

# Shielding clinically vulnerable people from COVID-19

## Supplementary guidance for councils on data including unanswered and inconclusive calls

Government is strongly advising people who have been identified by the NHS as being extremely clinically vulnerable (ECV) which puts them at high risk of severe illness from coronavirus (COVID-19), to follow shielding measures in order to keep themselves safe.

Guidance was issued on 24 April 2020 for local authorities, local authority hubs (where these have been established) and Local Resilience Forums/Strategic Co-ordination Groups, who are working closely with Government and other key partners, to support the most clinically extremely vulnerable who are shielding from COVID-19.

We welcome feedback on this note and how it could be improved via email to - [shielding@communities.gov.uk](mailto:shielding@communities.gov.uk)

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## **The role of the National Shielding Helpline**

People who have been advised to follow the shielding guidance will have been notified by a letter from the NHS, their GP or clinician.

We have established an outbound call centre (the National Shielding Helpline) in order to contact people who have not yet responded to the instructions in the letter encouraging them to register their support needs through the GOV.UK website or call the number on the letter. Call agents are working through the list of those people who have been identified as extremely vulnerable.

The Helpline offers people the opportunity to register their needs supported by a call centre agent. Call agents will register the individual's support needs - or confirm they do not have a need – by recording the persons responses directly into the GOV.UK website, on behalf of the individual.

We are prioritising calls to people who live alone, who are blind or visually impaired, are terminally ill or who have high care needs (as determined by the welfare benefits they claim). However, everyone who has yet to register and who is clinically extremely vulnerable will be contacted to establish their support needs.

We are now asking councils to make contact with the clinically vulnerable people identified by the NHS with whom our contact has been inconclusive. The total extra funding to councils to respond to the pandemic to date is over £3.2 billion. The funding has been provided to support councils to continue to provide essential services and support to those who need it most. We are continuing to closely monitor LAs costs and projections, so we have the best possible assessment of costs - and the department has a further data collection exercise on Covid 19 starting imminently.

## **Unanswered and inconclusive calls**

There are a substantial number of people (around 71,500 at 28th April) within the shielded group whom the Helpline has attempted to call but whom the centre has not been able to contact. In such cases the Helpline has used all known numbers and have called at least 4 times and a maximum of 10 times over 3 days before determining that they are unable to contact them.

There may be a range of reasons why we have not been able to contact these people, such as from invalid numbers provided through the NHS Shielded patient list and we anticipate, but cannot be certain, that in some cases people may have gone to stay with friends or relatives or are reluctant to answer calls from 'unknown' numbers. More specifically these cases include:

- People who have not answered the phone numbers we have for them a maximum of 10 times over 3 days.
- People whose phone numbers have been busy on a maximum of 10 occasions over 3 days.
- People whose phones have gone to answer phones on a maximum of 10 occasions over 3 days

- People who have abandoned/hung up phone calls from the call centre due to them believing the call centre call to be a nuisance call
- People whose phone number appears to route to a facsimile machine or whose phone number that we have is incorrect.
- People who had immediate needs identified to the call centre during the call and thus were re-routed to the Local Authority or emergency services during this initial call due to the immediacy of their need.

There are also a substantial number of people who have answered a call from the contact centre but where the call is classified as inconclusive (around 178,000 at 28th April). These cases include a range of unsuccessful outcome codes where the people were immediately referred to local authorities or emergency services due to urgent needs or where people have hung up or refused to speak to the contact centre.

A further number of people are included in the data where they have suggested to the call agent that they have no immediate support needs but where registration was not completed (around 150,000 at 28th April). These cases include various unsuccessful outcome codes such as instances where the person stated that they did not have any support needs and therefore declined to register, people who did not welcome the call and asked not to be contacted again and people who stated that they had no needs or that they would register themselves. Details are provided below of the relevant outcome codes.

### **The unanswered and inclusive data set**

The format of the unanswered and inconclusive call data includes the following information for each person:

- **Reference**
- **ID**
- **Sequence Number**
- **NHS Number**
- **FirstName**
- **MiddleName**
- **LastName**
- **Date of Birth**
- **Local Authority District**
- **Postcode**
- **Service Code**
- **Service Name**
- **GDSOutcomeCode**
- **GDSOutcomeDescription**
- **LocalOutcomeCode**
- **CompletedOutcomeDateTime**
- **NextPlannedDate**
- **OutcomeComments**

The Local Outcome Code and GDS Outcome Code contain similar data; the Local Outcome Code is defined in the table below. The majority of codes cover cases

where either the call was answered but support needs were not established (inconclusive – I/C) or where the person was uncontactable (U/C). In several cases the person’s response indicated to the call agent they had no support needs (NO) but the outcome of the call remained inconclusive as it was not possible to complete registration.

The codes beginning with ‘Imm’ resulted in an immediate handover to the emergency services or Council at the time of the call as they had an urgent need that could not be met through the registration process. Councils should therefore already be aware of these cases and have taken any appropriate action.

