

Statistical bulletin

Coronavirus and clinically extremely vulnerable people in England: 22 March to 31 March 2021

Analysis of clinically extremely vulnerable people in England during the coronavirus (COVID-19) pandemic, including their behaviours and mental and physical well-being.

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1 . Main points

- Up until February 2021, there were 2.2 million people identified as clinically extremely vulnerable (CEV) in England because of their clinical condition or a clinician's review; in February, a [COVID-19 population risk assessment](#) was undertaken and a further 1.5 million people were identified as CEV.
- The total number of CEV people in England is now 3.7 million.
- Half of CEV people who were aware of government advice to shield reported completely following the guidance (49%).
- The majority (80%) of CEV people had left their home in the last seven days, when asked between 22 and 31 March 2021.
- The most common reasons for CEV people leaving the home were for exercise, to go to the shops or pharmacy, and for medical appointments.

Statistician's comment

Tim Gibbs, Head of the Public Services Analysis Team, said:

“Even after a year of restrictive guidance it's encouraging to see approximately 50% of people who qualified as 'clinically extremely vulnerable' are fully following the voluntary shielding guidance.

“The people placed in this category increased in February 2021, from 2.2 million to 3.7 million due to the results of the COVID-19 population risk assessment.

“We will continue to monitor how the behaviour of those who were told they were most at risk from COVID-19 changes, as they are no longer advised to shield from 1 April 2021.”

Tim Gibbs, Public Services Analysis Team, Office for National Statistics

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2 . Indicators of clinically extremely vulnerable people following shielding guidance

In England, 3.7 million people have been identified as being clinically extremely vulnerable (CEV) to severe impact from the coronavirus (COVID-19). Of these, 2.2 million CEV people were on the Shielded Patient List because they were identified by clinical condition or a clinician's review.

From 16 February, an additional 1.5 million people in England were identified as CEV through the [COVID-19 population risk assessment](#). Because of the new addition to the CEV population, we cannot directly compare this wave of data (22 to 31 March 2021) with previous waves of data (22 to 27 February 2021 and 18 to 30 January 2021). The data in previous waves reflect only CEV people identified through clinical condition or clinician's review.

Statistics for both CEV groups (identified through clinical condition or clinician's review or identified through COVID-19 population risk assessment) were broadly similar across both groups. This bulletin highlights areas where differences across groups occurred. See the [accompanying datasets](#) for full breakdowns across the two groups.

In previous national lockdowns, CEV people were advised to shield from others to protect themselves from the coronavirus. The guidance for CEV people to shield was reintroduced on 6 January 2021. These data were collected from 22 to 31 March. While advice to shield ended on 31 March, the data were collected during the period that CEV people were still advised to shield.

More information on identifying CEV people, [shielding guidance](#), and collecting the data can be found in the [Glossary](#) and [Measuring the data](#) sections.

The data show that of CEV people who reported being aware of the guidance, 49% reported completely following shielding guidance. A further 42% of CEV people reported following shielding guidance quite closely. Of CEV people who reported being aware of the guidance to shield, there were [statistically significantly](#) higher levels of people reporting they followed the guidance completely or quite closely in those identified by clinical condition or clinician's review (93%), in comparison with those identified through the [COVID-19 population risk assessment](#) (88%).

Approximately 741,000 (20%) of CEV people were estimated to have not left the house in the last seven days. This was despite guidance advising that CEV people could leave the house to exercise and attend essential medical appointments. At the time of data collection, CEV people identified through the [COVID-19 population risk assessment](#) were [statistically significantly](#) more likely to have not left the house in the last seven days (24%), compared with CEV people identified through clinical condition or clinician's review (17%).

Table 1: Indicators of clinically extremely vulnerable people following shielding advice (percentages) England, 22 to 31 March 2021

Indicators of following guidance	CEV identified by clinical condition/clinician's review	CEV identified by COVID-19 population risk assessment
Those who report completely following shielding advice	49	48
Those who report following shielding advice quite closely	43	40
Those who report not leaving the house at all in the last seven days	17	24
Of those who have left home in the last seven days, those who report leaving the house to socialise	5	3*

Source: Office for National Statistics – COVID High Risk Group Insights Study

Notes

1. Only those who were aware of the guidance to shield were asked about their compliance to the guidance.
2. This pertains to people leaving the house to socialise rather than receiving social visits. Social visits may be from people in their support bubble. This means that a CEV person could have had visitors and still be completely following guidance. More information on support bubbles can be found in Glossary
3. * This estimate is based on a small sample (less than 30) and should be treated with caution.

