



COVID-19, prostate cancer and some frequently asked questions

We have compiled this document on [COVID-19](#) and [prostate cancer](#) to help provide information and support for men with [prostate cancer](#) and their families about this new disease. This document gives information to help answer many of the key questions that we have been asked about it. However, it is important to realise that the situation is constantly changing, on an almost daily basis, so this information and guidance may change in the coming days and weeks.

The correct name for the virus is SARS-coronavirus-2 and the disease it causes is Coronavirus Disease 2019 (COVID-19). SARS means Severe Acute Respiratory Syndrome. Throughout the document this new disease will be referred to as COVID-19.

The information in this document is supplemented by a series of 'InfoGuidance pages' that give more detailed information on each topic. The 'InfoGuidance' pages can be found by clicking on the links in each section of this document, or by opening the documents directly from the [resources section of this website: COVID-19 and prostate cancer](#). We suggest that before you go to the more detailed information that you check the frequently asked questions (FAQs) later in this document.

Please note that the aim of this document is to provide general information and is not intended to replace medical advice. Prostate Scotland **cannot give individual advice or recommend which treatments might be suitable for an individual or recommend individual medical care or health professionals** – patients should always check with their urologist, oncologist, CNS or GP regarding treatments. As the following is general information, guidance and procedures for each health board may be slightly different. If you have been given specific advice from your urologist, oncologist, CNS or GP then you should always follow their advice.

Thank you to our NHS

We would like to take this opportunity to sincerely thank **all** NHS staff throughout Scotland who are doing a wonderful job in extremely challenging, difficult and unprecedented circumstances who have been working tirelessly to support all patients.

Although the weekly Thursday night 'Clap for our Carers' has come to an end, join the nation on **Thursday 25th March 2021 at 8pm** to celebrate our carers in the '[Clap for our Carers Day](#)' – a date to put in your diary now.

What is COVID-19?

[COVID-19](#) is a new strain of a disease that can affect your lungs and airways. It can cause a cough, high fever and can cause more severe symptoms in people with weakened immune systems, older people and those with long term conditions such as cancer, diabetes, heart disease and chronic lung disease.

What are the most common symptoms?

- High temperature or fever (temperature greater than 37.8^o C). This means you feel hot to touch on your head, face, chest or back
- A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- Shortness of breath or difficulty in breathing
- Persistent pain or pressure on your chest
- A loss of, or a change in your sense of smell and taste called anosmia
- Some reports have suggested that patients may also have experienced gastro-intestinal symptoms such as diarrhoea. This is still being looked into.

What advice are we being given?

There is NHS and Government advice about steps we must take to protect ourselves, our families and the NHS. **Above all we should be staying at home.**

There is much more advice on www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-COVID-19

This includes information on protecting ourselves from catching [COVID-19](#), hand washing, social distancing, what to do if you have symptoms, self-isolation and shielding.

There's a coronavirus symptom-check that you can do on <https://111.nhs.uk/COVID-19/>

Another very helpful source of information is this leaflet produced by the Scottish Government: <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/03/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/documents/cancer/cancer/govscot%3Adocument/Cancer%2BPatient%2BInfo%2Bguidance%2B-%2B090420.pdf>

Shielding - what is it, why is it essential and the recent change to this guidance

For those people who are at very high risk of severe illness additional protection measures are advised which involves minimising all interaction between them and others (called shielding). Please see page 5 of this document for more details on the recent changes to guidance on shielding.

Those who are extremely vulnerable should:

- not leave their homes (please see guidance on page 5 as this has been updated)
- minimise all non-essential contact with other members of their household

For more information on shielding go to <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding>

People who fall into this category will be contacted by the NHS by letter or email. Some people may find that they receive more than one letter if they have multiple 'shielding' conditions. 'Shielding' applies to men who are being treated by [chemotherapy](#) for their [prostate cancer](#).

If you discover that you are not on the "very vulnerable" list and don't receive a letter, but think you should be, you should contact your GP, or you can register via the NHS111 website to receive a letter. Having this letter might be helpful in terms of getting priority for home deliveries etc.

Tackling some of your potential concerns

Is there a cure for coronavirus?

As this is such a new virus, there isn't a treatment specifically for [COVID-19](#) and no cure for the infection as yet. People throughout the world are currently working on treatments and vaccines. Antibiotics cannot be used as they don't work against a virus.

