Message

From: Harries, Jenny [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=CB41E14F2B234DBEB666D05EF2623BC1-JHARRIES]

Sent: 15/03/2020 16:26:39

To: Name Redacted [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=731ae41932914a2b90daa92ec8cc56dd-NR BENGER, Jonathan (NHS DIGITAL) [jbenger@nhs.net]; Roughton, Rosamond [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=83a8961439ff464aaa6228f0dece9e0d-RRoughton]; NR ENGLAND & NHS IMPROVEMENT - X2 NR SAYMA, Meelad (NHS ENGLAND & NHS IMPROVEMENT - X24) [meelad.sayma@cqc.org.uk]; Dodds, Kevin [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=de217b42bf93443b9ace02930082ad6c-KDodds]; Williams, Antonia [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=57c8edb95bc14d919041049642dce0b0-Awillia]; Mullin, Chris [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6605f980480d4ce5a4e08a7ea0fa167a-CMullin]; Butcher, Bob [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5f52ad3d046e4733b7c4b695cf5b83b0-BButcher]; NR [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f4e95e21ad724762a8d3293e04a4ab58-NR; KANANI, Nikita (NHS ENGLAND & NHS IMPROVEMENT - X24) [nikita.kanani@nhs.net]; RASTRICK, Suzanne (NHS ENGLAND & NHS IMPROVEMENT - X24) [suzanne.rastrick@nhs.net]; CHURCHILL, Neil (NHS ENGLAND & NHS IMPROVEMENT - X24) [neilchurchill@nhs.net]; Name Redacted (NHS DIGITAL) Name Redacted yvonne doyle [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=17a58f28255343f6bd96288262af78f6-yvonne doyl]; Name Redacted [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e1b3a3480a547e09cad46cabd3f3bc7-S Name Redacted [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4b25d70f692447469261ae948c92dcd3-NR Name Redacted Catherine Frances [Catherine.Frances@communities.gov.uk]; Willett , Keith [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a749ac403aa34739847bd1c7efd140a4-Willett , K]; MEDICALDIRECTOR2, England (NHS ENGLAND & NHS IMPROVEMENT - X24) [england.medicaldirector2@nhs.net]; Mehta, Nisha [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=102811871d4a46b88bc288ae8199e593-NMehta1]; DHILLON, Arjun (NHS DIGITAL) [arjun.dhillon1@nhs.net]; NR @nhs.net]; PHOENIX, Ian (NHS DIGITAL) [ian.phoenix1@nhs.net]

CC: Name Redacted [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d21258c9254e4e32942f15c21ee78f6f-NR Van Tam, Jonathan [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d29c846fc8fa4678b419c6f0dc3836f3-JVanTam]

Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

That is for NHSE colleagues to pick up I think.

On a separate but related issue we plough through various offerings continuously at top speed, can I just ask if someone somewhere is also pulling together a list of other risks of going too early – or in some cases going at all?

I know issues keep being mentioned but I am not seeing them come through consistently in paperwork. Can anyone assure me they are being appropriately considered alongside documents being submitted?

The critical ones are of implementing programmes without effective social care and community care support systems in place, which are obvious to everyone and have been mentioned. The ones that bother me most of all currently are those in relation to **safeguarding** (adult and children) and **domestic violence** more generally. For some, these risks will be considerably greater than a negative health impact from coronavirus.

