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# BMJ Open

## Inequalities in healthcare disruptions during the COVID-19 pandemic: Evidence from 12 UK population-based longitudinal studies

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3 **1 Inequalities in healthcare disruptions during the COVID-19 pandemic: Evidence from 12 UK**  
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5 **2 population-based longitudinal studies**  
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3 22 **Abstract**  
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6 23 **Objectives:** We investigated associations between multiple socio-demographic characteristics (sex,  
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8 24 age, occupational social class, education, and ethnicity) and self-reported healthcare disruptions  
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10 25 during the early stages of the COVID-19 pandemic.  
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13 26 **Setting:** Community-dwelling participants in the United Kingdom between April 2020 up to January  
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15 27 2021.  
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18 28 **Participants:** Over 68,000 participants from 12 longitudinal studies.  
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20 29 **Outcomes:** Self-reported healthcare disruption to medication access, procedures, appointments.  
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23 30 **Results:** Prevalence of healthcare disruption varied substantially across studies: between 6% and 32%  
24  
25 31 reported any disruption, with 1% to 10% experiencing disruptions in medication, 1% to 17%  
26  
27 32 experiencing disruption in procedures and 4% to 28% experiencing disruption in clinical  
28  
29 33 appointments. Females (Odd Ratio (OR): 1.27 [95%CI: 1.15,1.40]; I<sup>2</sup>=53%), older persons (e.g., OR:  
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31 34 1.39 [1.13,1.72]; I<sup>2</sup>=77% for 65-75y vs 45-54y), and Ethnic minorities (excluding White minorities)  
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33 35 (OR: 1.19 [1.05,1.35]; I<sup>2</sup>=0% vs White) were more likely to report healthcare disruptions. Those in a  
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35 36 more disadvantaged social class were also more likely to report healthcare disruptions (e.g., OR: 1.17  
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37 37 [1.08, 1.27]; I<sup>2</sup>=0% for manual/routine vs managerial/professional), but no clear differences were  
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39 38 observed by education. We did not find evidence that these associations differed by shielding status or  
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41 39 age.  
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45 40 **Conclusions:** Healthcare disruptions during the COVID-19 pandemic could contribute to the  
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47 41 maintenance or widening of existing health inequalities.  
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50 42 **Keywords:** Healthcare Disparities; Health Services Accessibility; Longitudinal Studies; United  
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52 43 Kingdom; Socioeconomic Factors; Ethnicity; Social Class  
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## Introduction

The coronavirus disease 2019 (COVID-19) pandemic is affecting all aspects of society. Health systems world-wide have faced major disruption as they respond to large increases in demand arising from the COVID-19 disease.<sup>1-5</sup> Furthermore, healthcare access has been reduced by governmental control measures and the public's fear of contracting infection.<sup>6</sup> Disruptions may have both short and long-term health consequences as preventive treatments are foregone, disease surveillance is interrupted and disease diagnoses are delayed. While the disruption of health systems can impact the entire population, it has become apparent that not all groups have been affected equally. For example, recent evidence has demonstrated that both elective and emergency hospital admissions vary by socioeconomic deprivation and ethnic minority quintiles, with the more deprived areas showing a large fall in elective admissions, and areas with high ethnic minority populations showing larger falls in emergency admissions.<sup>5</sup> Understanding the impacts of the pandemic on health systems and on equity of healthcare access is therefore a major policy priority.

In the UK, the National Health Service (NHS) provides free healthcare and prioritises equity of delivery. However, the UK's relatively high COVID-19 burden and associated repeated lockdown measures have raised concerns that the health system may not be providing accessible care to those who need it most. Recent reports from NHS Digital indicate a large increase in those waiting 12 months or more for elective treatments in February 2021 compared to March 2020.<sup>7</sup> Furthermore, despite decreases in attendance at accident and emergency services,<sup>4</sup> the number of patients waiting over 12 hours for admission was 34% higher in January 2021 than January 2020. Disruption to pharmacological treatments has also been reported with delays in accessing medication.<sup>8,9</sup> However, a comprehensive assessment of inequalities in healthcare disruption in the community is lacking.

It is well known that health systems do not meet the needs of all social groups equitably, with marked health inequalities by sex, ethnicity, and socioeconomic position.<sup>10,11</sup> For example, the inverse care law demonstrates that health service provision is often not allocated according to need, with more socioeconomically deprived areas relatively under-served.<sup>12</sup> Given the barriers that some social groups

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3 71 face in accessing high quality healthcare, there is considerable concern that disadvantaged groups (e.g.,  
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5 72 ethnic minorities) will be disproportionately impacted by healthcare disruption during the COVID-19  
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7 73 pandemic, as some emerging evidence suggests.<sup>13,14</sup>  
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10 74 Harnessing multiple longitudinal studies allows inequalities to be studied in detail by improving  
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12 75 statistical power and allows consistency of findings to be investigated. We therefore aimed to  
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14 76 investigate inequalities in healthcare disruption during the COVID-19 pandemic in 12 population-based  
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16 77 longitudinal studies, to help inform targeting of policy responses as we move out of the acute phase of  
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18 78 the pandemic. We investigate healthcare disruptions (including prescription or medication access,  
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20 79 procedures or surgery, clinical appointments) by sex, age, ethnicity, education, and occupational social  
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22 80 class and we explore whether associations differ by age, or for those who have been recommended to  
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24 81 ‘shield’ due to clinical vulnerability.  
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## 27 82 **Methods**

### 28 83 *Design*

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32 84 The UK National Core Studies – Longitudinal Health and Wellbeing programme aims to draw  
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34 85 together data from multiple UK population-based longitudinal studies to answer questions relevant to  
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36 86 the pandemic response. By coordinating analyses within each study and statistically pooling results in  
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38 87 a meta-analysis, we can provide robust evidence to understand how the pandemic has impacted  
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40 88 population health and support efforts to mitigate its health effects going forward.  
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### 45 90 *Participants*

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47 91 Data were from 12 UK population studies which had conducted surveys both before and during  
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49 92 the COVID-19 pandemic. Details of the design, sample frames, current age range, timing of the  
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51 93 COVID-19 surveys, response rates, and analytical sample size are available in Supplementary Table  
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53 94 S1.  
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56 95 Our population of interest is the current UK population aged 16 years or older. The following  
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58 96 studies are considered to be nationally representative samples of their target age-groups: the Millennium  
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3 97 Cohort Study (MCS);<sup>15</sup> Next Steps (NS);<sup>16</sup> the 1970 British Cohort Study (BCS);<sup>17</sup> the National Child  
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5 98 Development Study (NCDS);<sup>18</sup> the National Survey of Health and Development (NSHD);<sup>19,20</sup>  
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7 99 Understanding Society (USOC);<sup>21</sup> and the English Longitudinal Study of Ageing (ELSA).<sup>22</sup> We also  
8  
9 100 included the Avon Longitudinal Study of Parents and Children (ALSPAC-G1);<sup>23</sup> the parents of the  
10  
11 101 ALSPAC-G1 cohort which we refer to as ALSPAC-G0;<sup>24</sup> the Born in Bradford study (BIB);<sup>25,26</sup>  
12  
13 102 Generation Scotland: the Scottish Family Health Study (GS);<sup>27</sup> and the UK Adult Twin Registry  
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15 103 (TwinsUK).<sup>28,29</sup> We present results from all 12 studies in the main manuscript and results restricted to  
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17 104 representative samples in Supplementary File 3.

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20 105 We can further categorise these studies into age homogenous birth cohorts (where all  
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22 106 individuals were of similar age within each cohort) and age heterogeneous studies (each covering a  
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24 107 range of age groups). The age homogenous studies include: MCS; ALSPAC-G1; NS; BCS; NCDS; and  
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26 108 NSHD. The age heterogeneous studies include: BIB; USOC; GS; ALSPAC-G0; TwinsUK; and ELSA.  
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28 109 Analytical samples were defined within each study based on respondents who had no missing data on  
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30 110 at least one healthcare disruption outcome in a COVID-19 survey and on a minimum set of covariates  
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32 111 (sex, ethnicity, and age where relevant). Most studies were weighted to be representative of their target  
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34 112 populations accounting for differential non-response.<sup>20,30,31</sup> Weights were not available for BIB or  
35  
36 113 TwinsUK. Studies were ordered for presentation by age of sample (youngest to oldest), with the age  
37  
38 114 homogenous cohorts first, followed by the age heterogeneous studies.

### 115 ***Patient and public involvement***

116 Participants were not involved in the design or conduct of our research.

### 117 ***Ethical approval***

118 Ethics statement and data access details for each study can be found in Supplementary Table  
119 S2.

### 120 ***Measures***

121 Below we describe the overall approach to measuring each variable in the analysis.

122

### 123 ***Outcomes***

124 We assessed self-reported disruptions to prescriptions or medication access; procedures or  
125 surgery; and appointments (e.g., with a GP or outpatient services); and a combined variable indicating  
126 disruptions to any of the afore mentioned. Any deviation from planned/existing treatment was coded as  
127 a disruption, regardless of the reason for the disruption. The wording of the questions was the same for  
128 MCS, NS, BCS, NCDS and NSHD. There was variation in how the questions were asked in the other  
129 studies. Full details of the questions and coding used within each study are available in Supplementary  
130 File 1. ALSPAC did not have information about prescriptions or medication access. BIB did not have  
131 information about procedures or surgery. TwinsUK did not have information about procedures or  
132 surgery or appointments. Where multiple pandemic survey waves had been included, we coded for any  
133 disruptions reported up to and including the most recent. This meant at least 7 months of follow-up for  
134 most studies (GS had five and ELSA four, while ALSPAC had the longest follow-up period at nine  
135 months).

### 137 ***Indicators of Inequality***

138 We assessed inequalities associated with key sociodemographic characteristics i.e., sex, age,  
139 ethnicity, education, and occupational social class. For age, we considered age-groups categorised as:  
140 16-24; 25-34; 35-44; 45-54; 55-64; 65-74; and 75+ years. Depending on the level of detail of ethnicity  
141 available, we examined both a binary (White [including White minorities] vs Ethnic minorities  
142 [excluding White minorities]) and a finer categorisation of ethnicity (White, South Asian, Black, Mixed,  
143 Other Asian, Other Ethnic Minority). For education we distinguished between degree or equivalent; A-  
144 level or equivalent (i.e., post-compulsory schooling qualifications); GCSE or equivalent (i.e.,  
145 qualifications for completing compulsory schooling); and fewer or no qualifications. We also examined  
146 occupational class with the following categories (based on different coding schemes in different  
147 studies): Professional/Managerial; Intermediate; Routine/Manual; and Other (which included  
148 never/long-term non-employed and, in some studies, respondents who could not be classified  
149 elsewhere). Where respondents' education and occupational class were not available, we considered  
150 parental education or household social class. For full details, see Supplementary File 1.

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**Moderators**

We decided *a priori* to examine modification by age and clinical vulnerability to COVID-19 to see whether inequalities varied by life-stage or were particularly acute for those with higher healthcare needs and at higher risk from COVID-19 harms. For moderation by age, the age-heterogeneous studies split their samples into the age-bands covered, while age homogeneous cohorts were included within the appropriate age bands (see above for banding). In the UK, clinically extremely vulnerable people were advised to stay at home ('shield') during the pandemic. In this paper, shielding status was based on whether respondents reported having received a letter from the NHS advising them to stay at home to protect themselves. More information about shielding can be found in Supplementary File 1.

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**Other variables**

The following covariates were also included where relevant and available within each study: UK Nation (i.e., England, Scotland, Wales, or Northern Ireland); household composition (based on partnership status and whether there were children in the household); and pre-pandemic self-reported health (good vs poor).

**Analysis**

Within each study, distributions of sociodemographic characteristics and healthcare disruption were examined. Then, each healthcare disruption outcome was regressed on each indicator of inequality (i.e., sex, age, ethnicity, education, and occupational class). Unadjusted associations are included in Supplementary File 2. Since our aim was primarily to describe inequalities, we focus on presenting associations with minimal adjustment only for sex, age, and ethnicity when applicable. To assess whether associations were independent of other related factors, we also provide results in Supplementary File 2 for any healthcare disruption which additionally adjust for: education, occupational class, UK Nation (where appropriate), household composition, and pre-pandemic self-reported health. Moderation by age and shielding status was assessed using stratified models.

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3 177 Results were then meta-analysed for each outcome for the full sample, and within age and  
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5 178 shielding strata. We used a random effects meta-analysis with restricted maximum likelihood. For  
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7 179 stratified results, a test of group differences was performed using the subgroup meta-analysis command.  
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9 180 We report heterogeneity using the  $I^2$  statistic (0% indicates low variation between estimates across  
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11 181 studies, while values closer to 100% indicate greater heterogeneity).  
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14 182 Finally, in sensitivity analyses we restricted meta-analyses to representative studies (MCS, NS,  
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16 183 BCS, NCDS and NSHD, USOC and ELSA). Meta-analyses were conducted in Stata 16 (V.16).<sup>32</sup>  
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3 186 **Results**

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5 187 ***Descriptive Statistics***

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8 188 The distribution of demographic and socio-economic characteristics within each study is  
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10 189 presented in Table 1. A total of 68,912 participants were included in the coordinated analysis. Due to  
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12 190 study design, participants from BIB were all female, as were the vast majority (89.4%) from TwinsUK.  
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14 191 The age ranged from 16 years in BIB and USOC to 90+ years in TwinsUK and ELSA.

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16 192 Overall, the prevalence of any healthcare disruption ranged from 6.4% in TwinsUK to 31.8% in  
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18 193 USOC (Figure 1). Table 2 shows that disruptions to medical appointments were most common, ranging  
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20 194 from 3.5% (ELSA) to 28.4% (USOC). Disruptions in prescriptions or medication access varied from  
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22 195 1.2% (BIB) to 10.4% (GS). Disruptions to procedures or surgery were least common ranging from  
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24 196 0.7% (MCS) to 16.8% (ELSA).  
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**Table 1. Percent (and N) distribution of demographic and socio-economic characteristics by study**

	<i>MCS</i>	<i>ALSPAC GI</i>	<i>NS</i>	<i>BCS70</i>	<i>NCDS</i>	<i>NSHD</i>	<i>BIB</i>	<i>USOC</i>	<i>GS</i>	<i>ALSPAC G0</i>	<i>TWINS UK</i>	<i>ELSA</i>	
<b>Total analytic N</b>	3,147	3,430	3,311	5,175	5,747	1,569	1,726	13,253	17,139	3,625	4,282	6,508	
<b>Female</b>	65.0 (2,045)	65.3 (2,240)	64.8 (2,145)	57.9 (2,994)	53.7 (3,086)	52.6 (825)	100.0 (1,726)	57.9 (7,668)	67.0 (11,476)	73.1 (2,651)	89.4 (3,830)	56.3 (3,663)	
<b>Mean Age in 2020 (range)</b>	19.5 (18.7-20.1)	28.4 (27-29)	30.6 (29.9-31.4)	50.5 (50.4-50.6)	62.6 (62.5-62.7)	74	37.5 (16-54)	51.1 (16-96.2)	57.0 (18-100)	59.4 (45-89)	61.2 (22-96)	69.3 (52-90+)	
<b>Ethnicity</b>	<i>White</i>	86.1 (2,708)	98.4 (3,330)	74.6 (2,470)	NA	NA	NA	37.8 (653)	98.3 (16,843)	87.2 (11,561)	98.4 (3,567)	97.1 (4,156)	95.9 (6,239)
	<i>South Asian</i>	7.6 (240)	NA	15.0 (496)	NA	NA	NA	56.1 (968)	0.4 (70)	6.7 (885)	NA	0.7 (28)	2.1 (135)
	<i>East Asian</i>	1.0 (30)	NA	NA	NA	NA	NA	NA	0.3 (51)	1.2 (155)	NA	0.1 (3)	NA
	<i>Black</i>	2.6 (83)	NA	3.8 (127)	NA	NA	NA	2.0 (34)	0.1 (21)	2.5 (334)	NA	1.1 (45)	1.2 (75)
	<i>Mixed</i>	2.4 (76)	NA	4.6 (152)	NA	NA	NA	1.4 (24)	0.6 (105)	1.8 (241)	NA	0.9 (38)	0.9 (59)
	<i>Other</i>	0.3 (10)	NA	2.0 (66)	NA	NA	NA	2.7 (47)	0.3 (49)	0.6 (77)	NA	0.3 (12)	NA
	<i>All ethnic minorities</i>	13.9 (439)	2.9 (100)	25.4 (841)	NA	NA	NA	62.2 (1,073)	1.3 (226)	12.8 (1692)	1.6 (58)	2.9 (126)	4.1 (269)
<b>Education</b>	<i>Higher Education or Degree</i>	55.9 (1,758)	29.0 (994)	48.9 (1,620)	46.6 (2,411)	46.0 (2,646)	29.0 (994)	35.1 (556)	50.7 (8,602)	47.1 (6,238)	29.7 (1,075)	55.7 (2,386)	25.6 (1,666)
	<i>A-level or equivalent</i>	15.0 (473)	35.1 (1,203)	23.4 (773)	14.2 (733)	18.0 (1,034)	35.1 (1,203)	17.2 (273)	35.9 (6,096)	11.6 (1,543)	29.7 (1,078)	11.6 (498)	27.6 (1,798)
	<i>GCSE or equivalent</i>	19.5 (615)	26.1 (896)	19.0 (628)	23.4 (1,209)	22.8 (1,311)	26.1 (896)	22.3 (354)	6.2 (1046)	25.2 (3,341)	30.3 (1,098)	20.5 (877)	22.3 (1,452)
	<i>&lt;GCSE or none</i>	9.6 (301)	9.83 (337)	8.8 (290)	15.9 (822)	13.2 (756)	9.8 (337)	25.5 (405)	7.2 (1,214)	16.1 (2,131)	10.3 (374)	12.2 (521)	24.5 (1,592)
<b>Social Class</b>	<i>Managerial, Admin, Professional</i>	51.3 (1,614)	18.0 (616)	47.6 (1,575)	42.7 (2,209)	23.0 (1,319)	18 (616)	31.2 (475)	81.0 (10,716)	35.0 (4,639)	13.4 (486)	NA	32.4 (2,111)
	<i>Intermediate</i>	15.4 (484)	46.2 (1,583)	18.9 (625)	21.1 (1,091)	14.9 (856)	46.1 (1,583)	35.7 (545)	14.4 (1,906)	17.1 (2,264)	41.2 (1,492)	NA	23.0 (1,497)
	<i>Manual/Routine</i>	18.9 (595)	35.3 (1,212)	15.0 (495)	19.5 (1,009)	16.5 (948)	35.3 (1,212)	25.3 (386)	4.4 (581)	20.1 (2,663)	44.6 (1,617)	NA	28.2 (1,834)
	<i>Other</i>	14.4 (454)	0.6 (19)	18.6 (616)	16.7 (866)	45.7 (2,624)	0.6 (19)	7.8 (119)	0.2 (27)	27.8 (3687)	0.8 (30)	NA	16.4 (1,066)
<b>Instructed to Shield</b>	2.5 (79)	NA	3.3 (110)	5.2 (267)	6.9 (393)	8.8 (101)	7.6 (131)	6.2 (825)	7.8 (1,332)	NA	5.9 (252)	16.3 (1,062)	

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Sources: MCS (Millennium Cohort Study); ALSPAC G1 (Children of the Avon Longitudinal Study of Parents and Children); NS (Next Steps); BCS 70 (1970 British Cohort Study), NCDS (National Child Development Study); NSHD (National Survey of Health and Development); BIB (Born in Bradford); USOC (Understanding Society); GS (Generation Scotland: the Scottish Family Health Study); ALSPAC G0 (parents of ALSPAC); TWINS UK (UK Adult Twin Registry); ELSA (English Longitudinal Study of Ageing). Notes: Studies are ordered by age homogeneity/heterogeneity and mean age of respondents at the time of the interview. Samples for each study restricted to respondents with non-missing information on healthcare disruptions and valid information on sex, social class, education and (where applicable) age and ethnicity. All information about how data were collected and variables were coded is available in Supplementary File 1. NA = Not available/Info not collected. Unweighted data.

