

Theme 6: Shielding and associated assistance programmes

**By the Usher Network for COVID-19 Evidence Reviews (UNCOVER),
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Acknowledgements

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Disclaimer

This rapid review has not been peer-reviewed and we have not conducted quality assessment of the included studies. Many of the included studies are pre-print publications or reports and therefore not peer-reviewed either. This review should not replace individual clinical judgement and the sources cited should be checked. The views expressed represent those of the authors and are not a substitute for professional medical advice.

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Executive Summary

In accordance with the terms of reference for Portfolio 1, this report focuses on theme 6: **the requirement for shielding and associated assistance programmes, provided or supported by public agencies.**

The specific scope of the report is to provide information about the key events, key people and key documentation to assist the Scottish Inquiry with their investigation.

A detailed analysis is presented, including the sources of information, the key events, the main findings and a list of the main questions or remaining issues, is presented separately. In addition, a detailed appendix table with the key information for each key event extracted is included.

The key themes include: defining who is at highest risk; shielding restrictions and guidance; practical and financial support; evaluations of Scotland's shielding programmes; and other issues not otherwise identified.

The potential questions for the Inquiry to consider are:

MATTERS ARISING FROM THE TIMELINE OF SHIELDING IN SCOTLAND

- 6.1.1 Establish why it was decided that the process for determining who should be on the shielding list would be managed by the Chief Medical Officers, and why a UK-wide approach was deemed to be preferable; and the benefits and possible disadvantages of this process.
- 6.1.2 Examine the initial (ethical, public health, human rights and other) principles for deciding who should be on the shielding list, and what support should be provided, and the ongoing approach to reviewing this.
- 6.1.3 Examine the initial (ethical, public health, human rights and other) principles for deciding what restrictions should be placed on people who were added to the shielding list, and the ongoing approach to reviewing and amending these requirements.
- 6.1.4 Examine (as a priority) the decision-making around the ending of shielding requirements on 1 August 2020; how the Scottish Government envisaged the individualised approach to understanding and assessing risk would work in practice; what inequalities might develop or be exacerbated; and the extent to which the information services and other support which the Scottish Government put in place for people on the shielding list after 1 August 2020 was sufficient to enable people to understand and manage their risk appropriately.
- 6.1.5 Consider the differences between those included on the shielding list and those prioritised for vaccination based on JCVI recommendations, and whether the evidence that informed the JCVI approach might also have informed a more age-based approach to shielding.

MATTERS ARISING FROM EXISTING EVALUATIONS OF SCOTLAND'S SHIELDING POLICY

- 6.2.1 Access and read Public Health Scotland's COVID-19 Shielding Programme (Scotland) rapid evaluation report (available online here).

- 6.2.2 Examine how the risks of COVID-19 were balanced against the potential impact of shielding on shielders' physical and mental health, and that of their households and carers, when making decisions about who should be asked to shield, and what shielding requirements should entail; and what is now known about the impact of shielding on longer-term health and disability-related outcomes.
- 6.2.3 Examine socioeconomic disparities in the experience of shielding, including what planning was done to ensure people in socioeconomically deprived circumstances could adequately access universal shielding support programmes; and any tailored support that was considered or put in place for socioeconomically deprived groups.
- 6.2.4 Examine the experience of people who were not on the shielding list, but who were obliged to make difficult decisions about managing risk as a result of shielding policy – especially unpaid carers, and people whose clinical risk was similar to those on the shielding list.

ADDITIONAL MATTERS FOR CONSIDERATION

- 6.3.1 Examine the particular impact of shielding on people who were: (a) homeless or in insecure accommodation; (b) in prison or immigration detention; (c) dying at home.
- 6.3.2 Consider the impact of shielding on household members of people on the shielding list, and whether their needs were appropriately taken into account in Scottish shielding policy.
- 6.3.3 Further investigate the impact of shielding on people who were most likely to be marginalised, including people from Black and minority ethnic communities; people who are digitally excluded; and people who are in the most socioeconomically deprived sections of Scottish society.
- 6.3.4 Establish what can be known about the completeness of the shielding list (i.e. what proportion of people meeting shielding criteria were included) and whether any population groups were more likely to be missed from official records which might have led to them missing out on advice to shield.
- 6.3.5 Examine the experiences of people who were misidentified as needing to shield and subsequently removed from the shielding list.

Introduction

In accordance with the terms of reference for Portfolio 1, this report focuses on “the requirement for shielding and associated assistance programmes, provided or supported by public agencies.”

Definitions

“Shielding” is not a term with a universally recognised use or definition. The term was used across the UK and in some of the Channel Islands to identify those at highest risk from COVID-19. Ireland ran a “cocooning” programme for those most at risk [1]. Other countries identified and categorised risk in other ways [1]. If international comparisons with Scotland’s shielding programme are to be made, it will be necessary to look at **who** other countries identified as being at highest risk, **how** that identification was made, and **what** protective measures were then put in place for those high-risk groups.

For the purpose of this report, we have focused on the experience of those on Scotland’s Shielding List (renamed the Highest Risk List in July 2021). The list is made up of those judged to be at highest risk of poor outcomes from COVID-19, and includes people diagnosed with specific conditions (discussed below) or recommended for inclusion by their clinician. As people were added to the shielding list, they received a letter to confirm their shielding status from Scotland’s Chief Medical Officer (CMO).

The Shielding List was established in March 2020, and continues to exist as the High Risk List at the time of writing, with the Scottish Government’s [dedicated advice pages](#) last updated on 10 February 2022, although formal shielding requirements were only in force from March until August 2020. We have therefore examined the experience of people on the Shielding / Highest Risk List throughout the course of the whole pandemic to date.

In addition to the experiences of those who were shielding, we have considered, as far as possible, the experiences of people who were not on the shielding list but who were directly impacted by shielding policy: this is primarily household members and unpaid carers of people who were shielding.

We have distinguished between people who were shielding in the community, and vulnerable people who were resident in care homes, hospitals or other healthcare facilities during the pandemic. This report focuses only on the former, as we understand that care homes and hospitals are the focus of a separate portfolio.

We have not set out to examine the experiences of people at higher risk from COVID-19 who were not classed as needing to shield. However, some of this experience has emerged incidentally through studies of people shielding. It is clear that there are particularly complex challenges for people trying to manage their risk appropriately without the official recognition and support associated with shielding status. This also includes people who were initially added to the shielding list but later removed, either as a result of initial misidentification, or because of changes in guidance. The Inquiry may wish to consider whether this is an area it wishes to explore further, in the context of shielding or otherwise.

Structure of this Report

This report gives an **overview timeline** of key events and decisions related to shielding, broken down into three parts: **defining who is at risk, restrictions and guidance**, and **practical and financial support**.

A summary of **shielding-related studies** conducted by the public sector in Scotland follows, and then a summary of relevant **academic literature**. Finally, we discuss **themes and issues for further exploration** by the Inquiry, with a particular emphasis on inequalities.

Findings

Sub-theme 6.1: Overview Timeline

We have included a detailed timeline of events and decisions related to shielding in Scotland at Appendix 6.4. In this section, we summarise the key decisions under three headings: defining who is at highest risk; restrictions and guidance; and practical and financial support. This is followed by a brief discussion of issues and themes emerging from the timeline.

Defining who is at highest risk

On 22 March 2020, the [First Minister announces](#) that people at highest risk from COVID-19 will be asked to shield. On 24 March 2020, the [‘six categories of risk’ are announced](#). These have been agreed by the Chief Medical Officers of the four UK nations, reflecting an attempt to ensure that shielding policy is joined up across the UK, which continues throughout the pandemic. The initial six categories for shielding are:

1. Solid organ transplant recipients;
2. People with specific cancers:
 - a. People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer;
 - b. People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment;
 - c. People having immunotherapy or other continuing antibody treatments for cancer;
 - d. People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors;
 - e. People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs;
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD;
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell);
5. People on immunosuppression therapies sufficient to significantly increase risk of infection;
6. People who are pregnant with significant congenital heart disease.

In addition to these six categories, and others added later (see below), people can also be added to the shielding list based on their clinician's recommendation. It is unclear when this 'seventh category' was introduced, but it appears to have been in force throughout most of the pandemic. The criteria for clinical judgment do not appear to have been set out in guidance at local or national level [1].

On 16 April 2020, **Interstitial Lung Disease** and **Sarcoidosis** are added as additional sub-categories of Group 4, and people requiring **Oxygen Therapy** to Group 3. On 28 April 2020, **Bronchiectasis** and **Pulmonary Hypertension** are added to Group 3 [2].

On 22 April 2020, a Review Panel is set up to inform decisions about who should be included on the Shielding List. The Review Panel is responsible for advising the four Chief Medical Officers of the UK on potential clinical risk factors, and enabling them to take a consistent approach to decisions on who should be shielding [3]. At its first meeting, the Review Panel recommends adding **kidney dialysis patients** to the shielding list. At its second meeting, on 29 April 2020, the Review Panel also recommends adding **splenectomy** patients to the list [3]. A parliamentary question answered on 5 May 2020 suggests this process may initially have been less joined-up than was intended [4].

On 14 May 2020, the [Scottish Government COVID-19 Advisory Group discusses](#) shielding in depth. It notes the wide variation in approaches being taken internationally, and the additional burden which is faced by those who are required to isolate themselves fully for an extended period of time.

Following work led by the Royal College of Paediatrics and Child Health (RCPCH), shielding guidance is updated in all four nations of the UK to reflect that many **children and young people with asthma, diabetes, epilepsy and kidney disease** do not need to shield [5]. The CMO writes to affected children and young people in Scotland on 2 July 2020.

From 1 August, although shielding requirements are lifted (see below), the Shielding List remains in place and people continue to be added to or removed from it, under the oversight of Scotland's CMO.

A letter from the Cabinet Secretary for Health & Sport to the Convener of the Health & Sport Committee, dated 3 August 2020, outlines the process for removing people from the shielding list "where there has been a misidentification or if [clinicians] think that someone is no longer clinically at the highest risk" [5]. The letter identifies four categories of people who have been removed from the shielding list:

- **Transplants:** 80 people were either wrongly identified as transplant recipients, or had been donors rather than recipients, and were removed by 8 April 2020;
- **Cancer:** 3,361 people who had received radical radiotherapy for cancers other than lung cancer were removed by 25 April 2020;
- **Rheumatology:** 840 people on biologics were removed between 28 May and 2 June 2020; and
- **"Generic":** 6,022 people were removed from the shielding list for various reasons which were not provided "as it would disclose detailed medical information" [5].

In late October or early November 2020 [6,7], people with **Down's Syndrome** and **Chronic Kidney Disease Stage 5** are added to the shielding list, following publication of a national study known as QCOVID, which identified much higher levels of risk from COVID-19 for people in these two groups [8].

Following publication of new research [9], people with **liver cirrhosis (Child-Pugh Class B and C)** are added to the shielding list in February 2021 [10].

In July 2021, the Shielding List is renamed the Highest Risk List [11].

Shielding Restrictions and guidance

People who are required to shield are first notified in a letter from Scotland's Chief Medical Officer. Letters began to be sent out on 26 March 2020, to people who have been identified from central sources, and from clinician-held information and other 'non-central' sources [12].

People on the shielding list are asked isolate themselves completely for twelve weeks (that is, from the date of receiving their letters until **18 June 2020**) – this includes isolating themselves from other members of their household, and not venturing outdoors for any reason, including exercise.

On 31 May 2020, the [Health Secretary indicates](#) that future guidance on shielding will "move from the current blanket approach [...] to one that reflects both the latest clinical evidence, and [shielding people's] individual circumstances." No specific updates to guidance are published at that time; however, the announcement is made in a context of easing lockdown restrictions, and changes to shielding policy in England [13]. On 5 June 2020, the Scottish Government [begins an informal consultation process](#) with voluntary sector organisations to help inform the next update of shielding guidance.

On 8 June 2020, "[Coronavirus \(COVID-19\): Shielding – a way forward for Scotland](#)" is published. This aims to "chart a possible route out of shielding that allows more freedom while keeping those most at risk safe." In the first instance, it extends the shielding period from 18 June 2020 until **31 July 2020**. However, it also indicates that "if infection rates are low enough, we will advise that people shielding can go outside for exercise from 18 June" [14].

On 18 June 2020, the Scottish Government confirms that people who are shielding can now go outside for exercise. As "we now consider that the chance of catching the virus outdoors is low enough", the guidance has been expanded to include non-contact activities such as golf or hiking, as well as walking, wheeling, cycling and running. Shielding people can also meet outdoors with up to eight people from one other household.

At this time, the whole of Scotland is moving into "Phase Two" and beginning to ease some lockdown restrictions. People who live alone or only with children under 18 are allowed to form 'extended household groups' with one other household – however, this does not apply to households where someone is shielding [15].

On 8 July 2020, the [Scottish Government announces](#) that people who are shielding no longer need to distance from other people within their household (from 10 July), and that shielding requirements are likely to be ‘paused’ from 1 August 2020. Households where someone is shielding can now form ‘extended household groups’ with another household [16]. On 23 July, the [Scottish Government confirms](#) that shielding will be paused from next month, and people who are shielding can now meet with up to eight people from two households indoors; visit indoor shops, services and attractions; and use public transport.

