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COVID-19 – Framework for Decision Making

Shielding: A way Forward for Scotland

June 2020

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Summary

The aim of shielding is to protect people who are at greatest risk of severe illness if they catch COVID-19. But asking people to stay at home and minimise all contact with others for a long period of time can significantly impact on quality of life as well as mental and physical health. Having shielded for almost 12 weeks, many people are feeling very anxious about what will happen next. They are eager to resume their lives but unsure how shielding can end while the virus continues to exist in our communities.

The purpose of this document is to start answering those questions, and chart a possible route out of shielding that allows more freedom while keeping those most at risk safe.

The future of shielding is closely linked to the success in our broader strategy of controlling the virus through the route map and Test and Protect. As the virus is brought under control it will become safer for those who have been shielding to gradually get back to day to day life.

We have promised that our advice on shielding must be right for Scotland and evidence-based. We are therefore making two changes to the shielding advice, both of which have been agreed on the recommendation of our clinical and scientific advisory groups. Firstly, we are extending the shielding advice to 31 July. Secondly, if infection rates are low enough, we will advise that people shielding can go outside for exercise from 18 June.

The original advice was to shield for at least 12 weeks, which comes to an end on 18 June. The levels of infection in the community are now significantly lower than they were in March, but the evidence suggests that it is advisable that people with the highest clinical risk should continue to shield. Having set out to save lives it does not feel right to prematurely end shielding until we are confident the evidence supports it.

However, we are very aware that shielding is difficult and it is not sustainable in the long term. The longer people are advised to shield, the greater impact it will have on their physical and mental health, on their relationships with their families and loved ones and on their quality of life. We are monitoring these impacts and constantly weighing up these harms against the benefits of shielding.

Moving to a new approach for shielding

We are learning about the virus all the time, and in particular about the factors that increase or reduce the risk to particular people. Because different things matter to different people, we need to move towards the idea of enabling those who are shielding to make choices about how to do it. In the course of the summer, once the evidence base has been developed, we will:

- Provide people with updated clinical evidence about their conditions and what that means for their risk from Covid,
- Help those shielding understand the changing levels of infection in the community and how to reduce the chance of catching the virus
- Provide that information in a way that is accessible, understandable and helpful,
- Give people who are shielding access to support that can help them make informed choices about their lives,
- Support people shielding to put their choices into practice.

These choices have a tremendous impact on the lives of people shielding and also on the lives of their loved ones. That's why it's important that we do everything we can to make sure they have the chance to consider what matters to them.

We will continue to advise people shielding in an honest and open way, and we promise that advice will always be based on the best evidence we have.

This approach is dependent on us understanding as much as possible about the chances of people shielding catching the virus and the risk to them if they do. The evidence to support this is growing but we need to be sure it is robust enough before we start using it to change our approach. There is coordinated work being carried out across the four nations to gather this evidence and we hope that we will start to see the benefits of that over the course of the summer.

Extension to shielding

We are advising people to continue to shield until at least 31st July. That is because, although infection rates are much lower than they were at the start of lockdown, we are not yet confident that it is safe enough to change our advice.

During this time we will continually review this advice and monitor Covid infection levels to make sure it remains the correct decision. We will continue to balance this against the harms caused by shielding. People who are shielding will continue to receive the support they have been getting, whether that be free weekly food boxes, access to priority supermarket delivery slots, pharmacy deliveries, or other support through Local Authorities.

However, we understand that it is not fair to continue to ask people to stay at home all the times, especially as restrictions are eased for everyone else. This is why we will be looking for ways to gradually ease the guidance for shielding people if clinicians and scientists advise it is safe.

Outdoor Exercise

We will start by making a change to the advice on going outdoors for exercise.

We anticipate that people shielding will be able to take exercise outdoors from 18 June.

However, we will confirm this on 18 June based on the evidence. This also will not apply to people living in nursing or residential care homes – we are not yet confident this is safe.