From: Name Redacted Name Redacted
Sent: 15 March 2020 15:41
To: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>; BENGER, Jonathan (NHS DIGITAL) <jbenger@nhs.net>; Roughton, Rosamond <Rosamond.Roughton@dhsc.gov.uk>; NR NHS ENGLAND & NHS IMPROVEMENT - X24) NR @nhs.net>; SAYMA, Meelad (NHS ENGLAND & NHS IMPROVEMENT - X24) <meelad.sayma@cqc.org.uk>; Dodds, Kevin <Kevin.Dodds@dhsc.gov.uk>; Williams, Antonia <Antonia.Williams@dhsc.gov.uk>; Mullin, Chris <Chris.Mullin@dhsc.gov.uk>; Butcher, Bob <Bob.Butcher@dhsc.gov.uk> NR @dhsc.gov.uk>; KANANI, Nikita (NHS ENGLAND & NHS IMPROVEMENT - X24) <nikita.kanani@nhs.net>; RASTRICK, Suzanne (NHS ENGLAND & NHS IMPROVEMENT - X24) <suzanne.rastrick@nhs.net>; CHURCHILL, Neil (NHS ENGLAND & NHS IMPROVEMENT - X24) <neilchurchill@nhs.net>; Name Redacted (NHS DIGITAL) Name Redacted yvonne doyle <yvonne.doyle@phe.gov.uk>; Name Redacted Name Redacted Name Redacted Name Redacted Name Redacted Catherine Frances <Catherine.Frances@communities.gov.uk>; Willett , Keith <keith.willett@nhs.net>; MEDICALDIRECTOR2, England (NHS ENGLAND & NHS IMPROVEMENT - X24) <england.medicaldirector2@nhs.net>; Mehta, Nisha <Nisha.Mehta@dhsc.gov.uk>; DHILLON, Arjun (NHS DIGITAL) <arjun.dhillon1@nhs.net>; NR (NHS DIGITAL) NR @nhs.net>; PHOENIX, Ian (NHS DIGITAL) <ian.phoenix1@nhs.net>
Cc: Name Redacted Name Redacted Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>
Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

SpAds have asked realistically how quickly will the vulnerable groups receive letters from NHS. **Please could someone let me know the best estimate for this?**

In the SpAds view, the worst thing that can happen is that we say they'll get a letter and but nothing arrives for weeks. There must be general info available online too.

Thank you for the help
NR

Department of Health & Social Care

Name Redacted
Private Secretary and Deputy Head of the Office to the Chief Medical Officer – Professor Christopher Whitty
Email: Name Redacted Tel: I&S
Mobile: I&S
Department of Health and Social Care, 7th floor, 39 Victoria Street, SW1H 0EU

DH recipients please note: this email will not be saved in IWS by CMO Private Office. If you need this for audit purposes, please keep a copy in IWS for your records

From: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>
Sent: 15 March 2020 13:48

[See recipients listed above]

[See recipients listed above]

Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

Thanks Jonathan – and apologies on my part if I have appeared to overenthusiastically recreate your tool unilaterally. Not intended.
The description below is really helpful.
Ros and I are just quietly exploring a few ways of possibly making the local systems a bit more resilient on the linkage point between health and social/community support – and we promise to leave the online tool alone!
Jenny

From: BENGER, Jonathan (NHS DIGITAL) <jbenger@nhs.net>
Sent: 15 March 2020 13:36

[See recipients listed above]

Dear Colleagues,

I wonder if I could reiterate, once again, that the online tool to asses vulnerability will be for public reference only and will NOT collect names and addresses or any other information from those who choose to use it. As I laid out yesterday, many of those who are most vulnerable do not have internet access and/or would be unable to "self-identify" using an electronic system; furthermore, many people who do not meet criteria would attempt to "self-identify", causing immense confusion and wasting valuable resource. For this reason electronic "self-identification" is impractical. We also have no method of linking any information collected to the relevant LA, and as a result we risk making promises to the public that we cannot fulfil in practice.

At the end of the online tool we can display information to guide people in a specified risk group. For example, "if you think you may be at increased risk from Coronavirus please contact your local authority". However, this is a national tool so people's next question is likely to be "who is my local authority and how do I contact them?", so to be useful we'd need a single hyperlink through to a national directory which people could use to identify their LA (for example by entering their postcode) with the number to call clearly listed. All 343 contact numbers listed would then need to be active (ideally staffed) 24/7 to mange incoming calls. Given that we estimate that 18 million people are in the vulnerable group (as opposed to the very vulnerable), this represents more than 50,000 people per LA on average. It seems to me unlikely that we will be able to manage this level of demand.