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219 **Table 2. Percent prevalence (and 95% confidence intervals) of healthcare disruptions during the pandemic, by study**

	<i>MCS</i>	<i>ALSPAC (G1)</i>	<i>NS</i>	<i>BCS70</i>	<i>NCDS</i>	<i>NSHD</i>	<i>BIB</i>	<i>USOC</i>	<i>GS</i>	<i>ALSPAC (G0)</i>	<i>TWINS UK</i>	<i>ELSA</i>
<b>Prescription/ medication access</b>	4.0 (2.3-5.5)	NA	3.8 (2.3-5.3)	3.4 (2.7-4.2)	2.4 (1.8-3.0)	2.2 (1.3-3.8)	1.2 (0.7-1.7)	5.5 (5.0-6.1)	10.4 (9.9-10.9)	NA	2.9 (2.5-3.3)	0.8 (0.6-1.2)
<b>Procedures or surgery</b>	0.7 (0.0-1.2)	1.6 (1.2-2.1)	2.1 (0.0-3.8)	1.0 (0.7-1.2)	2.8 (2.0-3.5)	2.5 (1.4-4.4)	NA	12.3 (11.6-13.0)	2.1 (1.9-2.4)	2.9 (2.1-3.9)	NA	16.8 (15.7-17.9)
<b>Appointments</b>	6.2 (4.9-7.6)	11.7 (10.3-13.2)	7.3 (5.6-9.0)	10.6 (9.2-12.1)	12.1 (10.9-13.3)	12.0 (9.3-15.6)	8.6 (7.4-10.1)	28.4 (27.4-29.4)	16.6 (16.0-17.1)	14.4 (12.8-16.2)	NA	3.5 (2.9-4.1)
<b>Any healthcare disruption</b>	10.1 (8.1-12.1)	15.9 (14.3-17.6)	12.8 (10.3-15.4)	14.3 (12.7-15.9)	16.7 (15.2-18.2)	16.4 (13.2-20.2)	9.4 (8.1-10.9)	31.8 (30.8-32.8)	25.3 (24.6-25.9)	19.9 (18.1-21.9)	6.35 (5.9-7.2)	19.5 (18.3-20.8)

220 Sources: MCS (Millennium Cohort Study); ALSPAC G1 (Children of the Avon Longitudinal Study of Parents and Children); NS (Next Steps); BCS 70 (1970  
 221 British Cohort Study), NCDS (National Child Development Study); NSHD (National Survey of Health and Development); BIB (Born in Bradford); USOC  
 222 (Understanding Society); GS (Generation Scotland: the Scottish Family Health Study); ALSPAC G0 (parents of ALSPAC); TWINS UK (UK Adult Twin  
 223 Registry); ELSA (English Longitudinal Study of Ageing). Notes: Studies are ordered by age homogeneity/heterogeneity and mean age of respondents at the  
 224 time of the interview. Samples for each study restricted to respondents with non-missing information on healthcare disruptions and valid information on sex,  
 225 social class, education and (where applicable) age and ethnicity. All information about how data were collected and variables were coded is available in  
 226 Supplementary File 1. TWINSUK had an additional question: "Have you experienced healthcare disruption as a result of the COVID-19 pandemic?" This  
 227 data was also used to derive the 'any healthcare disruption' variable for TWINSUK. NA = Not available/Info not collected. Weighted data where applicable

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3 228 The following sections describe results adjusted for sex, age, and ethnicity when applicable.  
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5 229 Unadjusted results and results adjusted for education, occupational class, UK Nation (where  
6  
7 230 appropriate), household composition, and pre-pandemic self-reported health can be found in  
8  
9 231 Supplementary File 2. The associations were largely robust to further adjustment.

### 12 232 *Sex and healthcare disruptions*

14 233 Across all studies females were generally more likely to report any healthcare disruptions than  
15  
16 234 males (Supplementary Table S3 for details).

19 235 Pooled results from the meta-analysis demonstrate that females had increased odds of any  
20  
21 236 healthcare disruption compared with males (OR: 1.27 [95%CI: 1.15,1.40];  $I^2=54%$ , figure 2,  
22  
23 237 supplementary file 2). Similar associations were observed for disruptions to appointments (OR: 1.33  
24  
25 238 [95%CI: 1.17,1.52];  $I^2=60%$ ). The association between sex and the less prevalent disruptions to  
26  
27 239 procedures and medications crossed the null (Supplementary File 2 and Figure 2).

30 240 There were differences in the association between sex and healthcare disruption when stratified by  
31  
32 241 age ( $p<0.001$ . Supplementary File 2). The odds of having any healthcare disruption for females was  
33  
34 242 highest among 16–24-year-olds (OR: 2.22 [95% CI 1.63, 3.02];  $I^2=0%$ , and Supplementary File 2). An  
35  
36 243 association between sex and healthcare disruption was observed up to age 54 years but there were no  
37  
38 244 clear associations among those aged 55 years and above. There was no evidence that the association  
39  
40 245 between sex and healthcare disruption differed by shielding and non-shielding groups (Supplementary  
41  
42 246 File 2).

45 247 <Figure 1 and 2 about here>

### 48 248 *Age and healthcare disruptions*

50 249 A higher prevalence of having any healthcare disruption was observed among older participants  
51  
52 250 of the national birth cohorts where the same questionnaire was used (Figure 1). This age difference was  
53  
54 251 also observed among the ALSPAC studies and for other age-heterogenous studies as seen in  
55  
56 252 Supplementary Table S3.

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3 253 The meta-analysis including age-heterogenous studies were supportive of age differences for  
4  
5 254 any healthcare disruptions e.g., OR: 1.39 [1.13,1.72];  $I^2=77%$  for 65-75y vs 45-54y (Figure 3,  
6  
7 255 Supplementary File 2). Disruptions seemed less likely in younger age groups and more likely among  
8  
9 256 older age groups, though some estimates cross the null and had high heterogeneity, which may be  
10  
11 257 because of few studies in specific age categories (Figure 3, Supplementary File 2). Associations for  
12  
13 258 disruptions to medical appointments and procedures or surgery showed these age differences more  
14  
15 259 clearly (Figure 3, Supplementary File 2).

16  
17  
18 260 There were no clear differences in the association with age and any healthcare disruption by  
19  
20 261 shielding status. However, for those who were shielding, confidence intervals were wide  
21  
22 262 (Supplementary File 2). The magnitude for the association of healthcare disruption among 75-year-olds  
23  
24 263 and above vs 45–54-year-olds was higher among the non-shielding group (OR: 1.61 [95%CI:  
25  
26 264 1.17,2.22];  $I^2=79%$ ) compared with the shielding group (OR: 0.83 [95%CI:0.51,1.37];  $I^2=83%$ ,  
27  
28 265 Supplementary File 2).

29  
30  
31 266 <Figure 3 about here>

### 32 33 267 ***Ethnicity and healthcare disruptions***

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35  
36 268 Among the studies that had data on ethnicity, between 7.8% (BIB) and 31.9% (USOC) of the  
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38 269 White groups reported healthcare disruption. Between 8.3% (TWINSUK) and 23.6% (GS) of Ethnic  
39  
40 270 minority groups reported having any healthcare disruption (Supplementary Table S3).

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42  
43 271 In meta-analysis, Ethnic minorities compared to White groups had increased odds of any healthcare  
44  
45 272 disruption (OR: 1.19 [1.05,1.35];  $I^2=0%$ , Figure 4 and Supplementary File 2). This association was less  
46  
47 273 clear for specific domains of healthcare disruption (Figure 4, Supplementary File 2). Among the studies  
48  
49 274 that had a finer categorisation of ethnicity, only the Black ethnic groups had clearly raised odds for any  
50  
51 275 healthcare disruption compared with White groups (OR: 1.38 [1.03,1.84];  $I^2=0%$ ). Associations with  
52  
53 276 healthcare disruption were less evident for other ethnic groups but were imprecisely estimated (Figure  
54  
55 277 4, Supplementary File 2).

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3 278 There were no major differences in associations between ethnicity and any healthcare  
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5 279 disruption by age, though this may simply be due to low power as confidence intervals were wide  
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7 280 (Supplementary File 2). The clearest associations with Ethnic minority groups were within the 35-44-  
8  
9 281 and 45-74-year age ranges (OR:1.31 [1.01,1.71];  $I^2=0\%$  and OR:1.61 [1.16,2.22];  $I^2=0\%$ ). The mixed  
10  
11 282 ethnicity group were also at particular risk for disruption in the 16–24-year age range too (OR:2.50  
12  
13 283 [1.25,5.02];  $I^2=0\%$ ). The magnitude for the association between any healthcare disruption among  
14  
15 284 Ethnic minority groups vs. White groups was higher among those who were shielding (OR: 1.56[1.01  
16  
17 285 to 2.39]; compared to OR: 1.06[0.86 to 1.31] for non-shielding). This observation was consistent across  
18  
19 286 more granular ethnicity categories, but confidence intervals were wide (Supplementary File 2).

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22 287 <Figure 4 about here>  
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### 27 289 ***Education and healthcare disruptions***

30 290 There was no clear pattern in the prevalence of healthcare disruption across education levels.  
31  
32 291 For example, in USOC 29.7% of those with any healthcare disruption had a degree or equivalent and  
33  
34 292 39% had no school-leaving qualifications. In TWINSUK 9.9% of those with any healthcare disruption  
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36 293 had a degree or equivalent and 6.1% had no school-leaving (Supplementary Table S3).

38  
39 294 In meta-analysis, we did not observe clear associations between education level and healthcare  
40  
41 295 disruption, other than that those without school-leaving qualifications had raised odds of disruptions to  
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43 296 procedures or surgery (OR: 1.26 [1.11,1.44];  $I^2=0\%$ ; Supplementary File 2 and Figure 5). We did not  
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45 297 observe differences by age or shielding status (Supplementary File 2).

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48 298 <Figure 5 about here>  
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### 50 299 ***Occupational class and healthcare disruptions***

51  
52 300 The prevalence of any healthcare disruption ranged between 9.7% (BIB) and 25.7% (USOC)  
53  
54 301 among the Professional/Managerial social class and between 9.3% (BIB) and 27.6% (USOC) for the  
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56 302 Manual/Routine social class (Supplementary Table S3).

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3 303 Results from meta-analysis show that those in a more disadvantaged occupational class were  
4  
5 304 more likely to report any healthcare disruptions (e.g., OR: 1.17 [95%CI: 1.08, 1.27];  $I^2=0%$  for  
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7 305 Manual/Routine compared with Professional/Managerial, Figure 6, Supplementary File 2). The OR was  
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9 306 greatest for the non-employed occupational class category (OR: 1.51 [95%CI: 1.12,2.04]), however the  
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11 307  $I^2$  was also large (80%). This implies considerable between study heterogeneity, though two of the four  
12  
13 308 individual studies (MCS and ELSA) that did not show clear associations for this category were at the  
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15 309 extremes of the age range considered. Similar associations were seen for domains of healthcare  
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17 310 disruption, with the largest inequalities seen for access to medications. We did not observe differences  
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19 311 by age or shielding status (Supplementary File 2).  
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25 312  
26 313 <Figure 6 about here>  
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### 30 315 *Sensitivity analysis*

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32 316 There were no major differences in the results after restricting to representative samples  
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34 317 (Supplementary File 3).  
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**319 Discussion**

320 Our study demonstrates marked inequalities in healthcare disruption during the COVID-19  
321 pandemic by harnessing data from 12 UK longitudinal studies. Females were more likely to report  
322 healthcare disruptions than males, especially at younger ages (<55 years). This inequality was observed  
323 for each healthcare disruption type including prescription medication, procedures or surgery, and  
324 appointments as well as a combined measure for any of these disruptions. Older adults were especially  
325 likely to report disruptions to medical appointments and procedures and surgeries compared to their  
326 younger counterparts. Ethnic minority (excluding White minorities) groups were more likely to report  
327 healthcare disruption compared to White (including White minorities) groups. Furthermore, when  
328 stratifying results by shielding status, the magnitude for the association between any healthcare  
329 disruption among Ethnic minority groups (compared to White groups) was higher among those who  
330 were shielding. In studies where a finer breakdown of ethnicity was possible, Black ethnic minority  
331 groups had the most clearly increased odds of disruption compared to White ethnic groups.  
332 Occupational class was also found to be associated with healthcare disruption with those in a  
333 routine/manual occupation or other (which included never/long-term non-employed) being more likely  
334 to experience healthcare disruption than those in a managerial/professional occupation. No clear  
335 association between education and healthcare disruption was found in the main, age or shielding status  
336 stratified analyses.

337 The direct burden of COVID-19 on health services across the globe has been colossal and  
338 remains so in some countries, with prioritisation of COVID-19 patients, leaving less capacity and  
339 resources for non-COVID-19 healthcare. Furthermore, associated repeated lockdown measures are  
340 also likely to decrease healthcare access and availability with a decrease in the number of people  
341 attending A&E services,<sup>4</sup> and reports of difficulties accessing medication.<sup>9</sup>

342 Our findings are consistent with current evidence from a smaller sub-set of the studies  
343 examined here suggesting that females are more likely to experience disruption to planned surgery,  
344 medical procedures, or other medical appointments during lockdown.<sup>13</sup> Furthermore, our results show

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3 345 that older adults were more likely to report healthcare disruption as compared to their younger  
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5 346 counterparts, especially disruptions to medical appointments and planned procedures or surgeries.  
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7 347 This finding is consistent with current UK evidence indicating that older adults experience more  
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9 348 delays and disruption to health services.<sup>33–36</sup> Black ethnic minority groups were also found to be at  
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11 349 increased risk of healthcare disruption compared to white ethnic groups – an issue of particular  
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13 350 concern given pre-pandemic ethnic inequalities in healthcare.<sup>37</sup> The inequalities by occupational class  
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15 351 we found are consistent with prior evidence of socioeconomic healthcare inequalities reported in the  
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17 352 UK in the past decade,<sup>38</sup> and highlight that these have still been present in the COVID-19 pandemic.  
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19 353 Associations with occupational class were clearer than those for education, which is also an indicator  
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21 354 of socioeconomic position but may have been a more distal influence.  
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### 26 27 356 **Strengths and limitations**

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29 357 The analysis brings together data from 12 longitudinal studies with rich and sensitive  
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31 358 information on healthcare disruption. This study is strengthened by the coordinated investigation in  
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33 359 multiple longitudinal studies with differing study designs, different target populations, and varying  
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35 360 selection and attrition processes. Our combined approach provides the largest sample size available to  
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37 361 prospectively investigate differences between ethnic groups, within representative population-based  
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39 362 samples. What's more, though utilising non-response weights available, the proportion of ethnic  
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41 363 minority groups within some of the studies is representative of the UK population. Moreover, the use  
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43 364 of multiple studies increased statistical power to look at subpopulations such as ethnic minority groups  
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45 365 across cohorts and allowed for greater examination of how inequalities were patterned by age. While  
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47 366 not all 12 studies were representative of the population of interest, removing them in sensitivity analyses  
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49 367 did not change our conclusions. Our novel approach to coordinated analyses harnessing multiple  
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51 368 datasets therefore allowed research questions to be addressed which would not otherwise be possible.  
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54 369 Differences between studies in a range of factors including measurement of healthcare  
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56 370 disruption, timing of surveys, design, response rates, and differential selection into the COVID-19  
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58 371 sweeps are potentially responsible for heterogeneity in estimates. However, despite this heterogeneity,  
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3 372 the key findings were consistent across most datasets. Furthermore, this heterogeneity can be  
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5 373 informative, for example, by virtue of mixing age-specific and age range studies, we identified that sex  
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7 374 inequalities were stronger at younger ages, and inequalities by occupational class were concentrated  
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9 375 within working ages. The definition of healthcare disruption used may also have contained a range of  
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11 376 disruptions of greater or lesser severity, and there may have been further inequalities in the severity of  
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14 377 disruptions experienced, however we were not able to assess this using the available data.