If you have been advised to shield and wish to go outside for exercise after 18 June, you should take the following precautions:

Go outdoors for a walk, wheel, run or cycle. We do not recommend that you take part in outdoor activities such as golf, hiking, canoeing, outdoor swimming, angling, etc. in the same way as the rest of the population can just now. You:

- Can go out on your own or with someone you live with
- Should maintain strict physical distancing, also known as social distancing, at all times, even if you live with the person you're out with. This means keeping 2 metres (or three steps) away from other people at all times
- Should not meet with anyone you do not live with
- Should choose times and areas that are quiet, if you can
- Should wash your hands for at least 20 seconds as soon as you get back home

Future Changes to Advice

We do not intend to advise you to shield completely for any longer than necessary without further changes. **We will set out updated guidance for you by 31 July at the latest.** However, between now and then – and in addition to the changes we are signalling now on outdoor exercise – we will make further changes if it is safe to do so.

We want to gradually provide advice on how you can increase your freedoms, as we have done for those who are not shielding. We are continually monitoring the virus and as soon as we think it is safe for you to do something, we will update our advice. And as soon as we can provide you with information that will allow you to understand your own risk and make decisions about what is right for you, we will do so.

As we progress through the route map there will increasingly be need that the wider public recognises their role in keeping those shielding safe, in particular in supporting people shielding to regain some normality in their life, just as the wider public have been able to.

Introduction

At the beginning of the Covid pandemic, we identified the people at the highest risk of severe illness from Covid-19. This was drawn up and approved by the four Chief Medical Officers across the UK, based on the list of health conditions thought to put people at the highest risk of severe illness and death if they caught the virus.

The restrictions that applied to the general population were aimed at reducing the spread of the virus, protecting the population and protecting our health service. But shielding, as it became known, is about saving the lives of the people most at risk. We asked those people to take the most stringent steps to protect themselves. We advised you to stay inside and even limit contact with other people in your households to reduce the chance of infection. Since the end of March, about 180,000 people have been asked to shield – over 3% of the Scottish population. We put support measures in place to help you, including, but not limited to, deliveries of food and medication.

WHO HAS BEEN ASKED TO SHIELD?

Shielding is incredibly difficult to do, so only those who were thought to be at the highest risk were advised to do it. If you are in this group you will have received a letter from the Chief Medical Officer advising you to shield and telling you what support was in place for you to do so. Your GP or clinician will also have contacted you to discuss what this means for you and how to minimise the negative impacts it can have on you.

The highest risk group includes the following people:

- Solid organ transplant recipients
- People with specific cancers
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe Chronic Obstructive Pulmonary Disease (COPD), severe bronchiectasis and pulmonary hypertension.
- People with rare diseases including all forms of interstitial lung disease/sarcoidosis and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)
- People on immunosuppression therapies sufficient to significantly increase risk of infection or who have had their spleens removed
- People who are pregnant with significant heart disease, congenital or acquired
- People who are receiving renal dialysis treatment

You can find further details on these groups, and how they are identified, online: <https://www.gov.scot/publications/covid-shielding/pages/highest-risk-classification/>. You can also find the latest clinical advice on shielding on NHS Inform: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding#overview>.

We know that following the advice to shield has been extremely difficult. We have been listening to people who are shielding, to understand your experiences, hear what support you need, and gather suggestions. We need to heed this feedback if we are to chart a way forwards.

Most people interviewed describe a negative impact of shielding on their mental health – from social isolation, and feelings of guilt about the impact of their conditions on family. They also describe a profound sense of loss as their quality of life has diminished, as well as disempowerment, anxiety and of course a fear of contracting Covid. But shielding does not just impact on the person who is shielding, everyone around them is affected too. People are having to take life-changing decisions to follow advice which is not easy to comply with, especially if you have dependents, partners in work, if you need physical support or hands-on physio, or if your home does not easily allow you your own separate space.

While shielding has been stressful, many people are feeling very anxious about what happens after the initial 12 weeks, and many are asking how shielding can end while the virus continues to exist in our communities. The purpose of this document is to start answering those questions, and chart a possible route out of shielding that allows more freedom whilst maintaining the necessary protections for safety. This document applies to people who have received a letter from the Chief Medical Officer advising them to shield, but does not apply to people currently living in residential care and nursing homes.

What are the risks from Covid?