At the moment, treatment focuses on managing and helping with the symptoms associated with the virus leaving your body to fight the infection on its own while the virus runs its course.

I have symptoms of prostate problems that I am concerned about and don't know what to do

It's been found that many people who have health concerns are not getting in touch with their [GP practice](#), hospital or even attending A & E departments. This could be for a variety of very well intentioned reasons, such as not wanting to put additional pressure on their [GP practice](#) or the health service, at this busy time when these services have so many other pressing matters.

It is however the case that the health service is indeed still very much open to help and treat people with urgent worries and needs. And the Scottish Government and the NHS are assuring people that the NHS is indeed available and 'open for business' - especially so in vital areas such as [cancer diagnosis](#) and [treatment](#).

If you are worried by [symptoms](#), then you should still get in touch with your [GP practice](#) in the first instance. The [GP practice](#) will most likely have some safeguarding measures in place and your first contact may be by a telephone or video call

You can find out more about [symptoms](#) of prostate cancer or prostate disease [here](#).

You can find out more about this topic [here](#).

I have to attend appointments at my [GP practice](#) for my prostate cancer such as blood tests, treatment and getting prescriptions.

Over the next few weeks and months GPs and the NHS in general will be under a great deal of pressure with the anticipated large number of patients with [COVID-19](#).

You will most likely find that your GP consultation will be very different from before.

If you have been attending your [GP practice](#) for tests for suspected [prostate cancer](#) (e.g. [PSA](#) and [DRE](#)) and your GP has concerns about the test results you will still be referred to the urology department in hospital under the '[Urgent suspicion of cancer guidelines](#)'.

Wherever possible consultations will be carried out remotely by a telephone call or video call to reduce the number of people going to the practice. If you have to attend a face-to-face appointment, you'll be encouraged not to arrive early for your appointment. To reduce the amount of time spent in the waiting area, you may be asked to wait in your car then called in by text. These measures are to help reduce the risk of spreading infection. Do not attend your GP surgery in person unless you have telephoned in advance.

I need to get repeat prescriptions of my medicine or catheter care supplies

You should be able to obtain repeat prescriptions through the normal system used in your [GP practice](#) and you may find more advice about ordering repeat prescriptions on your [GP practice](#) website. In fact, you may get a text from your GP letting you know how to order repeat prescriptions. This may come from NHSNoReply.

If you are self-isolating and /or in the 'very vulnerable' groups, you should perhaps ask a friend, neighbour or family member to collect prescriptions on your behalf. If you can't organise this, then you may find that prescriptions will be delivered to your door by volunteers.

Many pharmacies provide a home delivery service, allowing you to sign up and have medications brought to you directly.

Your GP should be able to give you a prescription if you require additional supplies for your catheter or if you need pads. The district nurse, community care team or continence advisory service may also be able to help.

Are there any additional risks that I should be aware of because I have [prostate cancer](#)?

Whether there may be implications for a man diagnosed with [prostate cancer](#) and his risk from [COVID-19](#) will depend on a number of factors including age, treatment(s), overall health and whether he has additional health conditions. It is very important to follow the measures already set out by the Scottish Government and NHS Scotland. Please see www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-COVID-19

It would seem that men diagnosed with [early-stage prostate cancer](#) (depending on individual circumstances) are not at increased risk of severe disease with COVID-19. This is because [early-stage prostate cancer](#) has not been shown to significantly affect your immune system and your ability to fight viral and bacterial infections normally.

Certain treatments for cancer can affect how well the immune system works. In particular, this may be the case for those men having [chemotherapy](#) treatments for their [prostate cancer](#). Their immune system may be affected and not work so well during their treatment and for a number of weeks or months afterwards. Those having treatment(s) over a number of months may be at a greater risk of developing more severe complications if they contract coronavirus (or indeed colds, 'flu or tummy bugs) during their treatment.

What is the new guidance for those [shielding](#)?

On the 23rd July 2020, the Scottish Government announced that [shielding](#) is to be paused on **1.8.20**. However, because COVID-19 is still in our communities the infection rate in Scotland may rise, as well as fall in the coming months, so they will continue to review the evidence. Although small changes in the infection rate will not affect the guidance, if there is an increase in infection rates that gives cause for concern, then guidance may change asking those [shielding](#) to take extra precautionary steps again to keep themselves safe.

