

# Identification of COVID19 High Risk Patients

# EScro Shielding Report

The EScro shielding report identifies COVID19 high risk patients potentially requiring shielding. The report data are taken from the GP practice prescribing system and are based on the electronic patient records, prescribing and diagnosis information.

## **Further Help and Support**

If you have any issues with installation, errors upon installation or with results, please contact the Escro Helpdesk: **01463 572000**.

### Installing the application

- 1. Go to www.escro.co.uk/EScro Shielding/Escro Shielding.htm
- 2. Install and run the application by pressing the *Install* button



3. Click Run



4. Click *Install* 



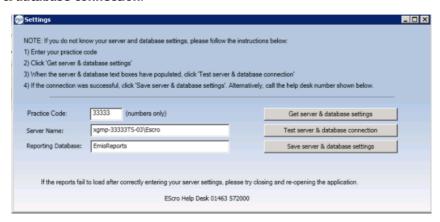


5. If the Scottish Therapeutics Utility (STU) is installed on the machine then the application will take settings from STU and the report will open and in future you can open the application by double clicking the *EScro Shielding Report* icon on the desktop.

If STU is not installed then a box will pop up asking for settings, click Ok



6. Enter the 5 digit practice number in the *Practice Code* box then click *Get server & database* settings. When the *Server Name* and *Reporting Database* boxes have populated, click *Test server & database connection*.



7. If the connection is successful a message box should appear noting that connection was a success, click **OK** then click **Save server & database settings.** The box will close and the report will open (see next page for navigation guidance).



If the connection is not successful, contact the EScro helpdesk on 01463 572000.

8. In future, you can launch the application by double clicking the *EScro Shielding Report* icon on the desktop.





## **Report Navigation**

On opening, you are presented with a series of tabs. Click the tab to view the report for patients corresponding to that tab.

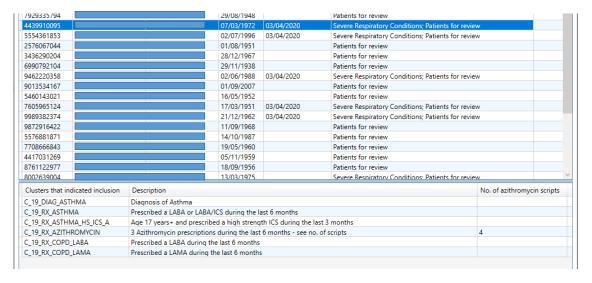


When the tab is clicked the middle section of the screen displays details of patients meeting the search criteria.

This section also shows if the patient has been sent a shielding letter. This is indicated by the date the shielding code (9d44) was added to the patient's record. Patients without a date have not had the shielding code (9d44) added to their record – this does not mean they have not been centrally identified as requiring shielding it simply means the code has not yet been added.

When a patient name is clicked the lower section of the screen shows which of the shielding indicator(s) are triggered by the individual.

In the example below the patient has been identified as potentially having a severe respiratory condition as identified by their usage of COPD and Asthma inhalers as well as regular azithromycin during the last six months.



#### **Exporting Information**

Patient lists can be exported to Microsoft Excel if required. Right click on a patient's name then select *Export to Excel* and the list of patients will be exported.





# **Search Summary**

# Transplant Recipients (Group 1)

## **National Action:**

Patients with solid organ transplant have been identified nationally and shielding letters were sent on March 26<sup>th</sup>.

## The EScro Shielding Report:

Patients on the following immunosuppression medications prescribed from December 1<sup>st</sup> 2019 to March 31<sup>st</sup> 2020 are identified.

- Azathioprine
- Mycophenolate Mofetil
- Mycophenolic Sodium
- Ciclosporin
- Sirolimus
- Tacrolimus

## **Suggested Action:**

Those patients without shielding code (9d44) added to their record should be checked to see if they have recently received a solid organ transplant and were missed by the national searches.



# Severe respiratory conditions (Group 3)

#### **National Action:**

Patients with severe respiratory conditions have been identified nationally and shielding letters were sent on March 27<sup>th</sup>.

## **Patients with cystic fibrosis**

Patients coded for Cystic Fibrosis (READ Code within C370.. group and C10N1)

### **Suggested Action:**

Patients without shielding code (9d44) added to their record should be checked to see if they have been missed by the national searches.

#### Patients with severe asthma

Patients prescribed either montelukast or a long-acting beta-adrenoceptor agonist (LABA) containing inhaler at least once on the previous 6 months,

#### AND

3 prescriptions of Prednisolone in the previous 6 months,

OR

• Prednisolone tablets at average daily dose of 5mg or more in the previous 6 months.

## **Suggested Action:**

Those patients without shielding code (9d44) added to their record should be checked to see if they have severe asthma and were missed by the national searches.