The 111online algorithm (which is possibly the product that Jenny is referring to, rather than the vulnerability tool which we have discussed previously) could be developed to identify vulnerable individuals at the point they are diagnosed with coronavirus (note that this is the exact opposite of protecting the vulnerable from the disease), but again we would need some real clarity as to how information would be passed to LAs, and how any service offer to support individuals who have coronavirus (or the people for whom they care) would be fulfilled in practice.

Best regards,

Jonathan.

From: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>
Sent: 15 March 2020 12:41

[See recipients listed above]

Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

Thanks Ros

I think we need to get a clear perspective of what we are trying to do – and is possible – at which level of government and community.

Clearly most of the practical linkage, and subsequent step down to a bottom layer of volunteers, can only take place in communities and so I think we should check our policy and planning assumptions at an early stage to see if they will work out in practice.

In extremis the LRF will be leading emergency response and so one of the other ways to do this is to make sure they all have replicated local groups responsible for coordinating care at that level – we cannot possibly understand at national

level how many bodies there are on the ground at local response level. LAs could be the lead for this but through the LRF will be able to command other relevant organisations to join in the planning arrangements.
My concern is that if it just sits with LAs outside the LRF/SCG process they will not get good links with NHS where those communication strands are sometimes strained in peace time.

With regard to the on line tool, I had hoped that we could fit on a 'social algorithm' at the end of the clinical one so that names and addresses could be peeled off and passed to the relevant LA. This is technically possible but because the tool is likely being pushed into production a week earlier than planned I don't think we can assume it will be available from the start.
I also want to highlight (as I did in kevin's paper) that there are other vulnerabilities which will cause people to break isolation. The example I gave was low income families already reliant on food banks. If children are isolated they will not get free school meals to add to the problem and the DWP/SSP arrangements are unlikely to kick in effectively and sufficiently urgently. Some LAs are already pulling together vulnerable household lists using proxy measures – in this case free school meals.
We should look at others.

I do not think all LRFs are yet stood up in response mode. I know SoS thought this was a positive mode for ASC response. Are we all supportive if they are not?
I am happy to advocate strongly for public health reasons and it could then be that this issue of coordination of vulnerable response can be tasked out to them

Jenny

From: Roughton, Rosamond <Rosamond.Roughton@dhsc.gov.uk>
Sent: 15 March 2020 12:21

[See recipients listed above]

Cc: Name Redacted Name Redacted Name Redacted Name Redacted Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>
Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

Thanks Jenny for this, and thanks for continued attention to the care needs of people not just their health needs.

I've talked it through with local authority colleagues.

We think we need a way for local government to identify who may need additional social support during this period. We thought that this might be:

- The list of LA-funded clients already available, including importantly those with personalised budgets and employing personal assistants directly. They can start doing this straight away
- A call from local authorities to ask people to contact them, if they have used the online tool and identified themselves at risk. Can we link this somehow to the tool that is being built?

- The potential for some kind of case management conference with primary care to review the list of identified individuals that are very vulnerable (the second group), and ensure understanding of their care and support needs is captured if it isn't already.

Does this sound OK? I can draft a para along these lines to add into the paper.

Best wishes
Ros

From: BENGER, Jonathan (NHS DIGITAL) <jbenger@nhs.net>
Sent: 15 March 2020 10:02

[See recipients listed above]

Cc: Name Redacted Name Redacted @dhsc.gov.uk>; Name Redacted Name Redacted Van Tam, Jonathan <Jonathan.VanTam@dhsc.gov.uk>
Subject: Re: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

Thanks Mike. A few additional edits from me, to ensure the digital component is clear.

Best regards,

Jonathan.

