

# Data Provision Notice

## COVID-19 At Risk Patients v5

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## Change Control

This is a revision of this Data Provision Notice to reflect that the COVID-19 At Risk Patients data collection continues to support the COVID-19 and seasonal flu vaccination programmes which are aligned with regards to the cohorts most at risk and, where possible, are co-administered. NHS England has additional powers under Regulation 3 of [The Health Service \(Control of Patient Information\) Regulations 2002 \(COPI Regulations\)](#) in relation to the processing of data from this collection to support seasonal flu vaccination where this is not co-administered with COVID-19 vaccinations.

This Data Provision Notice has also been revised to reflect legal and organisational changes which came into effect on 1 February 2023, to remove Annex A as the business rules (data specification) are included under 'Form of the collection' and to update the wording relating to data quality and the manner of collection.

The last version of this Data Provision Notice was issued by NHS Digital in November 2022 pursuant to a direction under section 254 of the Health and Social Care Act 2012 (**the 2012 Act**) from NHS England.

On 1 February 2023, the statutory functions of NHS Digital transferred to NHS England under the [Health and Social Care Information Centre \(Transfer of Functions, Abolition and Transitional Provisions\) Regulations 2023 \(Transfer Regulations\)](#). Under these Transfer Regulations, the provisions of all directions from either the Secretary of State for Health and Social Care or NHS England to NHS Digital are now treated as if contained in directions from the Secretary of State for Health and Social Care (**Secretary of State**) to NHS England.

Consequently, the legal basis for this Data Provision Notice is still the direction identified below, with its status now treated as if contained in a direction from the Secretary of State for Health and Social Care to NHS England under section 254 of the 2012 Act.

## Background

The 2012 Act gives [NHS England](#) statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a Direction from the Secretary of State to NHS England. Therefore, organisations that are in scope of the Data Provision Notice are legally required, under sections 259(1)(a) and 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

## Purpose

The Secretary of State has directed NHS England to collect, process and analyse data in connection with COVID-19 to support the Secretary of State's response to COVID-19 and to support various COVID-19 purposes set out in the [COVID-19 Public Health Directions 2020 \(COVID-19 Directions\)](#) and below. This enables NHS England to collect, analyse and link the data with other data held by NHS England for COVID-19 purposes.

This Data Provision Notice has been issued to notify general practices of the requirement to provide NHS England with data for the purposes of direct care in the delivery of the seasonal flu and COVID-19 vaccination programmes, the response to COVID-19 outbreaks in England and for the following purposes:

1. Under the COVID-19 Directions:
  - identifying and understanding information about patients or potential patients with or at risk of COVID-19
  - the management of patients with or at risk of COVID-19 including locating, contacting, screening, flagging, treating and monitoring such patients.
2. Under Regulation 3 of the COPI Regulations:
  - recognising trends in seasonal flu and other flu related risks to public health; and
  - monitoring and managing:
    - o outbreaks of seasonal flu
    - o the delivery, efficacy and safety of the seasonal flu immunisation programmes
    - o adverse reactions to seasonal flu vaccines and medicines
    - o providing information to people about the risks of acquiring seasonal flu

The objective of this collection is on an ongoing basis to identify patients registered at general practices who may be more at risk of getting seriously ill with seasonal flu and/or COVID-19 and who would be potentially eligible for treatment should they contract COVID-19.

The data collected will be analysed and linked with other data NHS England holds to identify a list of potentially eligible patients.

Treatment options are available for some people who have tested positive for COVID-19. NHS England is providing the technology to support the NHS to identify patients eligible for the drugs.

The methodology NHS England has used to produce the [COVID-19 Treatment cohort](#) is explained in the detailed algorithm published on the NHS England website.

Vaccinations for COVID-19 are available to those who are at risk of getting seriously ill with COVID-19 and this extract is used alongside others to create the vaccination cohort.

