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Dear colleagues

Information about the end of the shielding programme and managing the closure of the Shielded Patient List

We are very grateful for your work and that of your colleagues to identify and support people who were classed as Clinically Extremely Vulnerable (CEV) to COVID-19.

As you know, shielding advice was paused on 1 April 2021. Since 19 July, people previously classified as CEV were advised to follow the same guidance as the rest of the population, whilst considering if there were additional precautions they could take to reduce the chance of catching COVID-19.

At the start of the pandemic, we knew very little about the threat posed by COVID-19 and the Government made the difficult decision to advise many people we considered to be CEV to shield to protect themselves from the virus. This helped keep the most vulnerable safe while we learned more about COVID-19.

Since then, we have better evidence on the key at-risk groups. In addition, the COVID-19 Clinical Risk Assessment Tool, based on the QCovid model, has been made available to support you in advising patients of their COVID-19 risks.

Given the effectiveness of the vaccinations, the successful rollout of the vaccine programme, and with other treatments becoming available, the Government believes that the time is now right to end the shielding programme.

This means patients will no longer be classified as CEV and will not be advised to shield going forward.

What does this mean for patients?

Patients will be written to directly to inform them of this change in the coming weeks - *you do not need to inform patients yourself.*

Further information from the Department for Health and Social Care about this change, including patient questions, is included with this letter.

What does this mean for GP practices and other clinicians?

As part of the current Shielded Patient List (SPL) process, you are able to add or remove a patient at any time. As we will be closing the SPL, future changes to the COVID-19 risk status for patients in your care will no longer be captured in the national list.

We will be in touch in due course with more information about the managed closure of the SPL. Until then, *no action is required of clinicians*.

NHS Digital will retain the capability to identify high-risk patients in the future, for example in the case of vaccine escape.

In the meantime, we ask that you familiarise yourself with the changes explained in this letter and additional information from the Department for Health and Social Care provided with this letter. Some Royal Colleges are also publishing their guidance for members this week – please check their websites for more information.

What information is included with this letter?

The additional information from Government provides detail on:

1. How patients will be informed
2. SPL and Patient Data Going Forward
3. Covid-19 Clinical Risk Assessment Tool
4. Shielding programme lessons learned
5. Vaccinations and Booster Vaccinations
6. Immunocompromised/immunosuppressed patients and third dose vaccinations
7. Therapeutics
8. Advice for patients to keep themselves safe and the support available
9. Maintaining Patient Physical and Mental Health and Wellbeing
10. Long Covid
11. Patient questions
12. Summary of Key Information Links

Together with the Government, we will continue to monitor the situation and will develop an appropriate response as required. We will be in touch as necessary in the event of any changes or the introduction of new policy.

Thank you again for your active help in constructing and maintaining the SPL to date. Everything you have done and continue to do is key to supporting the pandemic response. It is very much appreciated.

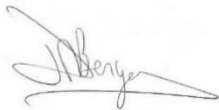
Yours sincerely,



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Further information about the end of the shielding programme

1. How patients will be informed

Patients will start to receive notification of this change in policy in the coming weeks. *You do not need to inform patients directly.*

Patients will be informed that they will not be advised to shield in the future and that the Government will not be providing specific national guidance for the former CEV cohort to follow. They will be encouraged to get vaccinated if they have not already done so, as well as being given information about third dose vaccination, boosters and therapeutics. Government communications will recommend that patients continue to seek support from the NHS and other health providers for their existing health conditions and any new health concerns. Signposting for Mental Health support, local council and third sector support offers and NHS Volunteer Responders is also included in the letter.

Patients for whom the NHS holds an email address will also receive this communication via email. Please continue to encourage patients to register an email address and phone number with their practice to help with the speed and accuracy of communications to this group.

Patients will be encouraged, where possible, to refer to government guidance on staying safe, unless their clinician or specialist provides specific advice on precautions they should be taking. We will share a copy of this letter, including further updates, via the Primary Care Bulletin when available on the [gov.uk website](https://www.gov.uk).