Further changes to the original government guidance on [shielding](#) were announced on 23.7.20 and come into effect from **24.7.20**.

The infection rate has come down and as the rate has remained low, the guidance for people who are currently [shielding](#) has changed. **In addition to** the changes that were announced, you can now:

- Meet up to **8 people** from **2** other households **indoors** every day and use indoor toilets when visiting them. It doesn't need to be the same 2 households every day
- Meet **outdoors** with up to **15** people from **4** other households with physical distancing
- You can now travel in a car with someone you don't live with
- You can now visit shops, pharmacies, indoor and outdoor markets indoor and outdoor garden centres. Face coverings are compulsory when visiting shops.
- You can make an appointment at the barbers or hairdresser but you should wear a face covering
- You can go to pubs and restaurants staying in the outdoor areas
- You can visit indoor attractions such as museums, galleries, libraries, cinemas and theatres
- You can use public transport, but it is compulsory to wear a face covering
- If you live alone, or you only live with children who are under 18, you can agree to form an extended household with one other household. This means that you are treated as being part of that household. You can visit each other indoors and stay over without physical distancing and can also look after younger children of your extended household

You can see more details about the changes announced in our 'Info Guidance' page on shielding [here](#).

You can also watch a video about shielding [here](#).

Further guidance about going out and about has been produced by the government:

1. A guide to help you understand what activities are safer than others can be found [here](#)
2. A tool to help you protect yourself during daily activities can be found [here](#)

A [workplace risk assessment tool](#) to help people consider their individual risk when returning to work is also available.

You should receive an updated letter about this change or a text message from the [SMS Shielding Service](#), if you have registered for this service.

If you have not already registered with this service, then it may be worth considering doing so. A COVID-19 forecasting service for shielding is being developed and people who have been [shielding](#) will be informed through the SMS text service about the risk of being exposed to COVID-19 in their local area.

In the future, the Government is looking at other ways that [shielding](#) might change. It is their intention to provide you with updated guidance about your particular condition(s) and what that might mean for your risk from [COVID-19](#). This will most likely involve your urology or oncology team discussing your individual circumstances with you.

Will my [prostate biopsy](#) go ahead as planned?

Facilities to do a biopsy may be limited. Someone from the urology team will most likely be in touch to let you know if your biopsy will go ahead or unavoidably postponed.

Will my treatment go ahead as planned?

You will want to discuss with your urologist, oncologist, CNS or GP whether the risks of beginning or continuing your cancer treatment could outweigh the benefits, given that many patients receiving systemic therapies in particular are more at risk of becoming seriously unwell if they contract [COVID-19](#).

The NHS Scotland and the Scottish Government have stated the NHS will continue to provide vital cancer treatments, and emergency and urgent care for all patients.

In the event of disruption to cancer services, urologists, oncologists, CNS or GPs may also need to **prioritise** treatment for those most in need. It is important that all decisions taken are done so with multidisciplinary team (MDT) input and clearly communicated with patients.

Your urologist, oncologist, CNS or GP may want to review your treatment plan with you to ensure it still best suits your needs and discuss any changes or decisions that may be appropriate during this time. This will only ever be done to reduce overall risk and harm.

Potentially your best point of contact for information in your particular circumstances will be your Clinical Nurse Specialist (CNS). There may be some delays in your CNS getting back to you as they will be extremely busy. You may be asked to leave your name and contact number so they can get in touch with you.

Might there be some delays?

At this very difficult time there may be unavoidable delays in having some tests, scans, some treatments and obtaining test results and in some cases, these may be postponed. Routine operations have been cancelled, but some cancer surgery is continuing. However, there are differences between health boards depending on availability of resources. The situation is constantly changing, and it is best to contact your urologist, oncologist or CNS who can advise on what is happening in your area.

For some, treatment will be delayed/postponed in the interim and these men potentially offered another treatment until their original treatment can be carried out without the risk of [COVID-19](#). This will depend on individual circumstances. The urologist, oncologist, CNS or GP will explain the alternative being offered and the potential side-effects.

Your urologist/ oncologist may decide not to go ahead with [MRI scans](#) at this time. [CT](#) scanners will be in very high demand by those treating patients who have [COVID-19](#) such as respiratory and intensive care teams so [CT scans](#) might not be

available. There may be a reduced number of staff available to operate these machines as they may be diverted to dealing with emergencies due to COVID-19.