When we first advised people to shield, it was to protect those thought to be most at risk of significant harm from Covid. But the longer shielding continues, the greater the harm from shielding itself.

The clinical risk from Covid comes in two parts: the risk of catching the virus, and of then becoming severely ill or dying from having caught the virus.

The 4 Chief Medical Officers in the UK sought to identify those people who would be at greatest risk if they caught Covid, based on the best evidence at the time, and have kept this under review. At first, as this is a new virus, there was limited data or evidence about which groups were most at risk. If we are to develop a sustainable approach to shielding – in the absence of effective treatment – we will need a much more detailed understanding of risk of individual conditions, how they relate to one another, and other risk factors such as age, ethnicity, and body mass index. That is why, together with the other 3 nations, we are reviewing the evidence, to develop better ways of identifying who is at highest risk. Over the summer we will work with our clinical and scientific advisers to turn this evidence into guidance that will allow those shielding to understand their individual risk and what steps they can take to mitigate it.

The chances of catching the virus depends on local conditions. The progression of the virus in Scotland is crucial, for the lower the chance of catching the virus in our communities, the less need there is to shield. This means that the future of shielding is closely linked to the success of our broader strategy of bringing the virus under control through the route map and Test and Protect. As the virus is contained effectively it will become safer for those who have been shielding to gradually get back to day to day life. There has been real and very positive progress on this front, but because the virus is still present we must continue to be cautious. **Coronavirus (COVID-19): framework for decision making - Scotland's route map through and out of the crisis** sets out the evidence for this.

The other route to reduce the chance of catching the virus, of course, is by developing and deploying a vaccine. But we must be aware that this could be some time in the future.

Experiences of Shielding

The aim of shielding is to protect people who are at greatest risk of severe illness if they catch COVID-19. But asking people to stay at home and minimise all contact with others for a long period of time may significantly impact on their quality of life, mental and physical health.

Healthcare

It is vital that those shielding get the care they need in the safest way possible. This may be routine or urgent GP or hospital care. To ensure we can provide the care needed in a safe and timely manner, people’s needs will be assessed by a clinician as part of any GP or hospital care. They will do a risk assessment and decide where, when and how people are seen. This risk assessment is part of the care that doctors and other health professionals do every day to meet the needs of their patients.

Following a risk assessment, it may be that clinicians decide it is best to carry out a consultation or appointment over the telephone or via Near Me (a video calling service used by the NHS). Other times, a face to face consultation or appointment may happen at home, but equally (after assessment of infection risk, clinical need and service capacity) may involve going to a practice, health centre or hospital to be seen.

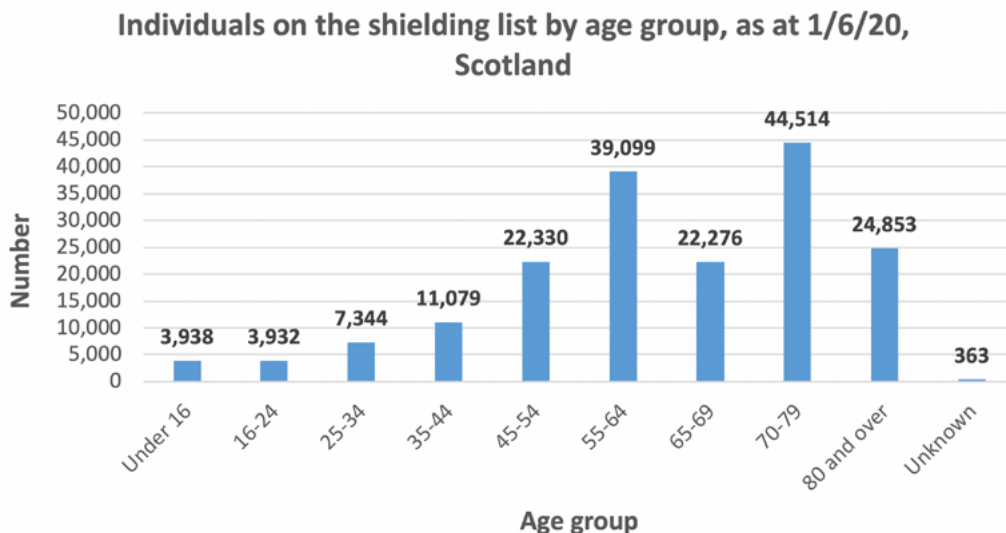
Physical health

By asking people to stay at home while shielding for 12 weeks, we have limited many people’s opportunities to be physically active. Inactivity and a more sedentary lifestyle can significantly increase people’s risk of muscle loss, and loss of heart and lung fitness. In turn, loss of strength in key muscle groups can also increase people’s risk of falling.