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16 378 We have focused on our aim of identifying who experienced greater disruptions in healthcare,  
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18 379 rather than on adjustment for confounders to estimate causal effects of the exposures in question.<sup>39</sup>  
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20 380 Nevertheless, many of the associations we observed were robust to adjustment for a wider range of  
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22 381 related variables, but bias due to residual confounding cannot be ruled out. Importantly, we did not  
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24 382 condition our analyses on healthcare need. Many of the inequalities we observed for healthcare  
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26 383 disruptions may be due to inequalities in health, with those who have greater health needs being more  
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28 384 likely to require healthcare that could be disrupted. Accounting for differences in need could have  
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30 385 masked inequalities in healthcare disruptions that are caused by inequalities in health and could have  
31  
32 386 made it less clear which groups have been more likely to experience disruption during the pandemic.  
33  
34 387 Restricting analyses to those who needed care could also induce bias if there were unmeasured  
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36 388 determinants of both need and disruption.<sup>40</sup> Nevertheless, another study of the USOC data analysed  
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38 389 here that did restrict analyses to those needing care still found income-related inequalities in healthcare  
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40 390 disruption, and most of the associations we observed were robust to adjustment for pre-pandemic self-  
41  
42 391 assessed health.<sup>41</sup>

#### 43 44 45 392 *Impact of healthcare disruption*

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47 393 Disadvantaged groups such as females, older adults, Black ethnic minority groups, and those  
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49 394 in routine/manual occupations have had elevated odds of healthcare disruption in the first 8-10 months  
50  
51 395 of the COVID-19 pandemic. Delays and disruptions to treatment could have ongoing implications for  
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53 396 patients' physical and mental health.<sup>42</sup> Action is needed to remedy these inequalities, and efforts to  
54  
55 397 ensure continuity of care during pandemic-related disruptions may need to be more clearly targeted to  
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57 398 those who most need that care. As healthcare access resumes, given the forgone delays in treatments  
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3 399 and the subsequent backlog of postponed surgeries,<sup>43</sup> these groups may require prioritised support to  
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5 400 address unmet needs experienced during the pandemic.  
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8  
9 402 *Conclusion*

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11 403 There have been clear inequalities in disruptions to healthcare during the COVID-19  
12  
13 404 pandemic in the UK. Females (especially at younger ages), older adults, ethnic minorities, and those  
14  
15 405 in disadvantaged occupational classes have been more likely to experience healthcare disruptions.  
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17 406 These are groups who usually experience worse health, so disruptions related to COVID-19 have clear  
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19 407 potential to maintain or even exacerbate existing health inequalities.  
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**Author contribution statement:**

Katikireddi, Ploubidis, Maddock, Parsons, Di Gessa, Green and Thompson conceptualised the study and design. Katikireddi, Ploubidis, Maddock Parsons, Di Gessa, Green, Thompson, Silverwood designed the methodology, Maddock, Parsons, Di Gessa, Green, Thompson, Stevenson, Kwong, McElroy and Santorelli conducted the formal analysis. Maddock, Parsons, Di Gessa, Green, Thompson drafted the manuscript. All authors contributed to critical revision and provided final approval of the manuscript. The project was supervised by Ploubidis and Katikireddi. Funding was acquired by Patalay, Katikireddi, Ploubidis, Silverwood, and Chaturvedi.

**Competing interests:**

No conflicts of interest were declared by JM, SP, GDG, MJG, EJT, AJS, GS, RJS, GC, NC, AS, ASFK, CJS, PP, GBP. SVK is a member of the Scientific Advisory Group on Emergencies subgroup on ethnicity and COVID-19 and is co-chair of the Scottish Government's Ethnicity Reference Group on COVID-19. NC serves on a data safety monitoring board for trials sponsored by Astra-Zeneca.

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16 Please note that the study website contains details of all the data that is available through a fully  
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19 from the ALSPAC Ethics and Law Committee and the Local Research Ethics Committees  
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25  
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14

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20 Centre for Longitudinal Studies: Matt Brown, Lisa Calderwood, Emla Fitzsimons, Alissa Goodman,  
21 Aida Sanchez

22 NSHD: Andrew Wong, Maria Popham, Karen MacKinnon, Imran Shah, Philip Curran  
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29 We are additionally grateful to our funders for their financial input and support in making this research  
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*Ethics and data access statement*

<b>NSHD, NCDS, BCS70, NS and MCS</b>	The most recent sweeps of the <b>NSHD, NCDS, BCS70, Next Steps</b> and <b>MCS</b> have all been granted ethical approval by the National Health Service (NHS) Research Ethics Committee and all participants have given informed consent. Data for NCDS (SN 6137), BCS70 (SN 8547), Next Steps (SN 5545), MCS (SN 8682) and all four COVID-19 surveys (SN 8658) are available through the UK Data Service. NSHD data are available on request to the NSHD Data Sharing Committee. Interested researchers can apply to access the NSHD data via a standard application procedure. Data requests should be submitted to <a href="mailto:mrclha.swiftinfo@ucl.ac.uk">mrclha.swiftinfo@ucl.ac.uk</a> ; further details can be found at <a href="http://www.nshd.mrc.ac.uk/data.aspx">http://www.nshd.mrc.ac.uk/data.aspx</a> . doi:10.5522/NSHD/Q101; doi:10.5522/NSHD/Q10.
<b>ALSPAC</b>	Ethical approval was obtained from the <b>ALSPAC</b> Ethics and Law Committee and the Local Research Ethics Committees. The study website contains details of all the data that is available through a fully searchable data dictionary and variable search tool: <a href="http://www.bristol.ac.uk/alspac/researchers/our-data">http://www.bristol.ac.uk/alspac/researchers/our-data</a> . ALSPAC data is available to researchers through an online proposal system. Information regarding access can be found on the ALSPAC website ( <a href="http://www.bristol.ac.uk/media-library/sites/alspac/documents/researchers/data-access/ALSPAC_Access_Policy.pdf">http://www.bristol.ac.uk/media-library/sites/alspac/documents/researchers/data-access/ALSPAC_Access_Policy.pdf</a> ).
<b>BIB</b>	Ethical approval for <b>Born in Bradford</b> was granted by the National Health Service Health Research Authority Yorkshire and the Humber (Bradford Leeds) Research Ethics Committee (reference: 16/YH/0320). Data from the various BiB family studies are available to researchers; see the study website for information on how to access data ( <a href="https://borninbradford.nhs.uk/research/how-to-access-data/">https://borninbradford.nhs.uk/research/how-to-access-data/</a> ).
<b>USOC</b>	The University of Essex Ethics Committee has approved all data collection for the <b>Understanding Society</b> main study and COVID-19 waves. No additional ethical approval was necessary for this secondary data analysis. All data are available through the UK Data Service (SN 6614 and SN 8644).
<b>ELSA</b>	Waves 1-9 of <b>ELSA</b> were approved through the National Research Ethics Service, while the COVID-19 Sub-study was approved by the UCL Research Ethics Committee. All participants provided informed consent. All data are available through the UK Data Service (SN 8688 and 5050).
<b>GS</b>	<b>Generation Scotland</b> obtained ethical approval from the East of Scotland Committee on Medical Research Ethics (on behalf of the National Health Service). Reference number 20/ES/0021. Access to data is approved by the Generation Scotland Access Committee. See <a href="https://www.ed.ac.uk/generation-scotland/for-researchers/access">https://www.ed.ac.uk/generation-scotland/for-researchers/access</a> or email <a href="mailto:access@generationscotland.org">access@generationscotland.org</a> for further details.
<b>TWINSUK</b>	All wave of <b>TwinsUK</b> have received ethical approval associated with TwinsUK Biobank (19/NW/0187), TwinsUK (EC04/015) or Healthy Ageing Twin Study (H.A.T.S) (07/H0802/84) studies from NHS Research Ethics Committees at the Department of Twin Research and Genetic Epidemiology, King's College London. The TwinsUK Resource Executive Committee (TREC) oversees management, data sharing and collaborations involving the TwinsUK registry (for further details see <a href="https://twinsuk.ac.uk/resources-for-researchers/access-our-data/">https://twinsuk.ac.uk/resources-for-researchers/access-our-data/</a> ).



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**Figure Legends:**

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**Figure 1. Prevalence (and 95% CIs) of any healthcare disruption by study**

Sources: MCS (Millennium Cohort Study); ALSPAC G1 (Children of the Avon Longitudinal Study of Parents and Children); NS (Next Steps); BCS 70 (1970 British Cohort Study), NCDS (National Child Development Study); NSHD (National Survey of Health and Development); BIB (Born in Bradford); USOC (Understanding Society); GS (Generation Scotland: the Scottish Family Health Study); ALSPAC G0 (parents of ALSPAC); TWINS UK (UK Adult Twin Registry); ELSA (English Longitudinal Study of Ageing). Notes: Studies are ordered by age homogeneity/heterogeneity and mean age of respondents at the time of the interview. Samples for each study restricted to respondents with non-missing information on healthcare disruptions and valid information on sex, social class, education and (where applicable) age and ethnicity. All information about how data were collected and variables were coded is available in Supplementary File 1.

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**Figure 2: Associations between female (compared to male) sex and healthcare disruption.** Notes: Adjusted for age and ethnicity where applicable.

**Figure 3: Associations between age (compared to 45-54 year olds) and healthcare disruption.** Notes: Adjusted for sex and ethnicity where applicable.

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**Figure 4: Associations between Ethnicity (compared to White groups) and healthcare disruption.** Notes: Panels illustrate findings for some larger ethnic groups separately and the final panel presents results for all non-White ethnic minorities combined. Adjusted for age and sex where applicable.

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**Figure 5: Associations between education (compared to degree level) and healthcare disruption** Notes: Adjusted for age, sex and ethnicity where applicable.

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**Figure 6: Associations between occupational social class (compared to Professional/Managerial) and healthcare disruption.** Notes: Adjusted for age, sex and ethnicity where applicable.

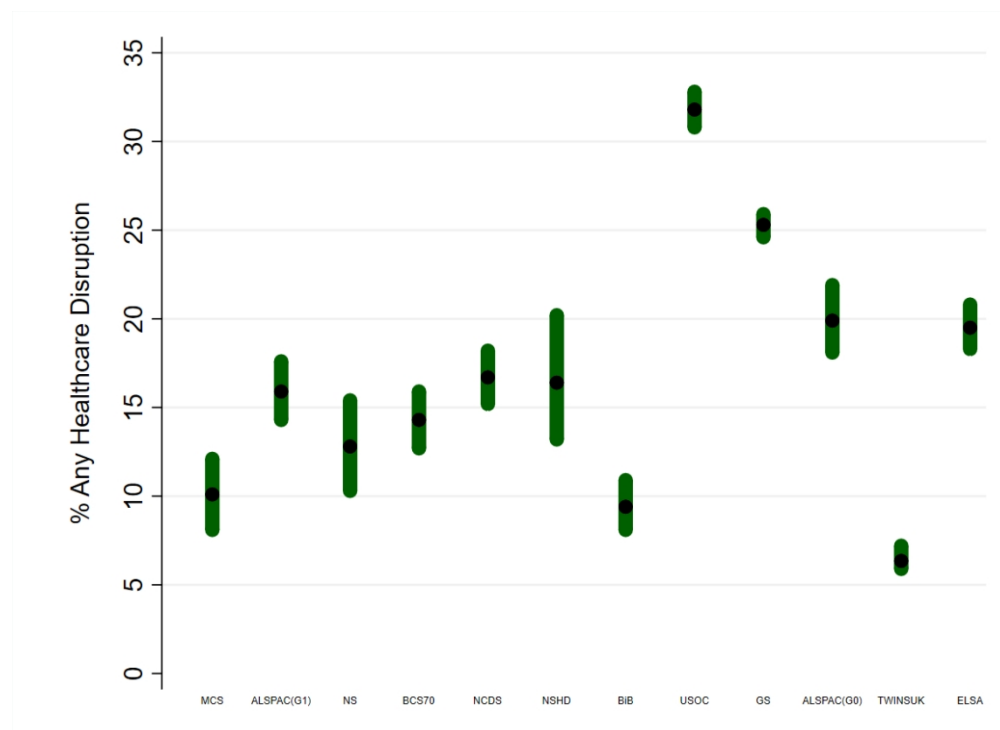
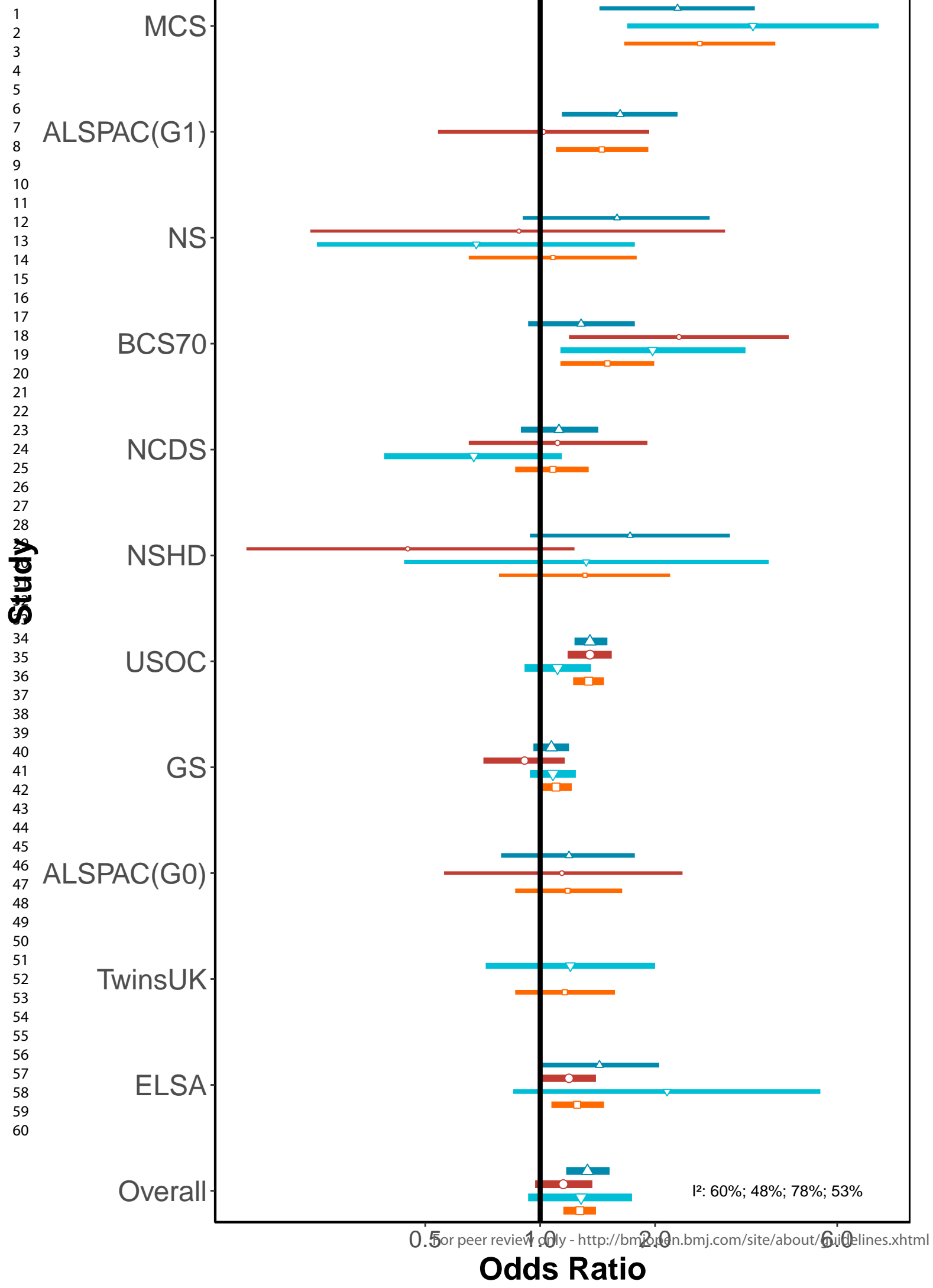


Figure 1. Prevalence (and 95% CIs) of any healthcare disruption by study

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### Disruption Type

- Appointments
- Procedures/surgery
- Prescription/Medication
- Any Disruption

I<sup>2</sup>: 60%; 48%; 78%; 53%

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Age 16-24 (vs 45-54y)

Age 25-34 (vs 45-54y)

Age 35-44 (vs 45-54y)





Age 55-64 (vs 45-54y)

