# Information on the central identification and data transfer process for shielded individuals.

**Version History**

|  |  |  |
| --- | --- | --- |
| **Version** | **Date** | **Summary of changes** |
| V1.0 | 14/05/20202 | Initial Version |

# Contents

A – Background

B – The role of the Scottish Government

C – The role of Public Health Scotland

D – The role of NHS National Services Scotland

E – The role of NHS National Education for Scotland

F – The role of Health Boards

G – The role of Local Authorities

H – Updating NHS Patient Records Systems

Annex – Data transfer schedule

## Background

1. Shielding is an extremely stringent form of physical distancing. Only those who are at the highest clinical risk of severe morbidity or mortality from Covid-19 have been advised to undertake this measure. The policy was announced by the Scottish Government on 17 March 2020.
2. The conditions that place individuals at highest clinical risk from Covid-19 were set out by the four Chief Medical Officers in the UK in mid-March.
3. Identification has been conducted by Public Health Scotland (through the former Information Services Division of NHS National Services Scotland) in collaboration with Health Boards and clinicians working in both primary and secondary care. The approach taken by Public Health Scotland to identification is set out at the following link: <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-search-criteria-for-highest-risk-patients-for-shielding/>

## The role of the Scottish Government

1. The Scottish Government has overall responsibility for the shielding programme. The Chief Medical Officer (CMO) advises on the conditions and diseases which put people at highest risk from Covid-19. The Scottish Government, as part of its overall responsibility, liaises with partner organisations to ensure that they receive the information they need to carry out their role in shielding. The Scottish Government does not have access to the personal data of people who are shielding.

## The role of Public Health Scotland

### Identification

1. Public Health Scotland (PHS) leads on the identification of people who should shield from national databases such as the National Prescribing Database (covering medications dispensed by community pharmacies), Scottish hospital discharge data and the Scottish Renal
2. PHS also receives information from Health Board shielding teams about people who have been advised to shield locally, either by GP practices or secondary care departments.
3. PHS also receives information from Health Board shielding teams about people who have been previously advised to shield but now no longer need to do so.

### Maintenance of shielding list

1. PHS collates the details of the people who have been advised to shield into a master shielding person list. This involves checks for duplicate entries and for deaths.
2. PHS receives a weekly update from National Records of Scotland’s Register of Deaths, checks the shielding list against it and adds a flag against the name of any people who are known to have died. Due to time lags in reporting deaths and data quality, there will be a number of people on the shielding list at any time who have died and have not been identified as such.
3. PHS also adds flags to the entries for any people who are no longer advised to shield.

### Distribution of shielding list

1. PHS sends data from the shielding list to the following partner organisations on a regular basis:

* NHS National Services Scotland;
* National Digital Service (part of NHS National Education for Scotland);
* Territorial Health Boards; and
* Local authorities.

## The Role of NHS National Services Scotland

1. NHS National Services Scotland (NSS) carries out two functions in relation to shielding:

* It issues letters on behalf of the CMO;
* It liaises with IT suppliers and Health Board IT Departments on updates to the records of patients who are shielding.

## The Role of NHS National Education for Scotland

1. NHS National Education for Scotland (NES) carries out the following functions:

* It operates the SMS service for shielding people;
* It places orders for weekly grocery and essential items deliveries with Bidfood and Brakes;
* It shares the data of people who have requested priority online delivery booking with supermarkets.

## The Role of Health Boards

1. Health Boards have a leading role in providing health care to people who are at highest risk from Covid-19. In relation to the identification of people in this category, all territorial Health Boards should have a Shielding Team in place. The role of that team may vary from one Health Board to another. However, each Shielding Team must:

* Collate the details of people identified as at highest risk by their GP practices and hospital departments;
* Provide the details of those people to Public Health Scotland; and
* Receive the details of all people resident in their area who have been identified as at highest risk (including those identified both centrally and locally).

1. Each Health Board must ensure that its GP practices and hospital departments know to send the details of any patients they have identified as at highest risk to the Health Board Shielding Team.