The methodology NHS England has used to produce the [COVID-19 Vaccination cohort](#) and [Flu Vaccination cohort](#) is explained in the detailed algorithm published on the NHS England website.

The extract may also be used for future direct care purposes relating to the management of COVID-19 or seasonal flu.

## Benefits

Organisations, including Government, health and social care organisations need to access this vital data for a range of seasonal flu and COVID-19 purposes. Most importantly, the data is used to assist in identifying those people who are most at risk from and are therefore

eligible for both seasonal flu and COVID-19 vaccinations. It is also used to help plan, monitor and manage the seasonal flu and COVID-19 vaccination programmes which assist with the national response to COVID-19 post pandemic and recovery, which will continue to help save lives. COVID-19 and flu related public health purposes for which this data may be analysed and used may include:

- understanding COVID-19 and seasonal flu and risks to public health, trends in COVID-19 and seasonal flu and such risks, and controlling and preventing the spread of COVID-19 and seasonal flu and such risks
- identifying and understanding information about patients or potential patients with, or at risk of, seasonal flu and COVID-19, information about incidents of patient exposure to COVID-19 and the management of patients with or at risk of seasonal flu and COVID-19 including: locating, contacting, screening, flagging and monitoring such patients and collecting information about and providing services in relation to testing, diagnosis, self-isolation, fitness to work, treatment, medical and social interventions and recovery from COVID-19.

While the purpose of this collection is for direct care, there will be secondary uses of the data as a consequence of delivering the direct care, such as payment for and monitoring of administering the direct care. Any secondary use of the data will use anonymised data and thus patients who have registered a Type 1 opt-out will not be removed (for example to allow payment for patients who have registered a Type 1 opt out).

Patients facing the greatest risk if they contract COVID-19 and/or at risk of complications from seasonal flu:

- will be identified and known to health organisations
- will have a greater awareness of the recommended treatment and vaccination options
- will be able to follow clear advice
- will be able to ask for help and support.

If patients facing the greatest risk follow advice, it is hoped that this will contribute to the mitigation of the effects of COVID-19 and seasonal flu, and ultimately save lives.

## **Legal basis for collection, analysis, publication and dissemination**

### **Collection and Analysis**

NHS England has been directed by the Secretary of State under section 254 of the 2012 Act under the [COVID-19 Directions](#) to establish and operate a system for the collection and analysis of the information specified for this service: COVID-19 At Risk Patients.

This information is required by NHS England under section 259(1)(a) of the 2012 Act.

In line with section 259(5) of the 2012 Act, all organisations in scope, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Data Provision Notice is issued in accordance with the procedure published as part of NHS England's duty under section 259(8).

The data collected under the COVID-19 Directions may also be linked to other data sets held by NHS England. More information about the data sets and collections that NHS England holds and that may be used for linkage can be found on the [NHS England Data Collections and Data Sets webpage](#).

The original specification for the COVID-19 At Risk Patients collection was based on that already in place to identify those at risk of complications from contracting seasonal flu. The at risk categories for seasonal flu and COVID-19 are the same and therefore the data in the COVID-19 At Risk Patients collection has been used for both COVID-19 and seasonal flu purposes since its inception. During the pandemic and the pandemic recovery period, seasonal flu vaccinations were also delivered as part of the response to COVID-19 to minimise the impact of seasonal flu on the management and recovery of health services from the COVID-19 pandemic.

The COVID-19 At Risk Patients data collection continues to support the COVID-19 and seasonal flu vaccination programmes, which are aligned with regards to the cohorts most at risk and, where possible, are co-administered. However, as we have now emerged from the COVID-19 pandemic and continue with general recovery, seasonal flu vaccinations are also delivered separately from COVID-19 as part of NHS England's more general public health functions under:

1. its duties set out in the [NHS public health functions agreement 2023 to 2024](#) under which the Secretary of State arranges for certain elements of their public health functions to be exercised by NHS England under section 7A of the National Health Services Act 2006; and
2. Regulation 3 of the COPI Regulations, as explained above.