Social isolation

In asking people to shield, we are asking them to undertake an extreme form of self-isolation, physically isolating themselves from the outside world and minimising contact with anyone else they live with. Whilst people have been encouraged to stay in touch with others through phone and social media, we recognise that the loss of physical contact can be very difficult emotionally, particularly if sustained over a long period of time.

While many people are experiencing social isolation, we know that the impact of increased isolation can be particularly severe for older people, and the shielding population is significantly older than Scotland’s population as a whole: around half of shielding people are 65 or over, and almost three quarters (73%) are 55 or over.



Source: Public Health Scotland

Shielding brings different challenges for different people. For those who live alone – and around 20% of over 16s in Scotland are living alone, including 41% of those over 70¹ – the increased isolation can have a particularly detrimental effect on their mental health. But it can also impact on physical health. We know that social relationships can influence mortality in the way that smoking, physical exercise and alcohol consumption can.²

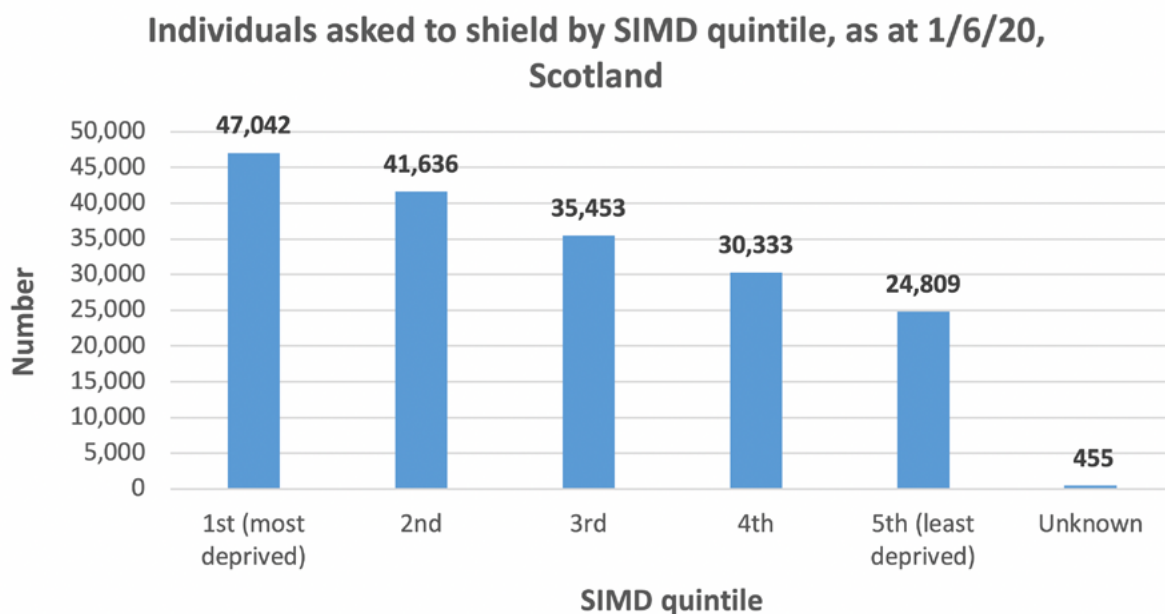
People also have different social networks of support. Before the pandemic, household surveys suggested that around 4% of the population stated that they only had one person or no one they could rely on.³ But almost a third of people who have been asked to shield (32%) have asked for deliveries of basic groceries that are being offered to people who don't have anyone able to bring them supplies.⁴

