likely to have been vaccinated at one year following their enrolment in the study, (85.7% versus 69.0%; OR 2.99, 95% CI 2.92, 3.06); both rates were much higher than the general population (36.9%).

Summary of key points:

146. *Shielding was implemented and evaluated in the context of almost simultaneous introduction of general lockdown. Findings therefore related to the effectiveness of shielding must be viewed in this context. Without lockdown the effects of shielding may have been different.*

147. *There is no evidence of overall reductions in Covid-19 infection associated with shielding, except in the subgroup of rheumatoid arthritis. There is evidence that hospital acquired infection was higher in the shielded group. As the mechanism for protecting CEV people from serious harm or death during the pandemic is to avoid infection, these results cast doubt on the effectiveness of the shielding policy.*

148. *There is little high-quality evidence on the impact of shielding on mortality but those researchers that have investigated this have not found consistent or sustained effects – in the majority of studies, mortality has been found to be higher than the general population and comparator groups (as may be expected by the nature of conditions included for shielding), but in particular, Covid-19 related mortality has been found to be significantly higher. If the intervention had been effective we would have expected this to reduce. We cannot rule out the possibility that Covid-19 related mortality would have been even higher without the shielding programme, but there is no evidence for this. Although some uncertainty remains, with findings from several studies – using different approaches – showing increased infections, mortality and Covid-19 related mortality associated with shielding, we conclude that shielding did not have the protective effect that was hoped for.*

149. *Usage of unplanned healthcare may have been higher because of changes or restrictions on access to primary and planned secondary care, but this is uncertain. Shielded people reported feeling that they were falling through gaps.*

150. *Effects on quality of life and mental health are uncertain, with some evidence that shielded people were less well than other vulnerable people, however attribution remains challenging. Shielded people reported positive and negative effects – there is no doubt that restrictions were severe and this affected fitness levels and social contact, but the background of general lockdown makes it difficult to separate our effects.*

151. *Shielding was a relatively inexpensive intervention per person included, nevertheless across a whole population, costs were significant (over £13 million in Wales alone). People were impacted in many aspects – access to necessities, sense of identity and feelings of safety.*