### **Patients with severe COPD**

Patients prescribed roflumilast oral tablets in the previous 6 months,

OR

Patients prescribed inhaler(s) with a corticosteroid (ICS) and a long-acting beta-adrenoceptor agonist (LABA) and a long-acting muscarinic antagonist (LAMA) at least once on the previous 6 months.

## **Suggested Action:**

Those patients without shielding code (9d44) added to their record should be checked to see if they have severe COPD and were missed by the national searches.



# Immunosuppression therapies (Group 5)

#### **National Action:**

Patients on immunosuppression therapies have been identified nationally. Shielding letters are expected to be sent during the week of April 13th with the shielding code (9d44) added to patient records shortly afterwards. Practices may have already identified, lettered and coded these patients.

IMPORTANT TO NOTE: practices might want to delay review of these patients until after the national searches shielding code (9d44) has been added to the patient record.

# **Patients prescribed High Dose Corticosteroids**

Patients prescribed oral corticosteroids where the average dose per day is  $\geq$  20mg of prednisolone (or equivalent) in 2 of the previous 3 months.

### **Suggested Action:**

Those patients without shielding code (9d44) added to their record should be checked to see if they are immunocompromised because of high dose corticosteroid therapy and were missed by the national searches.

### Patients with multiple factors - prescribed combinations of medicines

Patients prescribed oral corticosteroids where the average dose per day is  $\geq$  5mg of prednisolone (or equivalent) in 2 of the previous 3 months

AND

Patients prescribed one other immunosuppressive medicine (DMARDs) in the same 3 months.

IMPORTANT TO NOTE: this search cannot accurately check prescribing of biologics; secondary care information and national searches has identified those patients prescribed oral corticosteroids and biologics.

## **Suggested Action:**

Those patients without shielding code (9d44) added to their record should be checked to see if they are immunocompromised because of prescribed combinations of immunocompromising medicines and were missed by the national searches.

# Patients with multiple factors - medicines and co-morbidities

Patients prescribed two different immunosuppressive medicines (DMARDs) in the same 3 months

AND

Patients with co-morbidities of diabetes mellitus, lung disease, or IHD/hypertension

IMPORTANT TO NOTE: this search cannot accurately check prescribing of biologics; secondary care information and national searches has identified those patients prescribed DMARDs alongside biologics and other medicines that are proxies for relevant co-morbidities (e.g. antidiabetic drugs).

### **Suggested Action:**

Those patients without shielding code (9d44) added to their record should be checked to see if they are immunocompromised because of co-morbidities alongside prescribed immunocompromising medicines and were missed by the national searches.



# Additional searches - Patients to review

### Asthma UK other patients with severe asthma:

Asthma UK identified additional criteria for "severe asthma". These patients are also considered at high risk because of severe asthma, and can be identified through searches of secondary and primary care datasets. These include adults or children taking any of the below medicines:

- Any biologic therapy, also called a mAb (Xolair® omalizumab, Nucala® mepolizumab, Cinqaero® - reslizumab, Fasenra® - benralizumab)
- Antibiotic tablets or liquid for asthma every week as a preventer (e.g. azithromycin)
- A combination inhaler that also contains a long-acting bronchodilator (e.g. Seretide®, Fostair®, Symbicort®) at a high daily steroid dose
- An inhaler with a high daily steroid dose AND they are taking montelukast.

The following three searches have been added:

- 1. For people with a diagnosis of asthma 3 prescriptions of azithromycin in the previous 6 months
- 2. For people with a diagnosis of asthma any script for a high strength corticosteroid inhaler combined with a LABA (separately or in combination) in the previous 3 months
- 3. For people with a diagnosis of asthma any script for a high strength corticosteroid inhaler AND a script for montelukast the previous 3 months

High strength corticosteroid inhaler - the National Therapeutic Indicators for Scotland include measures of high strength inhaled corticosteroids which are reported to GP practices using national prescription data. There are difference in the inhaler group for adults (17 years and older) and children (5 to 16 years).

#### **Suggested Action:**

Those patients without shielding code (9d44) added to their record should be checked to see if they have severe asthma and were missed by the national searches.

# Other patients with severe COPD

Some patients with severe COPD are prescribed regular azithromycin as a prophylactic for COPD exacerbations.

The following search has been added:

 For people with a diagnosis of COPD any scripts for inhaled LABA AND any scripts for inhaled LAMA AND 3 months with at least 1 prescription of oral azithromycin AND no scripts for inhaled ICS (either singly or in a combination inhaler) in the previous 6 months.

### **Suggested Action**

Those patients without shielding code (9d44) added to their record should be checked to see if they have severe COPD and were missed by the national searches.