Mental health and wellbeing

We are working to better understand the impact that COVID-19 has on the mental health of people who are shielding. But from surveys that the Office of National Statistics has carried out across Great Britain, we know that around half of adults with an underlying health condition are reporting that their wellbeing is affected by the pandemic. We also know that adults with health conditions are more likely to score highly for anxiety than the wider population (44% versus 33%).⁵

Deprivation

Shielding disproportionately affects people in more deprived areas. A quarter of the shielded population live in the most deprived quintile of Scotland, and almost twice as many people asked to shield live in the most deprived areas than in the least deprived. People in more deprived areas are more likely to live in poor quality housing and less likely to have access to green spaces, which will exacerbate the challenges of shielding.



Source: Public Health Scotland

1 Scottish Health Survey 2018
 2 Holt-Lunstad, Julianne & Smith, Timothy & Layton, J Bradley. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS medicine. 7. e1000316. 10.1371/journal.pmed.1000316.
 3 Scottish Health Survey 2015-2018
 4 Source: NHS Education for Scotland
 5 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/29may2020#related-links>

Fuel poverty

In 2018, 25.0% of households (619,000) in Scotland were estimated to be in fuel poverty, and older people accounted for over a third of those households.⁶ People who are shielding strictly will be spending all their time at home, which could exacerbate previous fuel poverty issues. Although heating use may have reduced over the warmer months, spending more time at home may increase energy use for things like cooking, lighting and using digital devices.

Digital exclusion

Older people are less likely to have digital access, and even if they do then they are less likely to use it: only 38% of people 75 and older use the internet. Adults with long-standing physical or mental health conditions are also much less likely to use the internet than adults without such conditions. And though it has been reducing over time, there is still a 30% gap in internet access at home between the highest (99%) and lowest income groups (69%).⁷ So while shielding support can also be requested by phone and does not require internet access, the social isolation that can result from shielding is likely to be felt more strongly among groups that experience digital exclusion.

Education

Over 3,900 children under the age of 16 have been asked to shield, and many more children will live in households with someone shielding. While we hope that schools and nurseries will begin to reopen in the coming months, this could lead to new and difficult challenges for the shielding households affected.

At the moment, we are advising that children who are shielding do not attend educational settings when they reopen, and that Local Authorities make alternative arrangements to assure the education, safety and welfare of the child. We will not change that recommendation until the clinical advice tells us it is safe for shielding children to attend school in person. Children who live in households where someone is shielding should only attend educational settings following an appropriate assessment of risk and if they can strictly follow physical distancing there.

We have published guidance on reopening for education authorities and schools which includes advice on support for children who are shielding or live in shielding households. The guidance can be found at <https://www.gov.scot/publications/coronavirus-covid-19-re-opening-schools-guide/pages/people-who-are-clinically-vulnerable-or-shielding/>, and will be kept up to date with the latest advice. We will also be publishing guidance for parents and carers, to help answer the key questions they may have about children returning safely to school. This will be available at <https://www.parentclub.scot/articles/reopening-schools-faqs>.

6 <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2020/01/scottish-house-condition-survey-2018-key-findings/documents/scottish-house-condition-survey-2018-key-findings/scottish-house-condition-survey-2018-key-findings/govscot%3Adocument/scottish-house-condition-survey-2018-key-findings.pdf>

7 Scottish Household Survey 2019

Evidence

Initially, the four Chief Medical Officers decided on the shielding group based on the evidence available on Covid-19, knowledge of other infectious respiratory diseases and taking a precautionary approach. As we understand more about the virus and how it impacts people we will keep updating our guidance where we need to do so.

The Scottish Government has been taking advice from a range of clinicians and scientists. These advisors meet on a regular basis and support our Chief Medical Officer, Chief Nursing Officer and National Clinical Director in providing advice to Ministers on how we deal with the virus in Scotland. We also share evidence across the four nations so we can learn from each other.

We have taken the approach of being open and transparent in the evidence we are using to assess the risk from the virus. We are publishing our modelling of the epidemic in Scotland, and the levels of infection in the community, on a weekly basis.^{8,9,10}

Changes to shielding advice

We have promised that our advice on shielding must be right for Scotland and based on the evidence. On this basis we are making some changes to the shielding advice.