On **1 August 2020**, shielding ends in Scotland [17], as also in England and Northern Ireland [18] – people who are shielding are now simply required to follow the same lockdown rules as the rest of the country, although additional guidance is promised to help them manage their risk. Although described as a pause at the time, shielding requirements have not been reinstated since that date.

On 23 October 2020, the [Chief Medical Officer writes](#) to people who are shielding about Scotland’s new “levels” system, with additional guidance for staying safe at each level. This includes a recommendation that people who are shielding should not go to school or work in person at lockdown Level 4. To support this, “The Chief Medical Officer will issue a 2-week fit note. This will protect you from coronavirus while you speak to your GP or consultant to get a personal fit note if needed” [19].

From 26 April 2021, the whole of Scotland is due to move out of Level 4 restrictions. [The CMO writes](#) to people on the shielding list to advise that they will be able to return to work or school in person from this date.

In August 2021, Scotland moves ‘beyond Level 0’ and [the CMO writes](#) to people on the Highest Risk List to confirm there are no shielding requirements in place (unless a person is shielding on the recommendation of their clinician).

A [further letter is sent](#) to people on the Highest Risk List in December 2021, as the omicron variant spreads. This reinforces the general restrictions, but does not impose any additional requirements on people on the Highest Risk List [20]. Those who have not received their booster vaccine or third primary dose (if immunosuppressed) are encouraged to do so.

Practical and financial support

On 3 April 2020, the Scottish Government [announces additional support](#) for people who are shielding. This includes a text message service allowing shielding people to sign up for a weekly delivery of essential food and toiletries. It also announced plans to ensure the delivery of specialist medicines (e.g. chemotherapy drugs) and pharmacy deliveries, and to put in place priority supermarket delivery slots. People who are shielding receive a letter to inform them of the support available.

On 14 April 2020, a new [national helpline is announced](#). The helpline is intended to direct people who are shielding to the support available to them, but it is also made available to people “who might not be in the shielded group but potentially at risk in some other way – for example, people over the age of 70, people with disabilities, pregnant women, people who get the annual flu jab, and people who need support from mental health services” [21].

By 26 April 2020, 78,000 people have registered with the shielding text message service; more than 80,000 food boxes have been delivered; and over 33,000 people have registered interest in supermarket priority delivery slots [22].

In a statement to Parliament on 28 April 2020, the Health Secretary reports that multi-disciplinary teams are focused on “working on anticipatory care planning with” people who are shielding [23]. Anticipatory care planning refers to planning for the end of life, which may include decisions around things such as ‘Do Not Attempt CPR’ [DNACPR] orders. An update on this work is provided in answer to a parliamentary question on 20 May 2020 [24].

On 8 June 2020, the Scottish Government publishes an [update on how its Immediate Priorities Fund has been distributed](#) to community projects intended to meet COVID-related needs. Only one of these projects (Heart of Africa) explicitly targets people who are shielding; however, many others have a remit which is highly likely to include shielding people, illustrating the role played by third sector organisations in meeting urgent needs.

On 1 August 2020, shielding requirements end. Food boxes and supermarket priority slots continue until the end of July [17]; after this, most of the structured support that was available to people who were shielding ceases to be available. However, the ‘Shielding List’ continues to exist. People who were shielding will continue to receive communications from the CMO over the course of the pandemic, and can also register for a Shielding SMS and forecasting service [17].

People who have been shielding are offered a free, four-month daily dose of Vitamin D from November 2020 [19]. 40% of those eligible take up this offer [25]. People on the shielding list are also advised that they, and anyone they live with, will be invited to receive the flu vaccine in due course [19].

In January 2021, the Scottish Government publishes its first [COVID-19 Vaccine Deployment Plan](#). Scotland adopts the JCVI’s [Joint Committee of Vaccination and Immunisation] recommended prioritisation for vaccine rollout. This is substantially age-based, with people over 80 being prioritised in Category 1, and people over 75 in Category 3, with care home workers, health and social care staff also in Categories 1 and 2. People who are shielding (who are not in an older age group) are in Category 4 [26]. In April 2021, all ‘adult household contacts’ of people on the shielding list are invited to receive the vaccine [27].

On 23 January 2022, Scotland launches a new “Distance Aware” scheme, offering badges and lanyards to people who would like to signal to others to keep a safe distance [28]. People on the Highest Risk List had been consulted about a possible scheme in August 2021, with 73% of respondents expressing interest [29].

Discussion

From late March until 18 June 2020, people who were required to shield were asked to accept conditions of intense isolation: not leaving their home for any reason, and physically separating themselves from the people they lived with. From 19 June until 31 July 2020, people who were shielding experienced a slower relaxation in restrictions than the general population. This also affected other members of their households: for example, households

where a person was shielding could not form 'extended household groups' until 10 July 2020, although others could do so from 19 June [15].

This was a substantial infringement of liberty, over and above the lockdown measures imposed on the whole population. It would have been vital for the Scottish Government to be as confident as possible that these requirements were proportionate to the risks faced, and were not in force for any longer than necessary. This would have been challenging at the outset of the pandemic, when very little was known about the course of the disease; so a process of additions and changes to the list, as more was learned about COVID-19, was no doubt inevitable.

This is perhaps also reflected in the differences between the Shielding List and the JCVI's recommended prioritisation for the COVID-19 vaccination, which saw all over-80s and over-75s being vaccinated ahead of younger people who had been shielding [26]. However, the disparity in these two approaches, only ten months apart, does raise questions about the criteria used for each, and whether an age-based approach to adding people to the Shielding List, even after the end of shielding requirements, might have merited consideration. The Inquiry may wish to look closely at the ethical and other factors used to inform decision-making about who should be on the shielding list, and what steps (if any) were taken to assess whether these remained valid in light of the differing approach to prioritisation for vaccinations.

In general, it appears that decision-making about shielding was much less politicised than other aspects of the pandemic, especially the management of general lockdown measures. Despite divergences from time to time, all four nations of the UK attempted, and largely succeeded at, maintaining a UK-wide approach to determining who should shield. Although SAGE considered matters related to shielding and vulnerable groups extensively, it appears that decision-making on shielding largely ran parallel to the structures which SAGE informed. The process was managed by the Chief Medical Officers of the UK, supported by an advisory Review Panel [3]. At an individual level, clinicians could recommend patients for inclusion on the shielding list based on their own judgment of risk, allowing for a more nuanced negotiation of the 'at risk' categories [1].

This may have allowed shielding people to feel safer and more confident than if there had been conflicting guidance from different parts of the UK. However, there may also have been limitations to a process with less public scrutiny of the trade-offs between freedom and safety which people who were shielding were required to make. The Inquiry may wish to consider whether the trade-offs involved in this process were made adequately transparent; whether the harms of mistaken inclusion in, or omission from, the shielding list were weighed; and what steps were taken to provide redress to people who were included or omitted in error.

The provision of practical assistance to people who were shielding was a substantial undertaking that was rolled out rapidly in the early days of the pandemic in Scotland. There are indications that people in the most socioeconomically deprived circumstances faced additional barriers to benefiting from this support, including more limited digital access and

less ability to cope with a 7-10 day wait in order to access food boxes [30]. More advance planning might have mitigated some of these barriers, and lessons learned from this experience could perhaps be included in planning for future pandemics.

It is noteworthy that significant efforts were made by the Scottish Government and Public Health Scotland (discussed in the section below) to understand the experience of people shielding, both while shielding requirements were in force and afterwards. This aspect of pandemic management was subject to regular evaluation and engagement throughout the pandemic, which should be recognised as an area of good practice.

For people who were shielding, the pandemic can be divided into two distinct periods: before 1 August 2020, when people were subject to strict shielding requirements; and afterwards, when shielding requirements ended, but people at highest risk were still added to a 'shielding list' and kept informed of additional measures they could take to ensure their own safety [17].

The Scottish Government's decision to move away from a 'blanket approach' to shielding [14] is in keeping with principles of ensuring no one's liberty is restricted to a greater extent than is necessary for their safety. However, when shielding requirements ended on 1 August, the associated support – including food boxes, and a clear prohibition on returning to the workplace – also fell away [17]. From 1 August 2020, the focus was on 'individualised risk assessment', and people having the information they would need to manage their own risk in a way that was appropriate for them. But without access to the support packages that had made shielding possible in the first place, many people would not have had a realistic option to continue to observe stricter safety measures.

The Inquiry may wish to further investigate the processes by which the decision was made to end shielding and associated support in 1 August 2020, moving to a process of 'individualised risk assessment' without formal support for shielding, and the values and ethical principles which informed this decision; the extent to which the benefits and harms to individuals were weighed in this process; and the actual experiences of people at highest risk after 1 August 2020, including the extent to which they were in fact able to manage their risk appropriately.

Potential Questions for the Inquiry

The Inquiry may wish to:

- 6.1.1 Establish why it was decided that the process for determining who should be on the shielding list would be managed by the Chief Medical Officers, and why a UK-wide approach was deemed to be preferable; and the benefits and possible disadvantages of this process.
- 6.1.2 Examine the initial (ethical, public health, human rights and other) principles for deciding who should be on the shielding list, and what support should be provided, and the ongoing approach to reviewing this.

- 6.1.3 Examine the initial (ethical, public health, human rights and other) principles for deciding what restrictions should be placed on people who were added to the shielding list, and the ongoing approach to reviewing and amending these requirements.
- 6.1.4 Examine (as a priority) the decision-making around the ending of shielding requirements on 1 August 2020; how the Scottish Government envisaged the individualised approach to understanding and assessing risk would work in practice; what inequalities might develop or be exacerbated; and the extent to which the information services and other support which the Scottish Government put in place for people on the shielding list after 1 August 2020 was sufficient to enable people to understand and manage their risk appropriately.
- 6.1.5 Consider the differences between those included on the shielding list and those prioritised for vaccination based on JCVI recommendations, and whether the evidence that informed the JCVI approach might also have informed a more age-based approach to shielding.

Sub-theme 6.2: Studies and Evaluations

In our search of public sources of information on shielding, we found three sets of research on shielding in Scotland which may be of relevance to the Inquiry. These include evaluations by Public Health Scotland, surveys run by the Scottish Government's Shielding division, and an informal consultation with the voluntary sector, found through a Freedom of Information release. We have summarised each item of public sector-led research on shielding below, followed by a brief discussion of themes emerging from the research.

Public Health Scotland evaluations

a. COVID-19 Statistical Report on Shielding

Public Health Scotland has published a number of COVID-19 Statistical Reports, including [one on 8 June 2020](#) which had an in-depth feature on shielding [31].

At the time, 179,728 people were shielding, or 3.3% of Scotland's population; and 2,925 people previously on the shielding list had died. Rates of shielding were highest among older age groups: over 8% of 65-74 and 85+ year olds were shielding, and over 10% of 75-84 year olds. 55% of people shielding were female, and 51% were aged 65 or older.

There was a socioeconomic gradient among people shielding, with the greatest proportion of shielders (26%) in the most-deprived quintile of the Scottish population, and the lowest proportion (14%) in the least-deprived quintile.

b. COVID-19 Shielding Programme (Scotland) Impact and Experience Survey

In September 2020, Public Health Scotland published the findings of its [Shielding Impact and Experience Survey](#) [32].

12,851 people took part in the survey, equivalent to 7% of the shielded population. The survey could also be completed by people caring for someone who was shielding – the

intention was that carers would fill out the survey on behalf of that person, but some carers may have answered it from their own perspective.

Overall, respondents reported that shielding had negatively affected their quality of life (87%), physical activity (85%) and mental health (72%). These effects were more pronounced among people experiencing socioeconomic deprivation: 88% reported a negative impact on mental health (compared to 72% overall) and 26% struggled to access food that met their needs (compared to 7% overall). While 71% of total respondents said that they were coping ok with shielding, only 48% of the most socioeconomically deprived respondents agreed.

40% of respondents found that shielding had a negative impact on their health condition, and 32% reported a negative impact on their quality of care. 79% of children reported a negative impact on their education.

The survey found that respondents who did not understand why they had been advised to shield were much less likely to feel they were coping ok with shielding. Negative mental health impacts of shielding were more common among people under the age of 65, and people living on their own, or with children, or in larger households (defined as two or more other people in their household).

64% of respondents said that they followed the shielding guidance completely. (Based on responses to other survey questions, Public Health Scotland calculated that, in practice, 41% of respondents fully adhered to the guidance.) Of the 36% who said that they partially followed the guidance, 21% said this was by necessity and 15% by choice. Those who, by necessity, could not fully follow the guidance were more likely to be: under 65; living alone, with children, or in a larger household; more socioeconomically vulnerable; not working due to a long-term condition or disability; or caring for a shielded child or adult.

The survey was only available online, meaning that people who were less digitally confident or who did not have internet access would not have been able to take part. 98% of respondents gave their ethnicity as 'white', so the impact of shielding on Black and minority ethnic people was not explored.

c. COVID-19 Shielding Programme (Scotland) rapid evaluation

Public Health Scotland published a [rapid evaluation of Scotland's shielding programme](#) [1] on 27 January 2021. The report had two principal purposes: to evaluate the effectiveness of the advice to shield, and to evaluate the added value of the support offered to people who were shielding. The report, commissioned by the Scottish Government, was to be used to inform the advice, support and information offered to at-risk people throughout the COVID-19 pandemic, as well as informing future pandemic planning and future work with at-risk groups.