<b>Local Outcome Code</b>	<b>Definition</b>	<b>Category</b>
ImmSafeReqEscToRLA	Person referred to Local Authority at the time of the call	Imm
ImmSafeReqEscTo999/ ImmSafeReqCitizenEncCall999	Person referred to emergency services at the time of the call	Imm
ObHangsUp	Person hung up	I/C
ObNoNotInterested	Person not interested	I/C
ObNuisanceCall/NC	Person thought it was a nuisance call	I/C
RefusalToSpeak	Person refused to speak	I/C
UnableToObtainPermission	Unable to obtain permission of person	I/C
Faxtone	Faxtone on dialled number	U/C
InvalidNumber	Invalid number	U/C
Unobtainable	Number unobtainable	U/C
Wrong Number	Wrong number	U/C
Busy/Busy Tone	Number engaged	U/C
No Answer/Noanswer	No answer on number	U/C
Answerphone	Number reverted to Answerphone (message left)	U/C
Reschedule	Person wished to reschedule call	I/C
Never Call	Instruction from person not to call again	NO
ObNotInEngland	Person doesn’t live in England – directed to 111 and NHS website	NO
ObNotNeeded	Person said that they didn’t need anything before answering the questions	NO
PatientWillCompleteRegThemselves	Person will register themselves	NO
ObNoSupRequired	Person has no support needs	NO
ObCitizenReqWellbeSupport	Person has no immediate needs but has expressed wellbeing concerns	NO
ObDeceased	Person deceased	-

- **Time Stamp**

There is a “timestamp” on each uncontactable or unsuccessful record (Completed OutcomeDate/Time) to show the time at which the last unanswered or inconclusive call was made to the person.

Further data drops will follow the initial release on a daily basis as further calls to people added to the Shielding Patient List continue to be made. The volume of cases included in the data may therefore fluctuate dependent on volume of calls and their outcomes and there may be days when some Councils receive no data.

### **Making use of the data set**

On receipt of the unanswered and inconclusive calls data by the data lead we would strongly encourage the cascading of this data to the other local authorities within the local grouping as quickly as feasible. If you do not know who your data lead is then please email [shielding@communities.gov.uk](mailto:shielding@communities.gov.uk).

Data leads have already been provided with ‘NHS List’ clinically extremely vulnerable person data - the first set was provided to hubs on 2 April. A second batch was sent on 9 April. All the persons included in the first unanswered and inconclusive calls data set should already be included within this ‘NHS List’ data.

Therefore, Councils may have already assessed, and cross referenced this data with your own data sets. This may allow Councils to quickly identify if they or local partners have already attempted to contact people on the unanswered and inconclusive calls either successfully or unsuccessfully.

If not, and recognising the potential vulnerability of these people, we would encourage Councils to contact people as soon as possible under the unanswered codes first, including using any alternative phone numbers that you may hold in the first instance. We would also encourage prioritising those with the longest time since the last contact attempt (as stated by the Time Stamp field). Upon making successful contact we would encourage Councils to support people to register their support needs via gov.uk (<https://www.gov.uk/coronavirus-extremely-vulnerable>) or the contact number 0800 028 8327.

The data relating to the inconclusive code or those with no current support needs (NO) may still require action to be taken by the Council dependent on their own prioritisation decisions. In these cases, the person may have informally stated they have no support needs, but it was not possible to complete registration. This data also includes a code from those who stated that they had no immediate needs but had concerns in terms of loneliness.

Councils may wish to make use of their own existing protocols in attempting to contact a person in the unanswered and inconclusive calls data set. In cases where several repeat calls do not result in successful contact, we suggest that a welfare visit is made to the individual’s registered address. Councils may wish to establish their own time frames within which a person should be visited, reflecting the urgency of need; such a visit could be carried out by Council officers, local emergency

services officers or trained volunteers, but it should be noted that the data is highly sensitive patient data. Please refer in this respect to the latest data sharing guidance issued by MHCLG. Such visits should also conform to the relevant guidance concerning social distancing and using personal protection equipment where necessary, in line with DHSC and PHE guidance, as well as local safeguarding responsibilities.

If the shielded individual is found to be safe at home and is willing, we would encourage the visiting officer to use a mobile phone (or suitable smart device) to assist the individual in registering their support needs through the website (address detailed above). We understand this may not always be possible, but where appropriate conveying the benefits of registration to the shielding person may be valuable and should encourage them to do so in their own time.

Councils will want to consider their escalation processes in handling cases where home visits do not result in a successful outcome, for example, by engaging the emergency services in cases which raise urgent concerns.

### **Collecting data on outcomes**

We are considering how to track outcomes for people included in the unanswered and inconclusive calls data set to identify whether they have been contacted successfully and whether they have support needs. We may ask local authorities to submit data back to the national shielding programme to help us track outcomes by individual. If requested to do so we will provide further guidance before making such a request.

As an illustration - but not intended as specific guidance at this stage - we would encourage local authorities to record local data on outcomes for people included in the unanswered and inconclusive calls data to cover the following:

- Whether contact been established with the person
- Whether the local authority can confirm the person's support needs have been registered through gov.uk or the inbound call service
- If the person's support needs have not been registered, an assessment of ability of the person to register their support needs
- If the person's support needs have not been registered confirmation or otherwise that their support needs are being met locally or that they do not have support needs.