2. SPL and Patient Data going forward

NHS Digital maintains the SPL. It will continue to be held by NHS Digital as the information about those who were previously classified as CEV is still being used by health and social care services and for medical research in line with the law, e.g. under Control of Patient Information (COPI) notices currently. NHS Digital has updated their Transparency Notice to explain how the list continues to be used. The Transparency Notice can be found here: <https://digital.nhs.uk/coronavirus/shielded-patient-list/shielded-patient-list-transparency-notice>.

During periods of shielding, patients may have registered their details with the National Shielding Service System to get support; this has now ended. The Government Digital Service (GDS) have now updated their privacy notice. For more information about personal data management, patients can see the updated privacy notice here: <https://www.gov.uk/coronavirus-shielding-support>.

3. Covid-19 Clinical Risk Assessment Tool

This online tool was made available in February for clinicians to use during a consultation with a patient to discuss COVID-19 risk. It can be accessed here <https://digital.nhs.uk/coronavirus/risk-assessment/clinical-tool>. An update to the tool is currently in development.

4. Shielding programme lessons learned

Based on our current understanding of the COVID-19 pandemic, the success of the vaccine and the availability of other treatments and interventions, the Government currently does not consider shielding to be the best way of keeping people safe.

Vaccines are very successful in protecting people from getting very seriously ill and patients should be encouraged to get both doses of the vaccination if they have not done so already.

We have learnt a lot from setting up the shielding programme and will use that knowledge to help us in our planning for any future pandemic or emergency. This includes retaining the capability to respond quickly to identify cohorts in the event of the above.

5. Vaccinations and booster vaccinations

The vaccine continues to be the best way to prevent serious illness and the spread of COVID-19. Public Health England research shows two doses of vaccine offers strong protection against current Covid variants, including the Delta variant. The vaccine programme is still open and available for all eligible adults, as well as 16-17 year olds. Children aged 12 to 15 in England will be offered one dose of the Pfizer/BioNTech Covid-19 vaccine from w/c 20 September.

The Government has also now accepted the committee's advice on booster vaccinations, that all those who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1-9) should be offered a third dose COVID-19 booster vaccine. This includes

- Those living in residential care homes for older adults
- All adults aged 50 years or over
- Frontline health and social care workers
- All those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the Green Book) and adult carers
- Adult household contacts of immunosuppressed individuals

This therefore captures the former CEV group and all individuals who were eligible in Phase 1 will be invited for a booster, from at least six months after their second dose even though the SPL has formally closed. More detailed information about how the new booster programme will be rolled out and the implications for clinicians can be found [here](#).

In addition, the Joint Committee on Vaccination and Immunisation (JCVI) updated their guidance to recommend that severely immunosuppressed individuals receive a third primary dose (see further detail in the “Third dose vaccinations” section below).

The Government is also continuing to fund clinical trials and research looking at the risks to different groups of patients after vaccination. This includes exploring the use of antibody testing and potential treatments, such as antivirals and therapeutic treatments.

Those who remain at high risk of serious outcomes from COVID-19 following vaccination are a priority group for this ongoing work.

6. Immunosuppressed/immunocompromised patients and third dose vaccinations

If a patient is immunosuppressed or immunocompromised, they are advised to consult their specialist at their next routine appointment about what steps they need to take to support their health and safety.

Most people previously classed as CEV will be well protected by the vaccine. However, emerging evidence suggests those who are immunosuppressed or immunocompromised will have a less strong response.

People have varying levels of immunosuppression or immunocompromise. Correspondingly, there is also variation in vaccine effectiveness for people who are immunosuppressed or immunocompromised.

As such, on 1 September, the JCVI recommended that ‘a third primary dose be offered to individuals aged 12 years and over with severe immunosuppression in proximity of their first or second COVID-19 vaccine doses in the primary schedule’ (at least 8 weeks after their second dose).

