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To:

- Trust HRDs/Chief People Officers
- CCG Accountable Officers
- GP practices
- PCN leads
- Dental practices
- Community pharmacies and dispensing appliance contractors
- Primary care optometry services
- ICS leads

Dear Colleagues,

**Information on supporting clinically extremely vulnerable staff**

**The government has now confirmed that, from 1 April 2021, shielding advice will be paused nationally.** This reflects falling infection rates and advice from the Chief Medical Officer. The Shielded Patient List will continue to be kept current in case of a future need.

In summary, the new advice from the 1 April is to continue to work from home where possible and if individuals cannot work from home, employers should undertake a comprehensive, individual, workplace risk assessment reflecting the current working context (ie improved testing, vaccination and relationship with transmission).

All staff should continue to follow national guidance on infection prevention and control and on the use of personal protective equipment.

Emerging evidence may inform future occupational health guidance for clinically extremely vulnerable staff including for those who have not been vaccinated, or staff who have a health condition that is associated with a weaker level of protection after vaccination. We will update you when and if this evidence becomes available.

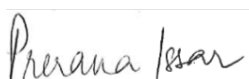
Despite the welcome reduction in infection rates, many staff may still be concerned about their risk of exposure to Covid-19 if they return to work. These discussions should be sensitive and understanding, and focus on both individual and workplace risk.

All NHS trusts and primary care organisations should develop a local approach which reflects the following principles which are outlined in Appendix 1.

**ACTION: Employers should refresh risk assessments for all CEV staff to determine the appropriate work arrangements from the 1 April, reflecting the current workplace context.**

Thank you once again for ensuring that the safety and wellbeing of colleagues remains paramount in the next phase of our COVID-19 response.

Yours sincerely



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## Appendix 1

### Next steps: support and advice for staff

- i. To review individual risk assessments for clinically extremely vulnerable staff who are currently shielding to agree a plan that will enable them to work safely. In some cases this may mean continuing to work remotely. In the spirit of the work employers have been doing to improve the health and wellbeing of staff, risk assessment conversations should be a safe space for staff to discuss any concerns they have and further support they need.
- ii. Staff who are on immunosuppressive therapy remain at higher risk from Covid-19 and should be supported with an occupational health conversation to help ensure they are deployed to roles and sites with lower risk of infection with appropriate training and protection required.
- iii. Ensure, where possible, coordination between occupational/employer health provision and line management of staff, to enable staff to return to work safely and with continuous monitoring including regular check-ins with line managers. This should include psychological support at what may be a challenging time for colleagues.
- iv. There should be locally-devised processes for bringing staff back to work, considering the current working context, to ensure that they are safely reorientated to the workplace at what may be a daunting time to re-enter the workplace. Consideration should be given where additional training is required, supervision, and a conversation on training needs.
- v. Excellent progress has been made on staff vaccination uptake and employers should continue to encourage staff to come forward for vaccination. Risk assessment conversations also provide a safe space for staff to discuss the covid-19 vaccine, and as further evidence of the vaccines impact becomes available employers should ensure staff are fully informed.
- vi. We would be grateful to receive feedback on issues which are highlighted as part of these conversations, and your collaboration in the ongoing development of data on these and other workforce issues.