

What was the rationale for shielding advice during the COVID-19 pandemic?

Developing a logic model in the EVITE Immunity study

Lesley Bethell, Lucy Dixon, Bridie Angela Evans, Alison Porter, Victoria Williams, Helen Snooks and the EVITE Immunity team

Funded by the UKRI COVID-19 National Core Studies for Immunity

For more information, contact a.m.porter@swansea.ac.uk



In response to the COVID-19 pandemic, UK governments introduced shielding for clinically extremely vulnerable people from March 2020.

Shielding was intended to protect those considered at highest risk of serious harm from COVID-19 because of pre-existing conditions such as cancer or immunosuppressive medications. The UK shielding policy was internationally unique and implemented without evidence.

Our study EVITE Immunity is evaluating the clinical, physical and psychological effects of shielding. Here, we examine the rationale for the shielding intervention and present a logic model informed by interviews with those involved in developing and implementing the policy.

What we did

We interviewed 12 senior policy makers and clinicians in England and Wales in spring 2021. Interviews lasted 30 - 90 minutes and were recorded, with participants' consent.

We encouraged them to consider the aim of the policy, the way it was intended to work and any risks or unintended consequences of shielding. Recordings were transcribed verbatim and analysed by two researchers.

The interviews informed the development and refinement of a logic model which we are using to underpin our evaluation and will help to interpret findings.

EVITE logic model for shielding intervention

Inputs: components of the intervention

- Selection of people for inclusion: guidelines, process
- Communication with selected people
- Food parcels for eligible people
- Local authority support
- Other community based support (third sector)
- Media/PR
- Priority supermarket deliveries
- Pharmacy deliveries
- Eligibility for Statutory Sick Pay

Predicted mechanisms of change

- Shielding people stay home
- Shielding people avoid contact with others within the home
- Family/friends avoid unnecessary contact

Outcome

- COVID 19 infection reduced within shielding population

Intended Impact

- Primary:
- **Reduced deaths among shielding population**
- Additional:
- Reduced burden of illness in shielding population, including long COVID
 - Reduced hospitalisation rates
 - Reduced burden on NHS/reduced risk of being overwhelmed
 - Reduced costs to NHS

Risks

- Increase in loneliness and mental distress in shielded population
- Reduction in essential contact with health providers, incl late presentation and diagnosis
- Loss of income/unemployment among shielded population
- Increase of tensions within families
- Increase in socioeconomic inequality

Contextual factors

- Furlough scheme
- Workplace support/support for home working
- Public discourse about COVID 19 – inc social media
- Family/friends offering practical support (eg delivering groceries)
- Social care input
- Periodic lockdown for whole population