

# Patient and Client Council - Shielding Survey

Dear Stakeholder

The health, social and economic impact of COVID-19 (coronavirus) cannot be understated. Our lives have had to change causing significant impact to individuals and their families who have been advised to 'shield' on account of their condition/s.

You, or someone you know, may have received a letter from your doctor or hospital clinician to advise that you are at higher risk of becoming seriously ill from COVID-19, as such you need to be 'shielded'. In giving you this advice the priority has been to protect those most likely to be acutely affected by coronavirus and their families, in turn helping to protect the National Health Service (NHS). By applying this to everyone this has ensured equity for all affected.

The Department of Health recognises that from your direct experience of shielding, you have a unique insight into its impact and the measures required to support the transition from shielding to public engagement. As such, we kindly call upon your support with our consultation on this subject. The evidence and insights gathered will assess the level of impact that shielding has had on and will inform the Department of Health on the key issues for consideration in planning the further easing of restrictions. The survey covers:

- How you have been affected by shielding;
- What are the most important things to you;
- What support you have had to help you deal with the impact of shielding;
- What measures of support are required if you are advised to continue to shield in some way;
- What information is needed to support you to safely ease the restrictions on shielding and what is a priority

The research will be conducted through a self-completed survey. The report will outline key themes for consideration to assist the Department of Health.

It is estimated that the consultation questionnaire will take approximately 10 minutes to complete. Please return your questionnaire to **Freepost, Patient and Client Council** or email it to **info.pcc@pcc-ni.net**. We thank you in advance for your time and responses.

## Section 1 - Demographic Information

Q1 Which of the below describes you? (*Please select all that apply*)

- I am shielding
- I am supporting someone who is shielding
- My relative / loved one is shielding in residential care
- None of these

If 'None of these', thank you for your interest, however, at this time we only wish to engage with those who are shielding or those who are supporting someone who is shielding.

Q2 Which gender do you (the person shielding) identify as? *(Please select one option only)*

- Male
- Female
- Transgender
- Other
- Not applicable
- Prefer not to say

If Other, please specify:

Q3 Which age group applies to you (the person shielding)? *(Please select one option only)*

- 0-17 years
- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-79 years
- 80+ years
- Not applicable
- Prefer not to say

Q4 What is your ethnic group?

- White
- Black African
- Bangladeshi
- Chinese
- Irish Traveller
- Pakistani
- Indian
- Black Caribbean
- Mixed ethnic group
- Black other
- Roma Traveller
- Prefer not to say
- Other ethnic group

If other ethnic group, please specify:

Q5 What was the reason for you shielding? *(Please select all that apply)*

- Organ transplant
- Cancer
- Severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- Rare diseases that significantly increase the risk of infections, e.g. severe combined immunodeficiency (SCID), homozygous sickle cell
- On immunosuppression therapies sufficient to significantly increase risk of infection
- Pregnant with significant heart disease, congenital or acquired
- Learning disability / physical disability / sensory disability
- Living in a care home / supported living environment
- Motor Neurone Disease
- Prefer not to say
- Other

If other reason, please specify:

## Section 2 - Your EXPERIENCE of shielding

Q6 What IMPACT has shielding had on you (the person shielding), your quality of life and those close to you?

Q7 Have you had any additional SUPPORT to help you cope with the impact of shielding?

- Yes
- No

If 'Yes', please tell us about the additional support you have had:

If 'No', what support would you have liked, if any?

Q8 Do you feel you have the INFORMATION you need to help you make decisions about shielding? Please indicate on the scale below how informed you feel.

1. Not informed at all      5. Very informed

Q9 How clear has the information and advice you have received about shielding been?

1. Not clear at all      5. Very clear

Q10 Do you (the person shielding) receive palliative care support as part of the management of your health condition(s)? This could be from a district nurse, palliative care consultant, social worker or others. *Palliative care is the care of patients with advanced progressive illness including pain management and other symptoms as well as psychological, social and spiritual support*

Yes

No

**If 'Yes', please go to Q11; if 'No', please go to Q15.**

Q11 Have you (the person shielding) discussed your future wishes/preferences for care (known as Advance Care Planning) with your GP or another health or social care professional?

Yes

No

**If 'Yes', please go to Q12; if 'No', please go to Q13.**

Q12 Did you have this discussion before you began shielding?

Yes

No

**Please go straight to Q14.**

Q13 Would you like the opportunity to discuss your future wishes/preferences for care?

Yes

No

Q14 What would be the best, most appropriate way to have this discussion in your circumstances?

## Section 3 - Next steps

Q15 What concerns you more: **the health risks of COVID-19** or **the impact of shielding on your quality of life**? Please select a point on the scale below.

1. Health risks of  
COVID-19

5. Impact of shielding  
on quality of life

Q16 What is most important for you as shielding restrictions ease? Please complete the following sentence: *'What would matter most to me, would be the ability to...'*

## Section 4 - LIVING WITH shielding

If you (the person shielding) are advised to continue shielding, what changes to your day-to-day life would make it easier or more enjoyable while still allowing you to feel safe?

Q17 What things could your family do (in making choices)?

Q18 What things could your local community or neighbourhood do (in providing support)?

Q19 What things could public services or the government (e.g. Dept of Health, councils) do?

## Section 5 - Further Information

This survey is part of a wider consultation on relaxing current restrictions for those who are shielding due to COVID-19.

Q20 Would you be happy for us to contact you about being involved in future stages of the process? *(By selecting "Yes" and providing your details, you consent to the Patient and Client Council securely retaining these details on file in order to contact you at a later date to ask about your experiences of shielding).*

Yes

No

To allow us to contact you again, can you please provide the following details:

Q21 Full name:

Q22 Email address:

Q23 Phone number:

Please post your completed questionnaire to **Freepost, Patient and Client Council** (no stamp required) or email it to ***info.pcc@pcc-ni.net***

**Thank you for your participation and feedback**