Clinicians received a letter dated 2 September asking them to identify individuals that are eligible for a third primary dose and invite them for vaccination, taking into consideration the JCVI’s recommendation on the optimal timing for vaccination.

Severe immunosuppression or immunocompromise at the time of vaccination is defined using guidance and timings outlined here: <https://www.gov.uk/government/publications/third-primary-covid-19-vaccine-dose-for-people-who-are-immunosuppressed-jcvi-advice/joint-committee-on-vaccination-and-immunisation-jcvi-advice-on-third-primary-dose-vaccination>.

7. Therapeutics

Over the coming months we expect to update you on new treatments for COVID-19 as these become available either routinely or as part of clinical trials. In some cases, these treatments may be targeted at those who may be at greatest risk of going to hospital or developing severe infection.

It is therefore really important that patients accurately enter their NHS Number and postcode into Test and Trace when testing for COVID symptoms to enable the NHS to match their test result to their health records so that the NHS can contact them if they might benefit from a treatment.

8. Advice for patients to keep themselves safe and the support available

The latest general government advice on staying safe can be found here [Coronavirus: how to stay safe and help prevent the spread - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/series/coronavirus/coronavirus-how-to-stay-safe-and-help-prevent-the-spread).

Patient need will vary subject to their condition and your clinical assessment. See section on immunocompromised/immunosuppressed patients above for more information.

Patients should be encouraged to take up their vaccination, third dose or booster vaccination offer if they have not already done so.

We recognise that people may find their previous identification as CEV worrying, even with the offer of vaccination. Additional information about available support services are included below.

9. Maintaining Patient Physical and Mental Health and Wellbeing

We recognise that the ending of shielding may cause worry or anxiety. Support is available for anyone who needs it. Please find below links to Physical and Mental Health Support that patients may find useful, including those who were previously classed as CEV. This is in addition to any relevant clinical advice and support services

Physical Health

Tips and advice on staying active and eating healthily can be found at

- NHS Better Health (<https://www.nhs.uk/betterhealth/>)
- Change4Life ([Change4Life \(www.nhs.uk\)](https://www.nhs.uk/change4life/))

Mental Health

Patients can access the following websites for advice and practical steps to support wellbeing and manage mental health.

- Let's Talk Loneliness website (<https://letstalkloneliness.co.uk/>)

- [Every Mind Matters](#) website
- <https://hubofhope.co.uk/> for local sources of mental health support and services, both from the NHS and from other organisations locally.

Local councils and charities may run a variety of services or offers to support both physical and mental health and wellbeing. Local council websites will have more information about this.

NHS Volunteer Responders are also still available to help with things like collecting shopping, medication or other essential supplies and with transport to medical appointments. They can also provide regular friendly telephone calls. More information is available at www.nhsvolunteerresponders.org.uk or you can call 0808 196 3646 between 8am and 8pm.

10. Long Covid

Please find below links to more information about Long Covid:

[Coronavirus \(COVID-19\): long-term health effects - GOV.UK \(www.gov.uk\)](#)

[COVID-19: guidance for health professionals - GOV.UK \(www.gov.uk\)](#)

11. Questions that patients may ask

The following elements of the guidance above may be particularly useful in answering the following questions from patients:

Q. What do I say if patients ask why they are no longer identified as high risk and advised to shield?

A. Evidence about COVID-19 and the factors that lead people to become seriously ill is constantly growing.

At the start of the pandemic we knew very little about the threat posed by COVID-19 and made the difficult decision to advise millions of people to shield to protect themselves from the virus. That was the right decision at the time and helped keep the most vulnerable safe while we learned more about COVID-19.

Whilst we have seen an increase in the numbers of cases, this has not resulted in the same rise in people becoming seriously ill and needing to go to hospital or dying as we saw in previous waves. This is largely due to the success of the vaccination programme. Vaccines are very successful in protecting people from getting very seriously ill and patients should be encouraged to get both doses of the vaccination if they have not done so already.