## Role of Local Authorities

1. Local authorities take the leading role in providing wider social support to people who are shielding.
2. Public Health Scotland provides extracts from the shielding list to those local authorities which request it. Some local authorities receive lists from their local Health Board as these lists include telephone numbers from NHS systems.

## Updating NHS Patient Record Systems

### GP patient record systems

1. Flags and codes are added to GP patient record systems to indicate that a person has been advised to shield. These updates are carried out by the suppliers of GP electronic patient records systems – EMIS and Vision.
2. Each Monday, PHS provides a list of the CHI numbers of the people on the shielding list to the GP IT team in NSS. This list is then provided to EMIS and Vision.
3. In the case of Vision, the update should be deployed on Tuesday evening meaning that the records of GP practices which use Vision should be updated by the Wednesday morning.
4. In the case of EMIS, the update should be deployed on Wednesday evening meaning that the records of GP practice which use EMIS should be updated by the Thursday morning.
5. When the update is applied, the CHI numbers of all people on the shielded list are run against each practices’ records and the records of those patients who are shielding and are registered with a practice are updated.
6. A clinical safety risk assessment was carried out and concluded that there is a greater clinical risk in shielding flags and codes being removed centrally from GP records than there is in GP practices manually removing these alerts from their records. A plan to inform GP practices which of their patients have been removed from the shielding list is being developed.

### Trakcare

1. NSS also provide the CHI numbers for all people on the shielding list to the IT departments of territorial Health Boards which use Trakcare and the Golden Jubilee Hospital (which also uses Trakcare) to allow them to add shielded flags to secondary care records. The following process is followed:
2. Full file of patients added and removed to the shielding list will be emailed by NSS to the Health Board eHealth contact once a week (Monday pm / Tuesday am).
3. The Health Board Shielding Team contact should also be informed when the file is released.
4. eHealth will load the file into Trak within 48 hours of receipt of file.
5. The routine will check if the patient exists on the Health Board’s Trak system.
6. For patients on the shielded list if that patient does not have an active Shielded patient alert an alert will be created.
7. For patients removed from the shielded list if that patient does have an active shielded patient alert, the alert will be closed. It can still be seen in the alert history but is not longer active.
8. Patients with an active shielded alert will have the following icon appear (where it appears is for each Board to decide as icons can be displayed in many places in Trak).



An example in the patient banner:



1. Once successfully loaded into Live the file will be deleted. A log of the patients’ update will be available.
2. The eHealth contact will email the Health Board shielding team contact to confirm changes are in Live. If not informed within 48 hours, the Health Board shielding team contact should check with the eHealth contact if there is a problem (process to be agreed at each Board).
3. The alerts are added to the records of all patients on the Health Board’s Trakcare system. This will include any shielded patients who have received secondary care treatment in that Board area including people who have since moved to another area or were treated as an out of Board patient.

### Other patient record systems

1. Each Health Board’s shielding team receives a list of those of its residents who have been advised to shield. These files can be used to update any other patient record systems which need to be updated.

Annex: Data transfer schedule

|  |  |  |  |
| --- | --- | --- | --- |
| **Sent by** | **Received by** | **Data** | **Frequency** |
| Public Health Scotland | Territorial Health Board Shielding Team contacts | Full extract from shielding list covering people who reside in Health Board area | Weekly - Monday |
| Public Health Scotland | NSS | CHI numbers for all patients on shielding list | Weekly - Monday |
| NSS | EMIS and Vision (GP IT suppliers) | CHI numbers for all patients on shielding list | Weekly - Monday |
| NSS / Public Health Scotland (tbc) | Territorial Health eHealth contacts | CHI numbers for all patients on shielding list | Weekly – Monday / Tuesday |
| Public Health Scotland | Local authorities | Extract from shielding list covering people who reside in local authority area (does not include medical information) | Weekly - Tuesday |
| Public Health Scotland | NES | Full shielding list except for medical information | 3/4 times a week |
| Public Health Scotland | NSS | Details of people to be issued letters (except medical information) | 3/4 times a week |

The same version of the shielding list is used to create the lists sent to territorial Health Boards, local authorities, and the GP IT suppliers. This version of the list is up to date as of Monday each week. It includes the data of anyone sent a shielding letter on that Monday.