Jonathan Benger MD,FRCS,DA,DCH,DipIMC,FRCEM
Acting Chief Medical Officer, NHS Digital
Professor of Emergency Care, University of the West of England, Bristol
Consultant in Emergency Medicine, University Hospitals Bristol NHS Foundation Trust
NR I&S

Chief of Staff: NR @nhs.net Tel: I&S
Executive Assistant: NR NR @nhs.net Tel: I&S

From: PRENTICE, Mike (NHS ENGLAND & NHS IMPROVEMENT - X24)
Sent: 15 March 2020 06:15

[See recipients listed above]

Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

Jenny – slightly tweaked version
Amended to say:
NHSD will produce a list of patients to be checked and amended by the patient's GP practice (1 week turnaround).
Patients will then be contacted by the **NHS Business Service Authority.**

(margins also needed a tweak to get onto a single page)

Mike

Dr Mike Prentice
Regional Medical Director (North)

NHS England
Waterfront 4 | Goldcrest Way | Newcastle upon Tyne | NE15 8NY
pa **NR** @nhs.net
t: **I&S**

High quality care for all, now and for future generations

From: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>
Sent: 14 March 2020 23:51

[See recipients listed above]

Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

Dear all
Many thanks for your help earlier today.

I have put on one side a simple outline of what I think we are attempting to do – clearly the detail is in the email chain and separate workstreams.
If there are any significant errors please let me know – including if the NHSBSA comment is incorrect.
Many thanks
Jenny

From: PRENTICE, Mike (NHS ENGLAND & NHS IMPROVEMENT - X24) <mike.prentice@nhs.net>
Sent: 14 March 2020 19:16

[See recipients listed above]

Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

Thanks Meelad
Agree – practices can add hospital prescribed drugs to patient record with amounts zero'd out so not issued. This means GP can see hospital meds and interaction warnings are triggered.
Mike

Dr Mike Prentice
Regional Medical Director (North)

NHS England
Waterfront 4 | Goldcrest Way | Newcastle upon Tyne | NE15 8NY
pa: NR @nhs.net
t: I&S

High quality care for all, now and for future generations

From: Sayma, Meelad <Meelad.Sayma@cqc.org.uk>
Sent: 14 March 2020 18:49

[See recipients listed above]

[See recipients listed above]

Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

Hi Mike,

This is a good point – NHS Business Service authority have the capability of contacting these patients via text like a flu reminder. However I think we need an element of GP contact to help validate lists.

In addition to this – and I think quite importantly – we need to consider other supplementary routes of contact. Especially for patients that are prescribed immunosuppresents in hospital that may not be on GP records and thus may not necessarily be identified by our search – I have discussed this with NHSD

Meelad

Dr. Meelad Sayma
National Medical Director's Clinical Fellow
Secondment NHSE Clinical Fellow to Professor Keith Willett
NHS Strategic Incident Director (Coronavirus) & EU Exit Strategic Commander,
Medical Director Acute Care and Emergency Preparedness
Fellow to Dr NR
Chief Inspector of Primary Medical Services

Care Quality Commission
151 Buckingham Palace Road | London | SW1W 9SZ
Mobile I&S Email: meelad.sayma@cqc.org.uk

From: PRENTICE, Mike (NHS ENGLAND & NHS IMPROVEMENT - X24) <mike.prentice@nhs.net>
Sent: 14 March 2020 18:31

[See recipients listed above]

Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

1. **Are we proactively contacting first group via primary care and so the letter goes out from them? Or from specialist CRG providers? Or centrally?**

Central search NHSD > GP practice to check/add/amend > NHSD for **central** distribution (suggest written on behalf of GP as practice will be an important point of contact for these individuals)

Supplementary route: Cancer treating centres contact patients directly who they are treating and are identified in high risk groups (this is estimated c100,000). Standard letter cc'd to GP – need to include line that may receive a duplicate letter from their GP. This supplementary route could be built into above, though I would favour simplicity and not attempt to do this.