All government decisions on shielding advice have been led by the latest scientific evidence and the advice to those who were previously classed as CEV has been

kept up to date. Given the risk of becoming seriously ill is lower, the Government believes the time is right to end the shielding programme.

Q. My patient is worried - should they continue to shield?

A. Patients may want to consider, alongside any advice from you, if additional precautions are right for them. Additional precautions are suggested in the patient letter. As a minimum, patients should continue to follow government guidance, which can be found at www.gov.uk/coronavirus.

Patients may have concerns, and everyone will feel differently about their own risk and have different priorities, particularly those who may not have a good immune response to the vaccine or are unable to receive it.

You may have personal advice for a patient on the precautions they should continue to take.

If the patient is immunocompromised or immunosuppressed and has concerns about what this means, they are advised to raise this with their specialist at their next **routine appointment** and you can provide support and guidance on any further measures they can take to further reduce their risk of infection.

Patients are also advised that they should continue to seek support from the NHS and other health providers for their existing health conditions and any new health concerns.

Where formerly CEV patients are likely to have had a good response to vaccination, it is important to reassure them that they are well-protected as we know that shielding and more risk averse behaviour has had a negative impact on many aspects of life.

Q. Will former CEV individuals/patients still be able to access support through the National Shielding Service System and their local councils?

A: Registrations for support on the NSSS ended on 31st March 2021. The privacy notice for the service has been updated and can be found here: <https://www.gov.uk/coronavirus-shielding-support>. Councils are no longer being asked to provide specific support to individuals previously classed as CEV, in line with the Shielding Programme ending.

However, there are a number of avenues of support that may be helpful to all patients, including those who have previously been shielding. This includes Physical and Mental Health support services (see info above).

If patients are struggling financially, they may also be eligible to apply for Universal Credit or Employment Support Allowance. For more information on benefits, please visit: www.gov.uk/financial-help-disabled.

Q Will patients previously considered CEV still be able to access priority supermarket slots?

A: Supermarkets stopped providing priority access to supermarket slots to clinically extremely vulnerable people on the advice of government on 21st June. Different supermarkets may have their own policies on priority access to supermarket slots, however.

Q: My patient is still extremely anxious about returning to their place of work. How can I reassure them?

A: We understand some people are concerned about returning to their workplace.

Shielding measures were paused on 1 April as prevalence of COVID-19 was falling. Although prevalence has increased, it is still below the levels at which shielding was last introduced, with significantly fewer hospitalisations than seen when cases were at similar levels in December. Coupled with the high levels of vaccination, this means that the risk of catching COVID-19 is lower for everyone, including people previously classed as CEV. As a result, it is not necessary to provide separate advice to former CEV individuals.

In addition to any measures the patient feels are right for them, they should continue to follow the same guidance as everyone else (www.gov.uk/coronavirus). If you have given them personal advice as their doctor or clinician on additional precautions, they should continue to follow that advice. Immunocompromised or immunosuppressed patients should raise any concerns about what this means for them with their specialist at their next **routine appointment**.

The Government is no longer instructing anyone to work from home, however, employers still have a legal responsibility to protect their employees and others from risks to their health and safety.

Anyone who is worried about their risk and is unable to work from home should talk to their employer about their concerns. The Health and Safety Executive (HSE) has published [guidance on protecting vulnerable workers](#), including advice for employers and employees on how to talk about reducing risks in the workplace.

Anyone who has a health condition and is unable to work will have access to Employment and Support Allowance (ESA), Statutory Sick Pay (SSP) and Universal Credit if they meet the eligibility conditions.

Q: What should people who are less well-protected by the vaccine do to keep themselves safe?

A: Alongside discussions with their NHS clinician, people who are less well-protected by the vaccine may wish to continue taking some extra precautions such as:

- considering whether you and those you are meeting have been vaccinated – you might want to wait until 14 days after everyone's second dose of a COVID-19 vaccine before being in close contact with others

- considering continuing to practice social distancing if that feels right for you and your friends
- asking friends and family to take a rapid lateral flow antigen test before visiting you
- asking home visitors to wear face coverings
- avoiding crowded spaces

Q: Are you going to give booster vaccines to former CEV people?

