

Dear colleagues

We are writing to ask for your help with the management of patients who are at particularly high risk of severe morbidity and mortality from coronavirus (COVID-19).

On Monday 16th March the UK government announced a package of measures, advising those who are at increased risk of severe illness COVID-19 to be particularly stringent in following social distancing measures.

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

This group has been identified to the public as those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):
 - chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
 - diabetes
 - problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
 - a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
 - being seriously overweight (a BMI of 40 or above)
- those who are pregnant

This wider group will not be proactively contacted but have instead been asked to take steps to reduce their social interactions in order to reduce the transmission of coronavirus.

In addition, there are some clinical conditions which are likely to put people at much higher risk of mortality and severe morbidity from COVID-19. We have identified the people at highest risk of significant complications, based on expert consensus, and accepting that there are a limited number of people that we can shield effectively. We will centrally identify and contact all of the patients on the list below:

1. Solid organ transplant recipients

2. People with specific cancers

- People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
- 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.
- 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, severe asthma and severe COPD

4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)

5. People on immunosuppression therapies sufficient to significantly increase risk of infection

6. People who are pregnant with significant heart disease, congenital or acquired

This group of very high-risk patients will be contacted next week by the NHS with direct advice about adhering to very restrictive, stringent measures that they should take for at least 12 weeks in order to try and shield them from becoming infected with the virus. In the annex to this letter, we include a letter from Nikki Kanani containing further information, as well as the list of patients from your practice who will have been contacted directly by the NHS.

We have taken a two-pronged approach to identification of people on immunosuppression therapies sufficient to significantly increase the risk of infection (category 5). All patients on the following medications have been centrally identified:

Azathioprine
Mycophenolate (both types)
Cyclosporin
Sirolimus
Tacrolimus

In addition, we are writing to UK secondary care colleagues across six specialties¹ with specific guidance about identification of patients on immunosuppression therapies who are at the highest risk. We will ask them to identify such patients from their caseload and contact them directly to ask them to follow the stringent self-isolation measures. We will also ask that these letters are copied to the patient's GP.

You may know of other patients who you would consider to be at very high risk from infection. The RCGP will shortly publish guidance to support GPs identifying additional high risk patients. The guidance will also support GPs to have shared decision-making conversations with all high risk patients as needed, and help GPs to understand what health needs these groups may have.

We ask that if you choose to identify additional individuals you consider to be at highest risk of severe outcomes, that you proactively contact this group of patients to discuss your recommendation with them. There may be patients not in these categories who contact you to say that they wish to be included in the group to be shielded by the restrictive, stringent measures, and asking for a fit note to cover the period of isolation. We ask you to use your professional judgement and consider the RCGP guidance when advising this group.

The recommendation for shielding the very high-risk group is just that, and we ask that your discussion with patients reflect this. Some patients may decide, on weighing up the risks, that they would prefer not to follow the restrictive, stringent measures. We ask that you help your patients to work through this if they wish to. We also suggest that anybody with a terminal diagnosis who is thought to be in their last 6 months of life should be excluded from this group (unless they wish to be included), to allow them to maintain contact with their loved ones during the last phase of their illness.

We recognise the significant pressures that GP practices are under, and the changing pace of guidance and requests that we make of you. We appreciate all your efforts to care for patients and communities at this time. A letter from Nikki Kanani and Ed Waller has already been issued outlining the current situation and highlighting the work that can be stopped in general practice. A new Standard Operating Procedure for General Practice, incorporating recent updates, was also published yesterday.

Please accept our sincere thanks for your help, patience and support at this challenging time.

ENDS

¹ Dermatology, Gastroenterology, Hepatology, Neurology, Respiratory, Renal and Rheumatology