The report, which draws on comparisons with other countries' approaches to protecting their most at-risk populations, as well as multiple surveys and interviews with people shielding and other stakeholders in Scotland's shielding programme, concludes with five 'lessons learned' which are, in summary, that:

- A repeat of the shielding programme should not be recommended for future crisis situations, although the principle of protecting those at highest risk remains valid;
- COVID-19 infection during a hospital admission may have posed a particular risk to shielding people, and future programmes should consider the risks of hospital-onset infections more fully;
- Future programmes should consider shielding support needs at the level of the household: staying away from others in the same household was challenging, creating a risk of transmission within the household, but shielding support did not necessarily enable the whole household to shield;
- In-depth, advance scenario planning about how at-risk groups could be protected in future pandemics should take place; and
- The advantages and disadvantages of contacting at-risk groups on an individual basis should be evaluated.

The report also notes that “there is no ‘counterfactual’: we do not have data on what would have happened to shielding people if the shielding programme had not existed”, and that “it is difficult to disentangle the impact of shielding from the impact of other COVID-19 restrictions such as the lockdown” – making it difficult to reach a definitive judgment on the effectiveness of shielding.

Surveys led by the Scottish Government Shielding Division

The Scottish Government has published a collection of surveys and interviews which it carried out with people who were on the shielding list, at: <https://www.gov.scot/publications/covid-highest-risk/pages/research-about-shielding/>. We have briefly summarised the key findings from each of these:

a. Vitamin D Uptake

People on the shielding list were offered a four-month programme of daily doses of vitamin D, free of charge, in November 2020. The Scottish Government [published a data summary](#) in February 2021 [25], showing that 40% of eligible people took up the offer (71,365 people), with the highest levels of uptake among people aged 45 to 64. Slightly more women (41%) than men (38%) took up the offer. There was a socioeconomic gradient in uptake, with the highest levels of uptake among people in the least-deprived deciles of the shielding cohort, and the lowest levels among those in the most-deprived deciles.

b. Shielding Survey

During December 2020 and January 2021, the Scottish Government carried out a survey to understand the experiences of people on the shielding list. The [results were published](#) in February 2021 [33].

86% of respondents said that they planned to get the COVID-19 vaccine when it became available. 96% said they were aware of the additional guidance for people at highest risk. 62% said they felt confident to decide which activities would be safe for them; and 55% said they felt unsafe to return to work, even after workplace risk assessments.

Although shielding requirements were ended on 1 August 2020, 20% of respondents said they still had not visited the shops and 33% said they had not met people outside their household, since restrictions ended. 23% said they were still struggling to access healthcare appointments. 84% had not used public transport.

9% of people who started the survey said they had not received a letter from the CMO telling them to shield. They were prevented from answering further questions.

c. Highest Risk List Survey

A further survey of people on the shielding list (now known as the highest risk list) was carried out in July 2021, and the [results were published](#) in August 2021 [29].

This study found that 2% of people on the shielding list still had not left their homes for any reason, since shielding requirements were lifted the previous summer. 24% of respondents had not met outdoors, and 50% had not met indoors, with people who were not part of their [extended] household. 59% felt uncomfortable about the move beyond Level 0 (all were worried about the behaviour of others), and 73% of those who expected to return to the workplace felt uncomfortable with this. 79% had not used public transport.

When asked if they would be interested in some form of wearable device which might act as a request for other people to keep their distance, 73% of respondents indicated this would be welcome.

d. Highest Risk List – In-depth Interviews

Findings from twelve in-depth interviews were [published in October 2021](#) [34]. These interviews were intended to provide greater insights into the lived experiences of people who were on the highest-risk list. Findings reflected the need for individualised, condition-specific guidance on the impact of the COVID-19 vaccines, in order for people to feel comfortable managing their own levels of risk. Respondents identified ongoing challenges with accessing healthcare, and felt that getting ‘back to normal’ would be a slow process – affected by their own confidence, the behaviour of others, and the existence of other health or disability-related issues which might affect what their ‘normal’ looks like.

Consultation with Voluntary Sector Stakeholders

On 5 June 2020, an email was sent from a gov.scot address to voluntary sector groups who represent or work with people likely to be shielding. The email asked for feedback on “the specific challenges of different groups within the larger shielded community [... in order] to better understand the wider health/wellbeing, social, and economic challenges they face.” It was hoped this would inform revised guidelines on shielding, which were being drafted at the time.

A [Freedom of Information release on 12 August 2020](#) includes the original email and responses from a number of organisations [30]. A summary of their feedback, in respect of the key challenges faced by people who are shielding, is included at Appendix 6.3.

Multiple organisations identified the mental health impact of shielding – feelings of fear and isolation, but also a high level of stress at having to navigate significant uncertainties: managing risk appropriately, especially for people who are vulnerable but not on the shielding list; making decisions about returning to work safely; balancing the risks of COVID-19 with the impact of shielding on other health and developmental outcomes. Families of children who were shielding, and unpaid carers of shielding adults, also had to deal with these uncertainties, often with less support than those who were formally shielding.

The physical health impacts of shielding were also a key concern: including lack of access to routine healthcare and medication, rehabilitation and exercise, especially for people whose conditions require ongoing intervention in order to avoid deterioration, and children whose development would be affected without appropriate care.

Some significant vulnerabilities were identified. The return to school was an especial worry for kinship carers (most often grandparents taking parental responsibility for their grandchildren) who were shielding. Carers and children alike feared the risk of transmission, and the possibility that this could lead to children losing the person they most relied on.

People who were shielding in circumstances of socioeconomic deprivation faced multiple forms of disadvantage: digital exclusion, meaning that services and support were harder to access; multiple comorbidities, amplifying the health impact of COVID-19; and financial, food and fuel poverty – with many people unable to survive the 7-10 day wait for their initial food parcel requests to be processed, without emergency help from the third sector.

Many responses also identified a lack of clarity in government communications and guidance to vulnerable people. This includes a need for clearer communication about who should be shielding, and how guidance should be applied in practical, real-world situations (with a number of organisations reporting that they were having to interpret general guidance for their members' specific situations). In response to questions about whether a more flexible approach to shielding would be welcome, there were very mixed views. Some organisations supported this approach and felt it reflected what their members were already doing; while others felt that people were already anxious due to lack of clarity in the existing guidance, and any increased flexibility would worsen the situation.

Academic Literature

Using COVID-END's [Inventory of Best Evidence Syntheses](#), we found four systematic reviews which examined the factors associated with a higher risk of poor outcomes or death from COVID-19. We have summarised the principal findings of each paper in Appendix 6.2.

Of the four studies, only one [35] was published in the first year of the pandemic, in November 2020. Three studies [35,37,38] focused on poor outcomes in adults, and one [36] in children and young people. Although the reviews consistently found an association between comorbidities and poorer outcomes, the exact set of conditions studied varies from paper to paper.

Only one study [37] is specifically designed to inform policy decisions, although Harwood et al. [36] also suggest that their findings could be used to inform decisions about vaccine

prioritisation or protective shielding. Gates et al. [37] are concerned with Canada's national vaccination prioritisation. Their paper includes certain elements which make it particularly useful to policy-makers. Notably, rather than simply identifying groups of people whose odds of a poor COVID-19 outcome are higher than those without the same condition(s), they have defined thresholds for a "large" or "very large" increase in risk. They have also recognised that demographic and occupational factors may contribute equally to COVID-19-related risks, and have made an expansive effort to include these, although their analysis was ultimately limited by the fact that most primary studies "focused on medical comorbidities" [37].

The paper by Gates et al. [37] is useful because it illustrates the kind of information that would be useful to policy-makers considering shielding policies: that is, not just who is at greater risk, but what the scale of that risk might be. It also suggests that an approach to shielding based only on medical comorbidities, might lead to important socioeconomic factors being overlooked.

There is a consistent association between poorer outcomes and older age, or having one or more underlying health conditions, in all the reviews summarised here. However, beyond that, there is still limited high-quality evidence about exactly which risk factors put people most at risk of poor outcomes from COVID-19 – even two years into the pandemic. For decision-makers considering shielding policies at the outset of the pandemic, there would be very little evidence at all to rely on. Without that evidence base, it would have been exceptionally challenging to make meaningful ethical and political decisions about what levels of risk are acceptable, or how such risks should be mitigated.

Discussion

Public Health Scotland's [rapid evaluation of Scotland's shielding programme](#), published in January 2021, provides a detailed assessment of the effectiveness and value of Scotland's approach to shielding, together with lessons learned for the future [1].

For its evaluation, the report draws on interviews with institutional stakeholders (Scottish Government, local authority and voluntary sector representatives) and on previous surveys carried out with people who were shielding. People on the shielding list could opt into answering these surveys and, as shown above, people living in circumstances of socioeconomic deprivation were less likely to do so, despite being more likely to shield than people in less-deprived circumstances. These limitations mean that the report may not fully reflect the impact of shielding on those who are most disadvantaged. Nevertheless, it is a comprehensive and careful assessment, and we recommend it as important initial reading for the Inquiry.

Five themes which appear regularly across the public sector-led research are: the impact of shielding on physical health conditions and disabilities; the mental health impact of shielding; the impact of shielding on carers; socioeconomic disparities of shielding; and the challenges for people who are at risk from COVID-19 but not on the official shielding list.

In terms of physical health, numerous responses to the voluntary sector consultation [30] identified that, while shielding, people were unable to access ongoing healthcare, rehabilitation or exercise which was critical to maintaining their general health. For children whose development could be affected without ongoing intervention, this was an especial concern. Being able to access healthcare was an ongoing issue [33], and Public Health Scotland [1] found that the shielding strategy paid inadequate attention to the risks of healthcare-related transmission among shielding people who, almost by definition, were highly likely to need to access health services.

72% of people who were shielding reported a negative impact on their mental health [32], with people under the age of 65 and people living alone, or with children, or in larger households being most affected. The voluntary sector consultation [30] identified a number of stressors: not only fear of the virus, and the loneliness of isolation, but also uncertainty associated with navigating unclear guidance, returning to the workplace, and managing the risks of sharing a household with shielding and non-shielding members. It should be noted, however, that none of the surveys compared the experience of shielding people to that of the general population, so the mental health impact of shielding as compared to general lockdown measures is not known.

The experiences of unpaid carers were examined incidentally in some of the surveys [32] and in the voluntary sector consultation [30]. The mental health impact of shielding on carers appeared to be significant [32], and there was a lack of support to help them manage risk. For example, while people shielding could be exempted from returning to the workplace, no such arrangements existed for parents and carers of people who were shielding, who had to make impossible choices between their financial situation and the safety of their household [1,30].

26% of people shielding are in the poorest 20% of Scottish households, and only 14% in the most well-off 20% [31]. Despite being overrepresented among the shielding population, people living in circumstances of socioeconomic deprivation were least likely to benefit from the support associated with shielding. Take-up of vitamin D decreased with increasing socioeconomic deprivation [25]. People from poorer backgrounds were more likely to be digitally excluded, and less likely to be able to wait 7-10 days for initial food assistance [30]. Only 48% of the most socioeconomically deprived people felt they were coping OK with shielding, compared to 71% overall [32]. In addition, the studies suggest indirect impacts of shielding which may continue to be felt unevenly after the formal shielding requirements end – whether these relate to returning to work [29,30,33] or using public transport [29,33].

Finally, it is noteworthy that 9% of respondents to the Scottish Government's shielding survey [33] had not received a shielding letter, and were therefore not classed as officially shielding. They were precluded from answering further survey questions, so their experience is not captured, but the voluntary sector consultation [30] provides some insights. For people who were not on the shielding list, but were still at higher risk from COVID-19, managing their risk without access to any of the official support associated with shielding was an ongoing struggle and a significant source of stress.

All of the research in this section was designed to understand the experience of people shielding. None of it set out to capture the experiences of those ‘on the periphery’ of shielding – unpaid carers, and people in other clinically at-risk groups – although some of that experience was captured incidentally, especially in the voluntary sector consultation [30]. These were groups who had to take very difficult decisions about managing risk, without access to the official recognition and support that came with shielding status. If their experience is not looked at in association with the overall shielding programme, there is a high risk that it will be overlooked altogether.

Potential Questions for the Inquiry

The Inquiry may wish to:

- 6.2.1 Access and read Public Health Scotland’s COVID-19 Shielding Programme (Scotland) rapid evaluation report ([available online here](#)).
- 6.2.2 Examine how the risks of COVID-19 were balanced against the potential impact of shielding on shielders’ physical and mental health, and that of their households and carers, when making decisions about who should be asked to shield, and what shielding requirements should entail; and what is now known about the impact of shielding on longer-term health and disability-related outcomes.
- 6.2.3 Examine socioeconomic disparities in the experience of shielding, including what planning was done to ensure people in socioeconomically deprived circumstances could adequately access universal shielding support programmes; and any tailored support that was considered or put in place for socioeconomically deprived groups.
- 6.2.4 Examine the experience of people who were not on the shielding list, but who were obliged to make difficult decisions about managing risk as a result of shielding policy – especially unpaid carers, and people whose clinical risk was similar to those on the shielding list.

Sub-theme 6.3: Themes and Issues for Further Exploration

In addition to the themes and issues identified above, there are a number of other questions related to shielding which may bear further consideration.