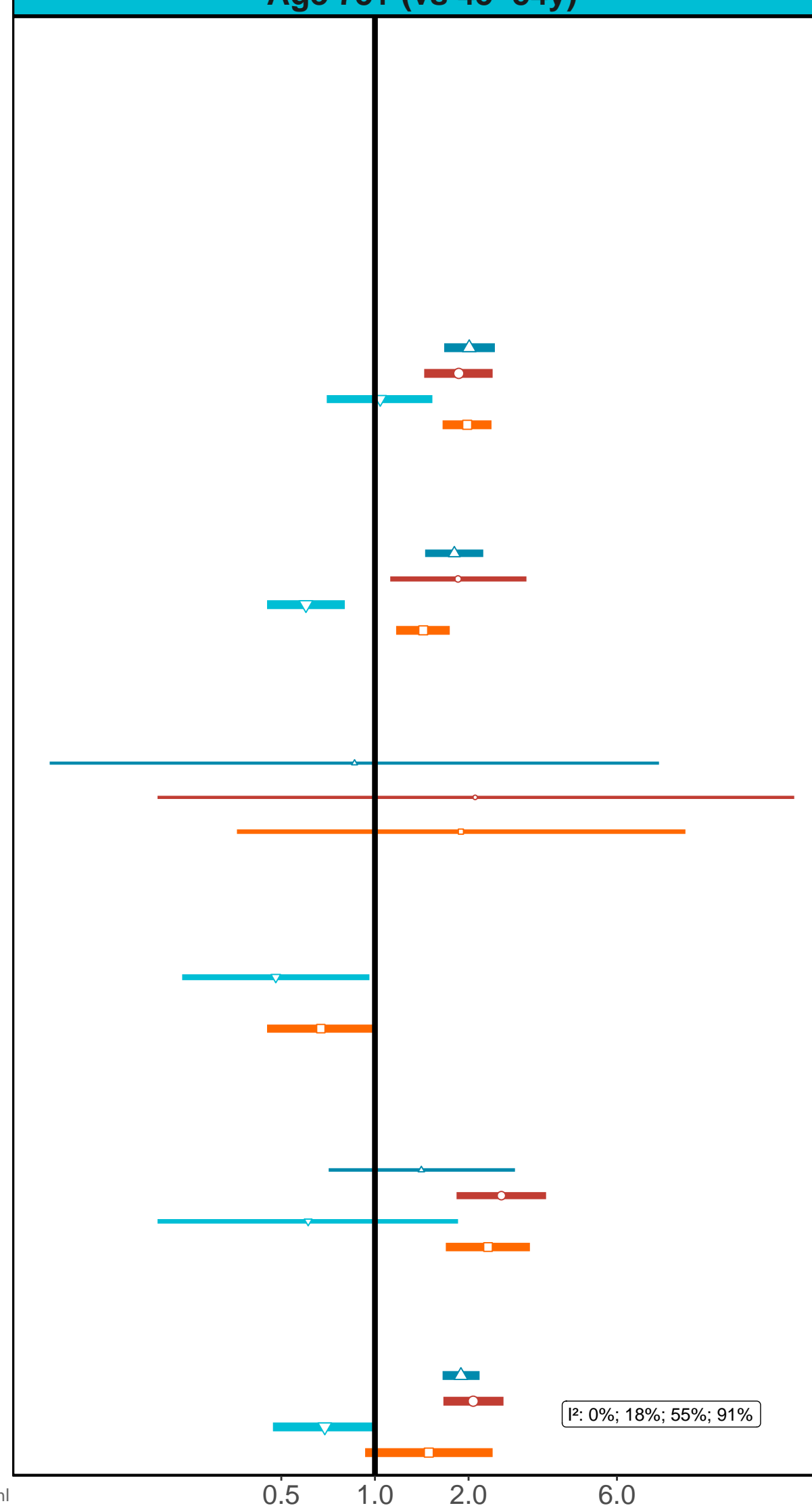
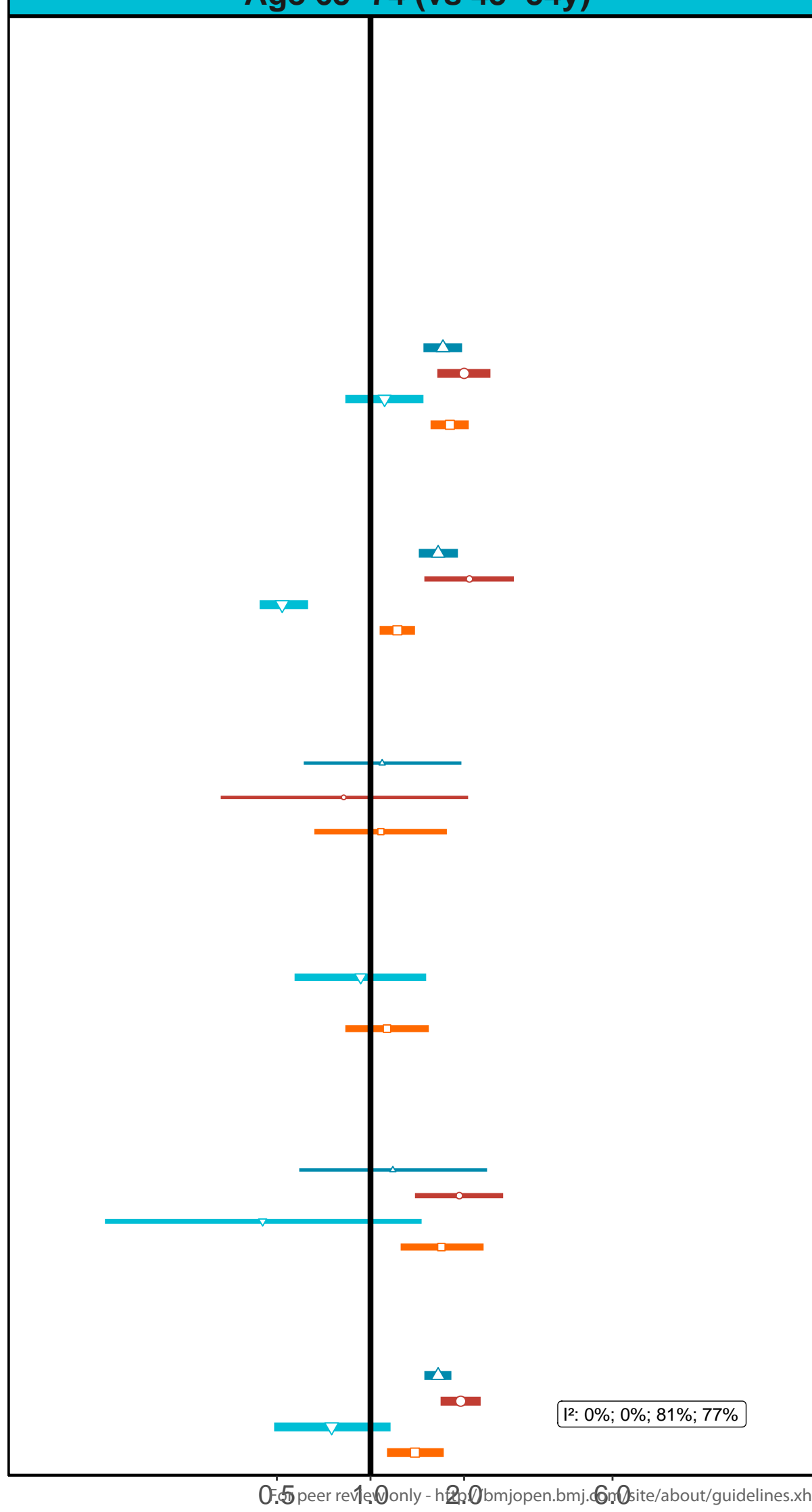
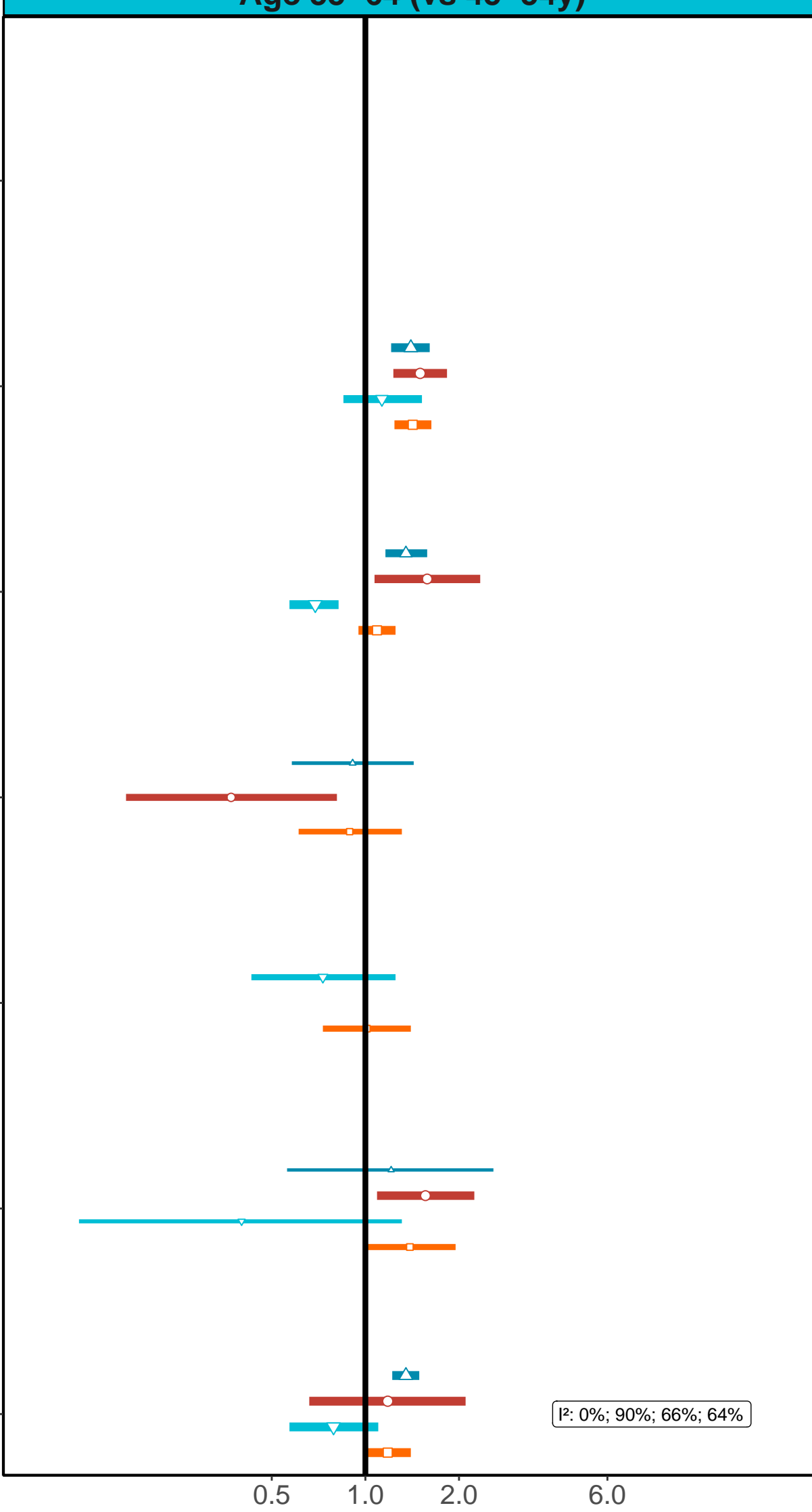
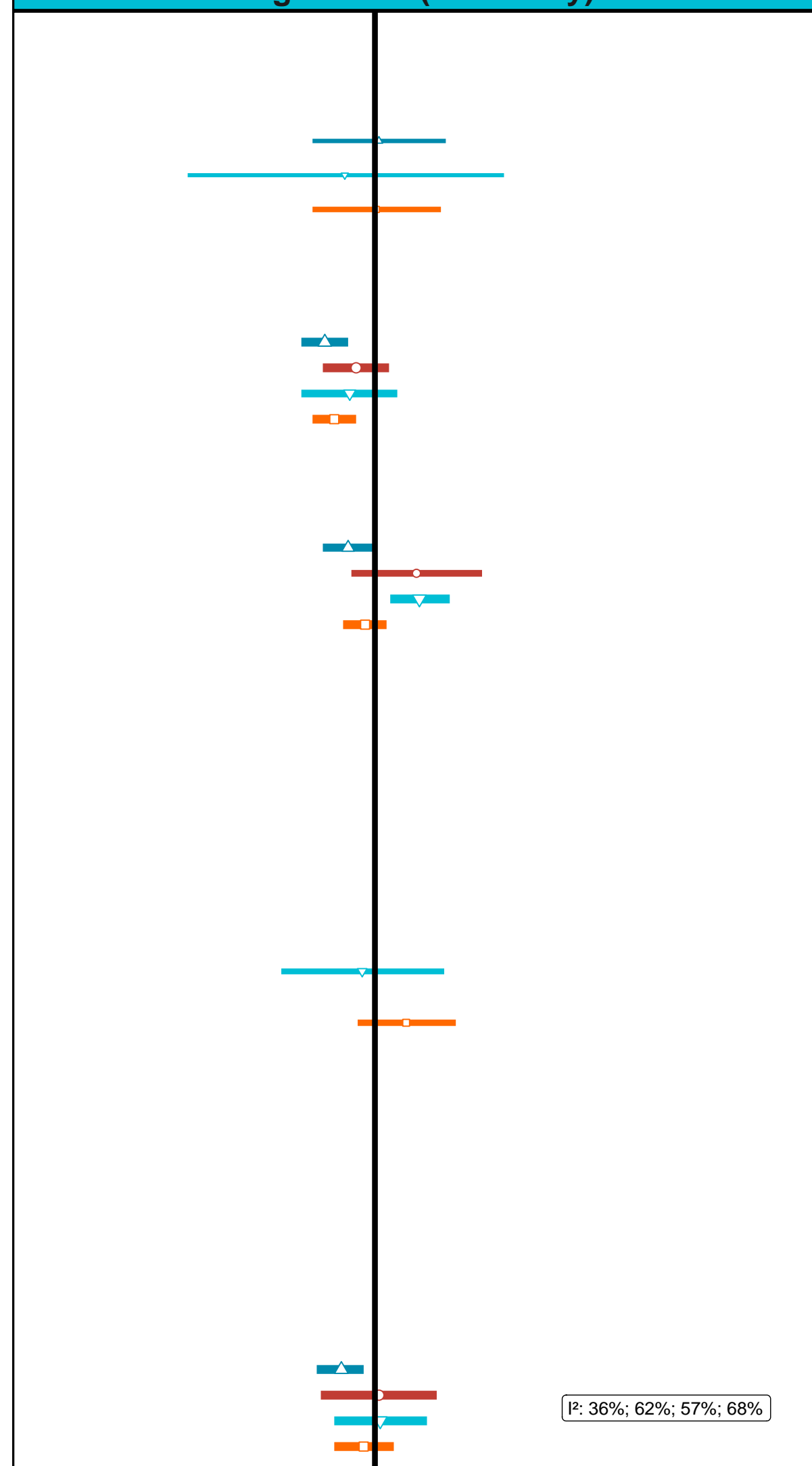
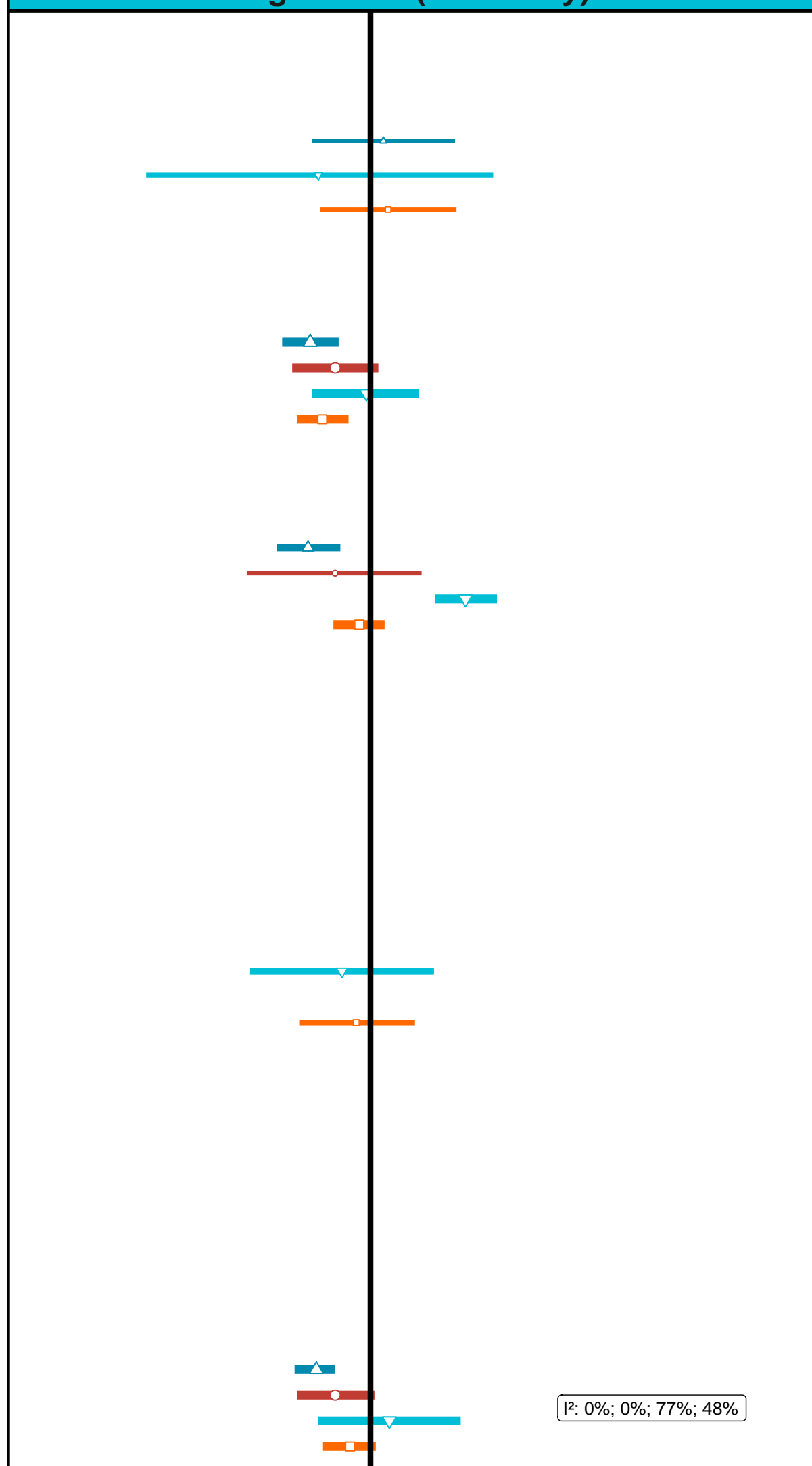
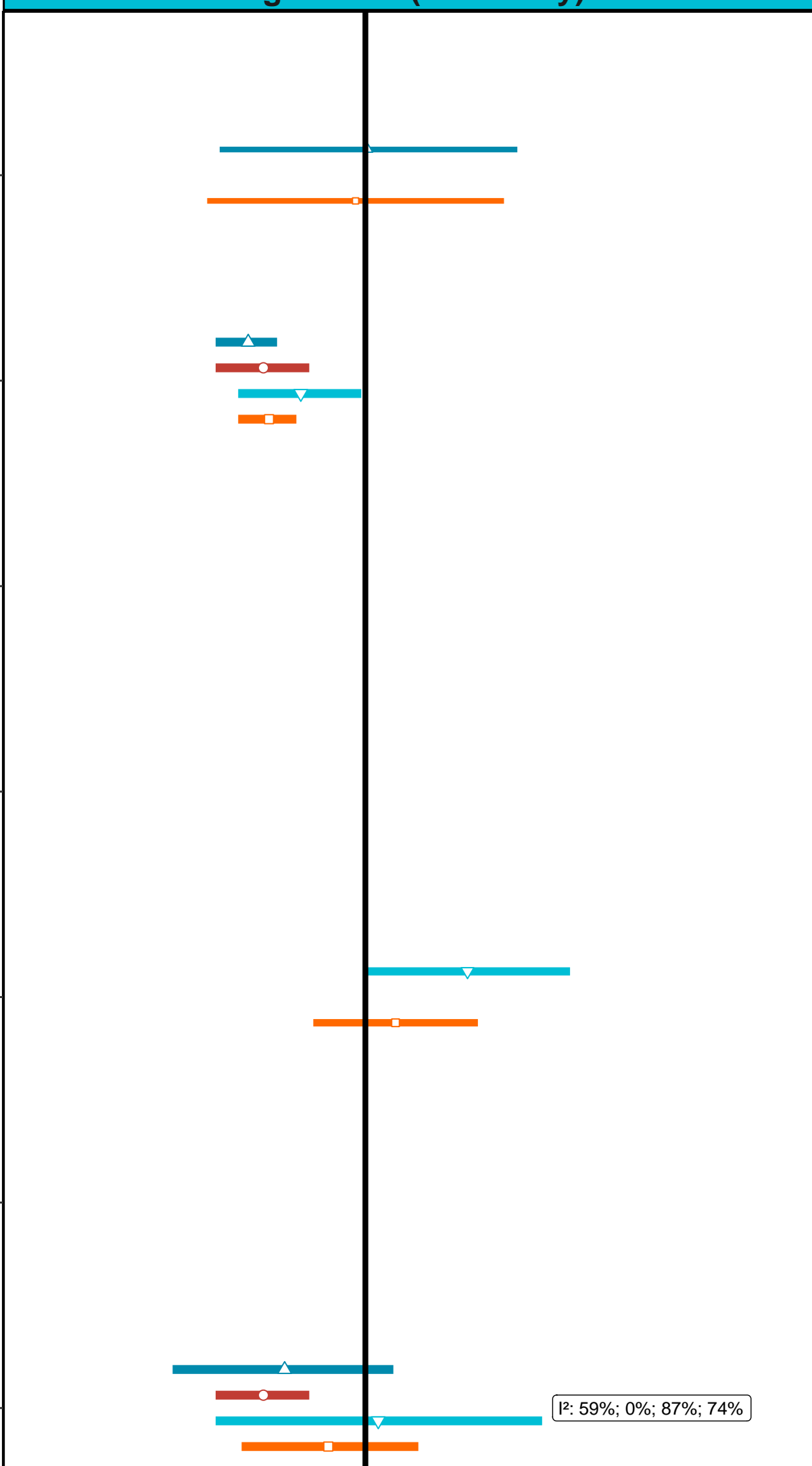
Age 65-74 (vs 45-54y)