## Publication

In accordance with section 260(2)(d) of the 2012 Act, NHS England is directed not to publish any information it obtains under section 254 of the 2012 Act by complying with the Directions, except for the publication of anonymous statistical data (with small numbers suppressed) as agreed by DHSC or which NHS England reasonably believes to be in the public interest to publish, in consultation with relevant parties and where this does not to any significant extent interfere with the performance by NHS England of its other functions in response to COVID-19 or its other functions more generally.

Any information that is published will be fully anonymised in accordance with the Information Commissioner's Office [Anonymisation Code of Practice](#) and will be in accordance with the [Code of Practice for Statistics](#).

## Dissemination

NHS England retains responsibility and accountability at all times for the dissemination of data from the collection as the data controller under the UK General Data Protection Regulation 2016 (**UK GDPR**). It will do so through ensuring that requests for data are

necessary, proportionate, that the minimum amount of data necessary for the purpose only is shared and that the transfer and use of the data shared will be secure and lawful.

This data set will not be available via NHS England's [Data Access Request Service \(DARS\)](#), however data can be disseminated via completion and approval of a COVID-19 Request for Dissemination form. Approval is required from the Information Asset Owner, Caldicott Guardian and the Executive Director of Privacy, Transparency and Trust. For transparency purposes NHS England will publish any agreed disseminations of the data on the NHS England [Data Uses Register](#). Any dissemination of data will be underpinned by information governance assessment standards. These standards include additional scrutiny where an organisation is involved which the public may have particular concerns about.

As the data may only be used for direct care purposes, as outlined under the COVID-19 Directions, the national data opt-out does not apply to the dissemination of data.

For more information on the National Data Opt-out and its application during the COVID-19 period see section 6.2 of the [National Data Opt-out operational policy guidance](#).

## Transparency

As NHS England is collecting personal data from general practices through the COVID-19 At Risk Patients data collection, general practices have a legal duty to be transparent and to provide patients with transparency information under UK GDPR about the data they are sharing with NHS England.

NHS England has produced a [COVID-19 response transparency notice](#) and a [national vaccination programmes transparency notice](#) which GPs can use to help them do this.

NHS England will disclose in its [Data Uses Register](#) the organisations to whom it disseminates the data obtained through this DPN and the purposes of the dissemination.

## Persons consulted

Following receipt of a direction to establish a system to collect COVID-19 At Risk Patients data, NHS England has, as required under section 258 of the 2012 Act, consulted with the following persons:

- The British Medical Association (**BMA**)
- The Royal College of General Practitioners (**RCGP**)
- Department of Health and Social Care (**DHSC**), as directing organisation
- Public Health England (**PHE**)<sup>1</sup>
- NHS England Privacy Transparency and Trust team
- the [Data Alliance Partnership Board \(DAPB\)](#) - DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and information standards, mandated for use in health and care in England, are scrutinised and approved.

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<sup>1</sup> From 1 October 2021, PHE was dissolved and its functions transferred to the UK Health Security Agency (**UKHSA**), the Office for Health Improvement and Disparities (**OHID**) and NHS England.

- Chief Medical Officers of England, Scotland, Wales and Northern Ireland.

In respect of the amendment to the lawful basis relied upon for processing data for seasonal flu purposes, additional consultation has been undertaken with the following persons:

- NHS England Information Law Team
- [Advisory Group for Data \(AGD\)](#).

## Scope of the collection

Under section 259(1)(a) of the 2012 Act, this Data Provision Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- General practices in England

Under section 259(5) of the 2012 Act the organisation types specified above must comply with the Form, Manner and Period requirements below.

The [national data opt-out](#) and [Type 1 opt-out](#) do not apply to this collection of data as the data is required for direct care purposes.

## Form of the collection

The [General Practice Extraction Service \(GPES\)](#) identifies all patients currently registered with a general practice who fall under the cohort count and code clusters specified in the [business rules](#).