More about coronavirus

- Find the latest on [coronavirus \(COVID-19\) in the UK](#).
- [Explore the latest coronavirus data](#) from the ONS and other sources.
- All ONS analysis, summarised in our [coronavirus roundup](#).
- View [all coronavirus data](#).
- Find out how we are [working safely in our studies and surveys](#).

3 . Reasons for clinically extremely vulnerable people leaving their homes

When asked between 22 to 31 March 2021, 80% of clinically extremely vulnerable (CEV) people reported leaving their home in the last seven days, compared with [93% of the general adult population of England](#).¹ There are recommended exceptions on leaving the home within the guidance for CEV people such as to exercise and to attend medical appointments.

Of all CEV people who had left their home in the last seven days, the most common reasons for leaving the house were for:

- exercise (59%)
- to go to the shops or pharmacy (58%)
- to attend medical appointments (38%)

Of those who had left their home in the last seven days, there was a [statistically significant](#) higher proportion of people going to the shops or pharmacy in those CEV identified through the [COVID-19 population risk assessment](#) (64%) in comparison with those identified through clinical condition or clinician's review (54%). Going to the shops and pharmacy, depending on circumstances, could be seen to be against the advice given by the government.

Of all CEV people who had left home in the last seven days, a small number (5%) reported they had gone out to socialise. The guidance to CEV people states that they can still meet with their support bubble. More information on support bubbles can be found in the [Glossary](#).

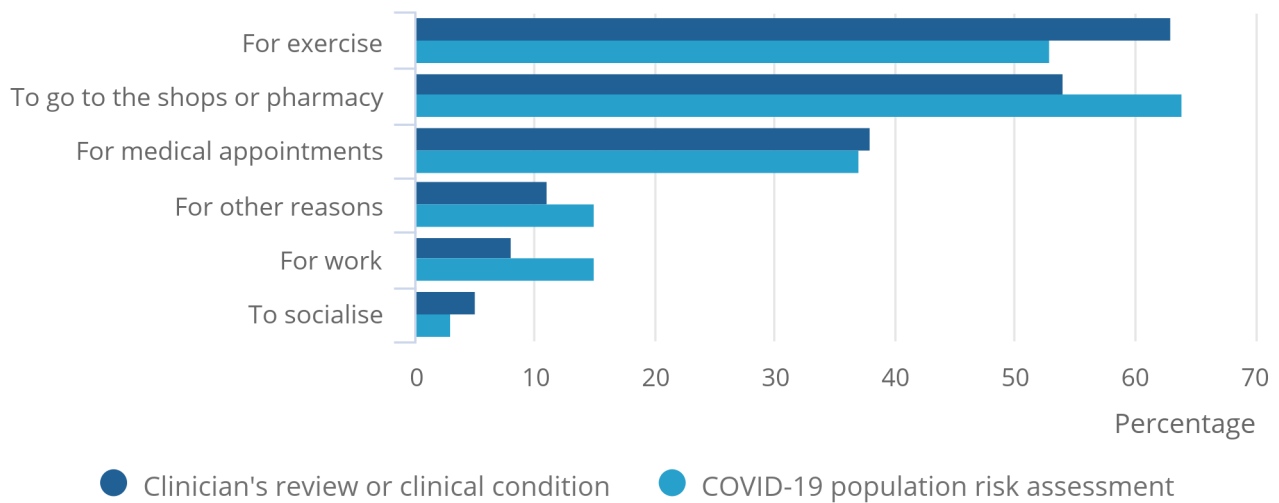
Of all CEV people who had left home in the last seven days, 11% had left the house to go to work.

Figure 1: More than half of CEV people who had left home in the last seven days did so to go to the shops or pharmacy, or to exercise

Reasons mentioned for leaving home by clinically extremely vulnerable people who had left home in the last seven days, England, 22 to 31 March 2021

Figure 1: More than half of CEV people who had left home in the last seven days did so to go to the shops or pharmacy, or to exercise

Reasons mentioned for leaving home by clinically extremely vulnerable people who had left home in the last seven days, England, 22 to 31 March 2021



Source: Office for National Statistics - COVID High Risk Group Insights Study

Notes:

1. Respondents were able to choose multiple reasons for leaving their home, so percentages may not sum to 100.
2. The percentage of CEV people identified through the COVID-19 population risk assessment reporting leaving home to socialise is based on a sample size of less than 30 respondents and therefore this estimate should be treated with caution.