Age 75+ (vs 45-54y)

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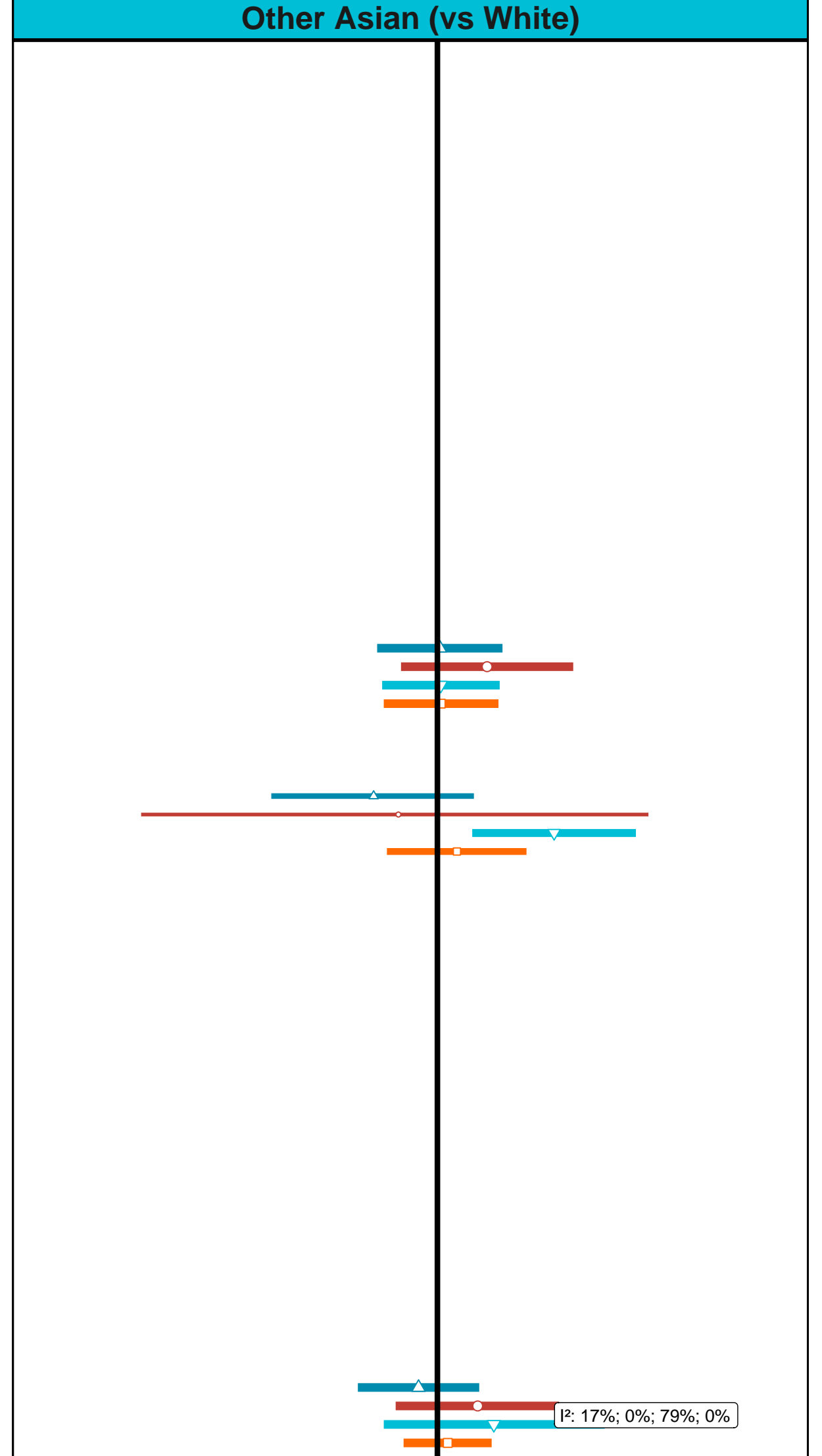
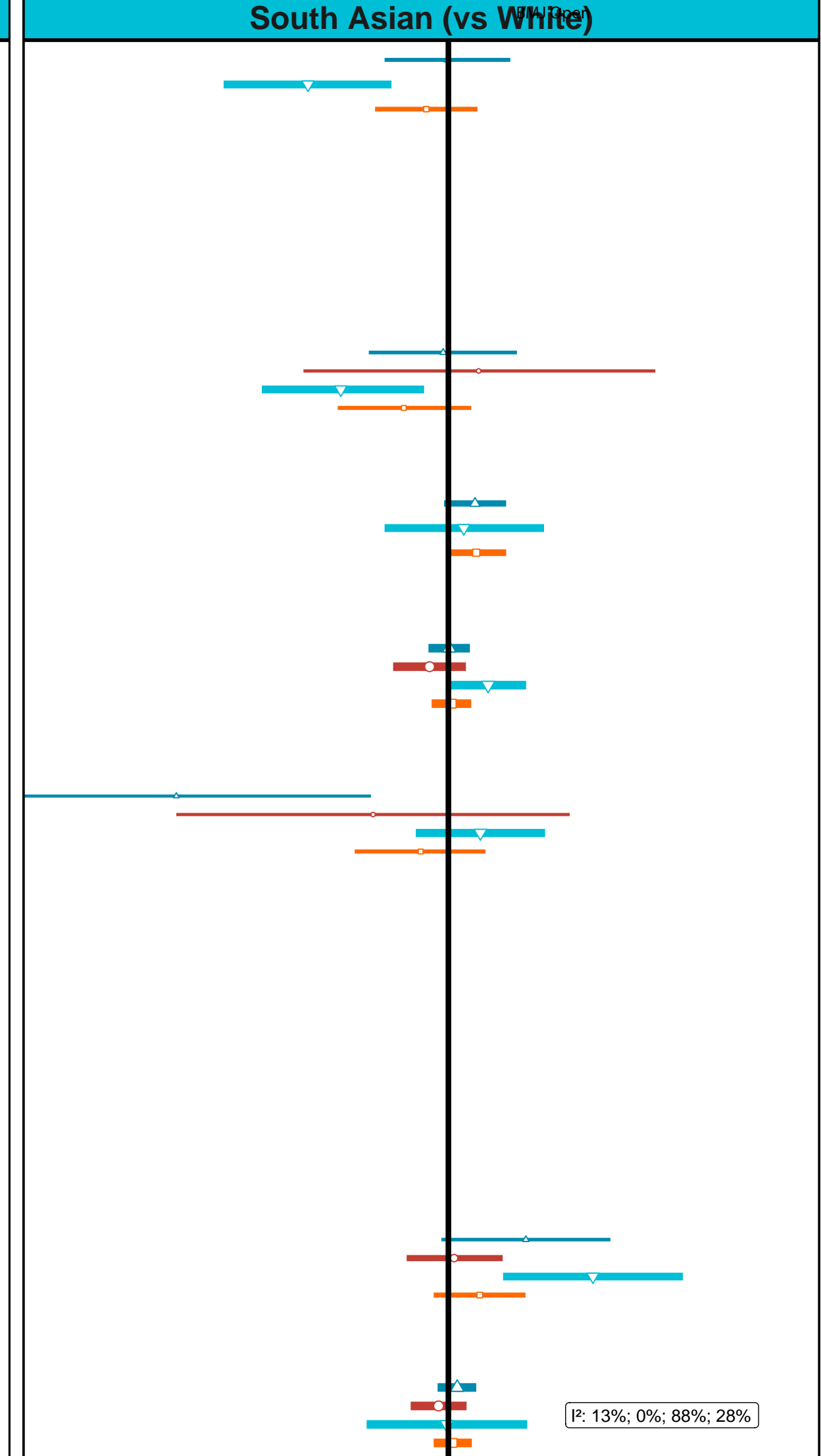
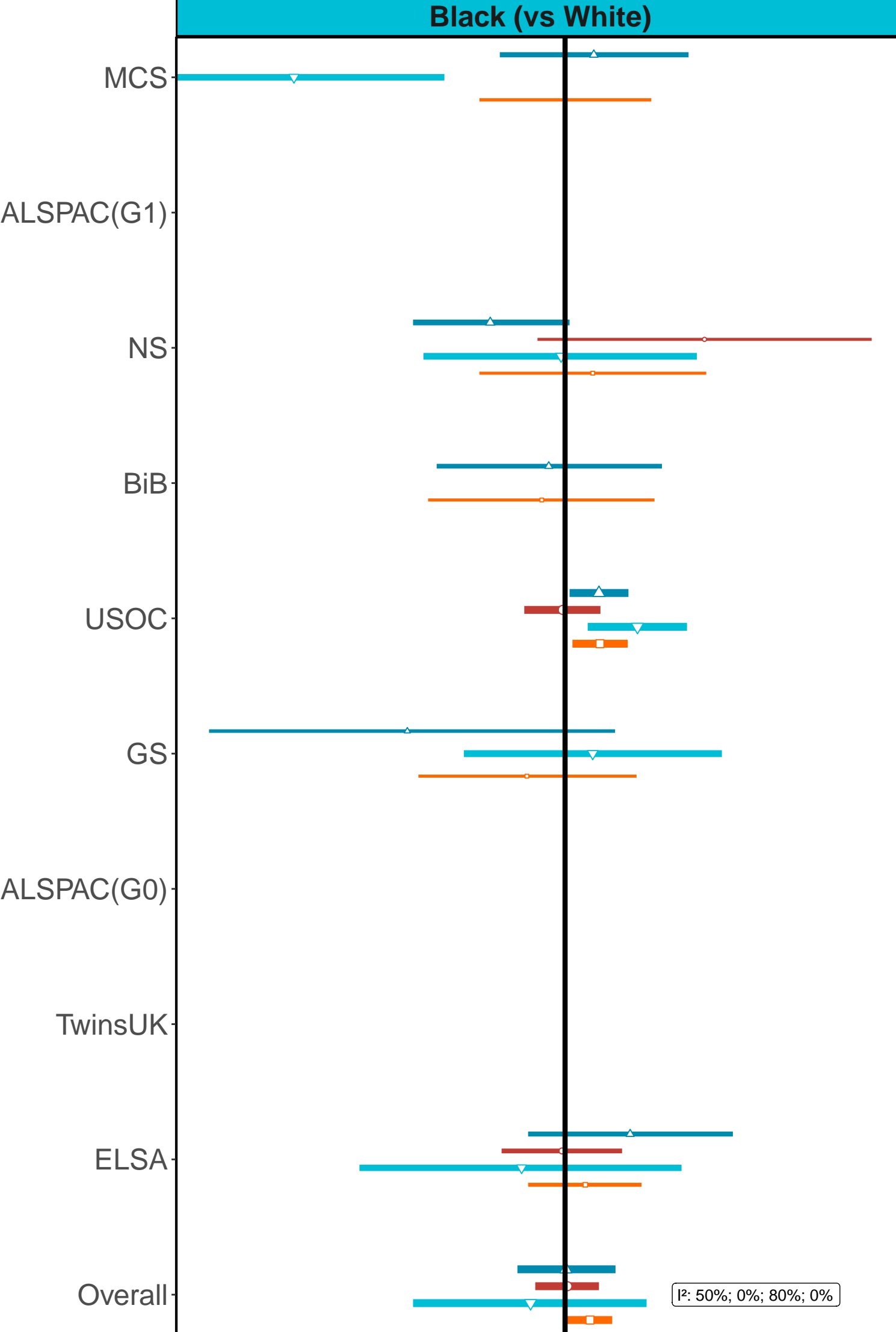
**Disruption Type**  
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 Prescription/medication  
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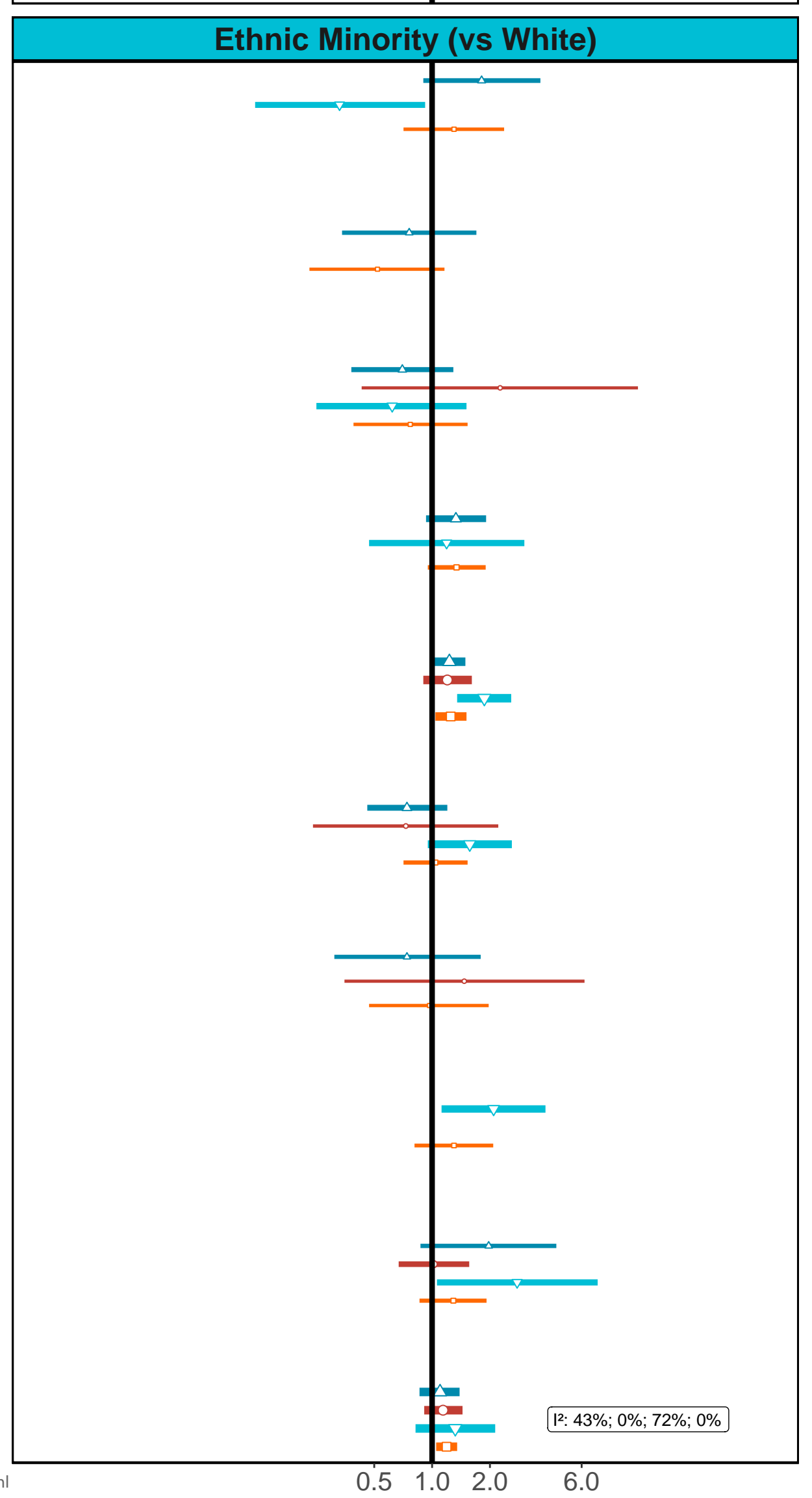
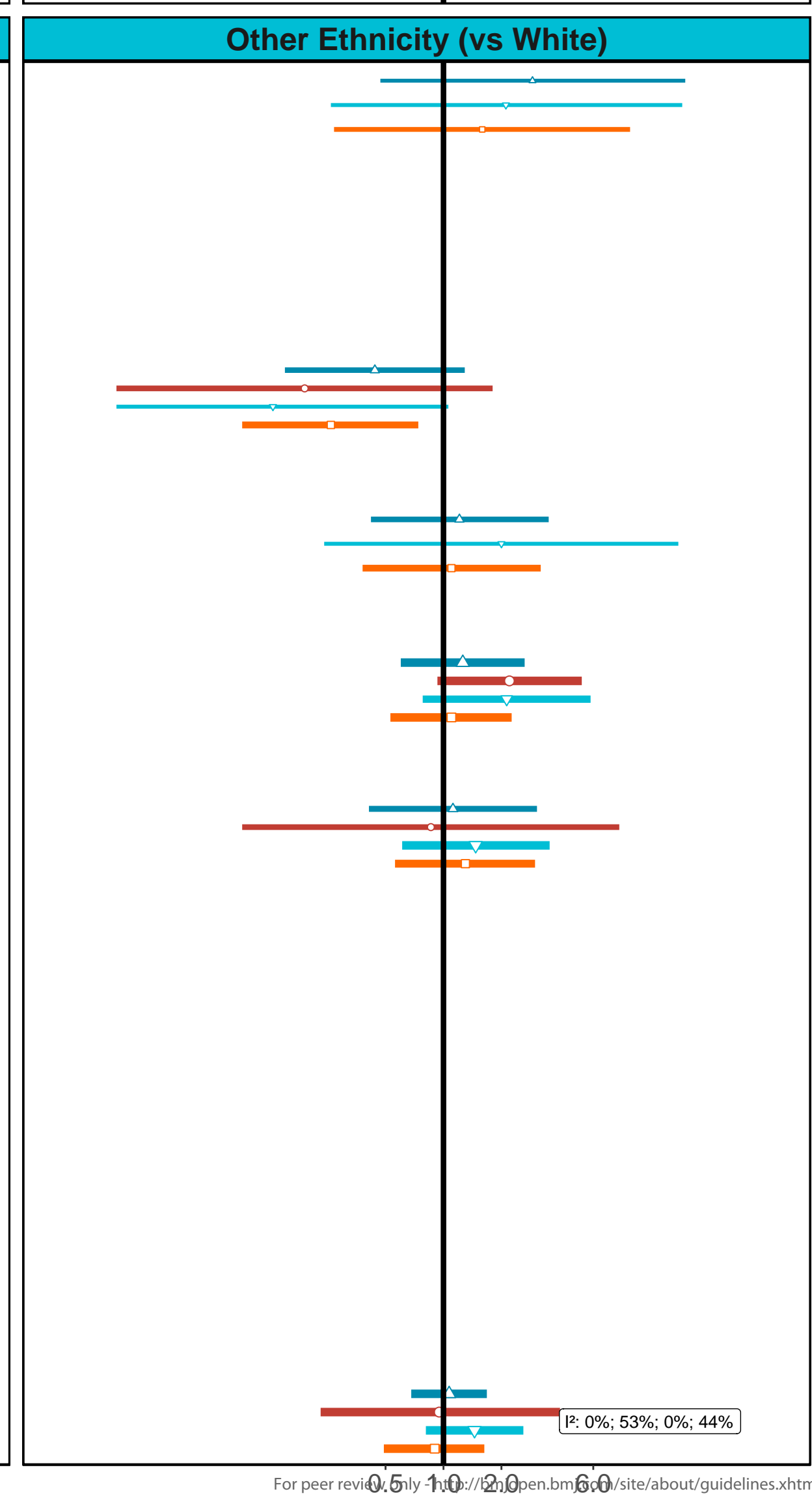
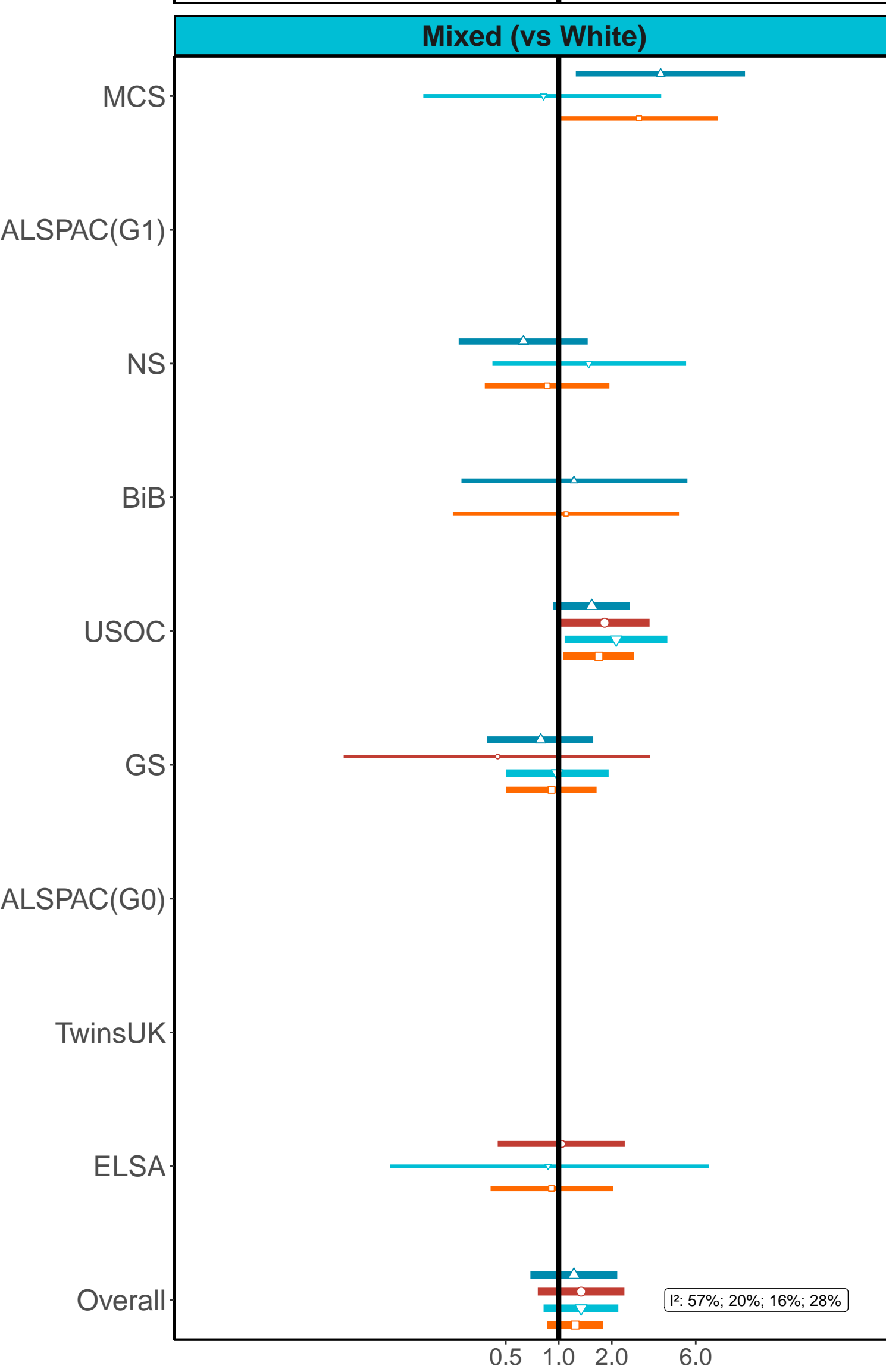