What is the [specific additional guidance](#) for people who have cancer?

Some people with cancer are more at risk of becoming ill if they contract [COVID-19](#). All cancer patients may have some weakening of the immune system. Treatments like [chemotherapy](#) and [radiotherapy](#) increase this.

Your cancer treatment plan is individual to you. In all cases, it is important to think about the risks and benefits since some cancer treatments make it more difficult to fight infection. Therefore, there is a potential increased risk of infection with [COVID-19](#).

However, some men with [prostate cancer](#), due to age ie those over 70 and those with additional conditions such as diabetes, heart disease maybe more at risk of severe symptoms if they catch [COVID-19](#).

Your urologist, oncologist, CNS or GP may want to review your treatment plan with you to ensure it still best suits your needs and discuss any changes that may be appropriate. This will only ever be done to reduce overall risk and harm.

Your urologist, oncologist, CNS and GP will try to minimise the time you spend in hospital departments and the [GP practice](#), for example arranging telephone consultations and offering blood tests at a different NHS site. Make sure your care provider has your up-to-date contact details.

Some people with specific cancers should receive a letter from NHS Scotland outlining more specific advice to keep themselves safe. This is called shielding. <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding>

If people are not on the "very vulnerable" list and don't receive a letter, but think they should be, they should contact their GP, or can register via the NHS111 website to receive a letter. Having this letter might be helpful in terms of getting priority for home deliveries etc.

My cancer is being managed with [active surveillance](#), AS

[Active surveillance](#) means that your cancer is very carefully monitored with regular [PSA](#) tests, [DRE](#) (digital rectal examination), [MRI scans](#) and to a lesser extent now [prostate biopsy](#).

Men with [prostate cancer](#) already being managed by [AS](#), will most likely have the time between their appointments extended for the time being to avoid too many hospital visits. This will also cut down on the number of times the man will need to go to the [GP practice](#) for [PSA](#) blood tests. (This may depend on individual circumstances.)

If waiting for [PSA](#) results, these may take longer to come back because of the additional workload of the labs.

If you do attend the GP, you may find that your [GP practice](#) has some safeguarding measures in place to help stop the spread of [COVID-19](#).

My cancer is being treated by [radical prostatectomy](#) (removal of the prostate)
It would seem that men diagnosed with [early-stage prostate cancer](#) (depending on individual circumstances) and being treated by [radical prostatectomy](#) are not at increased risk of severe disease with [COVID-19](#). This is because [early-stage prostate cancer](#) has not been shown to significantly affect your immune system and your ability to fight viral and bacterial infections normally.

If you have a [radical prostatectomy](#) planned in the next few weeks or months someone from the urology team will most likely get in touch to discuss the way forward. The urologist may discuss postponing the operation if he/she thinks this might be best in the current situation.

[Hormone therapy](#) may be offered as an alternative treatment in the meantime.

Your urologist or CNS will get in touch if the [radical prostatectomy](#) has to be unavoidably postponed/delayed.

If it is not possible to offer surgery at this time to those men who have [high risk prostate cancer](#), then [Hormone therapy](#) will most likely be offered to reduce the risk of the cancer growing.

My cancer is being treated by [radiotherapy](#)

It would seem that men diagnosed with **early-stage** [prostate cancer](#) (depending on individual circumstances) and being treated by [radiotherapy \(EBRT\)](#) or [stereotactic body radiotherapy \(SBRT\)](#) see pages 86-95 are not at increased risk of severe disease with [COVID-19](#). This is because [early prostate cancer](#) has not been shown to significantly affect your immune system and your ability to fight viral and bacterial infections normally.

Primary [EBRT or SBRT](#) as a potential cure for early prostate cancer.

These treatments mean that high energy x-ray beams are used to treat your prostate cancer. The beams are very accurately focused on the cancer in your prostate to destroy the cancer cells. [Stereotactic Body Radiotherapy \(SBRT\)](#) (see pages 86-95 of the booklet 'Early prostate cancer explained') is essentially the same process but uses a tracking mechanism to track the movement of the prostate.

As [EBRT/SBRT](#) involves multiple trips to hospital over a number of weeks, there's a chance this might put you at more risk of catching [COVID-19](#) from other people in the hospital. This is even although hospitals are putting measures in place to reduce these risks.