Dr Mike Prentice
Regional Medical Director (North)

NHS England
Waterfront 4 | Goldcrest Way | Newcastle upon Tyne | NE15 8NY
pa: NR @nhs.net
t: I&S

High quality care for all, now and for future generations

From: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>
Sent: 14 March 2020 18:14

[See recipients listed above]

Subject: RE: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

Thanks Mike
Emails crossed so responding to this one and copying in wider group to get agreed clarity on the first question of who is included in the vulnerable group as soon as possible.
Your list is copied and pasted below (in blue) and I have two further questions

Agree with list below but **can I query with everyone:**

1. **Are we proactively contacting first group via primary care and so the letter goes out from them? Or from specialist CRG providers? Or centrally?**
2. **Are we all agreed pregnant women should be included in the broad vulnerable group ie the 70 and over age group plus those under 70 with underlying health conditions plus pregnant women? And if so all trimesters? How would we contact them? Is the likely workforce impact on services (especially NHS/social care/education) understood, quantified or already socialised with CO/OGDs?**

3. **Can anyone identify any other groups *they* think are included in clinically vulnerable groups? (socially vulnerable handled separately although the two may overlap when we put the mapping together)**
4. **Timelines for any detail** to add to that Mike has already supplied

Thanks
Jenny

High risk group: 1-2million (Defined and proactively contacted by NHS)
This group are defined by a combination of clinical conditions and medication that makes them particularly vulnerable to Covid19. Work is ongoing to refine/test the criteria and includes groups defined both ways: immunosuppressant medication which could be used for a range of conditions and coded conditions such as transplants, blood disorders that imply immunosuppression that may prescribed from hospital. Will also include a limited number of specific conditions/treatments: renal dialysis; cystic fibrosis; asthmatics who have received 2+ course of steroids/year.

Lists produced by NHSD and checked with GP practices to confirm inclusion (this will take a minimum of a week to turnaround)

Supplementary route to identify those undergoing active cancer treatment (principally chemotherapy) via units providing this treatment. May apply also to dialysis units, CF clinics.

Patients actively contacted by letter with clear written advice and a document that can be shared with their employer for those of working age

? safety net of a web tool for individuals to self-check against a list of criteria.

Vulnerable Group: circa 6-7million (Principally self-defined, by age >70)
These individuals are self-identified and may need to be further refined according to social need and clinical condition – to identify their support needs. This will be dynamic as care and support arrangements may change if staff and relative become unwell. Individuals themselves

---

From: Harries, Jenny <Jenny.Harries@dhsc.gov.uk>
Sent: 14 March 2020 17:52

[See recipients listed above]

Subject: FOR ACTION ASAP - FINAL PRODUCT DETAIL BY TUESDAY 17/03 Vulnerable groups pathway - identifying the clinical risk groups and aligning with social and local systems

VULNERABLE GROUPS PATHWAY – IDENTIFYING THE CLINICAL RISK GROUPS AND ALIGNING WITH SOCIAL AND LOCAL SYSTEMS

There is an urgent commission to identify the clinically vulnerable groups (today) and be clear on numbers, contact, guidance and management (by Wednesday) at the latest.

This work is straddling clinical pathways, social care pathways, public health guidance and the work of LRFs and LAs in communities amongst others.
In an attempt to identify all the current workstreams and products under development, then align them meaningfully for delivery on the ground, **please can you read the below** (with thanks to NR **and identify** (add in bulleted comments to text – we will come back for the detail):

- **Any incorrect assumptions/descriptions**
- **Any associated products – either delivered, in draft or forecast**
- **Any other key individuals working on this agenda**
- **Any inter or intra Department timescales and key decision meetings you are aware of. This may include for example voluntary group and advocacy group work or royal college products.**

I will try to collate – suggest you send to me, rather than to all initially to preserve peoples inboxes. If one person is responding please indicate the totality of the group for whom they are responding.
Nisha is trying to develop an overarching map.
Timescale – as with everything – asap

Many thanks
Jenny

Overall objectives:

1. **Identify clinically vulnerable groups**: Agree a list of conditions which place individuals at presumed greater risk if they contract coronavirus, and thus need to take social distancing measures during the peak of the epidemic
2. **Determine how many individuals this constitutes**, which we would seek to proactively identify and where they are geographically via NHS Digital work or other data sets. Disseminate to OGDs and LRFs to start planning.
3. **Determine processes for robustly identifying** all clinically vulnerable individuals and any clinical **and** social care needs they have. [We understand NHS digital will have determined by Monday 16/03/20 the initial list of clinical conditions].
4. **Determine how their clinical needs (NHS) and social care needs (local authorities) will be met during social distancing measures**, as well as any overlap with other key interested parties and their work ie MHCLG, DHSC ASC, LRFs, LAs or CCGs
5. **Produce and publish guidance for clinically vulnerable groups**. This needs to be compatible with those in 'socially vulnerable' groups identified by LAs/LRFs . PHE have already started a product and some of the ASC guidance links across