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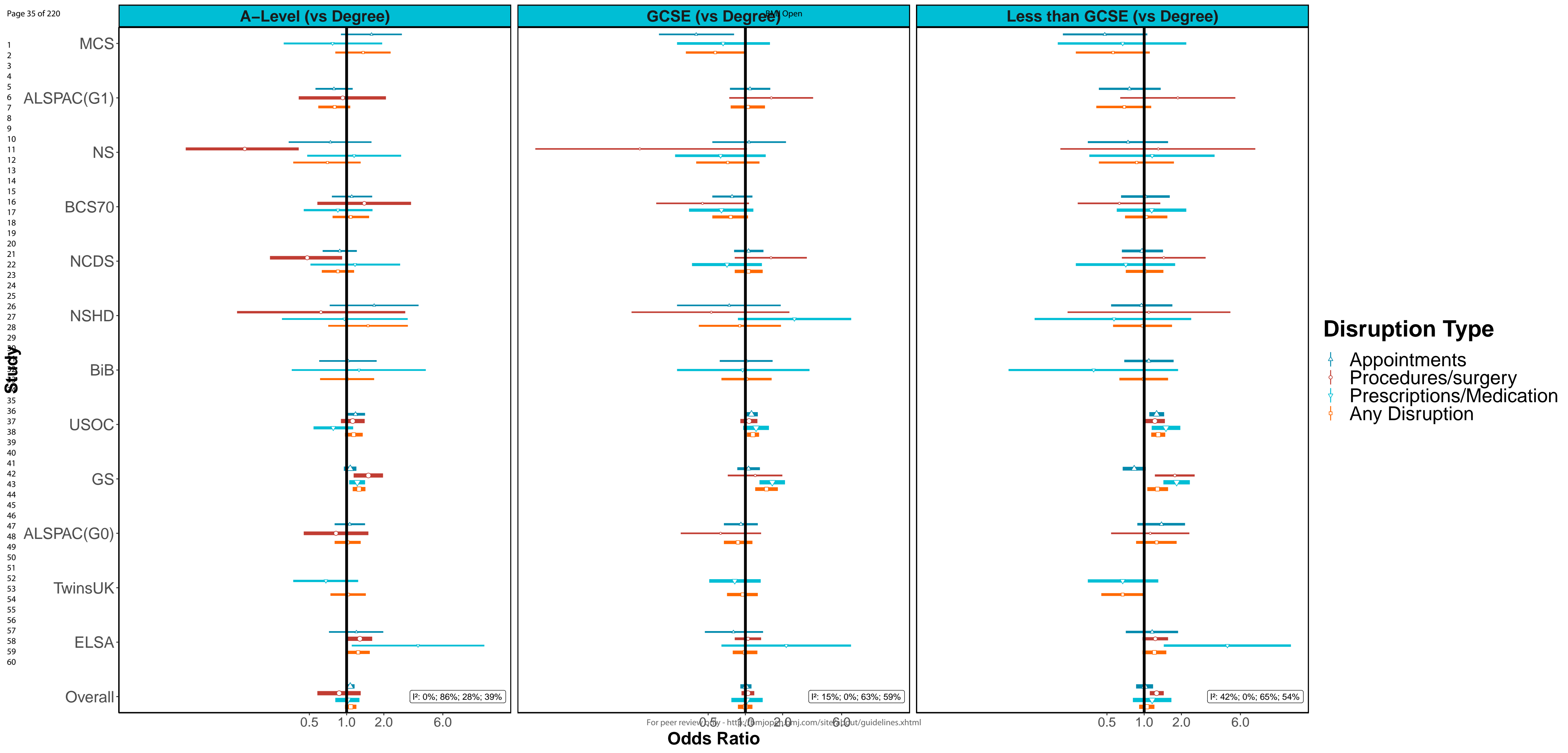


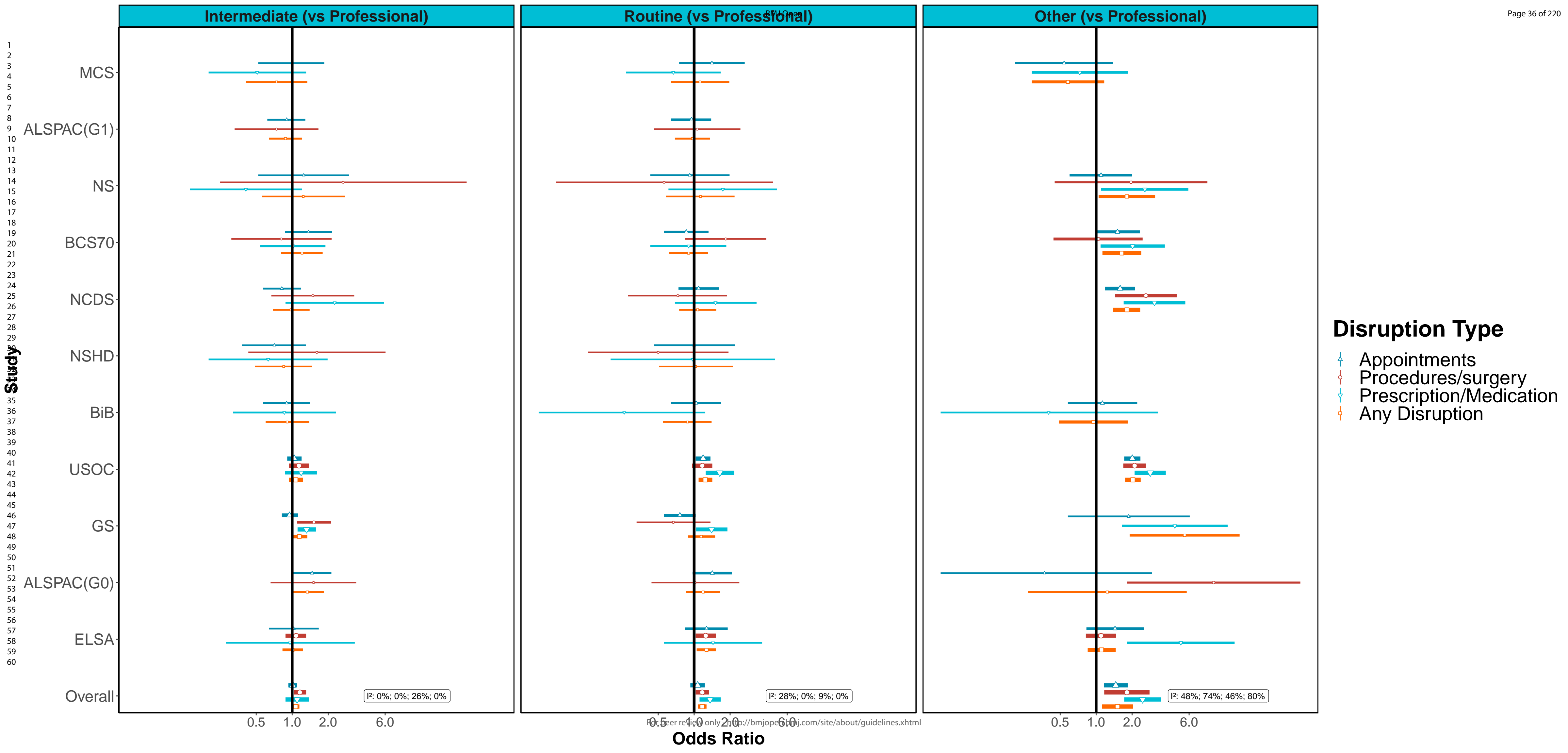
**Disruption Type**

- Appointments
- Procedures/surgery
- Prescription/Medication
- Any Disruption









# Inequalities in healthcare disruptions during Covid-19 in the UK: Evidence from 12 population-based longitudinal studies

## List of Supplementary Tables

**Supplementary Table S1.** Details of each study

**Supplementary Table S2.** Ethics and data access statements for each study

**Supplementary Table S3.** Percent prevalence of any healthcare disruptions by selected characteristics and study

For peer review only

Supplementary Table S1. Details of each study

Study Population	Design and Sample Frame	2020 Age Range	Pre-pandemic Survey	Details of Covid surveys (response rate)	Analytic N
<i>Age Homogenous Cohorts</i>					
MCS: Millennium Cohort Study	Cohort of UK children born between Sept 2000 and Jan 2002 with regular follow-up surveys from birth.	18-20	2018	Two surveys: May (26.6%) & Sep-Oct (24.2%)	3147
ALSPAC (G1): Avon Longitudinal Study of Parents and Children- Generation 1	Cohort of children born in the South-West of England between April 1991 and Dec 1992, with regular follow-up surveys from birth. (original young people)	27-29	2017-2018	Three questionnaires: April (19%), June (17.4%), December (26.4%)	3430
NS: Next Steps, formerly known as Longitudinal Study of Young People in England	Sample recruited via secondary schools in England at around age 13 with regular follow-up surveys thereafter.	29-31	2015	Two surveys: May (20.3%) & Sep-Oct (31.8%)	3311
BCS70: British Cohort Study 1970	Cohort of all children born in Great Britain (i.e. England, Wales & Scotland) in one week in 1970, with regular follow-up surveys from birth.	50	2016	Two surveys: May (40.4%) & Sep-Oct (43.9%)	5175
NCDS: National Child Development Study	Cohort of all children born in Great Britain (i.e. England, Wales & Scotland) in one week in 1958, with regular follow-up surveys from birth.	62	2013	Two surveys: May (57.9%) & Sep-Oct (53.9%)	5747
NSHD: National Survey of Health and Development	Cohort of all children born in Great Britain (i.e. England, Wales & Scotland) in one week in 1946, with regular follow-up surveys from birth.	74	2015	Two surveys: May (68.2%) & Sep-Oct (61.5%)	1569
<i>Age Heterogeneous Studies</i>					
BIB: Born in Bradford	Birth cohort recruiting pregnant women and their children between 2007 and 2010; and pregnant women and their children in three deprived areas of Bradford between 2016 and 2020	17-54	2016-2020	Two surveys: April-Jun (28%) & Oct-Nov (24%)	1726
USOC: Understanding Society: the UK Household Longitudinal Survey	A nationally representative longitudinal household panel study, based on a clustered-stratified probability sample of UK households, with all adults aged 16+ in chosen households surveyed annually.	16-96	2018-2019	Six: surveys: April (40.3%); May (33.6%); Jun (32.0%); July (31.2%); Sep (29.2%) & Nov (27.3%)	13253
ELSA: English Longitudinal Study of Aging	A nationally-representative population study of individuals aged 50+ living in England, with biennial surveys since 2002/03.	52-90+	2018-2019	First Covid-19 sub-study: Jun-July (75%)	6508
GS: Generation Scotland: the Scottish Family Health Study	A family-structured, population-based Scottish cohort, with participants aged 18-99 recruited between 2006-2011	27-100	2006-2011	Two surveys: April-Jun (21.6%) & Jul-Aug (15.6%)	17139
ALSPAC(G0): Avon Longitudinal Study of Parents and Children- Generation 0	Parents of the ALSPAC(G1) cohort described above, treated as a separate age-heterogeneous study population. (original parents)	45-81	2011-2013	Three questionnaires: April (12.4%), June (12.2%), December (14.3%)	3625
TWINSUK: the UK Adult Twin Registry	A cohort of UK volunteer adult twins (55% monozygotic and 43% dizygotic) who were sampled between 18-101 years of age.	22-96	2017-2018	Three surveys: April (64.3%), July (77.6%) & November (76.1%)	4282

