

the CEV population in the affected area informing them of the guidance to follow the top tier of advice.

20. This would be proportionate to local need and would reduce the risk of large numbers of people being confined at home for excessively long periods, with the associated risks and harms that brings. This is also consistent with the proposed Local Alert Levels approach where, in the worst affected Tier 3 areas, GOLD will be asked to consider additional bespoke interventions that reflect the nature and seriousness of a local outbreak.

RECOMMENDATION

That Ministers agree the proposed approach for the provision of tiered protective advice to the CEV, aligned to the proposed Local Alert Levels. This will replace the previous full shielding advice and will end use of the term 'shielding'

POTENTIAL CHANGES TO THOSE DEFINED AS CEV

21. As new evidence has emerged since full shielding was introduced in March, we have continued to keep our definition of who is CEV under review. Where the evidence is strong enough, UK CMOs have chosen to add specific clinical conditions to the list of conditions comprising the CEV group (and therefore to the Shielded Patients List). Evidence has also shown that many children and young people are at a substantially reduced risk than was initially thought, and clinicians have been asked to review all these cases, in consultation with patients and their parents/cares, to determine if they can be removed from the SPL.
22. NERVTAG's development of a new predictive risk model is a significant step forward in our understanding of COVID-19 risk, as it incorporates known relevant risk factors such as age, sex, BMI and ethnicity, alongside detailed clinical conditions and specific treatments. While UK CMOs have not validated the new model in full, they have considered the interim data from the model and, as a result, they have asked the UK Clinical Review Panel to advise on whether any additional cohorts of individuals should be added to the CEV list. UK CMOs will consider the recommendations of the panel later this week.
23. The UK Clinical Review Panel has identified that patients with Downs syndrome, dementia, chronic kidney disease (stage 5) and men over the age of 95 are at the highest risk based on the interim data and evidence from the model and is considering whether to recommend that these cohorts are added to the list of those considered CEV. If accepted, initial indications are that this could increase the numbers on the SPL by around 750,000, with the majority of additions being patients with dementia. We will work through the implications for both how we can communicate this change to people affected and for the support they could need, where it is worth noting that estimates indicate around 70% of people with dementia are in residential care settings. These changes would only apply to adults. These changes would take the total number of people identified as CEV in England to around 3 million. Exact numbers will not be confirmed until after the national algorithm has been updated and run against individual patient records, which NHS Digital estimate will take up to three weeks.
24. UK CMOs also noted the data from the model is consistent with previous research indicating that particular ethnic minorities may be at higher risk of severe outcome from COVID-19. However, rather than inclusion in the CEV group, they recommended that this would be more appropriately addressed through linkage with the work ongoing through the SAGE BAME subgroup.