Workstream 1

- The Clinical Reference Groups have drawn up an initial list (already circulated). This needs to be reviewed by tripartite senior clinicians to check it makes clinical sense -we have a senior clinicians meeting on Monday at 19.00 at which we can review the list. We think that the 'ultra-vulnerable'
- In advance of that, we would like to better understand how the Clinical Reference Group generated their list (Nisha is actioning this) and the numbers involved (actioned under workstream 2).
- In due course we need to ensure that such a list can be operationalised by LRFs, LAs and CCGs as appropriate. We can set up another meeting on Tuesday with people with relevant LA experience who can do the second review.

Workstream 2

- NHS Digital (Richard Irvine) are already working on numbers – we think this includes the ultra-vlunerable (ie CRG reference groups) plus those under 70 with chronic conditions. We think it should/does also include pregnant women (please confirm). Bob Butcher/ Kathy Hall holds the DHSC pen charged with understanding the number of high-risk people who are in care homes and receive at home social care, including those with no current links to LAs (ie self funders and informal care receivers). NHS Digital and DHSC ASC/MHCLG will need to work together with local systems

- DHSC can coordinate sharing of data with OGDs. Also need to ensure that local authorities are given data and are working across agencies to start planning. Some LAs are already proactively identifying vulnerable social groups through proxy identifiers. It is not clear whether the LRFs are all yet stood up – if not they can/should be to allow detailed cross sectoral planning through planning and response modes

Workstream 3

- Jonathan Benger, NHS Digital: List of vulnerable groups will be run through GP IT suppliers to create a specific list of patients that can be validated by local GPs and then fed into the relevant health and care systems to arrange support. NHS Digital will also produce an online "checker" that will use the same algorithm to determine the risk level of an individual. However this will only be indicative, and is a simple tool for public reference only; it will not collect any patient details. The actual work of identification will be done centrally using existing data sources and led by Jem Rashbash. Note that there will be no telephone version of the online checker (telephony staff are fully occupied supporting NHS111), however a future version of the NHS111 online algorithm may allow individuals who are being advised to self-isolate to fill in a form if they will struggle to do this, or if there are others who are dependent on them. For such a form to work there would need to be clear and reliable links into social care services in every part of England.
- NR (NHSE) has already set up a Homecare call service to assure appropriate clinical support for people who were self-isolating under previous case definition. It is unlikely this can be repurposed for all presumed infected self isolated individuals but capacity may assist with some category 2 patients (well enough to be at home, but potentially requiring greater clinical input than category 1 mild patients) who are self-isolating. Different number to NHS111, previously handed out via PHE when they were managing all confirmed cases and contact tracing. This requires coordination or risks duplication.
- Alongside this social care needs have to be identified. Suggestion is that social prescriber link workers contact identified individuals shortly after GPs, collates list of needs and then mobilises this with the support of volunteers – lead Neil Churchill and NR (NHSE). Ros Roughton is leading supported/deputised by Antonia Williams

Workstream 4

- Some of the recently published ASC guidance refers to support for vulnerable group (whether social or clinical origin)

Workstream 5

- PHE already have outline draft guidance in production for vulnerable groups (already circulated)

Department of Health & Social Care

Professor Jenny Harries OBE
Deputy Chief Medical Officer
39 Victoria St, London, SW1H 0EU
Jenny.Harries@dhsc.gov.uk
T: +
PA: I&S

This in box is not continuously monitored. If an urgent response is required please copy direct to my PA
NR *@dhsc.gov.uk or use the contact numbers above.*

During March 2020 I am working on the coronavirus incident and may need to reprioritise existing appointments and respond to non-incident correspondence later than usual for which my apologies in advance

****
****

This message may contain confidential information. If you are not the intended recipient please inform the
sender that you have received the message in error before deleting it.
Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation.