## Supplementary Table S2. Ethics and data access statements for each study

<b>NSHD, NCDS, BCS70, NS and MCS</b>	The most recent sweeps of the <b>NSHD, NCDS, BCS70, Next Steps</b> and <b>MCS</b> have all been granted ethical approval by the National Health Service (NHS) Research Ethics Committee and all participants have given informed consent. Data for NCDS (SN 6137), BCS70 (SN 8547), Next Steps (SN 5545), MCS (SN 8682) and all four COVID-19 surveys (SN 8658) are available through the UK Data Service. NSHD data are available on request to the NSHD Data Sharing Committee. Interested researchers can apply to access the NSHD data via a standard application procedure. Data requests should be submitted to <a href="mailto:mrelha.swiftinfo@ucl.ac.uk">mrelha.swiftinfo@ucl.ac.uk</a> ; further details can be found at <a href="http://www.nshd.mrc.ac.uk/data.aspx">http://www.nshd.mrc.ac.uk/data.aspx</a> . doi:10.5522/NSHD/Q101; doi:10.5522/NSHD/Q10.
<b>ALSPAC</b>	Ethical approval was obtained from the <b>ALSPAC</b> Ethics and Law Committee and the Local Research Ethics Committees. The study website contains details of all the data that is available through a fully searchable data dictionary and variable search tool: <a href="http://www.bristol.ac.uk/alspac/researchers/our-data">http://www.bristol.ac.uk/alspac/researchers/our-data</a> . ALSPAC data is available to researchers through an online proposal system. Information regarding access can be found on the ALSPAC website ( <a href="http://www.bristol.ac.uk/media-library/sites/alspac/documents/researchers/data-access/ALSPAC_Access_Policy.pdf">http://www.bristol.ac.uk/media-library/sites/alspac/documents/researchers/data-access/ALSPAC_Access_Policy.pdf</a> ).
<b>BIB</b>	Ethical approval for <b>Born in Bradford</b> was granted by the National Health Service Health Research Authority Yorkshire and the Humber (Bradford Leeds) Research Ethics Committee (reference: 16/YH/0320). Data from the various BiB family studies are available to researchers; see the study website for information on how to access data ( <a href="https://borninbradford.nhs.uk/research/how-to-access-data/">https://borninbradford.nhs.uk/research/how-to-access-data/</a> ).
<b>USOC</b>	The University of Essex Ethics Committee has approved all data collection for the <b>Understanding Society</b> main study and COVID-19 waves. No additional ethical approval was necessary for this secondary data analysis. All data are available through the UK Data Service (SN 6614 and SN 8644).
<b>ELSA</b>	Waves 1-9 of <b>ELSA</b> were approved through the National Research Ethics Service, while the COVID-19 Sub-study was approved by the UCL Research Ethics Committee. All participants provided informed consent. All data are available through the UK Data Service (SN 8688 and 5050).
<b>GS</b>	<b>Generation Scotland</b> obtained ethical approval from the East of Scotland Committee on Medical Research Ethics (on behalf of the National Health Service). Reference number 20/ES/0021. Access to data is approved by the Generation Scotland Access Committee. See <a href="https://www.ed.ac.uk/generation-scotland/for-researchers/access">https://www.ed.ac.uk/generation-scotland/for-researchers/access</a> or email <a href="mailto:access@generationscotland.org">access@generationscotland.org</a> for further details.
<b>TWINSUK</b>	All wave of <b>TwinsUK</b> have received ethical approval associated with TwinsUK Biobank (19/NW/0187), TwinsUK (EC04/015) or Healthy Ageing Twin Study (H.A.T.S) (07/H0802/84) studies from NHS Research Ethics Committees at the Department of Twin Research and Genetic Epidemiology, King's College London. The TwinsUK Resource Executive Committee (TREC) oversees management, data sharing and collaborations involving the TwinsUK registry (for further details see <a href="https://twinsuk.ac.uk/resources-for-researchers/access-our-data/">https://twinsuk.ac.uk/resources-for-researchers/access-our-data/</a> ).

**Supplementary Table S3. Percent prevalence of any healthcare disruptions by selected characteristics and study**

		<i>MCS</i>	<i>ALSPAC (G1)</i>	<i>NS</i>	<i>BCS70</i>	<i>NCDS</i>	<i>NSHD</i>	<i>BIB</i>	<i>USOC</i>	<i>GS</i>	<i>ALSPAC (G0)</i>	<i>TWINS UK</i>	<i>ELSA</i>
<b>Sex</b>	<i>Male</i>	6.1	12.8	12.1	11.7	15.6	14.5	NA	29.4	24.9	18.1	7.4	17.5
	<i>Female</i>	14.1	17.5	13.8	16.9	17.4	18.2	9.4	34.0	25.5	20.5	8.5	21.3
<b>Age</b>	<i>16-24</i>	10.1						8.2	18.3	NA	NA	10	NA
	<i>25-34</i>		15.9	12.8				10.4	24.0	22.9	NA	7.7	NA
	<i>35-44</i>							9.1	24.9	23.0	NA	13.2	NA
	<i>45-54</i>				14.3			8.7	30.9	24.2	21.3	13.9	13.0
	<i>55-64</i>					16.7		--	38.6	25.2	19.2	21.6	17.2
	<i>65-74</i>						16.4	--	43.6	26.8	21.8	31.4	20.0
	<i>75+</i>							--	45.6	29.2	30.6	9.2	25.5
<b>Ethnicity</b>	<i>White</i>	10.0	16.1	13.3	--	--	--	7.8	31.9	25.4	19.9	8.3	19.5
	<i>South Asian</i>	6.6	NA	8.4	--	--	--	10.6	25.4	20.0	NA	5.1	22.9
	<i>Other Asian</i>	NA	NA	NA	--	--	--	NA	37.5	27.4	NA	11.1	NA
	<i>Black</i>	7.7	NA	18.8	--	--	--	5.9	35.8	19.0	NA	11.5	21.7
	<i>Mixed</i>	23.5	NA	11.1	--	--	--	8.3	27.7	22.9	NA	10	15.5
	<i>Other</i>	11.1	NA	4.2	--	--	--	8.5	30.2	28.6	NA	9.1	NA
	<i>All ethnic Minorities</i>	10.6	9.0	10.7	--	--	--	10.3	30.4	23.6	19.6	8.3	21.1
<b>Education</b>	<i>Higher Ed</i>	11.2	16.9	14.0	14.5	16.8	16.03	9.0	29.7	23.3	19.4	9.9	16.9
	<i>A-level</i>	14.8	14.4	10.5	15.5	14.0	22.67	9.2	27.0	26.7	20.0	10.3	20.5
	<i>GCSE</i>	6.3	18.1	11.3	12.0	17.6	15.6	9.0	31.3	29.3	17.8	9.2	17.4
	<i>&lt;GCSE/ None</i>	6.2	12.4	14.5	15.5	17.2	16.3	9.1	39.0	27.8	23.9	6.1	22.4
<b>Social Class</b>	<i>Managerial/ Admin/ Professional</i>	11.6	16.4	11.1	12.6	12.7	17.0	9.7	25.7	24.3	16.4	-	18.3
	<i>Intermediate</i>	8.5	15.2	12.7	15.3	12.6	15.5	9.0	27.2	25.7	21.3	-	19.5
	<i>Manual/Routine</i>	11.2	16.7	11.6	11.6	13.6	18.6	9.3	27.6	25.6	19.6	-	23.4
	<i>Other</i>	6.0	0	18.0	19.3	21.1	0	11.8	42.6	51.9	20.0	-	16.6
<b>Not Instructed to Shield</b>		9.0	--	12.0	12.4	14.6	16.7	--	29.6	23.9	--	8.9	16.2
<b>Instructed to Shield</b>		47.5	--	44.3	49.4	41.9	28.4	--	61.0	42.0	--	15.3	35.5

Sources: MCS (Millennium Cohort Study); ALSPAC G1 (Children of the Avon Longitudinal Study of Parents and Children); NS (Next Steps); BCS 70 (1970 British Cohort Study), NCDS (National Child Development Study); NSHD (National Survey of Health and Development); BIB (Born in Bradford); ; USOC (Understanding Society); GS (Generation Scotland: the Scottish Family Health Study); ALSPAC G0 (parents of ALSPAC); TWINS UK (UK Adult Twin Registry); ELSA (English Longitudinal Study of Ageing). Notes: Samples for each study restricted to respondents with non-missing information on healthcare disruptions and valid information on sex, social class, education and (where applicable) age and ethnicity. All information about how information was collected and variables were coded is available in Supplementary File 1. NA= Not available; (--)= Info not collected. Weighted data where applicable

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## Supplementary File 1: Variable coding

### Contents

Healthcare disruptions .....	2
Covariates .....	6
A note about shielding .....	11

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**Healthcare disruptions**

<i>Study</i>	<i>Question (exact wording)</i>	<i>Possible Answers</i>	<i>Recoding if needed</i>
<b>* PRESCRIPTION or MEDICATION ACCESS *</b>			
<b>MCS NS BCS 70 NCDS NSHD</b>	Since the Coronavirus outbreak in March, have you had any difficulty obtaining any of your prescribed medication?	1=Yes; 2=No/Not applicable	= 1
<b>ALSPAC</b>	Not Available		
<b>USOC</b>	Q1: Still thinking about your situation now, have you been able to access the NHS services you need: Prescription medicine? Q2: Still thinking about your situation now, have you been able to access the community health and social care services and support you need... Over the counter medications?	For both Q1 and Q2: 1=Yes; 2=No; 3=Not required	Q1=2 OR Q2=2
<b>ELSA</b>	Since the coronavirus outbreak, have you been able to get access to your regular medications?	1=Yes; 2=No; 3=No need	= 2
<b>GS</b>	How strongly do you agree with the following statements: Accessing and remembering to take my medication has become more difficult during the COVID-19 pandemic	From 1 (do not agree at all) to 10 (agree very strongly)	=6/10
<b>TWINS UK</b>	Have you experienced any of the following as a result of COVID-19? Unable to access required medication	0= No; 1 = Yes	= 1
<b>BIB</b>	Q1: Have you or a member of your household needed to access pharmacy services since lockdown began? Q2: If yes, did you receive the support you needed?	Q1. 0=No; 1=Yes Q2. 0= No; 1=Yes; 2=Haven't tried	Q1=1 & Q2=0
<b>* PROCEDURES or SURGERIES *</b>			
<b>MCS NS BCS 70 NCDS NSHD</b>	Q1: At the time of the Coronavirus outbreak in March, did you have an in-patient or out-patient appointment booked at a hospital for a consultation, investigation, treatment or surgery? Q2: Have you now had your surgery? Q3: Did your (last) surgery take place on the planned date or was it delayed? Q4: Why has your surgery not taken place?	Q1. 1=Yes - for a consultation investigation or treatment; 2=Yes - for surgery; 3=No. Q2. 1=Yes; 2=No. Q3. 1=Surgery took place on the planned date; 2=Surgery was delayed. Q4. 1=My surgery was postponed and	Q1=2 & Q2=1 & Q3=2 OR Q1=2 & Q2=2 & Q4=(1 OR 3)

		has not yet happened; 2=My surgery was not postponed, but it hasn't happened yet; 3=My surgery was cancelled	
<b>ALSPAC GS</b>	Q1: Have you had any medical treatments or appointments that have had to be cancelled or postponed during the COVID-19 pandemic? For example, hospital referral, non-emergency surgery, cancer, treatment, etc. Q2: What types of medical treatments or appointments were cancelled or postponed?	Q1. 1=Yes; 2=No. Q2. a -- surgery: 1=Yes; -9=Not applicable b -- cancer treatment: 1=Yes; -9=Not applicable c -- dialysis: 1=Yes; -9=Not applicable	Q1=1 & Q2 (a OR b OR c)=1
<b>USOC</b>	Q1: [since previous survey] have you had or been waiting for NHS treatment? Please select all that apply. Q2: Has your treatment plan(s) been changed in any way?	Q1. 1=Yes, tests/consultations planned or in progress; 2=Yes, operation or procedure planned; 3=Yes, targeted therapy, chemotherapy or radiotherapy planned or in progress; 4=Yes, other treatment planned; 5=No Q2. 1=Yes, consultations/treatments cancelled or postponed by NHS; 2=Yes, alternative treatment provided; 3=Yes, I cancelled or postponed treatment; 4=No, treatment continuing as planned	Q1=2/4 & Q2=1/3
<b>ELSA</b>	Since the coronavirus outbreak, have you had a hospital operation or treatment cancelled?	1.Yes; 2.No	=1
<b>TWINS UK</b>	Not Available		
<b>BIB</b>	Not Available		
<b>* APPOINTMENTS *</b>			
<b>MCS NS BCS 70 NCDS NSHD</b>	Q1: At the time of the Coronavirus outbreak in March, did you have an in-patient or out-patient appointment booked at a hospital for a consultation, investigation, treatment or surgery? Q2: Have you now had your in/ out-patient hospital appointment for a consultation, investigation or treatment? Q3: Did your (last) appointment take place on the planned date or was it delayed? Q4: Why has your in-/out-patient hospital appointment for a consultation, investigation or treatment not taken place?	Q1. 1=Yes - for a consultation investigation or treatment; 2=Yes - for surgery; 3=No. Q2. 1=Yes; 2=No. Q3. 1=Appointment took place on the planned date; 2=Appointment was delayed. Q4. 1=My appointment was postponed	Q1=1 & Q2=1 & Q3=2 OR Q1=1 & Q2=2 & Q4=(1 OR 3)

		and has not yet happened; 2=My appointment was not postponed, but it hasn't happened yet; 3=My appointment was cancelled	
<b>ALSPAC GS</b>	<p>Q1. Have you had any medical treatments or appointments that have had to be cancelled or postponed during the COVID-19 pandemic? For example, hospital referral, non-emergency surgery, cancer, treatment, etc.</p> <p>Q2. What types of medical treatments or appointments were cancelled or postponed?</p>	<p>Q1. 1=Yes; 2=No.</p> <p>Q2= d -- GP referral: 1=Yes; -9=Not applicable</p> <p>e -- Hospital referral: 1=Yes; -9=Not applicable</p> <p>f -- Routine clinical appointment: 1=Yes; -9=Not applicable</p> <p>g -- Cancer testing: 1=Yes; -9=Not applicable</p> <p>h -- Cancer screening: 1=Yes; -9=Not applicable</p>	<p>Q1=1 &amp; Q2(d OR e OR f OR g OR h)=1</p>
<b>USOC</b>	<p>Thinking about your situation now, have you been able to access the NHS services you need to help manage your condition(s) over the last 4 weeks?</p> <p>Q1: GP or primary care practice staff?</p> <p>Q2: Hospital or clinic outpatient?</p> <p>Q3: Hospital or clinic inpatient?</p> <p>Q4: [since previous survey] have you had or been waiting for NHS treatment? Please select all that apply.</p> <p>Q5: Has your treatment plan(s) been changed in any way?</p>	<p>Q1-3. 1=Yes, in person; 2=(Q1 &amp; Q2 only) Yes, online or by phone only; 3=No, not able to access; 4=No, decided not to seek help at this time/cancelled; 5=Alternative treatment provided; 6=Not required</p> <p>Q4. 1=Yes, tests/consultations planned or in progress; 2=Yes, operation or procedure planned; 3=Yes, targeted therapy, chemotherapy or radiotherapy planned or in progress; 4=Yes, other treatment planned; 5=No</p> <p>Q5. 1=Yes, consultations/treatments cancelled or postponed by NHS; 2=Yes, alternative treatment provided; 3=Yes, I cancelled or postponed treatment; 4=No, treatment continuing as planned</p>	<p>Q1 Q2 Q3=(3 OR 4 OR 5) OR Q4=1 AND Q5=(1 OR 2 OR 3)</p>
<b>ELSA</b>	<p>Q1: Since the coronavirus outbreak, have you wanted to see or talk to a GP?</p> <p>Q2: Have you been able to see or talk to a GP?</p>	<p>Q1: 1=Yes; 2=No</p> <p>Q2: 1=Yes; 2=No; 3=I did not attempt to contact them 4.I did not need to contact them</p>	<p>Q1= &amp; Q2=2</p>
<b>TWINS UK</b>	Not Available		

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6	<b>BIB</b>	Q1: Have you or a member of your household needed to access	
7		-- (1) your doctor (GP) or nurse	
8		-- (2) NHS111	
9		-- (3) Health emergency services (A&E)	Q1. 0=No; 1=Yes
10		-- (4) A specialist (consultant) doctor or specialist clinic (hospital outpatient)	Q2. 0= No; 1=Yes; 2=Haven't tried
11		appointment since lockdown began?	Q1= & Q2=0
12		Q2: If yes, were you able to access (1, 2, 3, or 4)?	
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Covariates

<i>Variables</i>	<i>Study</i>	<i>Options</i>	<i>Recoding if needed</i>
<b>* Sex * 0=Male; 1=Female</b>			
	<b>All</b>	0=Male; 1=Female	
<b>* Ethnicity * 0=White; 1=South East Asian; 2=Other Asian; 3=Black; 4=Mixed; 5=Other Non-White</b>			
	<b>MCS</b>	1=White; 2=Mixed; 3=Indian; 4=Pakistani; 5=Bangladeshi; 6=Other Asian; 7=Black Caribbean; 8=Black African; 9=Other Black; 10=Chinese; 11=Other ethnic group	1=0, 2=4, 3-5=1, 6 & 10=2, 7-9=3, 11=5
	<b>NS</b>	1=White; 2=Mixed; 3=Indian; 4=Pakistani; 5=Bangladeshi; 6=Black Caribbean; 7=Black African; 8=Other	1=0, 2=4, 3-5=1, 6-7=3, 8=5
	<b>BCS70</b>	Not Available	
	<b>NCDS</b>	Not Available	
	<b>NSHD</b>	Not Available	
	<b>ALSPAC</b>	G0 (Parents) 1=White; 2=Black Caribbean; 3=Black African; 4=Other black; 5=Indian; 6=Pakistani; 7=Bangladeshi; 8=Chinese; 9=Other G1 (Children) 1=White; 2=Mixed/Multiple Ethnic group; 3=Asian; 4=Black/African/Caribbean/Black British; 5=Arab or Other	G0: 1=0; 5/7=1, 8=2, 2/4=3, 9=5 G1: 1=0; 3=2, 4=3, 2=4
	<b>USOC</b>	1=White British; 2=Irish (White); 3=Gypsy or Irish Traveller (white); 4=Any other white background; 5=White and black Caribbean (mixed); 6=White and black African (mixed); 7=White and Asian (mixed); 8=Any other mixed background; 9=Indian (Asian or Asian British); 10=Pakistani (Asian or Asian British); 11=Bangladeshi (Asian or Asian British); 12=Chinese (Asian or Asian British); 13=Any other Asian background (Asian or Asian British); 14=Caribbean (Black or Black British); 15=African (Black or Black British); 16=Any other Black background (Black or Black British); 17=Arab (other Ethnic group); 97=Any other ethnic group	1-4=0, 5-8=4, 9-11=1, 12-13=2, 14-16=3, 17-97=5
	<b>ELSA</b>	1.White; 2=Mixed ethnic group; 3=Black; 4=Black British; 5=Asian; 6=Asian British	1=0; 2=4; 3/4=3; 5/6=1
	<b>GS</b>	1=White Scottish; 2=White English; 3=White Welsh; 4=White N. Irish; 5=White Irish; 6=White Gypsy/Irish traveller; 7=White Polish; 8=Any other white; 9=Asian/British Asian - Indian; 10=Asian/British Asian - Pakistani; 11=Asian/British Asian - Bangladeshi; 12=Asian/British Asian - Chinese; 13=Any other Asian background; 14=Black or Black British - African; 15=Black or Black British - Caribbean; 16=Any other Black/African/Caribbean background; 17=Arab or Arab British; 18=Mixed - White and Black Caribbean; 19=Mixed - White and Black African; 20=Mixed - White and Asian; 21=Any other Mixed/Multiple ethnic background; 22=Any other ethnic group	1/8=0, 9/11=1, 12/13=2, 14/16=3, 18/21=4, 17&22=5