Extension to shielding

The original advice was to shield for at least 12 weeks, which comes to an end on 18 June. The levels of infection in the community are now significantly lower than they were in March, but the evidence suggests that it is advisable that people with the highest clinical risk should continue to shield. Having set out to save lives it does not feel right to prematurely end shielding until we are confident the evidence supports it, and we do not yet know the full effect of easing lockdown for the general population.

We are therefore advising people to continue to shield until at least 31st July.

We will review this extension to the shielding period as we monitor Covid infection levels to make sure it remains the correct decision. We know this will be very disappointing news. You will continue to get all existing support, including help to access food, pharmacy, and many other services. The Chief Medical Officer is writing to everyone who has been asked to shield on 8 June and this new letter will act as a fit note for your employer up to 31 July.

Moving to a new approach for shielding

We are working to make sure that the extension of shielding to the end of July marks a transition to a new approach to shielding. Blanket advice aimed at everyone who has been asked to shield cannot work indefinitely: it is hard to follow, and will become harder as people around you gradually come out of lockdown.

Instead, to ensure you are protected in a more sustainable way, we aim to move to a new approach in the course of the summer that will allow you to regain more control over your lives. We will do this by providing you with more support to make informed decisions about living in a world with Covid, and we will support you translate those decisions into your daily lives.

8 <https://www.gov.scot/publications/covid-19-modelling-epidemic-scotland/>

9 <https://www.gov.scot/publications/coronavirus-covid-19-modelling-epidemic-scotland-issue-no-2/>

10 <https://www.gov.scot/publications/coronavirus-covid-19-modelling-epidemic-scotland-issue-no-3/>

This will include more detailed clinical advice about your personal risk from Covid depending on your individual conditions and profile. We also want to give you ways of monitoring the changing picture of the virus in your local community so you have a better sense of the chance of infection if you go out, as well as practical advice on how to protect yourself. These tools will need to be accessible and user-friendly.

This approach is dependent on us understanding as much as possible about the chances of you catching the virus and the risk to you if you do catch it. The evidence to support this is growing but we need to be sure it is robust enough before we start using it to change our approach. There is coordinated work being carried out across the four nations to create this evidence and we hope that we will start to see the benefits of that in the next month or two. We realise this might feel a long time to wait and it is increasingly difficult for you to shield yourself which is why we want to take any steps we can to make it a bit easier for you.

Outdoor Exercise

Throughout the period of lockdown we allowed the general population to go outdoors for exercise once a day – but on the conditions that they were strictly following physical distancing and did not meet anyone from outside their household. This was allowed even when the R was high and the number of infectious people was high, because being outdoors was thought to carry a fairly low chance of catching the virus, especially when combined with physical distancing and good hand hygiene. For the shielding population we felt that was still too risky, because of the increased risks of severe illness if they did catch Covid.

Our clinical advisors have been looking at the evidence around Covid throughout this pandemic. They are now telling us that the chance of catching the virus when you are outdoors, keeping two metres away from anyone else and not meeting with other people is very low.

The following change to the shielding advice has been agreed on the recommendation of our clinical and scientific advisory groups. This is why we are now confident advising that **shielding people can take outdoor exercise from the 18th June** provided they follow the recommended advice. This is dependent on the infection rate being low enough, which we will review – and announce in the daily briefing and via the SMS service – on 18 June.

While many people will welcome this, we know this may feel uncomfortable and daunting for many people who have been shielding indoors for so long. Some may decide they are just not comfortable going out just yet, and that is understandable. But there are clear benefits to physical and mental health from getting outdoor exercise. These include helping improve sleep, boosting wellbeing, improving muscle health and bone strength, as well as reducing stress and anxiety. To help you make that decision, we will provide you with tailored advice on preparing yourself to go outside, keeping yourself safe when doing so and minimising the risk when you come home.

WHAT IS THE ADVICE?