There are several circumstances in which it might be more than usually challenging to adhere to shielding guidelines. These include:

- **Homelessness:** We found no information on the impact of shielding on people who were homeless or in insecure accommodation in Scotland;
- **Detention:** We found one parliamentary question related to shielding in prison [39] and no information on shielding in other forms of detention, including immigration detention;
- **Dying at home:** We found no information on the experience of those receiving palliative care and dying at home, who were on the shielding list;

In all cases, there would be merit in seeking to understand the impact of shielding policy on people in these situations and (particularly in the case of people receiving palliative care) on the staff supporting them.

There are four categories of people who were arguably directly impacted by shielding policy. We have outlined the experience of people who were shielding, of unpaid carers, and of people in at-risk categories who were not on the shielding list, above. The fourth category (which may overlap with unpaid carers in some cases) is people who share a household with someone on the shielding list, and it is important to also understand their experience. Household members were impacted, for better or worse, by policy decisions made with shielding people in mind. Households with someone shielding could not form 'extended household groups' until several weeks after others had done so [15]; household contacts of shielding people were entitled to receive the COVID-19 vaccination earlier than they otherwise would have been [27]. Public Health Scotland [1] recommended that future shielding programmes should consider the 'household level' more than had been done at the start of the pandemic.

The interaction of shielding measures with socioeconomic inequalities has been discussed to some extent above. We have identified a socioeconomic gradient in shielding, with more people in the most deprived sections of Scottish society likely to be told to shield [31]; but people in more socioeconomically deprived circumstances being less likely to benefit from the support put in place around shielding, and more likely to experience negative impacts while shielding [30,32]. The surveys already carried out into the experience of people who were shielding were generally online-only [29,32,33] and Black and minority ethnic people were underrepresented among respondents [33]. This suggests that further work is needed to understand the experiences of shielding among those who are most likely to be socioeconomically marginalised, including minority groups and people who are digitally excluded. It may also be relevant to consider what measures were taken to ensure that people who are often invisible in official records – for example, undocumented migrants – were not missed from the shielding list, and how effective these approaches may have been.

Two further questions need to be asked in the context of socioeconomic inequalities. One is whether the shielding policy **mitigated** existing health inequalities by protecting people who would otherwise be most vulnerable to COVID-19 [1]. The other is whether socioeconomic vulnerabilities should have been considered alongside clinical vulnerabilities when determining who was at greatest risk from COVID-19 and in most need of protective measures [37]. These are questions which merit further exploration as part of any approach to learning lessons from COVID-19 and informing future pandemic planning.

One final issue which may merit consideration is to do with the experiences of those who were misidentified as needing to shield and subsequently removed from the shielding list [5]. This may have had significant practical and psychological consequences for those who experienced it, which may deserve further consideration.

Potential Questions for the Inquiry

The Inquiry may wish to:

- 6.3.1 Examine the particular impact of shielding on people who were: (a) homeless or in insecure accommodation; (b) in prison or immigration detention; (c) dying at home.
- 6.3.2 Consider the impact of shielding on household members of people on the shielding list, and whether their needs were appropriately taken into account in Scottish shielding policy.
- 6.3.3 Further investigate the impact of shielding on people who were most likely to be marginalised, including people from Black and minority ethnic communities; people who are digitally excluded; and people who are in the most socioeconomically deprived sections of Scottish society.
- 6.3.4 Establish what can be known about the completeness of the shielding list (i.e. what proportion of people meeting shielding criteria were included) and whether any population groups were more likely to be missed from official records which might have led to them missing out on advice to shield.
- 6.3.5 Examine the experiences of people who were misidentified as needing to shield and subsequently removed from the shielding list.

Conclusions

A small proportion of Scotland's population (just over 3%) were asked to follow very stringent requirements for the first four months of the pandemic, from late March until 1 August 2020, as they were judged, based on expert clinical assessment, to be at high risk of poor outcomes from COVID-19. Most of these people remain on a 'shielding / highest risk list' today, although separate shielding requirements have not been in place since August 2020. As such, they are still identified as having a higher risk of COVID-19, and encouraged to take appropriate steps to manage their individual risk. However, some people who have separately been identified as very high risk (for example, over-80s and over-75s, who were in Category 1 and 3 respectively of the JCVI vaccine prioritisation approach) have never been added to the shielding list, which still exists today.

Several dimensions of the shielding experience bear particular examination. This includes the experience of observing strict requirements until August 2020, and then being required to judge and manage their own risk for the remainder of the pandemic. It includes the experiences of people who were added to the shielding list later in the pandemic, or added in error and later removed. It includes the experiences of people who were marginalised prior to the pandemic, who may have faced particular challenges associated with shielding which were not fully mitigated by the assistance programmes that were put in place. And it includes the experience of people whose lives were directly affected by shielding policy despite not being on the shielding list themselves – including unpaid carers, household members of shielding people, and people at high risk who were not classed as needing to shield – whose experiences might otherwise fall between the cracks.

Perhaps more so than many other aspects of the pandemic response, shielding policy was subject to ongoing evaluation throughout the pandemic – an example of good practice, which means that there is a wealth of existing evidence which the Inquiry may wish to draw

on in order to inform its investigations. The dimensions of the shielding experience which we have aimed to highlight here are those which are less fully scrutinised in the studies which have already taken place in Scotland.

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APPENDICES

Appendix 6.1: Methods

Information Sources

We began by searching the [Timeline of Coronavirus \(COVID-19\) in Scotland](#), produced by the Scottish Parliament Information Centre [SPICe], in order to identify any key decisions related to shielding; together with the Wikipedia Timelines of the COVID-19 Pandemic in Scotland from [2020](#), [2021](#) and [2022](#). As these timelines contained limited information about shielding decisions in the early months of 2020, we also searched the term “shielding” on gov.scot and reviewed any results dated June 2020 or earlier.

People who were previously on the shielding list are now referred to by the Scottish Government as the “highest risk group”. In order to establish a more complete picture of their experience, we reviewed the Scottish Government’s [correspondence with](#), and [research related to](#), people in the highest risk group.

We searched the inventory of [Best Evidence Syntheses on COVID-19](#), created by COVID-END, in order to identify high-quality systematic reviews of evidence related to shielding, including identification and protection of at-risk groups.

We reviewed [COVID-19-related reports from Audit Scotland](#), and identified one relevant report, on the [COVID-19 Vaccination Programme](#). We searched all Scottish Government [Freedom of Information responses](#) using the terms ‘shielding’, ‘vulnerable’ and ‘highest risk’. We searched the [Scottish Parliament’s database of MSPs’ written questions](#), for questions related to shielding; as well as the [reports and correspondence](#) of the Health & Sport Committee. We reviewed the minutes and papers of the [Scottish Government COVID-19 Advisory Group](#) and the [Scientific Advisory Group for Emergencies \[SAGE\]](#). In all cases, we extracted relevant information on shielding for inclusion in the timeline at Appendix 6.4.

Inclusion and Exclusion Criteria

We used the following criteria to determine what information to include in the timeline at Appendix 6.4:

Topic	Include	Exclude
People identified as being in need of shielding	Who was classed as being in need of shielding? Who was added to (or removed from) the shielding category, and when? What criteria were used to determine who needed to shield? What evidence base was used by the Scottish Government?	Information about people who were at high risk but not in the shielding category Information about people who chose to shield (without officially being classed as ‘shielding’) Information about people who would fall into the shielding category, but who were

Topic	Include	Exclude
	<p>What changes were there in the way this group was defined (e.g. as 'very high risk' once shielding requirements were not in place)?</p>	<p>resident in care homes or health facilities</p>
<p>Shielding policy / requirements</p>	<p>What were people in the 'shielding' category told to do? When, how, and by whom?</p> <p>How did this change over time?</p> <p>When were people told to stop shielding, and why?</p> <p>What was the evidence base underpinning the guidance given to people who were shielding?</p>	<p>Guidance given about shielding from sources other than the Scottish Government (e.g. clinicians, voluntary sector)</p>
<p>Assistance to people who were shielding</p>	<p>What assistance was available to people who were shielding? When, and under what conditions?</p> <p>What assistance was provided by the public sector in Scotland?</p> <p>What assistance was provided by charities or private sector bodies, but funded by the Scottish Government?</p> <p>What government policies were in place to allow people who were shielding to receive practical support from others (e.g. extended household bubbles)?</p>	<p>Assistance from charities and private organisations which did not receive SG funding</p> <p>Grant-funding from SG to charities for 'community wellbeing' unless help to people who are shielding is specified as the focus of the funding</p> <p>Informal assistance (e.g. from friends and neighbours)</p>
<p>Socioeconomic consequences of shielding</p>	<p>What was the impact of shielding on people's income and access to employment; access to food and other basic necessities; access to family, friends and social life?</p> <p>What policies were in place to support shielding people in the workplace?</p>	<p>Impacts which affected everyone as a result of lockdown – look at the additional or differential impact of shielding</p> <p>Measures put in place by individual employers / groups of employers, over and above government policy</p>

Topic	Include	Exclude
	What policies were in place to support unpaid carers looking after someone who was shielding?	

Appendix 6.2 – Best Evidence Syntheses

Paper	Purpose of Paper	Factors associated with increased risk of severe COVID-19 outcomes	Factors associated with increased risk of death from COVID-19
Harwood et al., 2021	<p>To identify the factors associated with a higher risk of admission to critical care and/or with death among children and young people hospitalised with COVID-19.</p> <p>Based on their findings, the authors recommend these children and young people “should be considered higher priority for vaccination and for protective shielding when appropriate.”</p>	<p>(= <i>increased odds of admission to critical care:</i>)</p> <p>cardiovascular conditions; gastrointestinal or hepatic conditions; neurological conditions; chronic kidney disease; endocrine conditions, including diabetes; metabolic conditions, including obesity; respiratory conditions.</p>	<p>cardiovascular conditions; gastrointestinal or hepatic conditions; neurological conditions; chronic kidney disease; endocrine conditions, including diabetes; metabolic conditions, including obesity; malignancy; haematological conditions; immunosuppression.</p>
Iscovich et al., 2020	<p>“To identify prognostic factors that may be used in decision-making related to the care of patients infected with COVID-19.”</p>	<p>increased age male sex smoking cerebrovascular disease chronic obstructive pulmonary disease chronic kidney disease cardiovascular disease cardiac arrhythmia arterial hypertension diabetes cancer dyslipidemia</p>	<p>increased age male sex smoking cerebrovascular disease chronic obstructive pulmonary disease chronic kidney disease cardiovascular disease cardiac arrhythmia arterial hypertension diabetes dementia cancer dyslipidemia</p>
Li et al., 2021	<p>To identify the risk factors associated with severe COVID-19,</p>	<p>increased age male gender</p>	

Paper	Purpose of Paper	Factors associated with increased risk of severe COVID-19 outcomes	Factors associated with increased risk of death from COVID-19
	in order “to assist clinicians with allocation of medical resources.”	history of smoking obesity hypertension diabetes coronary heart disease chronic kidney disease cerebrovascular disease chronic obstructive pulmonary disease malignancy chronic liver disease	
Gates et al., 2021	“To inform national guidance on vaccine prioritization in Canada”	<i>(= increased odds of severe disease, hospitalisation or ICU admission:)</i> Increased age (60-69 vs under 60) Down Syndrome Pregnancy (any stage) Age <1 month (vs >1 month) Asthma Endocrine condition Metabolic condition Malignancy Transplant (any, including solid organ) Vasculitis Major psychiatric disorder (schizophrenia, schizoaffective disorder, or bipolar disorder) Previous cerebrovascular accident Obesity (all classes) vs. normal weight Obesity class III vs. lower body mass index Obesity hypoventilation syndrome Frailty	Increased age (60-69 vs under 60) Black race/ethnicity vs. White non-Hispanic Down Syndrome Diabetes (Type 1 and Type 2) End-stage kidney disease Epilepsy Motor neuron disease, multiple sclerosis, myasthenia gravis, or Huntington’s disease Chemotherapy in the past 12 months (Grade A-C) Radiotherapy in the past 6 months Among people <70 years, metastatic cancer Parkinson’s disease Sickle cell disease or severe immunodeficiency Solid organ transplant Kidney transplant (due to stage 5 kidney disease)

Paper	Purpose of Paper	Factors associated with increased risk of severe COVID-19 outcomes	Factors associated with increased risk of death from COVID-19
		Chronic kidney disease Diabetes (any) Immunodeficiency or immunosuppression (unspecified reason) Hypertension	Recent bone marrow or stem cell transplant Major psychiatric disorder (schizophrenia, schizoaffective disorder, or bipolar disorder) Cerebral palsy Diabetes (any type) in females Obesity class III vs. normal weight Immunodeficiency or immunosuppression (unspecified reason)

Appendix 6.3 – Stakeholder Consultation

This section summarises responses to a Scottish Government email to stakeholder organisations about the impact of shielding on the groups of people they represent. We have focused on key challenges faced by people who were shielding – the full responses also include a discussion of challenges faced by the organisations supporting them (such as significantly increased demand for services, guidance and support).

The full set of responses were provided in answer to a Freedom of Information request on 12 August 2020, and can be found here: <https://www.gov.scot/publications/foi-202000048569/>.