GPES business rules are provided to GP system suppliers (**GPSS**) to set out the scope of the collection. The GPSS develop the extract in accordance with the business rules.

For each patient NHS England requires the following personal data, as well as the general practice that individuals are registered with:

- NHS Number
- surname and forename
- date of birth
- date of death
- address and postcode
- ethnicity
- age
- sex

Where a patient's record contains a defined long-term medical condition, such as Downs syndrome, cancers, haematological disease, renal disease, liver disease, immunosuppression, transplants and neurological disease, which poses a COVID-19 risk and/or a condition/code which identifies a patient as being at risk of complications from flu/COVID-19, data is extracted for:

- the associated SNOMED<sup>2</sup> CT code(s) and date(s) for the:
  - medical condition
  - recorded activity for COVID-19 in the patient's medical record
  - drug treatment(s)
- any values such as scores or prescriptions associated with the SNOMED CT code(s).

## Manner of the collection

General practices are automatically enrolled into the data extract and are not required to re-confirm their participation for the purposes of this re-issuing of the Data Provision Notice. This reduces burden on practices as there is no participation offer on the [Calculating Quality Reporting Service \(CQRS\)](#).

Once the extract is developed, GPES schedule and manage the collection and onward processing of the data into the Data Processing Service (**DPS**).

Once collected, the data is stored appropriately by the NHS England Data Management Service (**DMS**) and shared only with those organisations who have a legal basis to process the data and, where necessary, achieve the stated purposes, in accordance with the process set out in this Data Provision Notice.

## Period of the collection

The data is collected on a monthly basis, however the frequency of the collection may change in response to demand. The collection is ongoing.

## Data quality

As data controllers for their patients' data, general practices are responsible for the quality of the patient data in their system and for ensuring that it is accurate and up to date.

This requirement will only extract data from general practices' clinical IT systems. Other systems maintained by general practices are out of scope. Under the GPES framework, only coded information from the patients' journal records is extracted. This reduces the need for GPSS or GPES to interpret free text data. In addition to the benefits that coded data provides, the GPES process also provides a data certification service. As part of data certification, GPES tests whether GPSS' technical specifications (based on the Extraction Requirement that GPES distributes to clinical systems suppliers) are correctly defined.

This is a record level, coded data extract from medical records. Therefore, in the event of any areas for concern (e.g. new SNOMED CT codes added to the extract which return unexpected volumes of patients) or any data quality issues, data will be sent back to GP practices for ratification/correction. A secure dashboard platform, hosted by NHS England will be used to do this. The high-level solution is:

- present the data back to GPs using the secure dashboard platform

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<sup>2</sup> <https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct>

- user journey would be accessed via a URL (publicised in comms) using a smart card
- a short user guide, explanation and link is published here:
- logic for creating the cohort is published on a website so people can understand how it works
- action is taken by GPs to correct any data quality issues

Following corrective action by GP practices, extracts may be rerun, ref sets (SNOMED CT code clusters) may be amended or monitoring of the situation will take place over the subsequent extracts.

The data collected each month is also a full 'bulk' extract including all historical data. This means that if historical data is ever amended NHS England would receive the amended data.

## Burden of the collection

### Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the 2012 Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England has sought to minimise the burden on general practices by using existing data extract technology, rather than requesting information in another format which may be more burdensome to process.

In addition, in support of its obligation under 265(3) of the 2012 Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the [Data Standards Assurance Service \(DSAS\)](#) which assures burden assessment evidence as part of the overarching DAPB approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

### Assessed costs

There are no costs associated with the collection of COVID-19 At Risk Patients data as general practices are not required to accept an offer on the [Calculating Quality Reporting Service \(CQRS\)](#) to participate in the data collection.