At this very challenging time and depending on individual circumstances it may be necessary to prioritise [radiotherapy](#) for certain tumour types over other tumour types. As a result, [EBRT/SBRT](#) for men with [prostate cancer](#) may have to be delayed/postponed and alternative treatments offered according to individual circumstances.

Someone from your oncology team will most likely get in touch with you to discuss if and how your [EBRT/SBRT](#) will be taken forward or if it will unavoidably have to be delayed.

If you are already having [EBRT/SBRT](#) and catch [COVID-19](#), then your remaining treatments will need to be delayed for at least a week. Someone from the oncology team will most likely get in touch to talk you through this.

If you have just finished a course of [EBRT/SBRT](#) then your follow-up appointment will most likely be by done by a phone call around 6 weeks after your treatment has finished with a follow up [PSA](#) test in around 3months. The oncology/radiology departments that you attend will keep you right on follow-up [PSA](#) tests and appointments in your hospital.

My cancer is being treated by [brachytherapy](#)

[Brachytherapy](#) is a method of delivering a kind of radiotherapy where tiny metal seeds which emit radiation are very carefully and accurately implanted into the prostate to kill the cancer cells.

There may be a few difficulties at this time for men who have chosen this type of treatment; whether there are theatres, general anaesthesia and recovery beds available and also the possibility of having to travel long distances to the centres in Edinburgh and Glasgow then an overnight stay in hospital.

Depending on individual circumstances, it may be necessary to postpone/delay your planned [Brachytherapy](#). Someone from the oncology team will most likely get in touch to discuss the way forward and options for you and your family.

If you have already had [Brachytherapy](#), then someone from the oncology department that you usually attend will most likely be in touch and keep you right on follow-up [PSA](#) tests and appointments in your hospital.

My cancer is being treated by [Radium 223](#) (see pages 10-17 of the booklet 'Treatments for advanced prostate cancer: Treatments for bone pain and spinal cord compression explained')

[Radium 223](#) is a radioactive drug that is used for men with [advanced prostate cancer](#) to control the effect of cancer in the bones.

This treatment **may** cause some short-term damage to bone marrow. This may lead to a lowering of the number of white cells in the blood so may put you more at

risk of catching an infection, such as [COVID-19](#). Someone from your oncology team may get in touch with more information.

If you have had [Radium 223](#) in the past 3 months and catch [COVID-19](#), then you (or your family) must remember to tell those looking after you about your [Radium 223](#) treatment when having treatment for [COVID-19](#). This is very important if the [COVID-19](#) care team are taking blood samples, urine or stool samples or if you are sick or have diarrhoea.

My cancer is being treated by [hormone therapy](#)

It's thought that [LHRH, GnRH](#) medications and anti-androgens don't affect the immune system and don't put you at any higher risk from catching normal viral infections nor is it likely that men on these treatments will have more severe symptoms should they catch [COVID-19](#).

[LHRH, GnRH](#) are given as monthly, 3 monthly or 6 monthly injections at the GP practice.

Your oncologist or GP may get in touch to discuss changing your normal schedule of injections to have longer intervals between injections, so you don't have to go the [GP practice](#) as often.

[Abiraterone](#) (pages 19-22 of the booklet '[Treatments for advanced prostate cancer: Hormone therapy for advanced prostate cancer explained](#)')

There is no evidence that [Abiraterone](#) puts a prostate cancer patient at higher risk of viral infections like 'flu or the common cold nor is it likely that men on these treatments will have more severe symptoms should they catch [COVID-19](#).

However, these are prescribed, and your treatment monitored by your oncologist. Someone from the oncology team will most likely get in touch to discuss your treatment.

[Steroids](#) (page 17)

[Steroid tablets/capsules](#) called prednisolone or prednisone are usually prescribed alongside [Abiraterone](#). Alternatively, you may be taking low dose dexamethasone alongside GnRH analogues. As [steroids](#) can affect the immune system this **may** put you at more risk of catching infections.

Your oncologist, CNS or GP may get in touch to give more advice about [prednisolone](#) and [COVID-19](#) in your particular circumstances.

[Enzalutamide](#) (pages 17- 21)

Although it is uncommon, [Enzalutamide](#) might affect your white blood cell count (white blood cells are the cells of the immune system that are involved in protecting the body against disease or infections) so this might put you at more risk from infections, including [COVID-19](#) at the moment.

