Covid-19: Extra 1.7 million people in England are asked to shield

Jacqui Wise

An extra 1.7 million people in England will be added to the list of those identified as clinically extremely vulnerable to covid-19, as a result of new modelling first published in The BMJ.¹

The use of the QCovid risk prediction model means that an extra 820 000 adults aged 19 to 69 will now be prioritised for vaccination. The remainder are over 70 and will have already been invited for vaccination.

Until now the NHS usually identified the people most at risk on the basis of a single underlying disease such as specific cancers or diabetes. The new assessment tool considers multiple risk factors including age, ethnicity, body mass index, and specific health conditions and treatments to calculate a person’s risk of catching covid-19 and becoming seriously ill.²

The model, which has been independently validated by the Office for National Statistics, also takes a patient’s postcode into account to give a measure of economic deprivation. Higher rates of death with covid-19 have been seen among people from black, ethnic minority, and Asian communities and those who live in more deprived areas.

The research, funded by the National Institute for Health Research, was developed by a subgroup of the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) and led by the University of Oxford. NHS Digital used the model to develop a population risk assessment tool using centrally held patient data.

Extended guidance

Patients identified through the new tool will be sent a letter from NHS England in the coming days explaining that their risk factors identify them as having a high clinical risk. They will join the 2.3 million people already on the “clinically extremely vulnerable” list and get advice on precautionary measures including shielding. Their GPs are also being notified. The current shielding guidance, which was due to end on 21 February, is now being extended until 31 March.

The Department of Health and Social Care has said that patients will be told that they can speak to their GP or specialist clinician if they have questions on why they have been added to the shielded patient list or if they believe that they should no longer be identified as clinically extremely vulnerable. Doctors can make their own assessment of an individual patient based on their clinical knowledge and can add and remove people from the shielded patient list.

The lead researcher, Julia Hippisley-Cox, a GP and professor of clinical epidemiology and general practice at Oxford University, said, “The QCovid model, which has been developed using anonymised data from more than eight million adults, provides a nuanced assessment of risk by taking into account a number of different factors that are cumulatively used to estimate risk, including ethnicity.” She added that the model would be updated to take account of new information as the pandemic progressed.

The new assessment method will not automatically lead to whole groups of people getting higher priority for vaccines. For example, there has been concern that people with learning disabilities are at greater risk of dying with covid-19. Recent data from the Office for National Statistics showed that men with a learning disability were dying with covid at 3.5 times the rate of the general population, and in women it was as much as four times higher.³ Learning disability is included in the new model and should mean that more people in this group are prioritised, but it may also depend on other factors.