## Appendix A

NHS England issued v1 of this Data Provision Notice on 18 March 2020. V1 outlined an initial one-off data collection for the purposes of direct care in response to the spread of COVID-19 in the UK. The following purposes are identified in the COVID-19 Public Health Directions 2020:

- identifying and understanding information about patients or potential patients with or at risk of COVID-19
- the management of patients with or at risk of COVID-19 including locating, contacting, screening, flagging, and monitoring such patients.

The objective of the initial collection was to identify patients registered at general practices who may have been clinically extremely vulnerable if they contracted COVID-19. The data collected was analysed and linked with other data held by NHS England to identify a list of clinically extremely vulnerable patients who were advised to take shielding measures to protect themselves. This list was known as the vulnerable patient list and was subsequently known as the Shielded Patient List.

The patients on the Shielded Patient List were contacted by post and/or SMS message by the NHS on behalf of the Chief Medical Officer to advise them of the measures they could take to reduce their risk of contracting the virus and to signpost them to the [Extremely Vulnerable Persons service](#). This service has subsequently been replaced with [COVID-19: guidance for people whose immune system means they are at higher risk](#). The Shielded Patient List was also used to inform GPs of their individual patients on the Shielded Patient List, by flagging those patient records on GP patient record systems.

NHS England was requested by the Chief Medical Officer to maintain the Shielded Patient List and [published](#) information about the Shielded Patient List on its website. This page now provides an update on the Shielded Patient List closure from 30 June 2022.

The initial one-off extract of data, used to create the Shielded Patient List, was based on an existing specification for flu vaccination eligibility. The outputs from this first data collection were reviewed following the work to produce the Shielded Patient List resulting in changes to minimise and improve the collection. A weekly extraction of the revised specification took place in April 2020.

The weekly extract collected data about patients that GPs identified as clinically extremely vulnerable to COVID-19 and who should be added to the Shielded Patient List. Information about patients who were on the Shielded Patient List was provided back to GPs by NHS England through identifying those patient records with a flag on GP systems.

The Shielded Patient List was developed early in the COVID-19 outbreak when evidence about the groups of patients most at risk was based on what was known about risk factors with other known respiratory viral infections. The Shielded Patient List was intended to be a dynamic list that adapted as knowledge of the disease improved and more clinical evidence became available.

In August 2020, the NHS announced that the seasonal national flu immunisation programme criteria for 2020 - 2021 was expanded to include patients on the Shielded Patient List. Therefore, to provide information that would support the identification of patients at moderate or high risk of complications from flu, a revision to the weekly extract of data took place resulting in v3 of the extract. In May 2021 v4 of the extract was implemented which removed the collection of data for people clinically eligible for a flu vaccination.

In November 2022, the extract (v5) was completely revised in line with the identification of cohorts to align with the [McInnes report changes](#). The revised data collection has fed a variety of COVID-19 related cohorting programmes including COVID-19 therapeutics and vaccination programmes.

<b>General Population</b>					
<b>Version no.</b>	<b>Version 1</b> (DPN v1 published)	<b>Version 2</b> (DPN v2 published)	<b>Version 3</b> (DPN v3 published)	<b>Version 4</b> (DPN not revised)	<b>Version 5</b> (DPN v4 published)
Version history	The initial one-off extract of data, used to create the SPL, was based on an existing specification for flu vaccination eligibility.	The outputs from the first data collection were reviewed following the work to produce the Shielded Patient List resulting in changes to minimise and improve the collection. A weekly extraction of the revised specification was implemented from April 2020.	In August 2020, the NHS announced that the seasonal national flu immunisation programme criteria for 2020 - 2021 would be expanded to include patients on the Shielded Patient List. Therefore, to provide information that would support the identification of patients at moderate or high risk of complications from flu, a revision to the weekly extract of data took place.	This version removed the collection of data for people clinically eligible for a flu vaccination.	The COVID-19 At Risk Patients data collection completely revised. This is in line with the identification of cohorts to align with the <a href="#">McInnes report changes</a> .

