

Thursday 28 May 2020

Dear Minister,

We are deeply concerned by the impact on the wellbeing of people who are shielding or being asked to take particular care when social distancing. Our organisations represent millions of people who are 'clinically extremely vulnerable' or who are 'clinically vulnerable' and have been advised to shield or to stay home as much as possible because they are at risk of severe illness from coronavirus. This includes many adults and children with long term health conditions who ordinarily lead full and active lives.

As restrictions are eased for the rest of the country the burden on those who are being asked to stay inside or away from people will become harder to bear. The Government has committed to provide ongoing support to those who are shielding and otherwise vulnerable. This support must be co-produced with people affected and made with the full involvement of charities that support them.

With that in mind we make the following recommendations:

Be clearer with communication

There needs to be urgent and direct communication from government with those who are vulnerable, especially those who have been advised to shield.

There will also need to be clear communications with charities, health and care professionals and local government to ensure consistency of advice given to those who are vulnerable.

2.2 million people are currently shielding for a twelve week period and are waiting for clear guidance as to what happens when this period ends. This affects not only them, but their parents, partners and children who have their ability to lead a normal life severely curtailed while they ensure that their loved ones are safely shielded. Messaging to this group is currently confused. Some people have received texts advising them to shield until the end of July, and others have been advised to continue to shield indefinitely by their clinician. It is imperative that clear guidance to those who are shielding is issued as soon as possible.

There must also be clear guidance to those who are clinically vulnerable but who are not shielding, who may be left confused and anxious as lockdown restrictions ease.

Ensure clear leadership

We recommend the creation of a cross-Government advisory panel and a named lead minister to develop a detailed strategy to protect the quality of life of people who are vulnerable to Covid-19, coordinating consistent Departmental policy on support to those that are shielding or who are clinically vulnerable. This should have strong input from medical professionals, charities and those who being advised to shield or staying home. We also believe SAGE should include expertise on disability, psychology and psychiatry.

The Government has committed to carefully reviewing 'the effect on shielded individuals, the services they have had, and what next steps are appropriate'ⁱ. The issues that relate to shielding and extended social distancing are broad and relate not just to clinical care but also to financial vulnerability, mental health, food and work.

It is imperative that next steps are developed in an open and transparent way with insight from those who are affected and the charities that support them.

A new strategy would need to address a wide range of concerns across all of the areas mentioned above, but some central pillars should be:

1. Impact on mental health

We are deeply concerned about the impact on the mental health of those who are shielding or taking particular care in social distancing indefinitely. The effect of isolation and loneliness can be profound. Many people will also be anxious that due to underlying health conditions they will not be a priority for treatment should they contract Coronavirus. Local authorities will have a key role to play in providing preventative mental health services at a population level and must be supported to do so. There will need to be capacity within NHS mental health services to deal with immediate and longer term impacts on the mental health of those who are shielding.

2. Protect physical health

It is important to continue to find ways to replace crucial ongoing health support that people who are shielding cannot access, in particular physiotherapy and rehabilitation services that depend on physical contact. Those who are shielding or vulnerable need to be prioritised for other clinical countermeasures as they come online and services that allow people to stay safely at home and support their health and wellbeing must be enhanced.

3. Support for carers

Policy to support those who are shielding needs to support the whole household to keep those who live with them safe. There needs to be paid leave for carers who are supporting somebody who is shielding or vulnerable and where necessary PPE must be made available to unpaid carers.

Providing access to testing for family carers and other unpaid carers even when they are asymptomatic will give them assurance that they can provide support to extremely vulnerable people.

4. Protect workers and financial support

Employers can put people who are shielding on furlough via the Coronavirus Job Retention Scheme. This remains guidance, and employers do not have an obligation to furlough people who are unable to work due to their clinical vulnerability. There must be protection for employees when people aren't able to work safely, whether there are shielding or advised to take particular care when social distancing. For those who receive disability and carer benefits, these should be uprated to reflect potential additional costs.

The Government must do more to ensure that these people do not have to choose between protecting their health and making ends meet.

We would welcome a meeting to discuss these matters in more depth.

Yours sincerely

Lynda Thomas, Chief Executive, Macmillan Cancer Support

Nick Moberly, Chief Executive, MS Society

Charlotte Augst, Chief Executive, National Voices

Kay Boycott, Chief Executive, Asthma UK and the British Lung Foundation

Fiona Loud, Policy Director, Kidney Care UK

Dr Keith Brownlee, Director of Policy, Programmes and Support, Cystic Fibrosis Trust

Deborah Alsina MBE, Chief Executive, Independent Age

Liam O'Toole, Chief Executive, Versus Arthritis

Georgina Carr, Chief Executive, The Neurological Alliance

Chris Askew, Chief Executive, Diabetes UK

Helen Walker, Chief Executive, Carers UK

Mark Winstanley, CEO, Rethink Mental Illness

Sally Light, Chief Executive, Motor Neurone Disease Association

Jacob West, Executive Director of Healthcare Innovation, British Heart Foundation

Fiona Carragher, Director of Research and Influencing, Alzheimer's Society

Sue Brown, CEO, Arthritis and Musculoskeletal Alliance

Juliet Bouverie, Chief Executive, Stroke Association

Paul Farmer, Chief Executive, Mind

Laura Cockram, Head of Policy and Campaigning, Parkinson's UK

Cary Wakefield, Chief Executive, Ovarian Cancer Action

Silvia Petretti, CEO, Positively UK

Fiona Lyne, Executive Director, International Foundation for Integrated Care

Caroline Morrice, Chief Executive, Guillain-Barre & Associated Inflammatory Neuropathies

Pamela Healy OBE, Chief Executive, British Liver Trust

Ruth Wakeman, Director of Information and Support Services, Crohn's & Colitis UK

Ailsa Bosworth, National Patient Champion, National Rheumatoid Arthritis Society

Sophie Randall, Head of Strategy and Partnership, Patient Information Forum

Gill Ainsley, Administrator and Treasurer, ADDER

Patricia Schooling, Action Against Allergy

Clare Hedley, Honorary Secretary, NADP (National Association of Deafened People)

Sue Hampshire, Director of Clinical and Service Development, Resuscitation Council UK

Diana Perry, CEO, Ectodermal Dysplasia Society

Julie Bass, Chief Executive, Turning Point

Lyn Mynott, CEO, Thyroid UK

Pamela J. Morgan, Director, DeafCOG (Deaf Cultural Outreach Group)

Dr Crystal Oldman CBE, Chief Executive, The Queen's Nursing Institute

Sarah Mistry, Chief Executive, British Geriatrics Society

Philip Lee, Chief Executive, Epilepsy Action

James Watson-O'Neill, Chief Executive, SignHealth

Sarah Collis, Chief Executive Officer, Self Help UK

Professor Frank Chinegwundoh MBE, Chairman, Cancer Black Care

Shantel Irwin, CEO, Arthritis Action

Max Mackay-James, Trustee/Director, Conscious Ageing Trust

Sarah West, Director of Campaigns & Communications , Hospice UK

Robert Johnstone, Chair, Access Matters

Dr. Dale Webb, CEO, National Axial Spondyloarthritis Society

Natalie Koussa, Director of Community Engagement and Partnerships, Compassion in Dying

Kahra Wayland-Larty, Youth Access

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