The NHS want to avoid any additional risks so your oncologist might get in touch to discuss your treatment with you.

My cancer is being treated by [chemotherapy](#)

[Chemotherapy](#) uses certain drugs to kill cancer cells wherever they are in the body. This called a systemic treatment. [Chemotherapy](#) drugs also damage healthy cells in your body including bone marrow cells. This can leave you at greater risk from all types of infection including [COVID-19](#) during, and for a number of weeks or months after treatment has finished.

If you haven't yet started [Chemotherapy](#) your treatment is likely to be postponed at this time. Someone from your oncology team will most likely get in touch to discuss the alternatives with you and possibly suggest an alternative treatment with you in the meantime.

If you have already started [Chemotherapy](#), then someone from your oncology team will most likely get in touch with you. For example, they may talk over the risks of continuing with the treatment or finishing it early and offering an alternative treatment given the current circumstances with [COVID-19](#). There has been guidance issued to oncology teams on how [Chemotherapy](#) can continue while minimising the risks from [COVID-19](#).

I am taking part in a [clinical trial](#)

If you are participating in a [clinical trial](#), then someone from the trial team will most likely get in touch to discuss if and how the trial will need to change or if it will be halted during this current crisis.

If the trial is to continue then among other things the trial team will probably replace face-to-face visits with telephone/video calls and where possible reducing the number of follow up visits.

There will be no new recruitment into [clinical trials](#) at this time.

Where can I get more information or support?

Organisation	Website/email
Prostate Scotland	www.prostatescotland.org.uk
For information on support groups please see	www.prostatescotland.org.uk/help-and-support-for-you/support-groups
NHS Inform	www.nhsinform.scot/
24-hour national cancer treatment helpline	0800 917 7711
Scottish government	www.gov.scot/coronavirus-covid-19/

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Registered Office Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE

	https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/03/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/documents/cancer/cancer/govscot%3Adocument/Cancer%2BPatient%2BInfo%2Bguidance%2B-%2B090420.pdf
NHS 24	www.nhs24.com or telephone number is 111
British Association of Urological surgeons (BAUS)	https://www.baus.org.uk/patients/covid19_patient_information.aspx
Cancer Support Scotland	www.cancersupportscotland.org/
Macmillan Cancer Support Support nurses	www.macmillan.org.uk
Cancer Research UK Cancer information nurses	www.cancerresearchuk.org
The Beatson Cancer Treatment Helpline	For Beatson patients only 0141 301 7990
Maggie's Centres	www.maggies.org enquiries@maggies.org
Prostate Cancer UK	www.prostatecanceruk.org www.prostatecancer.org/coronavirus https://prostatecanceruk.org/get-support/our-specialist-nurses
For mental health help and information	
Mind	www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/
Mental Health UK	https://mentalhealth-uk.org/help-and-information/covid-19-and-your-mental-health/
Breathing Space	Phone 0800 83 85 87 (6pm to 2am, weekdays and 24 hours at the weekend)
SAMH	https://www.samh.org.uk/ SAMH (Scotland's mental health)
Samaritans Scotland	https://www.samaritans.org/scotland/samaritans-in-scotland/
For general information and help with money worries CAB Citizens Advice Bureau	www.citizensadvice.org.uk/scotland/

New national service

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A new national helpline has been set up (as from 15.4.20) to provide vital help to those people who don't have a network of support (such friends, family, neighbours) but who are at **high risk** of contracting [COVID-19](#).

The helpline number is 0800 111 4000. The helpline is currently available from 9.00am to 5pm but there are plans to increase the number of hours the helpline will be available each day.

The service will offer help to those who do not have family/friends/other support, those who cannot get online, those who are over 70, those who are disabled, those who require the support of mental health services, or receive a 'flu jab for health reasons. This service is in addition to the support already available for people who have received letters advising them to [shield](#) themselves.

People who call this helpline (0800 111 4000) will be put through to their local authority who will help them get the service they need, such as:

- essential food and medication
- links to local social work services for vulnerable children or adults
- emotional support
- contact with local volunteer groups.

About this information

The information contained in this leaflet has been developed by Prostate Scotland and reviewed by members of our advisory group, [PAGES](#).

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