Period of collection	The first extract was scheduled to take place on 18 March 2020.	Data collection extracted on a weekly basis week from 13 April 2020.	Revised weekly data collection. The first collection week commenced on 28 September 2020.	Revised weekly data collection. The first collection commenced May 2021.	Revised weekly data collection. The first collection commenced October 2022.
Collection description	One-off initial extract. It was a snapshot in time and captured any patient who has ever had a recorded instance of a high-risk condition in their medical record and identified any patient who was pregnant on the date of extraction.	All patients with defined long-term medical conditions which posed a COVID-19 risk, identified as clinically extremely vulnerable to that risk and/or on certain drug treatments.	All patients with defined long-term medical conditions which posed a COVID-19 risk, identified as clinically extremely vulnerable/potentially clinically vulnerable to that risk and/or on certain drug treatments.		The revised data collection has fed a variety of COVID-19 related cohorting programmes including COVID-19 therapeutics and vaccination programmes. The collection is also used for seasonal flu vaccination eligibility cohorting.  Scope of extract: Conditions including: <ul style="list-style-type: none"> <li>• Downs syndrome</li> <li>• Cancers</li> <li>• Haematological disease</li> <li>• Renal disease</li> <li>• Liver disease</li> <li>• Immunosuppression</li> <li>• Transplants</li> <li>• Neurological disease.</li> </ul> Eligible for flu vaccination.
Medical conditions and data items	The GPES data extraction identified all patients registered with a general practice who fell under the following three categories: <ul style="list-style-type: none"> <li>• All patients aged 65 or older</li> <li>• All patients with defined long-term medical conditions which posed a flu risk</li> <li>• Pregnant patients at any stage of pregnancy.</li> </ul> For each eligible patient, NHS England received the following personal data, as well as the GP practice that individuals were registered with: <ul style="list-style-type: none"> <li>• NHS Number</li> <li>• First name</li> <li>• Surname</li> <li>• Date of birth</li> </ul>	Medical conditions that provide information on clinically extremely vulnerable patients: <ul style="list-style-type: none"> <li>• Severe asthma and dust related lung disease with relevant treatment in the last 12 months (asthma treatment &amp; prednisolone OR high dose corticosteroid safety card)</li> <li>• COPD emphysema, and associated lung diseases with relevant treatment in the last 12 months (COPD drugs OR high dose corticosteroid safety card)</li> <li>• Non-asthma and non-COPD chronic respiratory disease</li> <li>• Cancer (haem and others)</li> <li>• Congenital heart disease</li> </ul>	Medical conditions that provide information on clinically extremely vulnerable patients: <ul style="list-style-type: none"> <li>• Severe asthma and dust related lung disease with relevant treatment in the last 12 months (asthma treatment &amp; prednisolone OR high dose corticosteroid safety card)</li> <li>• COPD emphysema, and associated lung diseases with relevant treatment in the last 12 months (COPD drugs OR high dose corticosteroid safety card)</li> <li>• Non-asthma and non-COPD chronic respiratory disease</li> <li>• Cancer (haem and others)</li> <li>• Congenital heart disease</li> </ul>		For each eligible patient, NHS England receives the following personal data, as well as the GP practice that individuals are registered with: <ul style="list-style-type: none"> <li>• NHS Number</li> <li>• surname and forename</li> <li>• date of birth</li> <li>• date of death</li> <li>• address and postcode</li> <li>• ethnicity</li> <li>• age</li> <li>• sex.</li> </ul>

