

## Protecting our Vulnerable Patients

In the current national crisis, the practice is experiencing high volumes of work with significant staff reduction. The practice will not be able to give letters for employers or employees. Where the employer is aligned to an occupational Health service, patients should be signposted to existing assessment services.

Please read carefully below for detailed guidance which can all be found on [www.gov.uk](http://www.gov.uk).

### Extremely High risk patients (recommended for shielding)

These are patients that should be self-isolating and avoiding all contact with others for a period of 12 weeks.

The list is as follows:

1. Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing 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:
    - PARPs are chemotherapeutic agents mainly used for ovarian, breast, peritoneal and pancreatic cancers -  
Zejula (Pro), Generic name: niraparib  
Lynparza (Pro), Generic name: olaparib  
Rubraca (Pro), Generic name: rucaparib  
Talzenna (Pro), Generic name: talazoparib
  - 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
  - patients with Interstitial Lung Disease/Sarcoidosis
  - patients with non-CF bronchiectasis (see below for severity details)
  - patients on long term ventilation
  - patients with severe asthma on biologics
  - patients with pulmonary hypertension
  - severe asthma and severe COPD:
    - Severe Asthma - Patients being prescribed Long acting beta2-agonist (LABA) as either a LABA or in combination with an inhaled corticosteroid (LABA/ICS) OR prescriptions for a leukotriene receptor antagonist (e.g. montelukast) and patients who had been dispensed 4 or more prescriptions for prednisolone between July 2019 and December 2019
    - Severe COPD - Patients being prescribed Long Acting Beta Agonist (LABA) and a Long Acting Muscarinic Agonist (LAMA) and an inhaled corticosteroid (ICS) in late 2019, i.e on Triple Therapy, NB: prescribed as either 3 separate medicines, combinations of single and dual / combination medicines or as triple therapy, OR patients who have had a prescription for Roflumilast most recently in November 2019 and/or December 2019.

4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID Severe Combined Immune deficiency, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection:
  - Azathioprine
  - Mycophenolate Mofetil
  - Mycophenolic Sod
  - Ciclosporin
  - Sirolimus
  - Tacrolimus
  - See attached Rheumatology and Dermatology advice on self-isolation and immunosuppressed patients.
6. People who are pregnant with significant heart disease.
7. All patients on the following medications: Azathioprine, Mycophenolate (both types), Cyclosporin, Sirolimus, Tacrolimus.
8. Problems with your spleen – for example, sickle cell disease or if you've had your spleen removed

**Patients with these conditions should have received a letter from the NHS Business Services or hospital trusts already, with advice on shielding.**

NHSE emphasises that GPs can use their clinical judgement and knowledge of their own patients to identify additional people who are particularly clinically vulnerable and may have been missed by central searches.

#### **Other patients with long term conditions considered to be at high risk**

This group does not meet the criteria above and will not have received a letter from NHS Business Services. These patients need to be reviewed by a clinician and a decision made on whether shielding is recommended or whether strict social distancing measures should be adhered to.

This group includes, but is not limited to:

- lung conditions, such as asthma, COPD, emphysema or bronchitis
- heart disease, such as heart failure
- chronic kidney disease
- liver disease, such as hepatitis
- conditions affecting the brain and nerves, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- being very overweight (a BMI of 40 or above)

When a clinician has reviewed a patient's records, they should then task the COVID19 Admin group to contact the patient with recommendations/advice and generate a Shielding letter or Stay at Home/Social Distancing letter if required.

It is suggested that people who are not included in the shielding group but who are at risk follow strict social distancing measures instead, and should only leave the house for very limited purposes:

- shopping for necessities, for example food and medicine, which must be as infrequent as possible
- one form of exercise a day, for example a run, walk, or cycle – alone or with members of your household

- any medical need, including to donate blood, avoid or escape risk of injury or harm, or to provide care or to help a vulnerable person
- travelling for work purposes, but only where you cannot work from home

Employers should check [www.gov.uk](http://www.gov.uk) for employer guidance on how to support their employees and reduce their risk.