Organisation	Key Challenges Reported*
About Dementia / Age Scotland	<p>Dementia not a “shielding” condition People with dementia and their unpaid carers report they are ‘behaving as though shielding, but without the support that comes with that status’.</p> <p>Conversely, it’s feared that shielding may increase feelings of isolation, which was thought to be a possible factor in increased mortality rates among people with dementia.</p>
Asthma UK & British Lung Foundation	<p>Restrictions on essential healthcare People with COPD (and others) would normally access Pulmonary Rehabilitation – some have digital access, but others have lost access entirely while shielding.</p> <p>Lung function tests have been suspended. People with incurable respiratory conditions are eligible for certain drugs, but only based on a lung function test – which presently they cannot access.</p> <p>Call for more access to digital care for a range of conditions.</p>
British Heart Foundation	<p>Employment concerns A lot of the people with heart conditions on the shielding list are of working age, and may face issues if/when their employer requires them to return to work. Need for clear guidance on duties and rights for employers and employees.</p> <p>In addition, many people with heart conditions not on the list are choosing to shield, and may face additional work-related challenges.</p> <p>Mental health impact People with long-term conditions already at higher risk of poor mental health, exacerbated by shielding. Particular concern for pregnant women with congenital heart disease.</p>
British Liver Trust	<p>Lack of joined up approach Concern that advice on shielding across the four nations is diverging, causing worry for people who may be on some shielding lists but not others.</p>
Cerebral Palsy Scotland	<p>Children and schools Families with children with cerebral palsy aren’t planning to send the child or their siblings back to school in August. Children are feeling</p>

Organisation	Key Challenges Reported*
	<p>isolated without access to social activities, and families are under intense stress without access to their regular support networks.</p> <p>Care at home “There is a nervousness amongst people who have tried to limit the people they have had in their homes to help them about how they re-introduce carers and other health services (physiotherapy, OT etc).”</p> <p>Impact on physical health For adults, less access to community care means more time spent in their chair and losing mobility. For children, development potentially affected, especially as they outgrow equipment which is not replaced.</p>
Children’s Health Scotland	<p>Kinship Carers “Even if they are not in receipt of the formal government letter many of them will have decided to self-isolate and shield on account of their age and underlying health conditions. The Kinship Carers mostly fall into an older bracket, often from a more vulnerable sociodemographic and with underlying health conditions arising often from health inequalities due to said demographic.”</p> <p>“These Kinship Carers are the carers of their grandchildren where the birth parent is incapable of looking after their own children. CHS has heard of cases where because of COVID-19, the grandparent has also had to resume care of the adult birth parent as well as the grandchild. Equally there have been cases where the birth parent having previously been incapable, will step up to the plate to help where the grandparent is struggling to continue to care for their grandchildren.”</p> <p>Return to school has exacerbated kinship carers’ fears – as they are generally older and more vulnerable to COVID-19 – and also children’s fears of losing the person they most rely on. Significant mental health impact on families and children.</p>
Children’s Liver Disease Foundation	<p>Mental health and isolation Some children and families are worried about leaving the house due to unknown impact of the virus; others feel cut off due to having to follow stricter rules than their peers.</p>
National Carer Organisations	<p>Lack of any outside support or breaks from care-giving Services such as respite care and in-home support have been suspended, so unpaid carers are having to fill the gaps. Unpaid carers who still have to go to work are especially affected, trying to balance work and caring.</p>
Combat Stress	<p>Financial hardship, isolation and anxiety In addition, “the majority of our veterans who are shielding are unemployed – just over 50%, a minority are retired and about 25% are furloughed.”</p>
Crohn’s and Colitis UK	<p>Lack of access to healthcare and medication “Specialist teams have been redeployed which has resulted in patients reporting difficulties in accessing care and advice. Some patients are experiencing issues with access to medicines. We have heard that in some areas, homecare services are not available to new patients. Some</p>

Organisation	Key Challenges Reported*
	<p>people have reported delayed or cancelled vitamin B12 injections and iron infusions. In addition, we have heard that routine drug monitoring blood tests are being delayed, to avoid people coming into hospital. Callers to our helplines have reported that their planned surgery has been cancelled or postponed and it is unclear when their surgery will be rescheduled.”</p> <p>Uncertainty about who should be shielding "Some people with Crohn’s or Colitis are classified as high risk according to expert guidance from the British Society of Gastroenterology (BSG), however calls to our Helpline indicate that many have not received letters from the government or NHS instructing them to shield.</p> <p>"For those continuing to work there has been considerable concern about the risk to their health and their families. We have heard from many people who felt pressured to work, either by employers, because they are key workers or for financial reasons where they believed their risk level, or the risk level of someone in their household, meant they should stay at home."</p>
Dystonia UK	Clarity of guidance / communication
Erskine Veterans Charity	<p>Staff who are shielding Worry that they are left to make the decision about returning to work themselves, and fear being pressured to do so when it isn’t safe. Worry about the impact on their health and financial situation.</p>
Genetic Alliance UK	<p>Physical health impact Concerns about missing important appointments, not accessing routine healthcare, and no access to safe exercise space. Especially problematic for those requiring regular health interventions or exercise to slow deterioration of a condition; or participation in clinical trials.</p> <p>Mental health impact Shielding has significantly affected the mental health of many carers, including parent carers. People feel isolated, overwhelmed, unable to sleep, anxious and frightened for the future. Complex behavioural needs have been variously affected – some people are thriving in lockdown with new routines, while others have seen serious deterioration.</p> <p>Employment Parents of children who are shielding are anxious about returning to work and the impact on their child.</p>
ME Association	Does not discuss shielding specifically (but links to web guidance, which may do so).
Multiple Sclerosis Trust	<p>“Reduced access to safe and appropriate care - personal care visits may have been cut in frequency or time, reduced access to therapies to manage MS symptoms and relapses. These might include pain clinic, continence clinic, physiotherapy, podiatry, speech and language therapy, as well as regular reviews, scans and monitoring.</p>

Organisation	Key Challenges Reported*
	<p>Isolation - people with MS, especially older adults, those with Advanced MS and complex care needs were already likely to be somewhat isolated or lonely. Shielding means that friends and family can no longer visit, exacerbating this issue.</p> <p>Support for working people – advice to vulnerable people who work has been less clear cut, and many working people with MS, particularly key workers, have felt under pressure to return to work. This is leading to conflict between employers and people with MS.</p> <p>Reduced physical health and fitness – reduced access to exercise, leading to deconditioning and subsequent worsening of physical health. Reduced fitness and cardiovascular health.</p> <p>Poor mental health - depression and anxiety are common among people with multiple sclerosis under normal circumstances. People who are shielding is tending to exacerbate mood and mental health problems. Reducing shielding will not necessarily improve mental health if there are anxieties about personal safety.</p> <p>Financial concerns around employment, furlough or redundancy, concerns about assessment for benefits”</p>
Health and Social Care Alliance Scotland	<p>Socioeconomic deprivation People on the shielding list who are referred to Community Links Practitioners are often older, not in employment, and living alone. Most have multiple long-term conditions, which further affect their health. A high proportion do not have easy access to the internet, and struggle to access services. The initial 7-10 day wait for a food parcel is too long, with many reliant on emergency help from the third sector in between. Impact of fuel poverty also a concern. Inconsistent support from benefits and addiction services.</p> <p>Unequal impacts Women more likely to be affected by indirect impacts of shielding – e.g. caring for children who are shielding. Disproportionate impact on Black and minority ethnic people in terms of: support for unpaid carers, access to health and social care, access to translation and interpretation services. Disabled people affected as social care packages are stripped back to the minimum.</p>
Versus Arthritis	Response missing from FOI release (only cover email included).

Appendix 6.4 – Timeline of Key Decisions and Events

<p>Detailed issues identified in public consultation: Process around who was identified as requiring shielding and who was not; Evidence base underpinning decisions to end shielding; Measures taken by employers to ensure shielded workers were not exposed to risk on their return to work; Advice given to those identified as Clinically Extremely Vulnerable.</p>				
<p>Additional issues identified by UNCOVER: Unpaid carers (risk of falling between this portfolio and the health & social care portfolio); Impact on household members of people shielding; Experience of people on the shielding list after shielding requirements ended in August 2020; Impact of shielding on mental and physical health; Adequacy of support for people in most socioeconomically deprived circumstances; Impact on people at high risk but not told to shield; Contrasting approach to prioritisation for vaccinations.</p>				
<p>Impact on equalities: Impact on key groups, including, disabled people, people with long term conditions, unpaid carers, Black and minority ethnic people, and older people. Impact on people in socioeconomically deprived circumstances (overrepresented on the shielding list, under-represented in take up of support).</p>				
Key events (with dates)	Topic	Main body/persons involved	Relevant Documents	Commentary
<p>3 March 2020 SAGE reviewed non-clinical interventions to reduce and delay Covid-19 including Social distancing for those over 65.</p>	Scientific advice	SPI-B	<p>Potential impact of behavioural and social interventions on an epidemic of Covid-19 in the UK</p> <p>SAGE 12 Minutes</p>	Conclude it will not contain an outbreak on its own and have a negligible effect on delaying an outbreak. However could have a 25-35% reduction in deaths and demand for critical care beds but only 5% of cases overall.
<p>10 March 2020 SAGE agreed that social distancing measures for the elderly should apply to those aged 70+.</p>	Scientific advice	SAGE	<p>Potential impact of behavioural and social interventions on an epidemic of Covid-19 in the UK</p> <p>SAGE 14 Minutes</p>	Modelling using 65+ and 70+ deliver comparable results, but there is a large drop off in efficacy if the measures are confined to 80+. SAGE advised that these social distancing interventions should consider 2 distinct groups: a) those aged 70+ who are generally well and b) vulnerable groups of all ages (including those aged 70+)
<p>13 March 2020 The science suggests that household isolation and social distancing of the elderly and vulnerable should be implemented soon, provided they can be done well and equitably.</p>	Scientific advice	SAGE	<p>Fifteenth SAGE meeting on Wuhan Coronavirus (COVID-19) - 13 March 2020</p> <p>SAGE 15 Minutes</p>	Individuals who may want to distance themselves should be advised how to do so.

<p>16 March 2020 SPI-M-O advise on vulnerable groups</p>	Scientific advice	SPI-M-O	<p>SPI-M-O: Consensus view on behavioural and social interventions, 16 March 2020</p> <p>SAGE 16 Minutes</p>	It was agreed that a combination of case isolation, household isolation and social distancing of vulnerable groups is very <u>unlikely</u> to prevent critical care facilities being overwhelmed.
<p>18 March 2020 Communities Secretary Aileen Campbell announces £350m to support people in need.</p>	Funding	Scottish Government	<p>Supporting communities funding: speech by Communities Secretary 18 March 2020 - gov.scot (www.gov.scot)</p>	
<p>22 March 2020 FM announces shielding measures for “most clinically vulnerable”</p>	Shielding requirements	Scottish Government	<p>FM speech: Coronavirus (COVID-19) update: First Minister's speech 22 March 2020 - gov.scot (www.gov.scot)</p>	<p>Those who must shield include people with “specific forms of cancer, severe respiratory conditions, rare diseases, have received organ transplants, are on immunosuppression therapies or who are pregnant and have congenital heart disease”</p> <p>Shielders will be contacted and offered support, through GPs and local resilience partnerships, with ongoing care, access to medicine and services, and access to food and support.</p>
<p>23 March 2020 Estimated COVID-19 fatalities are anticipated to overlap with those who are likely to be within the final year of their lives. It is important to get an accurate excess deaths estimate, including potential deaths due to the measures taken</p>	Scientific advice	SAGE	<p>Options for increasing adherence to social distancing measures, 22 March 2020</p> <p>SAGE 18 Minutes</p>	Guidance now needs to be reformulated to be behaviourally specific: <i>who</i> needs to do <i>what</i> (precisely) and <i>why</i> (explain the rationale)