Notes for: Reasons for clinically extremely vulnerable people leaving their homes

1. Estimates for the general population of England are calculated from the Opinions and Lifestyle Survey (COVID-19 module) for adults in Great Britain, between 24 March to 28 March 2021.

4 . Clinically extremely vulnerable people data

[Coronavirus and clinically extremely vulnerable people in England](#)

Dataset | Released 23 April 2021

Clinically extremely vulnerable (CEV) people in England during the coronavirus (COVID-19) pandemic from the COVID High Risk Group Insights Study. Includes information on their behaviours and well-being since receiving shielding guidance.

5 . Glossary

Clinically extremely vulnerable

People who are identified as clinically extremely vulnerable (CEV) are at very high risk of severe illness from the coronavirus (COVID-19). Up to 16 February 2021, CEV people were identified either because of a pre-existing condition or based on the clinical judgement of their clinician or GP that they are at higher risk of serious illness if they catch COVID-19.

From 16 February 2021, individuals can still be identified as CEV by these routes, but also by [COVID-19 population risk assessment](#). The NHS identified approximately 2.2 million people as being CEV by clinical condition or clinician's review. A further 1.5 million people were advised to shield through the COVID-19 risk assessment. More information can be found in [Guidance on shielding and protecting people who are CEV from COVID-19](#).

Lockdown

From 23 March 2020, the UK was placed under lockdown measures, with schools shut, non-essential shops closed, and the population asked to work from home where possible and to only leave their houses for exercise and essentials. These measures began to be eased from mid-May 2020. CEV people were advised to shield from the start of this lockdown. Shielding was paused on 31 July 2020 for most of the country, with only a few local areas continuing to have shielding advice in place until 5 October 2020.

From 5 January 2021, the UK government announced a [further national lockdown for England](#) and on 6 January 2021 shielding guidance was reissued to all CEV people. From 1 April 2021, CEV people were no longer advised to shield. The data used in this bulletin were collected during the time CEV people were advised to shield.

Shielding

Shielding is a voluntary action in which the individual stays in their home or garden as much as possible, except for leaving their household to attend essential medical appointments or for exercise. Further shielding guidance includes that CEV people:

- can meet one person outdoors from another household for exercise
- should try to stay two metres away from others within their household, especially if they display symptoms of the coronavirus or have been advised to self-isolate
- can still meet with their support bubble
- should try to access services to minimise the need to leave their home, such as food and prescription delivery services

The full guidance can be viewed in [Guidance on shielding and protecting people who are CEV from COVID-19](#). Please note this page is regularly updated, and from 1 April 2021 the advice to shield ended.

Support bubbles

A support bubble is a group of two households that join together and can then act as one household. People need to meet certain eligibility criteria to form a support bubble. Individuals that are eligible to form a support bubble include those who live alone (even if carers visit to provide support) and those who are the only adult in their household who does not need continuous care as a result of a disability. The full guidance can be viewed in [Making a support bubble with another household](#).

6 . Measuring the data

The Office for National Statistics (ONS) is publishing more data and analysis than ever before. We are constantly reviewing our publications based on your feedback to make sure that we continue to meet the needs of our users. As a result, future editions of this publication may focus more strongly on headline indicators and main messages. Thank you for your continued support.

Survey information

The [COVID High Risk Group Insights Study](#) was compiled in response to policy questions on whether the population who had been advised to shield were following shielding guidance and the impact it had on their well-being and behaviours. The survey was produced, run, and analysed in a collaboration between the Department for Health and Social Care (DHSC), NHS Digital (NHSD) and the Office for National Statistics (ONS).

This survey was specifically designed to obtain information on the people advised by the government to shield from the coronavirus (COVID-19). As with all surveys, the estimates included in this bulletin have an associated margin of error. The ONS experts were consulted on questionnaire design. The survey respondents were selected using implicit stratification from a list of those identified as clinically extremely vulnerable (CEV) and were contacted by telephone.

This is the third bulletin in this series, with the survey in its current format and using the current data collection methodology. However, it is not directly comparable with previous surveys because of the additional 1.5 million people identified by the COVID-19 population risk assessment. The data in previous waves reflect only CEV people identified through clinical condition or clinician's review.

