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Dear Professor Mahajan and Dr Nathanson,

Thank you very much for your letter highlighting concerns about the pause in shielding and its potential impact on clinically extremely vulnerable (c.e.v.) staff. As you point out some people who are c.e.v. are poorly responsive to COVID-19 vaccines due to their medication and thus may be at higher risk than others if they return to front line work.

NHS England's Chief People Officer, Prerana Issar, issued a letter to all NHS HR Directors on Friday 19th March 2021 in which she advised that from April 1st c.e.v. staff should continue to work from home if possible, and if not then NHS employers should undertake comprehensive individual risk assessments reflecting current working context (i.e. improved testing, vaccination and relationship with transmission) (<https://www.england.nhs.uk/coronavirus/publication/information-on-supporting-clinically-extremely-vulnerable-staff/>).

Where people have had a poor response to vaccination, reflecting certain medications that suppress the immune response, individual staff and their employers, with support from occupational health where appropriate, should make a shared decision on appropriate deployment based on that risk assessment. Where it is agreed that it is inappropriate for an individual staff member to work in direct contact with patients then employers should explore the potential for that individual to work remotely from home. For anaesthetists this might include things like remote pre-operative assessments, on-line teaching and training, involvement in clinical audit, research or management activities.

We are keeping in close touch with the JCVI and PHE to ensure that we continue to reflect their views in our guidance to NHS employers.

I hope this provides you with information to support your Members and Fellows.

Yours sincerely,



Celia Ingham Clark
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