<p>24 March 2020 Shielding categories, requirements and support announced by Scottish Govt</p>	<p>Shielding requirements</p>	<p>Scottish Government; CMO</p>	<p>Media statement: Shielding people 'at risk' from coronavirus - gov.scot (www.gov.scot)</p>	<p>'Six categories of risk' announced (agreed by all UK CMOs):</p> <ol style="list-style-type: none"> 1. Solid organ transplant recipients 2. People with specific cancers: <ol style="list-style-type: none"> a. People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer b. People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment c. People having immunotherapy or other continuing antibody treatments for cancer d. People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors e. People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs 3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD 4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
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				<p>5. People on immunosuppression therapies sufficient to significantly increase risk of infection</p> <p>6. People who are pregnant with significant congenital heart disease</p>
<p>26 March 2020 Letters start to be issued to people who are shielding</p>	Shielding communications	CMO	<p>Health Secretary's statement: Coronavirus (COVID-19) update: Health Secretary's speech 26 April 2020 - gov.scot (www.gov.scot)</p>	
<p>27 March 2020 Scottish Govt publishes advice for unpaid carers</p>	Advice	Scottish Government	<p>Coronavirus (COVID-19): advice for unpaid carers (web, latest version 17 December 2021): Coronavirus (COVID-19): advice for unpaid carers - gov.scot (www.gov.scot)</p>	
<p>3 April 2020 FM statement includes update on shielding</p>	Statement	Scottish Government	<p>FM statement: Coronavirus (COVID-19) update: First Minister's speech 3 April 2020 - gov.scot (www.gov.scot)</p> <p>Update on food and medicine deliveries for shielders: Deliveries for high risk groups - gov.scot (www.gov.scot)</p>	<p>After de-duplication, Scottish Govt now estimates about 120,000 people should be shielding (initial estimate 200,000). CMO has sent out 110,000 letters, with the rest to follow shortly.</p> <p>Letters include advice on how to shield, and access to home deliveries of essential food & toiletries – 8,000 people already signed up.</p> <p>SG working with local health boards to ensure delivery of specialist medicines, incl chemotherapy drugs, to this group.</p>
<p>3 April 2020 Scottish Government produces tailored advice for</p>	Advice	Scottish Government	<p>Coronavirus (COVID-19): advice for people with specific medical conditions - gov.scot</p>	<p>Conditions include: cancer, diabetes, heart disease, IBD; chronic kidney and liver disease; dermatological, neurological,</p>

those who live with specific medical conditions.			nrscotland.gov.uk ; Published 17 Jul 2020	(specific) ophthalmic, respiratory and rheumatic conditions, chronic pain, and rare diseases.
9 April 2020 SAGE agreed the importance of further investigation, beyond 6 months, into impacts by region and by demographic, with particular focus on vulnerable social groups	Scientific advice	SAGE	SAGE 24 minutes: Coronavirus (COVID-19) response, 9 April 2020 Initial Estimates of Excess Deaths from COVID-19, 8 April 2020 SPI-M-O: Combining COVID-19 short-term forecasts, 9 April 2020	
11 April (and 21 April) 2020 Temporary disruptions to the SMS service for people shielding	Service provision	Scottish Government	Parliamentary q: Written question and answer: S5W-28376 Scottish Parliament Website	Disruptions prevented the service from sending out messages, but inbound messages were received.
13 April 2020 £50m Wellbeing Fund opened to assist charities, community and voluntary groups and social enterprises.	Funding	Scottish Government		
14 April 2020 New National helpline set up to provide essential assistance to high-risk individuals without family or community support.	Service provision	Cabinet Secretary for Communities and Local Government Aileen Campbell; Council Chief Executives; third sector	FM statement on 20 April gives national helpline's remit: Coronavirus (COVID-19) update: First Minister's speech 20 April 2020 - gov.scot (www.gov.scot)	National helpline is for people who are shielding, but also for people who are "potentially at risk in some other way – for example, people over the age of 70, people with disabilities, pregnant women, people who get the annual flu jab, and people who need support from mental health services."
16 April 2020 Additions to Shielding Groups 3 and 4	Shielding list	Public Health Scotland, NHS National Services Scotland	PHS Shielding Inclusion Criteria: Search criteria for highest risk patients for inclusion to the	Interstitial Lung Disease and Sarcoidosis added to group 4, Oxygen Therapy to group 3

			shielding list (windows.net) (see version history p2)	
21 April 2020 SMS service starts signposting shielders to their Local Authorities for assistance with deliveries of medicine	Service provision	Scottish Government, Local Authorities	Parliamentary question answered on 5 May 2020: Written question and answer: S5W-28380 Scottish Parliament Website	
22 April 2020 Review Panel set up to consider changes to shielding list At its first meeting, it agrees to add kidney dialysis patients to the list	Shielding list	CMO, Review Panel	Letter from Cabinet Secretary to Health & Sport Committee (link)	“The main remit of the Review Panel is to review the evidence on potential clinical risk factors for severe illness from COVID-19; and advise the senior clinicians group on whether to add or remove specific conditions to the extremely clinically vulnerable group.”
23 April 2020 FM says some form of shielding will be required “for the foreseeable future”	Statement	Scottish Government	FM statement: Coronavirus (COVID-19) update: First Minister's speech 23 April 2020 - gov.scot (www.gov.scot)	
24 April 2020 As at this date, 159,126 people have been written to about shielding	Shielding list	CMO	Parliamentary q: Written question and answer: S5W-28370 Scottish Parliament Website	111,578 identified from ‘central sources’ and 47,548 from ‘non-central sources’. People will continue to be added as they are newly diagnosed or as their clinician recommends
25 April 2020 Scottish Govt announces that unpaid/family carers will be included in national distribution of PPE	Statement	Scottish Government	SG media release: Extending PPE access to all social care providers - gov.scot (www.gov.scot)	
26 April 2020 Health Secretary gives an update on shielding	Statement	Scottish Government	Health Secretary’s statement: Coronavirus (COVID-19) update: Health Secretary’s speech 26	Approx 160,000 people in Scotland at highest clinical risk. 78,000 have registered for the text message service to ask for

			April 2020 - gov.scot (www.gov.scot)	support & receive information. Letters to shielders sent out from 26 March 2020. More than 80,000 food packages delivered so far. 6 supermarkets have offered priority deliveries for shielders – over 33,000 people have registered interest. National helpline in place to direct people to local services.
28 April 2020 Statement from the Health Secretary	Statement	Scottish Government	Health Secretary's statement: Coronavirus (COVID-19) update: Health Secretary Statement to Parliament 28 April 2020 - gov.scot (www.gov.scot)	Numbers of people shielding estimated at 150,000. Multi-disciplinary teams working on anticipatory care planning for people who are shielding.
28 April 2020 Additions to Shielding Group 3	Shielding List	Public Health Scotland, NHS National Services Scotland	PHS Shielding Inclusion Criteria: Search criteria for highest risk patients for inclusion to the shielding list (windows.net) (see version history p2)	Bronchiectasis and Pulmonary Hypertension added to Group 3
28 April 2020 Emerging inequity for some groups	Scientific advice	SAGE	SAGE 29 minutes: Coronavirus (COVID-19) response, 28 April 2020 CO-CIN: Investigating associations between ethnicity and outcome from COVID-19 - report to SAGE, 25 April 2020 CO-CIN: Case fatality by age in hospitalised patients, 21 April 2020 OpenSAFELY: Factors associated with COVID-19 related hospital deaths in adult NHS patients, 28 April 2020	

<p>29 April 2020 Splenectomy patients added to shielding list</p>	Shielding List	CMOs / Review Panel	<p>Letter from Cabinet Secretary to Health & Sport Committee (link)</p> <p>Parliamentary question answered 5 May: Written question and answer: S5W-28772 Scottish Parliament Website</p>	
<p>5 May 2020 Parliamentary question about people shielding in prison</p>	Vulnerable groups	Scottish Government	<p>Parliamentary q: Written question and answer: S5W-28261 Scottish Parliament Website</p>	<p>“Where someone is advised that they should be shielding then they should be accommodated in a single room and their meals should be provided in their cell. They should continue to be given access to the phone and showers. However, these should be thoroughly cleaned prior to use. [To help cope with isolation, a] range of innovative in-cell activities and means of family contact are also being progressed.”</p>
<p>11 May 2020 Scottish Government COVID-19 Advisory Group discusses shielding</p>	Scientific advice	SG COVID-19 Advisory Group	<p>Minutes of 11 May: Scottish Government COVID-19 Advisory Group minutes: 11 May 2020 - gov.scot (www.gov.scot)</p>	<p>“3. The group discussed the important role that shielding plays in the latest guidance from the UK Government. It was agreed that shielding should also be considered in future guidance from the Scottish Government. Increased covid-19 patient data will begin to allow researchers to begin to re-examine who is most at risk from the virus.”</p>
<p>14 May 2020 Scottish Govt announces that a quarter of a million packages of essential food and supplies have been delivered, to more than</p>	Service provision	Scottish Government	<p>SG press release, 14 May 2020: Deliveries of essential supplies - gov.scot (www.gov.scot)</p> <p>Subsequent FOI request about food boxes: Individuals shielding</p>	

50,000 people at highest clinical risk from Covid			receiving food boxes during lockdown: FOI release - gov.scot (www.gov.scot)	
14 May 2020 Scottish Govt COVID-19 Advisory Group has a 'deep dive' discussion on shielding	Scientific advice	SG COVID-19 Advisory Group	Minutes of 14 May: Scottish Government COVID-19 Advisory Group minutes: 14 May 2020 - gov.scot (www.gov.scot)	<p>"The Advisory Group held a deep dive discussion on shielding, noting that the primary aim of the policy is to save lives but that shielding is very onerous for those being asked to isolate themselves completely for an extended period of time. The group noted the importance of making use of scientific knowledge to determine which groups are truly at highest risk.</p> <p>The group considered different approaches being taken to shielding internationally, noting a wide variation in approach. The group discussed that age is the strongest general risk factor, but that rare conditions by their nature may be difficult to accurately determine a level of risk for as they won't show up in statistics."</p>
20 May 2020 Parliamentary question about anticipatory care planning	End-of-life decisions	Scottish Government, NHS Scotland, clinicians	Parliamentary q: Written question and answer: S5W-28382 Scottish Parliament Website	Question reflects concern about vulnerable pts being contacted by their GP with questions about DNACPR (among other things)
28 May 2020 highlights risks in the homeless sector, prisons sector (including custody suites), in immigrant reception centres and other institutions featuring vulnerable populations and communal facilities.	Scientific advice	SAGE	Thirty-ninth SAGE meeting on COVID-19 - 28 May 2020 CO-CIN: Ethnicity and outcomes from COVID-19 in UK hospital patients using the ISARIC WHO Clinical Characterisation Protocol - prospective observational cohort study, 28 May 2020	

<p>31 May 2020 Health Secretary's statement signals intent to move away from 'blanket approach' for people who are shielding</p>	Shielding requirements	Scottish Government, CMO	Health Secretary's statement: Coronavirus (COVID-19) update: Health Secretary's speech 31 May 2020 - gov.scot (www.gov.scot)	At this stage, restrictions are beginning to be eased for wider society [first announced on 28 May], with no immediate changes for people who are shielding. Govt promises a move towards more nuanced guidance 'within a couple of weeks', but stresses that shielding measures are there because of the risk to people who have been asked to shield.
<p>2 June 2020 Parliamentary question about PPE</p>	Service provision	Scottish Government	Parliamentary q: Written question and answer: S5W-28612 Scottish Parliament Website	" secondary, primary and community care workers should wear a surgical mask when providing care to any individuals in the extremely vulnerable group undergoing shielding; regardless if they have possible or confirmed COVID-19 or not."
<p>3 June 2020 Scottish Govt announce additional £230.10 supplement to Carers Allowance to help through coronavirus</p>	Service provision	Scottish Government	SG press release, 3 June 2020: Extra payment for carers to help through coronavirus - gov.scot (www.gov.scot)	
<p>4 June 2020 SAGE noted increased risk of ICU admission and death from COVID-19 among BAME groups compared to non-BAME groups</p>	Scientific advice	SAGE	<p>Fortieth SAGE meeting on COVID-19 - 4 June 2020</p> <p>Ethnicity and COVID-19: preliminary meeting for SAGE, 2 June 2020</p> <p>SPI-M-O: Consensus Statement on COVID-19, 3 June 2020</p>	

			<p>PHE: COVID-19 – review of disparities in risks and outcomes, 4 June 2020</p> <p>Academics: Ethnic and socioeconomic differences in SARS-CoV-2 infection: prospective cohort study using UK Biobank, 4 June 2020</p> <p>Ethnicity and Outcomes from COVID-19: The ISARIC CCP-UK prospective observational cohort study of hospitalised patients, 3 June 2020</p>	
<p>5 June 2020 Scottish Govt email to voluntary groups (charities / representative groups) working with people who are potentially required to shield</p>	Consultation	Scottish Government	FOI response includes original email and replies from various stakeholder groups: Shielding consultation: FOI release - gov.scot (www.gov.scot)	<p>Feedback was sought in order to:</p> <ul style="list-style-type: none"> • Inform next steps • Understand the challenges faced by specific groups of people who have to shield • Explore how ScotGov can better support charities that are themselves working to support people who are shielding
<p>8 June 2020 New guidance published: “Coronavirus (COVID-19): Shielding – a way forward for Scotland”</p>	Shielding requirements	Scottish Government, CMO	SG guidance: Coronavirus (COVID-19): shielding - a way forward for Scotland - gov.scot (www.gov.scot)	Extends shielding period to 31 July. Shielders to be allowed outside from 18 June. Because ‘different things matter to different people’, SG plan to move to a situation where risks are communicated clearly to people who are shielding, who can then choose how they respond to them.
<p>8 June 2020 Scottish Government updates on how communities funding</p>	Funding	Scottish Government	SG press release, 8 June 2020: Immediate Priorities Fund:	

has been spent – including on voluntary organisations supporting people who are shielding.			organisations funded - gov.scot (www.gov.scot)	
19 June 2020 SG announces some revisions to guidance for people who are shielding	Shielding requirements	Scottish Government	SG media release, 18 June 2020: Coronavirus (COVID-19) Phase 2: Scotland's route map update - gov.scot (www.gov.scot) Gradual introduction of Phase 2 - gov.scot (www.gov.scot)	People who are shielding are able to exercise outdoors, take part in non-contact group activities like golf and hiking, and meet with one other household outdoors, in groups of up to 8 people, while maintaining 2m distance. SG also indicates that it wants to move away from a “blanket approach” for people who are shielding. “Extended household groups” are introduced, but these exclude households with people who are shielding.
2 July 2020 Children & young people advised that guidance on who needs to shield is changing	Shielding requirements, shielding list	CMO, RCPCH	Letter from Cabinet Secretary to Health & Sport Committee (link)	Following RCPCH review of guidance, CMO writes to children and young people to advise that shielding guidance is being changed, and some will be contacted by their clinicians if a discussion is needed about stopping shielding
2 July 2020 Scottish Govt COVID-19 Advisory Group considers risk factors and how to manage these in Scottish context	Scientific advice	SG COVID-19 Advisory Group	Minutes of 2 July: Scottish Government COVID-19 Advisory Group minutes: 2 July 2020 - gov.scot (www.gov.scot)	Group considers issues related to risk (incl age, gender, ethnicity, deprivation). "It is important that any tools developed at UK level are validated for use in Scotland as rapidly as possible and integrated with existing systems. Local background risk is an important consideration. Important also to acknowledge different types of harm.