	<ul style="list-style-type: none"> <li>• Address</li> </ul> <p>The mobile number for identified patients was taken from the Personal Demographics Service (<b>PDS</b>), which NHS England operates as part of NHS Spine.</p> <p>Data was also extracted to identify registered patients who were in the flu risk category due to a record or diagnosis of one or more of the following:</p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Body Mass Index (BMI)</li> <li>• Chronic heart disease</li> <li>• Chronic kidney disease</li> <li>• Chronic liver disease</li> <li>• Chronic neurological disease</li> <li>• Chronic respiratory disease</li> <li>• Diabetes mellitus</li> <li>• Down syndrome</li> <li>• Immunosuppression</li> <li>• Learning disability</li> <li>• Pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Genetic, metabolic or autoimmune disease</li> <li>• Immunosuppression drugs in the last 12 months</li> <li>• Flu-like symptoms or respiratory tract infections from 1 November 2019</li> <li>• Transplants with severe Immunosuppression drug treatment in the last 12 months</li> <li>• Pregnant in last 9 months</li> </ul>	<ul style="list-style-type: none"> <li>• Genetic, metabolic or autoimmune disease</li> <li>• Immunosuppression drugs in the last 12 months</li> <li>• Flu-like symptoms or respiratory tract infections from 1 November 2019</li> <li>• Transplants with severe Immunosuppression drug treatment in the last 12 months</li> <li>• Pregnant in last 9 months <i>(no change)</i></li> </ul>		
Medical conditions		Patients designated separately as at risk from COVID-19 using high/medium/low risk SNOMED CT codes, for example.	Patients designated separately as at risk from COVID-19 using high/medium/low risk SNOMED CT codes, for example <i>(no change)</i>		
		Patients with a COVID-19 activity code.	Patients with a COVID-19 activity code. <i>(no change)</i>		
			<b>Clinically vulnerable patients (eligible for seasonal flu vaccination)</b> <ul style="list-style-type: none"> <li>• Chronic respiratory disease</li> <li>• Unresolved asthma with recent asthma drug treatment (in the last 12 months) or ever had an</li> </ul>		

			<p>emergency hospital admission due to asthma</p> <ul style="list-style-type: none"> <li>• Chronic heart disease</li> <li>• Unresolved chronic kidney disease stage 3, 4 and 5</li> <li>• Unresolved diabetes mellitus</li> <li>• Unresolved immunosuppression diagnosis</li> <li>• Immunosuppression procedure in the last 12 months</li> <li>• Chronic liver disease</li> <li>• Chronic neurological disease</li> <li>• Pregnant in the last 9 months (different cluster to clinically extremely vulnerable group)</li> <li>• In patients aged 16 and over: BMI of 40+ in the last 12 months</li> <li>• In patients aged 16 and over: latest BMI in the last 3 years was 40+</li> <li>• Learning disability (including Down's)</li> <li>• Has a 'requires flu vaccination' code</li> <li>• Identified as a healthcare worker in the last 12 months</li> <li>• Household contact of an immunocompromised individual</li> </ul>		
			<p><b>Other potentially clinically vulnerable patients</b></p> <ul style="list-style-type: none"> <li>• Unresolved hypertension</li> </ul>		

			<ul style="list-style-type: none"> <li>• Pulmonary hypertension</li> <li>• Dementia</li> <li>• Systemic lupus</li> <li>• Discoid and nonsystemic lupus</li> <li>• Psoriasis</li> <li>• Rheumatoid arthritis and associated disorders</li> </ul> <p><b>Additional data items for patients from the above groups</b></p> <ul style="list-style-type: none"> <li>• Latest ethnic category code (all groups)</li> <li>• Earliest code indicating that the patient has died (all groups)</li> <li>• Latest smoking status (all groups)</li> <li>• Blood pressure from the last 2 years (all groups)</li> <li>• In patients aged 16 and over: all BMI and weight in the last 5 years plus latest height (all groups)</li> <li>• IFCC-HbA1c in the last 2 years (for diabetic patients in the flu group only)</li> <li>• Latest COPD resolved and admission codes (for COPD patients in the clinically extremely vulnerable group only)</li> <li>• ACE inhibitors, ARBs and non-steroidal anti-inflammatory drugs in the last 12 months (all groups)</li> <li>• Latest asthma emergency admission codes (for asthma patients in the flu group only)</li> <li>• Asthma-related drug treatments in the last 12 months (for asthma patients in the flu group only)</li> </ul>		
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