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## COVID-19: SHIELDING OF CLINICALLY VULNERABLE ADULTS

### Identifying clinically extremely vulnerable people and asking them to shield should not be taken lightly

Carter Singh *general practitioner*

I agree that people in England who are clinically extremely vulnerable should receive a letter advising them to stay at home as much as possible, including not going to work if they cannot work at home, and only to leave the house to exercise outdoors or to attend health appointments.<sup>1</sup> The letter needs to be easy to understand. The sender needs to take ownership and responsibility in dealing with questions. Recipients should not be signposted to general practice with their queries—there is no capacity.

I hope the “experts” have considered potentially significant statistical confounding factors. Death rates rise during winter, even in the absence of a pandemic. Inevitably, some of these people will test positive for covid-19 in the 28 day period preceding death and this might be recorded as the cause of death when it is not responsible, thereby falsely inflating the covid-19 death toll.

The accuracy with which people were deemed clinically extremely vulnerable during the first lockdown was questionable. Historic and inaccurate Read codes were used, which led to people being contacted and advised to shield who did not need to. Many patients were confused. These patients ultimately called their GP.

I hope that our collective learning has informed the decision to update the inclusion criteria of the clinically extremely vulnerable group. During the first lockdown, this work was largely inappropriately delegated to frontline clinical staff, diverting them from seeing patients. Joined-up thinking and high quality diagnostic Read coding is essential in reducing error.

Shielding was designed with the best of intentions to mitigate risk. Unfortunately, an unintended consequence was that it also adversely affected psychosocial and mental health functioning. The process of accurately stratifying risk and notifying thousands of people should not be taken lightly. The consequences could be devastating if this process is poorly designed or executed. We need to learn from our previous shortcomings to protect vulnerable people, suppress the virus, and support our health service, education system, and economy.

Competing interests: Partner at Willowbrook Medical Practice. National council member of the Royal College of General Practitioners. Vice chair of Nottinghamshire LMC.

Full response at: <https://www.bmj.com/content/371/bmj.m4292/r>.

<sup>1</sup> Kmietowicz Z. Clinically extremely vulnerable adults should not leave home for work, says new advice. *BMJ* 2020;371:m4292. doi: 10.1136/bmj.m4292 pmid: 33148551

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