Estimates for Wave 3

The third wave of data was collected between 22 and 31 March 2021. The sample size was 2,080 out of 3.7 million CEV people (as of 18 March 2021) and survey weighting was used to weight the sample estimates to provide estimates for the population of CEV people. The estimates were weighted, adjusting for:

- whether the CEV person was identified as CEV through their clinical condition or clinician’s review, or by the [COVID-19 population risk assessment](#)
- sex
- age group (under 65 years or 65 years and over)

All answers are self-reported. Family members or carers may respond on behalf of those they care for where appropriate, for example, those unable to answer themselves.

Identifying the clinically extremely vulnerable

At the start of the coronavirus pandemic, some members of the public were identified as being at high risk of severe illness from COVID-19. This list has been updated continually and the number identified as CEV remained stable at 2.2 million people until February 2021. In February 2021, a further 1.5 million people were identified as CEV following the COVID-19 population risk assessment. More information can be found in [Guidance on shielding and protecting people who are CEV from COVID-19](#).

Those identified as being CEV were sent a letter and initially advised to shield until at least the end of June 2020; this was then extended to 31 July 2020. Between 1 August 2020 and 4 January 2021, CEV people received advice to shield if they lived in certain areas (for example, Leicester) because of the [tier system](#). Shielding guidance was reintroduced on 6 January 2021 following a third national lockdown announcement.

Those who were identified as CEV in February 2021 by the COVID-19 population risk assessment were then contacted by letter that month and advised to shield. Shielding was a voluntary action.

CEV people were informed in March 2021 that from 1 April 2021 they were no longer advised to shield. In the [letter sent \[PDF, 204KB\]](#), it explained that despite no longer being advised to shield, it was recommended they take extra precautions to protect themselves while the coronavirus is still spreading within communities.

Differences between shielding and other stay at home guidance

Shielding differs from [guidance for self-isolation](#) (self-quarantine because either a person or someone in their household displays symptoms or receives a positive COVID-19 test result) and [guidance for social distancing](#) (measures everyone should be taking to avoid social interaction with other households). Shielding advises the individual to stay in their house or garden with no visitors (except a nurse or support or care worker or, if they are eligible, their support bubble). More information is available in [Glossary](#).

7 . Strengths and limitations

The main strengths of the COVID High Risk Group Insights Study include:

- it allows for timely production of data and statistics that can respond quickly to changing needs, as the questions included are reviewed for each wave
- robust methods are adopted for the survey’s sampling and weighting strategies to limit the impact of bias
- quality assurance procedures are undertaken throughout the analysis stages to minimise the risk of error

The main limitations of the COVID High Risk Group Insights Study include:

- in the case of those who are unable to answer the survey themselves, other people (for example, a family member or carer) can answer on their behalf; in this wave of the survey, those responding on behalf of the clinically extremely vulnerable (CEV) person were not asked about well-being and attitudes
- as with all surveys, these estimates have an associated margin of error, as they are based on a sample of CEV people, which is weighted to be representative of the whole CEV population
- because of the new additions to the CEV population, we cannot directly compare the whole CEV population data (22 to 31 March 2021) with previous waves of data (22 to 27 February 2021, 18 to 30 January 2021); the data in previous waves reflect only CEV people identified through clinical condition or clinician's review

8 . Related links

[Coronavirus \(COVID-19\) latest data and analysis](#)

Webpage | Updated as and when data become available

Latest data and analysis on the coronavirus (COVID-19) in the UK and its effect on the economy and society.

[Coronavirus \(COVID-19\) roundup](#)

Blog | Updated as and when data become available

Catch up on the latest data and analysis related to the coronavirus pandemic and its impact on our economy and society.

[Coronavirus and clinically extremely vulnerable people in England](#)

Bulletin | Released 29 March 2021

Analysis of clinically extremely vulnerable people in England during the coronavirus (COVID-19) pandemic, including their behaviours and mental and physical well-being.

[Coronavirus and shielding of clinically extremely vulnerable people in England](#)

Bulletin | Released 5 August 2020

Analysis of clinically extremely vulnerable people (the shielding population) in England during the coronavirus (COVID-19) pandemic, including their behaviours and mental and physical well-being.

[Coronavirus and the social impacts on disabled people in Great Britain](#)

Article | Released 9 April 2021

Indicators from the Opinions and Lifestyle Survey on the social impact of the coronavirus (COVID-19) pandemic on disabled people in Great Britain. This release uses three waves of survey results covering dates between the 3 to 28 February 2021 and includes indicators broken down by impairment type.