People who are shielding can now consider going outdoors for exercise. We would recommend that, if you do go outside for exercise you take the following precautions:

Go outdoors for a walk, wheel, run or cycle. We do not recommend that you take part in outdoor activities such as golf, hiking, canoeing, outdoor swimming, angling, etc. You:

- Can go out on your own or with someone you live with
- Should maintain strict physical distancing, also known as social distancing, at all times. This means keeping 2 metres (or three steps) away from other people
- Should choose times and areas that are quiet, if you can
- Should wash your hands for at least 20 seconds as soon as you get back home
- Should not meet with anyone you do not live with

We recognise that, when you've been staying at home for a long time with limited opportunities to be physically active, you may need to take a gradual approach to incorporating more physical activity into your life and building up your strength to exercise safely outside. There is a range of NHS resources that you may find helpful, including [exercises to improve strength and balance](#) and [gentle exercises that can be performed while sitting](#). Paths for All have also produced a leaflet of [ten simple exercises](#) aimed at helping people with long term conditions to become more active.

There are also a range of resources to support your mental wellbeing. For example, the [Clear Your Head](#) website provides a number of hints and tips, many of which can be followed within shielding restrictions. And helplines such as the NHS Mental Health Hub and Breathing Space provide an additional source of support.

Future changes to advice

The extension of the shielding period to 31 July does not mean we will not make further changes to the advice before then. We want to gradually provide advice on how you can increase your freedoms, as we have done for those who are not shielding. We are continually monitoring the virus and as soon as we think it is safe for you to do something, we will update our advice. Likewise, as soon as we can provide you with information that will allow you to understand your own risk and make decisions about what is right for you, we will do so.

Once the evidence supports broadening the advice beyond exercise, we will also encourage local authorities, retailers and other partners to consider how they can support this, for example by adapting opening times and processes to allow people who are shielding to safely access services.

One area we are looking at is to provide advice to people who are supporting you – your shielders. This could be your family, carers, or people who live in your household. It will be important to have discussions with your shielders about their behaviour that might keep you safe. For example, when we get to the stage where we advise you that you can meet with people outside your household, there will be steps you can take that will make this as safe as possible and we will set those out for you. This may be along the lines of asking them to consider if they have just come from a high risk location, then to warn the shielding person and discuss the risk with them before meeting them.

We will set out updated guidance for you by 31 July at the latest.

It is not just your household, families and friends that will need to be considerate of your needs. As we progress through the route map, the wider public will also need to understand that their actions have a direct impact on your life, and that they have a role to play in supporting you to regain some normality, just as they have been able to do.

Conclusion

The aim of this document is to provide a sense of direction for shielding beyond the original 12 weeks. As people in Scotland learn to live with, and eradicate, this virus, people who have been asked to shield will want to know how their lives as they knew them can be recovered, their relationships with loved ones renewed and how they can regain access to the things that matter to them.

Some people will be frustrated that they are being asked to shield for longer, even if the possibility of taking exercise outdoors in future might make it more bearable. We understand that it cannot be too soon for many people before they see their children and grandchildren again. Others will feel a continuing sense of threat from the virus, and will be very cautious about any gradual relaxation of shielding, regardless of public advice. We hope this document will help you to understand why these decisions are being taken.

We are learning about the virus all the time, and in particular about the factors that increase or reduce the risk to particular people. Because different things matter to different people, we need to move towards a position where we are supporting you to make choices about shielding. In the course of the summer, once the evidence base has been developed, we will:

- Provide you with updated clinical evidence about your conditions and what that means for your risk from Covid,
- Help you understand the changing levels of infection in the community and how to reduce the chance of catching the virus yourself
- Provide that information in a way that is accessible, understandable and helpful,
- Give you access to support that can help you make informed choices about your life,
- Support you to put your choices into practice.

These choices have an impact on your lives and those of your loved ones. That's why it's important that you are given the chance to consider what matters to you. We will continue to advise you in an honest and open way, and we promise to follow the evidence so that our advice is right for people shielding in Scotland.

Our advice will remain under review as we see the impact of changes to lockdown. Our recommendations on shielding – and our reasons for making those recommendations – will become part of **Scotland's route map through and out of the crisis**, which will be updated regularly.



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