				Young are at low risk now but will be most impacted by long term non-covid impacts."
8 July 2020 Potential 'pause' to shielding, and changes to guidance, announced	Shielding requirements	Scottish Government	SG media release, 8 July 2020: Next steps for people shielding - gov.scot (www.gov.scot)	CMO to write to all shielders to outline new guidelines, incl plan to pause shielding from 1 August 2020 if safe to do so.
10 July 2020 Further changes to shielding rules	Shielding requirements	Scottish Government	SG media release, 8 July 2020: Next steps for people shielding - gov.scot (www.gov.scot)	People who are shielding do not need to physically distance from those they live with. Can meet in groups of up to 8 people from 2 other households, outdoors, while maintaining hand hygiene & physical distancing. Can form an "extended household" with one other household, if living alone.
23 July 2020 Changes to shielding guidance announced, with confirmation shielding will be paused from 1 August 2020	Shielding requirements	Scottish Government	Media statement: Shielding to be paused - gov.scot (www.gov.scot)	
23 July 2020 SAGE considered population segmentation by age	Scientific advice	SAGE	Forty-eighth SAGE meeting on COVID-19 - 23 July 2020 SPI-M-O: Statement on population segmentation by age group, 22 July 2020	SAGE advised that segmentation by age in this way (around age 45) is not without considerable risk and is unlikely to be successful in reducing mortality and morbidity
24 July 2020 People who have been shielding can now meet people indoors and outdoors, access indoor services, etc.	Shielding requirements	Scottish Government	Media release: Shielding to be paused - gov.scot (www.gov.scot)	People who have been shielding can meet indoors with 8 people from 2 households; visit indoor shops, services and attractions; meet outdoors with 15 people from 4 households; and use taxis and public transport.

				Children who live with someone who is shielding can now attend formal childcare provision.
29 July 2020 Parliamentary question about deaths of people on the shielding list	Shielding list	Scottish Government	Parliamentary q: Written question and answer: S5W-30159 Scottish Parliament Website	4,061 people on the shielding list had died [of all causes] by 29 June 2021
1 August 2020 Shielding requirements paused	Shielding requirements, Service provision	Scottish Government	Media release: Shielding to be paused - gov.scot (www.gov.scot) Shielding requirements (and related services) end in Scotland, England and Northern Ireland on 1 August; BBC reports shielders don't feel safe to go back to work: Coronavirus: Shielding ends for two million in England, Scotland and Northern Ireland - BBC News	<p>"Deliveries of weekly grocery boxes to people shielding will continue until the end of July for those already signed up. Priority access to supermarket delivery slots will also continue for those who have signed up before 31 July.</p> <p>A SMS Shielding Service has been set up for the latest updates about shielding. People can join the SMS Shielding Service by sending a text from their mobile phones to 0786 006 4525.</p> <p>Scottish Government is also developing a COVID-19 forecasting service for shielding. It will allow people who have been shielding to sign up to an SMS update that tells them about their risk of being exposed to COVID-19 in their local area."</p>
3 August 2020 Cabinet Secretary explains why & how some people are removed from the shielding list	Shielding list	Cabinet Secretary for Health & Sport; CMO	Letter from Cabinet Secretary (link)	<p>Reasons for removal include:</p> <ul style="list-style-type: none"> *transplant false positives (either a donor, or an error) *cancer misidentifications (people who received radical radiotherapy for cancers other than lung cancer) *people receiving biologics for rheumatology (other immunosuppression)

				<p>therapies were included, but these did not increase risk)</p> <p>*other – following clinician’s individualised reassessment of risk</p> <p>By 29 July, 10,303 people had been removed from shielding list</p>
<p>6 August 2020</p> <p>Those protecting vulnerable people may benefit from guidance on how to protect themselves. There are likely to be pros and cons to more formal measures for protectors.</p>	Scientific advice	SAGE	<p>Fiftieth SAGE meeting on COVID-19 - 6 August 2020</p> <p>Protecting high risk individuals as an approach to controlling COVID-19 outbreaks, 4 August 2020</p> <p>Academics: Segmentation and shielding of the most vulnerable members of the population as elements of an exit strategy from COVID-19 lockdown, 31 May 2020</p>	
<p>13 August 2020</p> <p>SAGE discuss shielding impact</p>	Scientific advice	SAGE	<p>Fifty-first SAGE meeting on COVID-19 - 13 August 2020</p>	<p>SAGE agreed on the value of bringing together datasets to fully analyse impacts of shielding on the vulnerable, which will help to produce a more holistic view of the impact of shielding’s health and societal impacts</p>
<p>14 August 2020</p> <p>Confirmation that flu vaccination programme will be extended to household members of people shielding</p>	Vaccinations	Scottish Government	<p>Parliamentary q: Written question and answer: S5W-30905 Scottish Parliament Website</p>	

<p>September 2020 PHS publishes results of Shielding study</p>	<p>Study</p>	<p>Public Health Scotland</p>	<p>Shielding Impact and Experience report: COVID-19 Shielding Programme (Scotland) Impact and Experience Survey (publichealthscotland.scot)</p>	<p>12,851 ppts (7% of all shielders)</p> <p>Negative impacts reported on quality of life (87%), physical activity (85%) and mental health (72%). However, 71% said they were coping OK with shielding.</p> <p>Among socioeconomically vulnerable respondents: >48% (vs 71%) were coping OK >88% (vs 72%) reported –ve impact on mental health >26% (vs 7%) struggled to meet their food needs</p>
<p>12 October 2020 Scottish Govt COVID-19 Advisory Group hears presentation on latest shielding policy</p>	<p>Scientific advice</p>	<p>SG COVID-19 Advisory Group</p>	<p>Minutes of 12 October: Scottish Government COVID-19 Advisory Group minutes: 12 October 2020 - gov.scot (www.gov.scot)</p>	<p>“3. The group also heard a presentation on the developments in the Scottish Government’s Shielding Policy ('Coronavirus (COVID-19): shielding - a way forward for Scotland') and the work being done to take this forward in light of the latest developments in the pandemic.”</p>
<p>15 October 2020 SAGE considers population segmentation by age</p>	<p>Scientific advice</p>	<p>SAGE</p>	<p>Sixty-second SAGE meeting on COVID-19 - 15 October 2020</p> <p>SPI-M-O: Summary of SAGE advice on segmentation, 15 October 2020</p> <p>SPI-M-O: Medium-term projections, 14 October 2020</p>	<p>Segmenting the population by age is not without considerable risk, is operationally difficult, and is unlikely to be successful in reducing mortality and morbidity. However, taking additional precautions in those at increased risk is important</p>

<p>20 October 2020 Parliamentary question about teachers on the shielding list</p>	<p>Shielding requirements, Education</p>	<p>Scottish Government</p>	<p>Parliamentary Q: Written question and answer: S5W-32356 Scottish Parliament Website</p>	<p>According to return to school guidance, teachers formerly on the shielding list can return to the classroom, subject to individualised risk assessment</p>
<p>23 October 2020 CMO writes to people on the shielding list about Levels system & Vitamin D</p>	<p>Shielding communications</p>	<p>CMO</p>	<p>Link to CMO's letter</p> <p>All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19): communications to the high risk group - gov.scot (www.gov.scot)</p>	<p>CMO letter explains Scotland's five-tier Levels system, and includes additional advice for people on the shielding list to stay safe at each level.</p> <p>Former shielders are also invited to opt-in to receive a free, 4-month, daily dose of vitamin D to boost their levels (especially as they were indoors until June)</p>
<p>29 October 2020 SAGE Guidance Consideration to vulnerable populations</p>	<p>Scientific advice</p>	<p>SAGE</p>	<p>Sixty-fourth SAGE meeting on COVID-19 - 29 October 2020</p> <p>University of Edinburgh and Health Protection Scotland: Mortality due to a second wave of COVID-19 in Scotland: The case for additional measures to protect the vulnerable, 5 October 2020</p>	
<p>30 October 2020 People with Down's Syndrome added to shielding list</p>	<p>Shielding list</p>	<p>CMO, Review Panel</p>	<p>Information sheet from Down's Syndrome Scotland: DSS-Shielding-QandA-30-Oct-2020.pdf (dsscotland.org.uk)</p> <p>QCOVID study published in BMJ: Living risk prediction algorithm (QCOVID) for risk of hospital admission and mortality from</p>	

			coronavirus 19 in adults: national derivation and validation cohort study The BMJ	
2 November 2020 People with Chronic Kidney Disease stage 5 added to shielding list	Shielding list	CMO, Review Panel	Letter from Cabinet Secretary for Health & Sport (link)	Decisions based on findings from QCOVID model
26 November 2020 SAGE consider transmission risks during festive period	Scientific advice	SAGE	Seventieth SAGE meeting on COVID-19 - 26 November 2020 EMG/SPI-B: Mitigating risks of SARS-CoV-2 transmission associated with household social interactions, 26 November 2020	Avoiding social contacts for a period greater than the typical SARS-CoV-2 incubation period (which is around 5 days) before meeting older or vulnerable people at Christmas will reduce the risk to them
December 2020 Shielders receive a Christmas card from the Scottish Government	Shielding communications	Scottish Government	Link to card All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19): communications to the high risk group - gov.scot (www.gov.scot)	Card includes guidance for higher risk people on staying safe over the festive period; includes a checklist they can share with others in their bubble so that everyone knows how to protect them.
3 December 2020 CMO writes to people newly added to the shielding list	Shielding communications	CMO	Link to letter All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19): communications to the high risk group - gov.scot (www.gov.scot)	Letter explains that you have been added to the 'shielding list' because you have been identified as vulnerable, but you are not being asked to shield. The purpose of the list is to ensure you're kept up-to-date with additional information, services etc.

<p>4 December 2020 CMO writes to all people on the shielding list, with "Balancing the Risk of Daily Activities" booklet</p>	Shielding communications	CMO	<p>Link to letter Link to booklet</p> <p>All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19): communications to the high risk group - gov.scot (www.gov.scot)</p>	Booklet includes guidance on staying safe at different Levels, including staying safe at work / support with workplace safety.
<p>21 December 2020 Shielding survey opens (closes on 11 January 2021)</p>	Study	Scottish Government Population Health Directorate	Source: Coronavirus (COVID-19): shielding survey report - January 2021 - gov.scot (www.gov.scot)	4,590 people respond – see below for findings
<p>14 January 2021 Scottish Government publishes its first "COVID-19 Vaccine Deployment Plan"</p>	Vaccinations	Scottish Government; JCVI	Vaccine Deployment Plan dated 14 Jan 2021: Coronavirus (COVID-19): vaccine deployment plan 2021 - gov.scot (www.gov.scot)	Vaccine deployment plan includes the prioritisation categories developed by the JCVI, which were used across the UK to inform vaccine rollout. People who were on the shielding list (defined as 'clinically extremely vulnerable'), were in Category 4, together with all people over the age of 70. Category 1 included people over the age of 80, and residents and workers in care homes for older people.
<p>27 January 2021 Public Health Scotland publishes evaluation of Shielding policy</p>	Study	Public Health Scotland, Scottish Government	PHS Evaluation: Shielding programme evaluation published - News - Public Health Scotland	Thorough evaluation of the first year of shielding; strongly recommend that the Inquiry access and use this report in full.
<p>February 2021 CMO writes to people on shielding list about voting safely in the upcoming elections</p>	Shielding communications	CMO, Scottish Government	<p>Link to letter from CMO</p> <p>All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19): communications to the high risk group - gov.scot (www.gov.scot)</p>	

<p>16 February 2021 Data on take-up of free Vitamin D published</p>	Study	Scottish Government, NHS Education for Scotland	Report from NHS Education for Scotland: Vitamin D Take-up: sociodemographics, local authority, and health board (www.gov.scot)	<ul style="list-style-type: none"> • 40% of shielders took up the scheme (71,365 people) • Take up was highest among 45-64 year olds • Lower take-up in the more deprived deciles of the shielding cohort
<p>17 February 2021 Confirmation that children from a household with someone shielding can return to school</p>	Shielding requirements, Education	Scottish Government	Parliamentary q: Written question and answer: S5W-35010 Scottish Parliament Website	“Schools are not high risk environments when the appropriate mitigations and safety measures are implemented”
<p>22 February 2021 People with liver cirrhosis (Child-Pugh Class B and C) added to shielding list</p>	Shielding list	CMO, Review Panel	Letter from Cabinet Secretary for Health & Sport (link) Outcomes following SARS-CoV-2 infection in patients with chronic liver disease: An international registry study - ScienceDirect	
<p>22 February 2021 Shielding survey results published</p>	Study	Scottish Government Population Health Directorate	Survey: Coronavirus (COVID-19): shielding survey report - January 2021 - gov.scot (www.gov.scot)	<ul style="list-style-type: none"> • 86% plan to get the vaccine when available • 55% feel unsafe about returning to work, despite workplace risk assessment • 96% were aware of the additional guidance for people at higher risk • 62% felt confident to decide which activities are safe <p>Since July, 34% of shielders have left their home on a daily basis, but 20% have never visited shops, 33% have never met people</p>

