

## Key facts

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**2.2m**

number of people identified as clinically extremely vulnerable (CEV) by 7 May 2020

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**510,486**

number of CEV people who asked for and received at least one food box

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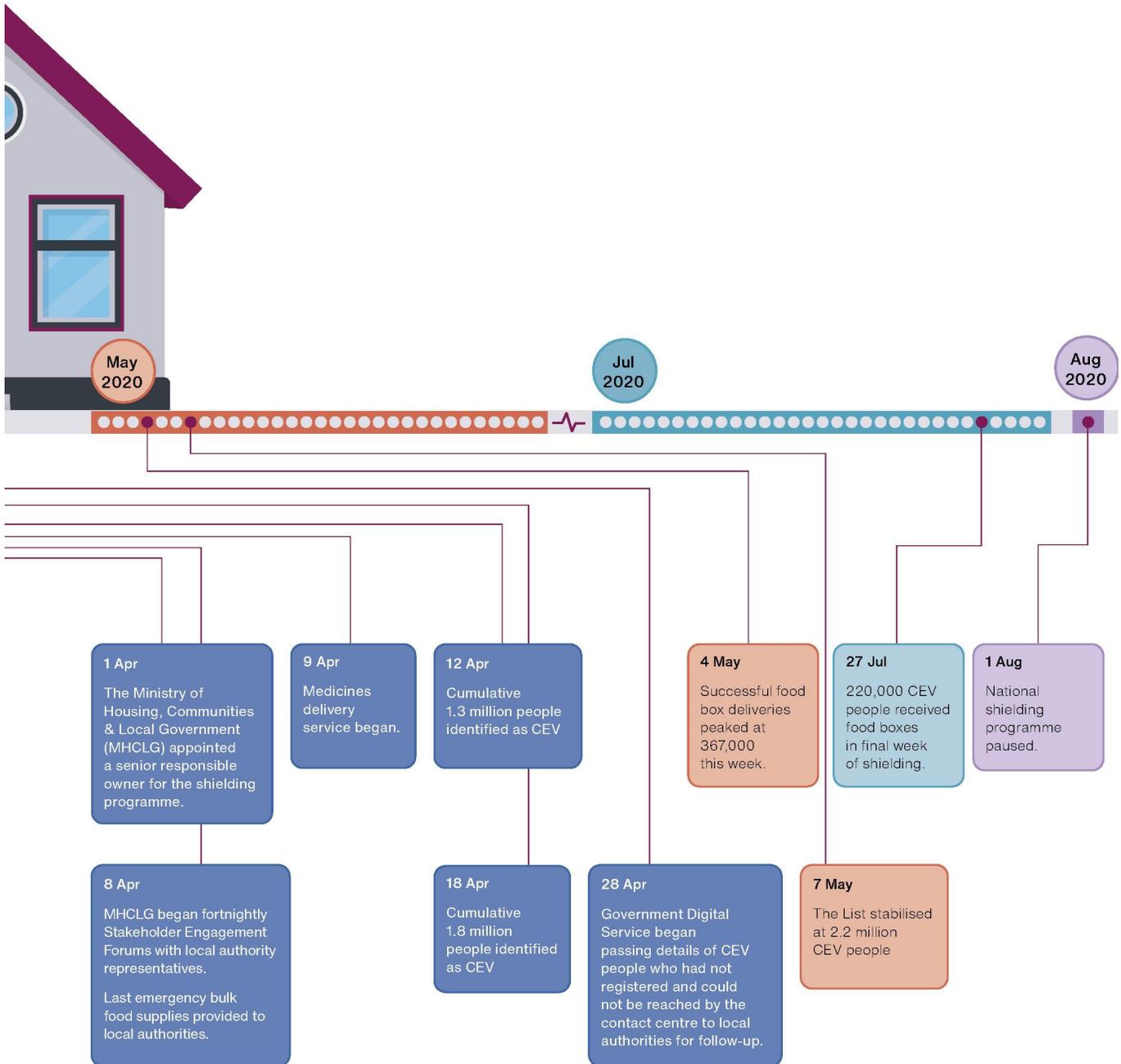
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**£308m**

cost of shielding to 1 August 2020

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- 1.3 million** number of CEV people added to the shielded patient list (the List) and formally eligible for central support through the shielding programme by 12 April
- 900,000** additional people added to the List between 18 April and 7 May as GPs and clinicians completed the necessary clinical review. The List continues to be updated.
- 375,000** number of CEV people who could not be reached because of missing or inaccurate telephone numbers within NHS patient records
- 5** number of days between the start of shielding and deliveries of the first food boxes
- 4.7 million** number of food boxes delivered between 27 March and 1 August 2020
- 94%** of CEV people reported that overall, they were following shielding guidance mostly or completely (14 May)
- Not known** whether the shielding programme led to fewer deaths of those advised to shield than otherwise would have been the case when compared with an age-matched sample of the general population



**Figure 5**

Data used to create the shielded patient list (the List) from 18 March 2020

NHS Digital created the List from various data sources



Source: National Audit Office analysis of NHS Digital documentation

## **Communicating with CEV people**

**2.10** NHSE&I and DHSC were responsible for initially informing people that they were considered to be clinically extremely vulnerable to COVID-19. NHSE&I used Capita and the NHS Business Service Authority to send letters and text messages to people on the List. GPs were responsible for informing CEV people that they were added to or removed from the List. NHSE&I did not track this communication.

**2.11** The iterative development of the List caused confusion as people struggled to understand why they received a letter advising them to shield, or why they were told they no longer needed to shield as late as June and July. Further confusion was caused by inconsistencies in the process by which NHSE&I and DHSC communicated with CEV people. For example, in May 235,000 people were added to the List and received a letter advising them to shield, but their GPs were not informed at the same time. While GPs received general guidance on shielding and were aware that people were being added to the List, they were not necessarily ready to advise these individual patients.

**2.12** Government's communications with CEV people were not always clear. Government had to communicate clearly, but quickly, with some 2.2 million people. Charities we spoke to criticised government's communication with CEV people. They noted issues with a lack of transparency on why some conditions were considered to make people CEV, which caused confusion and uncertainty. Charities also told us that national communications were not always consistent with guidance and had confused people, and left some people unsure as to whether they needed to shield.

**2.13** Charities played an important role in advising concerned people. DHSC engaged with charities through various forums such as focus groups. However, charities reported difficulties in getting detailed evidence and information from government. Charities also noted inconsistencies with media reports, ministerial comments and official guidance. For example, in mid-March some media outlets reported, incorrectly, that people aged over 70 would be asked to shield. On 28 May, nearly 50 charities wrote an open letter to the minister for the Cabinet Office asking for clear communications with charities, health and care professionals, and local authorities to ensure consistency of advice given to those who were vulnerable.