices, Association of British Neurologists, British Association of Dermatologists, British Geriatrics Society, British Society of Gastroenterology, British Society for Rheumatology, British Thoracic Society and the Renal Association highlight challenges faced by both doctors and patients in identifying and reducing the risks associated with COVID-19 for these people. We make recommendations for government, the chief medical officers and NHS bodies on shielding and delivery of care for those deemed to be at high risk (highest risk in Scotland).

Changes to shielding guidance

The chief medical officers (CMOs) identified two groups of adults at higher risk from COVID-19:

- > clinically vulnerable people (pregnant women, those over 70 years, or who have certain long-term conditions) were deemed to be at **moderate risk** (high risk in Scotland) and advised to stay at home as much as possible
- > clinically extremely vulnerable (CEV) people (patients with organ transplants or on specific drugs or treatments) were deemed to be at **high risk** (highest risk in Scotland) and advised to shield.

Guidance for people under 18 years of age who are CEV, produced by RCPCH in association with the CMOs, is different to the guidance for adults.

From 1 August in England, Northern Ireland and Scotland, and 16 August in Wales, people who are CEV are no longer advised to shield. The government still recommends that they should work from home wherever possible, keep their overall social interactions low and continue to take precautions when they do go out. They should of course keep to social distancing guidelines in common with the whole population, and may go out to work if their workplace is COVID-secure.

Although the programme is paused, people who are CEV will remain on the ‘shielding list’. If infection rates rise where they live, they should receive a letter from the government advising them what to do.

Challenges

We are extremely concerned about people who are CEV, unable to work from home and are losing income protection that was put in place at the beginning of the pandemic. This may result in them having to return to work, which will leave them at a high risk of seriously ill health if

- > they work in jobs that put them at higher risk of contracting COVID-19; or
- > their employer does not meet their obligation to make the workplace COVID-secure.

These patients are seeking advice from their doctor and we are keen to help them. They need to understand that many factors contribute to overall risk and any assessment will involve some uncertainty. We invite people receiving specialist care to reach shared decisions with their clinician about their level of risk. They should also discuss how to minimise potential physical and psychological harms of shielding.

However, it is difficult for clinicians to identify the risk for an individual. Much of the clinical advice to shield is based on the severity of their condition(s) or intensity of treatment(s). As further evidence has emerged it is clear that other risk factors play a role.

A PHE review shows that the risk varies significantly for patients depending on their health condition(s), age, gender, ethnicity and place of work. The shielding guidance did not take these demographic factors into account because at that time we were not aware of their significance.

We now know they strongly influence COVID-19 outcomes. We also know the prevalence of the virus varies regionally, and workplace and societal risk factors vary from person to person.

The potential harms of shielding also need to be taken into account, particularly for the most socially vulnerable. For example, prolonged periods at home can have a negative effect on someone's mental health and may leave some people at risk of domestic abuse. For these reasons, coupled with a low risk of contracting COVID-19 at work, returning to work may be the best option for someone who is CEV.

Finally, there is different advice for children and younger people, as the latest evidence indicates that the risk of serious illness from COVID-19 is low for most children and young people. For younger people who are in transition from paediatric to adult healthcare, clinicians must make sure they fully understand the guidance that applies to them.

Because of these complications in assessing an individual's risk, we look forward to the publication of the risk prediction model being developed by Professor Julia Hippisley-Cox and her team. In the meantime, we are concerned about people who are CEV and are being forced to make a choice between poverty or risking ending up in hospital.

As clinicians, we understand the government's decision to pause the shielding programme while transmission rates in the community are lower. As the likelihood of a second wave of COVID-19 becomes ever more apparent, this is an opportunity for people who are CEV to benefit from time outside their home.

But also, as clinicians, we cannot ignore the anxiety that some of our patients are experiencing, nor the fact that they are asking us for advice. These are people who knew they were vulnerable before the onset of the pandemic and heard very clearly the message they were given about the importance of shielding.

They are now being told they may have no option but to return to work. While many, if not most, employers will be doing everything they can to keep their people safe, some will not.

We all face risk every day, and people who are CEV always face a heightened risk. We accept that community transmission has fallen, but we are still in the midst of a pandemic, transmission rates will rise again as more people go out, and people who are clinically extremely vulnerable remain clinically extremely vulnerable.

Those who are confident to go out to work should be encouraged and supported to do so. But those who are not confident, who have taken on board government messages and are now very concerned about their risk, should also be supported.

Recommendations

The government, chief medical officers and central NHS bodies must together:

- 1. Put in place arrangements so that people who are deemed by clinicians to be at very high risk do not have to return to work if they cannot work from home.** This will require centrally available documentation so that any clinician can make the certification, rather than individual fit notes provided by a GP.
- 2. In addition to workplace assessments, support employers to conduct risk assessments for people who are CEV before they return to work.** This is particularly important in high-risk environments such as healthcare settings, where additional [occupational health support](#) may be necessary. Assessments must include travelling to and from work.
- 3. Support people who are CEV if they are unable to return to work safely.** Some people may not qualify for furlough or statutory sick pay, or be able to work from home, yet their risk is still too high to return to work. They must have support to make sure they are not forced to choose between poverty or risking ending up in hospital. There should be an easy way for someone to alert local public health authorities if their employer has not made the workplace COVID-secure.
- 4. Put in place a transitional arrangement for younger people no longer advised to shield.** While the risk may be lower for younger people, some will be close to 18 years of age and adult patient status. Transition and handover arrangements between paediatric and adult care must include discussion of risks and shielding.
- 5. Equip clinicians with the latest intelligence and public health advice to support informed discussions with patients.** The COVID-19 in the UK dashboard should provide data of new cases by region for the previous 14 days. But supporting clinicians means more than information sharing. They need to be supported to draw on local support services and signpost to key resources to help patients manage their health.
- 6. Continue to work closely with medical specialist societies and medical royal colleges to support a standardised approach to assessing levels of risk.** This will be particularly important when infection rates begin to rise again either nationally or regionally.
- 7. Make sure that primary care, secondary care and community services work together locally to reduce the risk for people who are CEV.** Where possible, commissioners must make arrangements for tests and treatments to be delivered at home or as close to home as possible. There must be good communication between providers to reduce unnecessary duplication. Patients should be offered the choice of online consultations and remote monitoring where appropriate. Where this is not possible, they must be told why their review or treatment can only be delivered in a clinical setting and every effort made to ensure it is safe.
- 8. Make sure services do not delay or defer urgent and non-urgent treatment.** Following testing for COVID-19, people who are CEV and require treatment in hospital should be fast-tracked to low-risk areas avoiding ED and admissions units where possible.
- 9. Make sure researchers encourage and enable people who are CEV to take part in research, including those who choose to continue shielding.** They should share their findings with clinicians to help them better understand risk factors for severe illness in patients with COVID-19
- 10. Strongly advise people who are CEV, their carers, family and those living with them to have a flu vaccination.** They must be prioritised when a COVID-19 vaccination programme begins. They will need to be counselled appropriately with respect to any relevant immunosuppression therapies..

To discuss anything in this statement, or for more information, please contact us via policy@rcplondon.ac.uk.

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