# Patients with other severe lung diseases

Patients coded for severe lung diseases such as sarcoidosis without shielding code (9d44) added to their record should be checked to see if they have been missed by the national searches.

## **Suggested Action:**

Those patients without shielding code (9d44) added to their record should be checked to see if they have severe lung disease and were missed by the national searches.

# **Search Terms**

The Clusters of medicines and disease codes that are used in the searches and description are summarised below:

Cluster Name	Cluster Description	
C_19_DIAG_TRANSPLANT	Solid organ transplant read code	
C_19_DIAG_CYSTIC_FIB	Diagnosis of Cystic Fibrosis	
C_19_DIAG_SEVERE_LUNG_DIS	Diagnosis of severe lung disease (e.g. sarcoidosis)	
C_19_DIAG_ASTHMA	Diagnosis of Asthma	
C_19_DIAG_COPD	Diagnosis of COPD	
C_19_RX_ASTHMA	Prescribed a LABA or LABA/ICS during the last 6 months†	
C_19_RX_ASTHMA_PRED_5	Prescribed (ADD) Prednisolone >= 5mg during the last 6 months†	
C_19_RX_ASTHMA_PRED	3 Prednisolone prescriptions during the last 6 months†	
	(number of different scripts will be displayed)	
C_19_RX_COPD_ROFL	Prescribed Roflumilast during the last 6 months†	
C_19_RX_COPD_LAMA	Prescribed a LAMA during the last 6 months†	
C_19_RX_COPD_LABA	Prescribed a LABA during the last 6 months†	
C_19_RX_COPD_ICS	Prescribed an ICS during the last 6 months†	
C_19_RX_TRANS_DMARD	Prescribed a transplant DMARD during the last 4 months‡	
C_19_RX_IMMUNO_CORT_5	Prescribed (ADD*) Corticosteroid >= 5mg during the last 3	
	months**	
C_19_RX_IMMUNO_CORT_20	Prescribed (ADD*) Corticosteroid >= 20mg during the last 3	
	months**	
C_19_RX_IMMUNO_DMARD	Prescribed immunological DMARD during the last 3 months**	
C 40 COMORDIDITY	(number of different DMARDs will be displayed)	
C_19_COMORBIDITY	1 or more diagnosis of diabetes mellitus, lung disease, CHD,	
C_19_RX_ASTHMA_MONTEL	hypertension, or over the age of 70  Prescribed Montelukast during the last 6 months†	
	3 Azithromycin prescriptions during the last 6 months†	
C_19_RX_AZITHROMYCIN	(number of different scripts will be displayed)	
C_19_RX_ASTHMA_HS_ICS_A	Age 17 years+ and prescribed a high strength ICS during the last 3	
	months**	
C_19_RX_ASTHMA_HS_ICS_C	Age 5-16 years prescribed a high strength ICS during the last 3	
	months**	
C_19_HIGH_RISK_CONTACT	At significant increased risk from COVID-19 read code 9	

<sup>\*</sup>ADD = average daily dose;  $\dagger$  1<sup>st</sup> October 2019 to 31<sup>st</sup> March 2020;  $\dagger$  1<sup>st</sup> December 2019 to 31<sup>st</sup> March 2020; \*\*1<sup>st</sup> January 2020 to 31<sup>st</sup> March 2020



#### **Disclaimers:**

The tool is constantly under review as the Scottish Government recommendations regarding shielding are refined so updating the tool might be necessary and this guide might be updated.

The tool primarily replicates the original searches by iSD at the end of March 2020 using national data to December 2019 for those groups of patients who could be identified using nationally-held prescription data (e.g. severe Asthma and severe COPD). This tool uses more recent prescribing data within the GP system (1st January 2020 to 31st March 2020) and will identify new patients with prescribing indicating that that are at high risk of COVID19.

The tool also includes additional searches based on feedback from national organisations (e.g. Asthma UK and The British Thoracic Society) which are designed to identify other patients at the highest risk of COVID19 who should be shielded. These new patients should be reviewed by a GP to assess whether shielding might be appropriate, see CMO letter from 13<sup>th</sup> April 2020.



The tool been developed for NHS GGC by the Central Prescribing Team in Pharmacy Services. All reasonable efforts have been made by the Central Prescribing Team to ensure the accuracy of the searches and usability within NHS GGC where the tool was developed. If used by other Health Boards the NHS GGC Central Prescribing Team cannot take responsibility for any problems with the searches or user experience and the same is true for any installation issues that might also arise.

Developed by:	Central Prescribing Team, Pharmacy Services, NHS GGC
Version:	3.6
Date:	16 April 2020
Does this version include details of changes to searches:	No