

Research reveals devastating and lasting impact of the pandemic on those asked to shield

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New research by the Health Foundation's [Networked Data Lab](#) (NDL) reveals the extent to which the pandemic has had a devastating and lasting impact on the more than four million people who were identified as being 'clinically extremely vulnerable' (CEV) and asked to shield*. The analysis suggests that there is now significant unmet health need and worsening mental health among this group. Based on the findings, the Health Foundation is calling for these patients to be prioritised by the NHS to ensure that their conditions do not deteriorate further.

[The analysis](#) shows that clinically extremely vulnerable people experienced a higher rate of deaths compared to the general population over the pandemic. At the peak of the first wave (2 April 2020), the rate of deaths among the clinically vulnerable population was over two and half times that in the general population (1 in 2,500 or 0.039% compared to 1 in 7,000 or 0.014%). Furthermore, by the end of August 2020, the clinically extremely vulnerable population accounted for 19% of all deaths while only making up 4% of the total population in England.

However, as well as the direct impact of COVID-19, in terms of high rates of infections and deaths, clinically extremely vulnerable people have also been profoundly impacted by the major reorganisation of NHS services in the early stages of the pandemic. This was done to create capacity in order to care for COVID-19 patients and reduce infection risk in hospitals. However, as a result, planned admissions for clinically extremely vulnerable people decreased by 51% while outpatient appointments decreased by 48%. And although there was no intentional reorganisation of emergency care, emergency admissions for clinically extremely vulnerable people decreased by 32% from April 2019 to April 2020, while A&E attendances decreased by 42%.

Patterns of NHS use changed markedly across the whole population during the pandemic, but the higher reductions are particularly concerning because clinically extremely vulnerable people have a high level of health need and many require additional support compared to the general population. Unmet need and pent-up demand for NHS care that accumulated during the pandemic have now translated into record hospital waiting lists and a huge backlog of care. While those in the general population are also likely to be experiencing delays for treatment, the research suggests that there remains a particularly high level of unmet health need and potential long term impacts concentrated within the clinically extremely vulnerable population.