

**Cabinet Secretary for Health and Sport**

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Lewis MacDonald MSP

Convener

Health and Sport Committee

By Email.

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Dear Lewis

I am writing to update the Committee on removals of people from the shielding list.

At the outset of the pandemic, the four Chief Medical Officers covering Scotland, England, Wales and Northern Ireland, identified a list of six groups where people would be considered to be at highest risk of severe illness should they contract COVID-19.

It was necessary to act very quickly in order to identify people in these groups and send them a letter with advice on how to protect themselves and access the support they needed.

The task of identifying people with the highest clinical risk has been complex and it was done by searching central NHS databases, prescribing data or through GPs and hospital clinicians.

The original shielded patients list was intended to identify people with particular conditions which put them at highest clinical risk of severe morbidity or mortality from COVID-19, based on the understanding of the disease at the time. It was developed early in the outbreak when there were very little data or evidence about the groups most at risk of poor COVID-19 outcomes, and so was intended to be a dynamic list that would adapt as knowledge of the disease improved and more evidence became apparent.

For this reason we have a clear process for clinicians to remove people from the shielding list where there has been a misidentification or if they think that someone is no longer clinically at the highest risk.

Clinicians discuss and agree the removal from the shielding list with the patient. The Health Board then informs Public Health Scotland who will send the patient a letter confirming the removal.

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As at 29<sup>th</sup> July 2020, 10,303 removal letters have been issued.

The table below details instances where a removal letter has been sent.

Removal Letter Type	
Transplant	80
Cancer Misidentifications	3,361
Rheumatology	840
Generic Removals	6,022
Total	10,303
Source: Public Health Scotland	

1) Transplant: In identifying people who have received solid organ transplants, 80 people who were originally advised to shield were subsequently identified as “transplant false positives” – either they were donors, or were incorrectly identified as having received a transplant. Letter of apology was sent on 8 April.

2) Cancer Misidentifications: In searching their records for people who had received radical radiotherapy for lung cancer, NHS Grampian incorrectly included patients who had received radiotherapy treatment for other types of cancer. As a result 3,361 people were initially included in the shielding list and consequently removed and letter of apologies sent on 25 April.

3) Rheumatology: People who are on immunosuppression therapies have been identified as at the highest risk from Covid-19. However there is one class of immunosuppressants called biologics which on their own do not significantly increase the risk of infection. NHS Greater Glasgow and Clyde (GG&C) identified 840 people (in GG&C and Lanarkshire) on immunosuppression therapies who were advised to shield when this was not necessary. Letters of apology were issued to 615 people in the GG&C area on 28 May and to 225 in Lanarkshire on 2 June.

4) Generic Removals: The reason for generic removals is not identifiable as it would disclose detailed medical information. In some cases people who were originally asked to shield have been removed from that list, either due to ongoing discussions with their clinicians, or because they were identified in the central searches but their condition is well managed or not as acute to put them at the highest clinical risk. For some people it may have been appropriate to have been shielding at the outset of the COVID-19 pandemic but their clinical situation may have changed or new knowledge has allowed clinicians to reassess the risk. As at 29 July a total of 6,022 people were removed from the shielding list and sent a letter confirming this.

We are acutely aware that the rules we have asked those shielding to follow are extremely restrictive, and can significantly impact on their quality of life and increase social isolation. For this reason it was and will continue to be very important for clinicians to carry out reviews of individual cases as new evidence becomes available, and in consultation with the patient decide whether they are clinically at the highest risk.

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## **Royal College of Paediatrics and Child Health (RCPCH) updated guidance**

The RCPCH worked in partnership with a wide range of specialist clinical expert groups to review new evidence and produced updated guidance which suggests that many children and young people, currently advised to shield, should no longer do so, as the risk is significantly less than originally assumed.

This new guidance, supported across the 4 Nations, indicates that many children and young people with conditions including asthma, diabetes, epilepsy, and kidney disease may no longer need to be included on the shielding list.

The interim Chief Medical Officer (CMO) has written to clinicians on 1 July asking them to initiate the process of identification of those children and young people that may require a review of their shielding status based on the latest advice of the RCPCH.

On 2 July, the CMO has also written to all the children and young people under 18 years of age to advise them of the change to the guidance, and that clinicians will start contacting them and their families/carers where a discussion is required.

Where it is agreed that a child should no longer be on the shielding list, Public Health Scotland will send a confirmation letter to the child/carer (the child and family will already be aware from the discussions that have taken place).

Although the advice to shield will pause from 1 August, we will continue to monitor to the prevalence of COVID-19. Should the prevalence increase in the future, the advice to shield may be reactivated. If this happens, people on the shielding list will be informed. As a result, it is important that the shielding list remains active and up to date.

I hope that the Committee finds this letter helpful.

**JEANE FREEMAN**

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