A: To maintain protection, the former CEV group will be prioritised for a booster vaccination. Eligible individuals will be invited to book a vaccination on the National Booking System or through their GP from 6 months after their second dose.

Q: Why are all former CEV people not being offered a third primary dose of the vaccine?

A: As per the preliminary results of the OCTAVE trial, most people previously considered CEV will be well protected by the vaccine.

A third dose is being rolled out to people over 12 who were severely immunosuppressed at the time of their first or second dose, including those with leukaemia, advanced HIV and recent organ transplants.

These people may not mount a full response to vaccination and therefore may be less protected than the wider population – offering a third dose may increase their protection levels.

Anyone offered a vaccine in priority groups 1-9 will be invited for a booster vaccination to maintain protection against severe COVID-19 disease. Eligible individuals will be invited to book a vaccination on the National Booking System or through their GP from 6 months after their second dose.

Q: What is the difference between a third dose and a booster vaccination?

A third dose of the COVID-19 vaccine will be offered to people who are immunosuppressed or immunocompromised. This is an additional dose of the vaccine as part of the primary course of vaccination for these individuals to help them mount an immune response similar to what most people get with just two doses.

As is common with many other vaccines, there is early evidence that the levels of protection offered by COVID-19 vaccines reduce over time, particularly in older individuals who are at greater risk from the virus. As such, a “booster” dose is being provided to maintain protection against severe COVID-19 disease, particularly over the winter months.

12. Summary of Key Information Links

Further information for patients:

- www.gov.uk/coronavirus
- [Guidance on protecting people who are clinically extremely vulnerable from COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/protecting-people-who-are-clinically-extremely-vulnerable-from-covid-19)

Vaccination updates

- [COVID-19 RESPONSE: AUTUMN AND WINTER PLAN \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90111/covid-19-response-autumn-and-winter-plan)
- [Third dose JCVI Decision: https://www.gov.uk/government/news/jcvi-issues-advice-on-third-dose-vaccination-for-severely-immunosuppressed](https://www.gov.uk/government/news/jcvi-issues-advice-on-third-dose-vaccination-for-severely-immunosuppressed)
- [Coronavirus » Immediate action required for Phase 3 booster vaccinations \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/phase-3-booster-vaccinations/)

QCovid COVID-19 Clinical Tool

- <https://digital.nhs.uk/coronavirus/risk-assessment/clinical-tool>

Privacy Notices:

- <https://www.gov.uk/coronavirus-shielding-support>
- <https://digital.nhs.uk/coronavirus/shielded-patient-list/shielded-patient-list-transparency-notice>

Workplace safety advice and financial help:

- [Protect vulnerable workers - Working safely during the coronavirus \(COVID-19\) pandemic \(hse.gov.uk\)](https://www.hse.gov.uk/coronavirus/working-safely/)
- www.gov.uk/financial-help-disabled

Long Covid:

- [Coronavirus \(COVID-19\): long-term health effects - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/coronavirus-covid-19-long-term-effects)
- [COVID-19: guidance for health professionals - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/covid-19-guidance-for-health-professionals)

Physical support for patients

- [NHS Better Health \(https://www.nhs.uk/betterhealth/\)](https://www.nhs.uk/betterhealth/)
- [Change4Life \(Change4Life \(www.nhs.uk\)\)](https://www.nhs.uk/change4life/)

Mental Health support for patients

- [Let's Talk Loneliness website \(https://letstalkloneliness.co.uk/\)](https://letstalkloneliness.co.uk/)
- [Every Mind Matters website](https://www.everymindmatters.org/)
- <https://hubofhope.co.uk/> for local sources of mental health support and services, both from the NHS and from other organisations locally.