				<p>outside their household, and 84% have never been on public transport.</p> <p>9% of respondents had not received a letter telling them to shield, so were not permitted to complete the survey.</p> <p>85% heard about the guidance in personal letters from the CMO and 74% in a text from the Shielding SMS service; only 35% from the daily briefings.</p> <p>23% are still struggling to access healthcare appointments</p>
<p>22 February 2021 Group 6 [people with underlying conditions & unpaid carers] begin to receive vaccinations</p>	Vaccinations	Scottish Government	<p>SG press release, 22 February 2021: Next stage for vaccine programme - gov.scot (www.gov.scot)</p>	
<p>11 March 2021 SAGE considers opportunities to improve vaccination uptake among people with severe mental illness</p>	Scientific advice	SPI-B, SAGE	<p>Severe Mental Illness and COVID-19 Vaccination</p> <p>SAGE 83 Minutes</p>	
<p>15 March 2021 Unpaid carers are able to register themselves for a COVID-19 vaccination</p>	Vaccinations	Scottish Government	<p>SG press release, 12 March 2021: Launch of new vaccination campaign - gov.scot (www.gov.scot)</p>	
<p>23 March 2021 CMO writes to people on shielding list about returning to work</p>	Shielding communications	CMO	<p>Link to letter</p> <p>All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19):</p>	<p>The letter is valid until 30 June 2021. People on the shielding list should show it to their employer to explain they cannot go to into work if they live or work in a Level 4 area.</p>

			communications to the high risk group - gov.scot (www.gov.scot)	
24 March 2021 Second version of Scotland's COVID-19 Vaccine Deployment Plan published	Vaccinations	Scottish Government	March 2021 update to Vaccine Deployment Plan: COVID-19+vaccine+deployment+plan+update+24+March+2021.pdf (www.gov.scot)	164,357 people on the shielding list have now received vaccinations (93%) Following JCVI advice, Phase 2 will involve vaccine rollout to: 40-49 year olds, 30-39 year olds; 18-29 year olds.
24 March 2021 SAGE considers differential health outcomes for minority ethnic groups	Scientific advice	COVID-19 Ethnicity subgroup, SAGE	Interpreting differential health outcomes among minority ethnic groups in wave 1 and 2 SAGE 84 minutes	
24 March 2021 SAGE considers COVID-19 transmission in prisons	Scientific advice	EMG, SAGE	COVID-19 Transmission in Prison Settings	
April 2021 Adult 'household contacts' of people on the shielding list invited to receive vaccinations	Vaccinations, Shielding communications	CMO	Link to letter All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19): communications to the high risk group - gov.scot (www.gov.scot)	
6 April 2021 Schools to return full-time after Easter, but children on shielding list advised to stay home until 26 April	Shielding requirements	Scottish Government, CMO	SG press release: Return to full-time school - gov.scot (www.gov.scot)	
26 April 2021 People on the shielding list can return to school, or to work if they cannot work from	Shielding requirements	Scottish Government, CMO	Link to letter from CMO All correspondence with Highest Risk Group (formerly Shielding):	Household contacts of people on shielding list are offered access to free lateral flow tests

home, as all of Scotland moves to Level 3 or lower.			Coronavirus (COVID-19): communications to the high risk group - gov.scot (www.gov.scot)	
30 April 2021 SAGE considers papers on behavioural measures to mitigate transmission of COVID-19	Scientific advice	SPI-B, SAGE	Sustaining behaviours to reduce SARS-CoV-2 transmission Considerations in implementing long-term 'baseline' Non-Pharmaceutical Interventions (NPIs) SAGE 87 minutes	
3 June 2021 SAGE considers paper on vaccine outcomes	Scientific advice	Public Health Scotland; EAVE II	Demographics, Hospital Outcomes and Vaccine Effect of S Gene Positive Cases in Scotland from April 01 2020 SAGE 91 minutes	
July 2021 CMO writes to people on shielding list about move to Level 0	Shielding communications	CMO	Link to letter from CMO All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19): communications to the high risk group - gov.scot (www.gov.scot)	At Level 0, people on shielding list encouraged to follow same restrictions as the general population. Change of terminology from 'shielding' to 'highest risk'
July 2021 Survey of people in the Highest Risk Group begins	Study	Scottish Government	Survey results: Coronavirus (COVID-19): highest risk - survey report - July 2021 - gov.scot (www.gov.scot)	See below (Aug 27)
15 July 2021 SAGE considers paper on winter preparedness	Scientific advice	The Academy of Medical Sciences (AMS), SAGE	COVID-19: Preparing for the future. Looking ahead to winter 2021/22 and beyond SAGE 94 minutes	

<p>23 July 2021 Third version of Scotland's COVID-19 Vaccine Deployment Plan published</p>	<p>Vaccinations</p>	<p>Scottish Government</p>	<p>Scotland's COVID-19 Vaccine Deployment Plan – July 2021: Vaccines+directorates++COVID-19+coronavirus+vaccine+-+update+on+COVID-19+vaccine+deployment+plan+-+JULY+2021+-+FINAL.pdf (www.gov.scot)</p>	<p>96% of people on the shielding list have now been vaccinated.</p> <p>All household contacts of people on the shielding list are now being offered vaccinations, in order to ensure that this reaches all household contacts of people who are immunosuppressed. Booking available via national vaccination helpline (only).</p> <p>Interim JCVI advice indicates that anyone aged over 16 who is immunosuppressed should receive a booster vaccine alongside their annual flu vaccination from September.</p>
<p>29 July 2021 Scottish Government announce nine projects supporting carers and disabled people will share <u>£1 million to tackle loneliness and isolation</u> as a result of the pandemic</p>	<p>Funding</p>	<p>Minister for Equalities and Older People Christina McKelvie</p>	<p>SG press release, 29th July 2021 https://www.gov.scot/news/gbp-1m-to-tackle-social-isolation-and-loneliness/</p>	<ul style="list-style-type: none"> • First round of £10 million funding for groups affected by pandemic. • to support a new five-year social Isolation and loneliness plan, and marks the delivery of a commitment for the first 100 days of this government. • Focused on reconnecting people as Scotland comes out of the pandemic and tackling loneliness head on.
<p>August 2021 CMO writes to people on shielding list about moving beyond Level 0</p>	<p>Shielding communications</p>	<p>CMO</p>	<p>Link to CMO's letter</p> <p>Support to Clear Your Head leaflet also sent, to provide advice and support on mental health impacts of being at highest risk of COVID-19</p>	<p>No requirement to shield, except for individuals who are shielding on the specific advice of their clinician.</p>

			All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19): communications to the high risk group - gov.scot (www.gov.scot)	
27 August 2021 Results of survey of Highest Risk Group published	Study	Scottish Government	Survey results: Coronavirus (COVID-19): highest risk - survey report - July 2021 - gov.scot (www.gov.scot)	<ul style="list-style-type: none"> • 59% felt uncomfortable about move to Level 0 and beyond (100% of those were worried about the behaviour of others) • 24% have not met outdoors, and 50% have not met indoors, with people who are not part of their (extended) household • 2% have not left home for any reason • 73% of those who expect to return to work felt uncomfortable about this • 98% have received both doses of the vaccine (30% of those who had not said they were worried about the side effects) • 79% had never been on public transport • 73% were interested in some kind of wearable identifier for requesting people keep their distance
1 Sept 2021 Joint Committee on Vaccination and Immunisation (JCVI) publish guidance advising that people who were severely immunosuppressed at the	Vaccinations	JCVI	PHE press release: https://www.gov.uk/government/news/jcvi-issues-advice-on-third-dose-vaccination-for-severely-immunosuppressed	This third dose should be offered to people over 12 who were severely immunosuppressed at the time of their first or second dose, including those with: <ul style="list-style-type: none"> • Leukaemia • advanced HIV

time of their first or second dose of the vaccine should be offered a third dose.				<ul style="list-style-type: none"> recent organ transplants. <p>These people may not mount a full response to vaccination and therefore may be less protected than the wider population.</p>
<p>14 Sept 2021 Joint Committee on Vaccination and Immunisation (JCVI) publish guidance advising that booster vaccines be offered to those more at risk from serious disease, and who were vaccinated during Phase 1 of the vaccine programme.</p>	Vaccinations	JCVI	<p>PHE press release: https://www.gov.uk/government/news/jcvi-issues-updated-advice-on-covid-19-booster-vaccination</p>	<p>This includes:</p> <ul style="list-style-type: none"> those living in residential care homes for older adults all adults aged 50 years or over frontline health and social care workers all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers adult household contacts of immunosuppressed individuals
<p>30 Sept 2021 Scottish Government announce Invitations for coronavirus (COVID-19) booster injections are issued to people aged 70 and over and those aged 16 and over who are at highest risk, with appointments scheduled from the week beginning 4 October.</p>	Vaccinations	Scottish Government	<p>SG press release 30 Sept 2021: https://www.gov.scot/news/vaccination-programme-progression/</p>	<p>Sets out plans for administering third primary doses to people who are immunosuppressed and boosters for all those eligible</p>
<p>5 October 2021 Results of phone interviews with people on the Highest Risk List published</p>	Study	Scottish Government	<p>Study results: Coronavirus (COVID-19): highest risk – interviews report – August 2021 - gov.scot (www.gov.scot)</p>	<p>12 in-depth interviews, with people who were immunosuppressed and either returning to the workplace, or who are not in work.</p>

				<ul style="list-style-type: none"> • Ppts need individualised, condition-specific info about vaccine efficacy in order to understand & manage their own risk • Getting 'back to normal' is a slow process, and disability / mobility issues may limit contact outside the home in any case • Accessing healthcare still difficult for many
<p>25 Oct 2021 Invitations for the flu and COVID-19 Booster vaccination programmes begin for the next eligible groups. Invitation letters for people aged 60 to 69 and adults aged 16 and over with underlying health conditions are sent out from 25 October.</p>	Vaccinations	Scottish Government	SG press release 25 Oct 2021: https://www.gov.scot/news/flu-and-covid-19-vaccine-roll-out/	Currently, as per JCVI advice, we are vaccinating people in the highest risk groups for both flu and COVID-19 including those who are aged 70 years and over, people in older adult care homes, those who are on the Highest Risk List and frontline health and social care workers
<p>15 Nov 2021 Scottish Government launch an online portal for the Autumn/Winter vaccination programme. The portal allows people aged 50 to 59, unpaid carers who are 16 and over, and those aged 16 and over who are household contacts of immunosuppressed individuals to book their booster and flu jabs.</p>	Vaccinations	Scottish Government	SG press release 15 Nov 2021: https://www.gov.scot/news/online-portal-for-autumnwinter-vaccination-programme/	<ul style="list-style-type: none"> • If you are eligible for a flu vaccination it is highly likely that you will also be eligible for a COVID-19 booster. • Household contacts of immunosuppressed individuals
<p>December 2021</p>	Shielding communications	CMO	Link to CMO's letter	

CMO writes to people on shielding list with information about the Omicron variant			All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19): communications to the high risk group - gov.scot (www.gov.scot)	
21 December 2021 SAGE considers paper on the omicron variant	Scientific advice	SAGE	Impact on shielding on care homes during wave 2: Considerations for Omicron SAGE 101 minutes	
7 January 2022 Joint Committee on Vaccination and Immunisation (JCVI) advise there is no immediate need to introduce a second booster dose, or fourth jab, to the most vulnerable. The JCVI also advise that priority should continue to be given to rolling out first booster doses to all age groups.	Vaccinations	JCVI	SG press release 7 th Jan 2022: https://www.gov.scot/news/online-portal-for-autumnwinter-vaccination-programme/	The current data shows the booster dose is continuing to provide high levels of protection against severe disease, even for the most vulnerable older age groups
23 January 2022 "Distance Aware" scheme launched	Service provision	Scottish Government	https://www.bbc.com/news/uk-scotland-60082436	The Scottish Government launches its Distance Aware scheme which allows people to obtain free badges and lanyards showing a yellow shield if they are worried about COVID risks in public spaces and wishing to indicate to others they would like to be given space.
26 January 2022 CMO writes to Highest Risk List about new "Distance Aware" scheme and priority PCR tests	Shielding communications	CMO	Link to letter from CMO All correspondence with Highest Risk Group (formerly Shielding): Coronavirus (COVID-19):	

			communications to the high risk group - gov.scot (www.gov.scot)	
<p>4 February 2022 Scottish Government announce flu vaccinations are on offer again until the end of March for those in high risk groups (the programme was paused in December so that health boards could prioritise the delivery of COVID-19 booster jabs).</p>	Vaccinations	Scottish Government	SG press release 4 th Feb 2022: https://www.gov.scot/news/online-portal-for-autumnwinter-vaccination-programme/	

Disclaimer:

This report was commissioned by the Scottish Covid-19 Inquiry as introductory scoping research. It was written to assist the inquiry with its planning process about the shape and direction of its investigation, and is published in the interests of transparency. The inquiry is grateful to the author[s] for their work. The inquiry is an independent body, and will be carrying out its own investigations to fulfil its terms of reference. The introductory research represents the views of those who wrote it, and nothing in it is binding on the inquiry. The introductory research is one of many sources which will be considered by the inquiry during the course of its investigation.