NHSmail is the secure email and directory service available for all NHS staff in England and Scotland. NHSmail is approved for exchanging patient data and other sensitive information with NHSmail and other accredited email services.

For more information and to find out how you can switch,
https://portal.nhs.net/help/joiningnhsmail

This e-mail and any attachments is intended only for the attention of the addressee(s). Its unauthorised use, disclosure, storage or copying is not permitted. If you are not the intended recipient, please destroy all copies and inform the sender by return e-mail. Any views expressed in this message are not necessarily those of the Department of Health and Social Care. Please note: Incoming and outgoing email messages are routinely monitored for compliance with our policy on the use of electronic communications.

****
****

This message may contain confidential information. If you are not the intended recipient please inform the
sender that you have received the message in error before deleting it.
Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation.

NHSmail is the secure email and directory service available for all NHS staff in England and Scotland. NHSmail is approved for exchanging patient data and other sensitive information with NHSmail and other accredited email services.

For more information and to find out how you can switch,
https://portal.nhs.net/help/joiningnhsmail

---------- The contents of this email and any attachments are confidential to the intended recipient. They may not be disclosed to or used by or copied in any way by anyone other than the intended recipient. If this email is received in error, please notify us immediately by clicking "Reply" and delete the email. Please note that neither the Care Quality Commission nor the sender accepts any responsibility for viruses and it is your responsibility to scan or otherwise check this email and any attachments. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the views of the Care Quality Commission. Information on how the Care Quality Commission processes personal data is available here http://www.cqc.org.uk/about-us/our-policies/privacy-statement

****
****

This message may contain confidential information. If you are not the intended recipient please inform the
sender that you have received the message in error before deleting it.
Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation.

NHSmail is the secure email and directory service available for all NHS staff in England and Scotland. NHSmail is approved for exchanging patient data and other sensitive information with NHSmail and other accredited email services.

For more information and to find out how you can switch,
https://portal.nhs.net/help/joiningnhsmail

****

NHSmail is the secure email and directory service available for all NHS staff in England and Scotland. NHSmail is approved for exchanging patient data and other sensitive information with NHSmail and other accredited email services.

For more information and to find out how you can switch,
https://portal.nhs.net/help/joiningnhsmail

This e-mail and any attachments is intended only for the attention of the addressee(s). Its unauthorised use, disclosure, storage or copying is not permitted. If you are not the intended recipient, please destroy all copies and inform the sender by return e-mail. Any views expressed in this message are not necessarily those of the Department of Health and Social Care. Please note: Incoming and outgoing email messages are routinely monitored for compliance with our policy on the use of electronic communications.
This e-mail and any attachments is intended only for the attention of the addressee(s). Its unauthorised use, disclosure, storage or copying is not permitted. If you are not the intended recipient, please destroy all copies and inform the sender by return e-mail. Any views expressed in this message are not necessarily those of the Department of Health and Social Care. Please note: Incoming and outgoing email messages are routinely monitored for compliance with our policy on the use of electronic communications.

****

This message may contain confidential information. If you are not the intended recipient please inform the
sender that you have received the message in error before deleting it.
Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation.

NHSmail is the secure email and directory service available for all NHS staff in England and Scotland. NHSmail is approved for exchanging patient data and other sensitive information with NHSmail and other accredited email services.

For more information and to find out how you can switch,
https://portal.nhs.net/help/joiningnhsmail

This e-mail and any attachments is intended only for the attention of the addressee(s). Its unauthorised use, disclosure, storage or copying is not permitted. If you are not the intended recipient, please destroy all copies and inform the sender by return e-mail. Any views expressed in this message are not necessarily those of the Department of Health and Social Care. Please note: Incoming and outgoing email messages are routinely monitored for compliance with our policy on the use of electronic communications.