<b>TWINS UK</b>	1=White- English, Welsh, Scottish, Northern Irish, Irish; 2=White- Other white background; 3=Mixed/multiple ethnic groups - White and Black Caribbean; 4=Mixed/multiple ethnic groups - White and Black African; 5=Mixed/multiple ethnic groups - White and Asian; 6=Mixed/multiple ethnic groups - Other mixed/ multiple ethnic background; 7=Asian/Asian British- Indian; 8=Asian/Asian British - Pakistani; 9=Asian/Asian British - Bangladeshi; 10=Asian/Asian British - Chinese; 11=Asian/Asian British - Other Asian background; 12=Black/Black British - African; 13=Black/Black British - Caribbean; 14=Black/Black British - Other Black Background; 15=Middle-Eastern; 16=Other ethnic group	1/2=0; 10=1; 7/9 11=2; 12/14=3; 3/6=4; 15/16=5
<b>BIB</b>	BiB: 1=White British; 2=White other; 3=Mixed-White and Black; 4=Mixed-White and South Asian; 5=Black; 6=Indian; 7=Pakistani; 8=Bangladeshi; 9=Other BIBBS: 1=White British; 2=White Irish; 3=Pakistani; 4=Indian; 5=Bangladeshi; 6=White Polish; 7=White Slovakian; 8=White Romanian; 9=White Czech; 10=Other White; 11=White Gypsy/Roma/Irish traveller; 12=Chinese; 13=African; 14=Caribbean; 15=Mixed White/Black Caribbean; 16=Mixed White/Black African; 17=Mixed White/Asian; 18=Do not wish to answer; 19=Other	BiB: 1/2=0; 6/8=1; 5=3; 3/4=4; 9=5 BiBBs: 1/2=0; 6/11=0; 3/5=1; 13/14=3; 15/18=4; all other options=5
<b>* Education * 0= Degree; 1=A-Level; 2=GCSE; 3=Low or None</b>		
<b>MCS NS BCS 70 NCDS</b>	0=None; 1=Nvq1; 2=Nvq2; 3=Nvq3; 4=Nvq4; 5=Nvq5 *parent's education for MCS	0/1 = 0 2=1 3=2 4/5=3
<b>NSHD</b>	0=None attempted; 1.=Vocational course, proficiency only; 2=Sub GCE or sub Burnham C; 3=GCE 'O' level or Burnham C; 4=GCE 'A' Level or Burnham B; 5=Burnham A2; 6= 1st Degree or graduate equivalent; 7= Higher degree, Masters; 8= Higher degree, doctorate; 9=Unknown	6 7 8=0; 4 5=1; 3=2; 0 1 2 9=3
<b>ALSPAC</b>	1=Degree; 2=A levels/AS levels or equivalent; 3=O levels; 4=Vocational; 5=CSE *parent's education for G1 (Children)	1=0; 2=1; 3=2; 4/5=3
<b>USOC</b>	1.Higher degree 2. 1st degree or equivalent 3. Diploma in Higher Education 4. Teaching qualification (not PGCE) 5. Nursing or other medical qualification 6. Other higher degree 7. A-Level 8. Welsh baccalaureate 9. International baccalaureate 10. AS Level 11. Scottish Highers 12. Certificate of 6th year studies 13. GCSE/O-Level 14. Certificate of secondary education 15. Standard or lower 16. Other school certificate 96. No qualifications	1-6=0, 7-12=1, 13-16=2, 96=3
<b>ELSA</b>	1=Nvq4/nvq5/degree or equivalent; 2=Higher Education below degree; 3=Nvq3/GCE A level equivalent; 4=Nvq2/GCE O level equivalent; 5=Nvq1/CSE other grade equivalent; 6=Foreign/other; 7=No qualification	1=0; 2/3=1; 4=2; 5/7=3
<b>GS</b>	1=No qualifications; 2=Other (please specify); 3=School leavers certificate; 4=CSEs or equivalent; 5=Standard grade, National 4 or 5, O levels, GCSEs or equivalent; 6=Higher grade, A levels, AS levels or equivalent; 7=NVQ or HND or HNC or equivalent; 8=Other professional or technical qualification; 9=Undergraduate degree; 10=Postgraduate degree	9 10=0; 6 7 8 =1; 5=2; <5=3

<b>TWINS UK</b>	1=No qualification; 2=NVQ1/SVQ1; 3=O-level/GCSE/NVQ2/SVQ2/Scottish intermediate; 4=Scottish Higher, NVQ3, City and Guilds, Pitman; 5=A-level, Scottish Advanced Higher; 6=Higher vocational training (e.g. Diploma, NVQ4, SVQ4); 7=Undergraduate degree; 8=Postgraduate degree (e.g. Masters or PhD), NVQ5, SVQ5	6/8=0; 4/5=1; 3=2; 1/2=3
<b>BIB</b>	1=<5 GCSE equivalent; 2=5 GCSE equivalent; 3=A-level equivalent; 4=Higher than A-level; 5=Other; 6=Don't know; 7=Foreign unknown	4=0; 3=1; 5/7=2; 1=3; missing=1

**\* Occupational Social Class \* 1=Managerial/Admin/Professional; 2=Intermediate; 3=Manual/routine; 4=Other**

NS-SEC: National Statistics Socioeconomic Classification. RGSC: Registrar General's Social Class. ONS SOC: Office of National Statistics Standard Occupational Classification

<b>MCS NS BCS 70 NCDS</b>	[NS-SEC] 1=Higher managerial and professional; 2=Lower managerial and professional; 3=Intermediate occupations; 4=Small employers and own account workers; 5=Lower supervisory and technical; 6=Semi-routine occupations; 7=Routine occupations; 8=Never worked and long-term unemployed *parent's occupational social class for MCS	2=1; 3-4=2; 5-7=3; 8=4
<b>NSHD</b>	[RGSC] 1=I Professional; 2=II Managerial and Technical; 3=IIINM Skilled non-manual; 4=IIIM Skilled manual; 5=IV Partly skilled; 6=V Unskilled;	2=1; 3/5=2; 6=3;
<b>ALSPAC</b>	[RGSC] 1=I Professional; 2=II Managerial and Technical; 3=IIINM Skilled non-manual; 4=IIIM Skilled manual; 5=IV Partly skilled; 6=V Unskilled; 7=Armed Forces *parent's occupational social class for G1 (Children)	2=1; 3/5=2; 6=3; 7=4
<b>USOC</b>	[NS-SEC] 1=Higher managerial and professional; 2=Lower managerial and professional; 3=Intermediate occupations; 4=Small employers and own account workers; 5=Lower supervisory and technical; 6=Semi-routine occupations; 7=Routine occupations; 8=Never worked and long-term unemployed	2=1; 3-4=2; 5-7=3; 8=4
<b>ELSA</b>	[NS-SEC] -3=Incomplete/No job info; 1=Higher and Lower managerial/ professional; 2=Intermediate occupations; 3=Routine and manual occupations; 99=Other	99=4; -3=4
<b>GS</b>	[ONS SOC] 1=Managers, directors, senior officials; 2=Associate professional and technical occupations; 3=Administrative and secretarial occupations; 4=Skilled trades occupations; 5=Sales and customer service occupations; 6=Process, plant and machine operatives; 7=Elementary (unskilled) occupations; 8=Never worked	1/3=1; 4/5=2; 6/7=3; 8=4
<b>TWINS UK</b>	Not Available	
<b>BIB</b>	1=Modern professional occupations; 2=Clerical and intermediate occupations; 3=Senior managers or administrators; 4=Technical and craft occupations; 5=Semi-routine manual and service occupations; 6=Routine manual and service occupations; 7=Middle or junior managers; 8=Traditional professional occupations; 9=Self-employed; 10=Student/in training; 11=Does not work-long term unemployed/sick; 12=Don't know *Based on either own class (80.7%) or partner's (19.3%)	3=1; 8=1; 4=2; 7=2; 5/6=3; all other options=4

**\* Living Arrangement \* 1=Alone; 2=With partner/spouse only; 3=With partner/spouse and child(ren); 4=With child(ren), without partner/spouse; 5=Any other living arrangement**

**OR \* Partnership Status \* 1=Married/Partnered; 0=Not married/partnered**

<b>MCS NS BCS 70 NCDS</b>	Who do you currently live with? 1. Husband/Wife/Cohabiting Partner 2. Children (including adult children, step-children, adopted children, foster children or any other children you consider yourself parent to) 3. Parent or Parent-in-law (including step-parent or adoptive parent) 4. Grandparent 5. Grandchild 6. Sibling 7. Other relative 8. Friend / unrelated sharer 9. Other	1 = Husband/Wife/Cohabiting Partner; 0 = Other
<b>NSHD</b>	Who do you currently live with? (Options include Husband/Wife/Cohabiting Partner)	1= Partner in HH 0= No partner in household
<b>ALSPAC</b>	NA	NA
<b>USOC</b>	Derived from Household Grid	0=partner present; 1=Single
<b>ELSA</b>	IF respondents live with other people, they are asked for each person "what is this person's relationship to you". Options include "1. Husband/wife/partner"	1=Partner in HH 0=No partner in HH
<b>GS</b>	1. Married/ Civil partnership 2. In a relationship, living together 3. In a relationship, not living together 4. Single 5. Separated 6. Divorced 7. Widowed 8. Other	1-3=1 4-8 = 0
<b>TWINS UK</b>	Single, never married (1); Single, divorced or widowed (2); In a relationship/married but living apart (3); In a relationship/married and cohabiting (4)	1, 2 = 0; 3, 4 = 1
<b>BIB</b>	What is your current relationship status? 0=do not wish to answer; 1=single; 2=married; 3=not married but in a relationship	1=0; 2/3=1

**\* Shielding Status \* 1=Advised to Shield; 0=Not advised to shield**

<b>MCS NS BCS 70 NCDS NSHD</b>	Did you at any time receive a letter or text message from the NHS or Chief Medical Officer saying that you have been identified as someone at risk of severe illness if you catch Coronavirus, because you have an underlying disease or health condition? 1=Yes; 2=No	2=0
<b>ALSPAC</b>	Not Available	



<b>USOC</b>	Have you received a letter, text or email from the NHS or Chief Medical Officer saying that you have been identified as someone at risk of severe illness if you catch coronavirus, because you have an underlying disease or health condition? 1=Yes; 2=No	2=0
<b>ELSA</b>	Have you been contacted by the NHS or your GP and advised that you are vulnerable and at risk of severe illness if you catch coronavirus (Covid-19), and should stay at home at all times and avoid any face-to-face contact? 1=Yes; 2=No	2=0
<b>GS</b>	Have you been contacted by letter or text message to say you are at sever risk from COVID-19 due to and underlying health condition and should be shielding? 1=Yes; 2=No	2=0
<b>TWINS UK</b>	Have you received a letter or text message over the past few months to say you are at high risk from COVID-19 due to an underlying health condition, and should be 'shielding'? 1=Yes; 2=No	2=0
<b>BIB</b>	Have you been advised by a health professional that you are high risk or vulnerable and should self-isolate for 12 weeks to protect yourself from coronavirus? 0=No; 1=Yes	

**\* Pre-Pandemic Self-Assessed Health \* 1=Good/Very Good/Excellent; 0=Fair/Poor**

<b>MCS NS BCS 70 NCDS NSHD</b>	In general, in the 3 months before the Coronavirus outbreak would you say your health was ... 1=Excellent; 2=Very Good; 3=Good; 4=Fair; 5=Poor	1/3=1; 4/5=0
<b>ALSPAC (G0 &amp; G1)</b>	(2020) Do you have a history of diabetes (A), obesity (B) or asthma (C)?	1 if A & B & C==0 0 if A   B   C==1
<b>USOC</b>	(2018/19) In general, would you say your health is... 1=Excellent; 2=Very Good; 3=Good; 4=Fair; 5=Poor	1/3=1; 4/5=0
<b>ELSA</b>	(2018/19) Would you say your health is... 1=Excellent; 2=Very Good; 3=Good; 4=Fair; 5=Poor	1/3=1; 4/5=0
<b>GS</b>	NA	
<b>TWINS UK</b>	(2020) In general, would you say your health is... 1=Excellent; 2=Very Good; 3=Good; 4=Fair; 5=Poor	1/3=1; 4/5=0
<b>BIB</b>	(2016 - 2020) In general, would you say your health is... 1=Excellent; 2=Very Good; 3=Good; 4=Fair; 5=Poor	1/3=1; 4/5=0

## A note about shielding

### Who had to shield?

Initially 1.5 million, increasing to 2.2 million, people in the UK were identified as clinically extremely vulnerable (CEV) by their GP. They were sent a letter asking them to shield – not go out – for at least 12 weeks until the end of June. This timeframe was extended, and on 1st August, CEV individuals in England, Scotland and Northern Ireland were told that shielding had been paused. In Wales shielding continued until 16th August.

### Who was classed as clinically extremely vulnerable?

People falling into the clinically extremely vulnerable group include:

- Solid organ transplant recipients
- People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
- People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- People having immunotherapy or other continuing antibody treatments for cancer
- People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors (which prevent cancer cells from repairing)
- People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections such as Severe combined immunodeficiency (SCID) or homozygous sickle cell
- People on immunosuppression therapies sufficient to significantly increase risk of infection
- Women who are pregnant with significant heart disease, congenital or acquired.

Source:

<https://web.archive.org/web/20200330181117/https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

## Supplementary file 2: Meta-analysis results

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### Contents

Summary of results.....	3
Summary of stratified results .....	6
Any healthcare disruption.....	10
Sex .....	10
Unadjusted.....	10
Basic adjustment.....	11
Full adjustment .....	12
Occupational class.....	13
Unadjusted.....	13
Basic adjustment.....	15
Full adjustment .....	17
Education.....	19
Unadjusted.....	19
Basic adjustment.....	21
Full adjustment .....	23
Age.....	25
Unadjusted.....	25
Basic adjustment.....	27
Full adjustment .....	29
Ethnicity .....	31
Unadjusted.....	31
Basic adjustment.....	34
Full adjustment .....	38
Appointments.....	41
Sex .....	41
Unadjusted.....	41
Basic adjustment.....	42
Full adjustment .....	43
Occupational class.....	44
Unadjusted.....	44
Basic adjustment.....	46
Full adjustment .....	48
Education.....	50
Unadjusted.....	50
Basic adjustment.....	52
Full Adjustment .....	54
Age.....	56
Unadjusted.....	56
Basic adjustment.....	58
Full adjustment .....	60
Ethnicity .....	62
Unadjusted.....	62
Basic adjustment.....	65
Full adjustment .....	68
Prescription/Medication access .....	71
Sex .....	71
Unadjusted.....	71
Basic adjustment.....	72
Full adjustment .....	73
Occupational class.....	74

1  
2  
3  
4  
5  
6  
7  
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9  
10  
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51  
52  
53  
54  
55  
56  
57  
58  
59  
60

Unadjusted.....	74
Basic adjustment.....	76
Full adjustment.....	78
Education.....	80
Unadjusted.....	80
Basic adjustment.....	82
Full adjustment.....	84
Age.....	86
Unadjusted.....	86
Basic adjustment.....	89
Full adjustment.....	91
Ethnicity.....	93
Unadjusted.....	93
Basic adjustment.....	96
Full adjustment.....	99
Procedures/surgery.....	102
Sex.....	102
Unadjusted.....	102
Basic adjustment.....	103
Full adjustment.....	104
Occupational class.....	105
Unadjusted.....	105
Basic adjustment.....	107
Full adjustment.....	109
Education.....	111
unadjusted.....	111
Basic adjustment.....	113
Full adjustment.....	115
Age.....	117
Unadjusted.....	117
Basic adjustment.....	120
Full adjustment.....	122
Ethnicity.....	123
Unadjusted.....	123
Basic adjustment.....	126
Full adjustment.....	129
Any healthcare disruption stratified by shielding status.....	131
Sex.....	131
Occupational class.....	132
Education.....	136
Age.....	140
Ethnicity.....	143
Any healthcare disruption stratified by age.....	148
Sex.....	148
Occupational class.....	149
Education.....	152
Ethnicity.....	155

## Summary of results

	Any healthcare disruption				Appointments				Prescription/Medication				Procedures/surgery			
	OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %
<b>Sex</b>																
Female vs. Male	1.26	1.14	1.39	58.51	1.30	1.12	1.52	73.54	1.33	1.00	1.77	75.15	1.12	0.93	1.36	60.28
Unadjusted																
<b>Basic adjustment</b>	<b>1.27</b>	<b>1.15</b>	<b>1.40</b>	<b>53.11</b>	<b>1.33</b>	<b>1.17</b>	<b>1.52</b>	<b>60</b>	<b>1.27</b>	<b>0.94</b>	<b>1.74</b>	<b>77.98</b>	<b>1.15</b>	<b>0.97</b>	<b>1.37</b>	<b>47.79</b>
Full adjustment	1.30	1.15	1.46	44.89	1.41	1.10	1.82	0.00	1.18	0.50	2.77	59.02	1.09	0.77	1.55	18.15
<b>Age</b>																
16-24y vs 45-54y	0.77	0.41	1.47	71.12	0.55	0.26	1.20	55.5	1.17	0.34	4.05	86.43	0.48	0.34	0.68	
Unadjusted																
<b>Basic adjustment</b>	<b>0.76</b>	<b>0.39</b>	<b>1.46</b>	<b>71.95</b>	<b>0.55</b>	<b>0.24</b>	<b>1.23</b>	<b>58.53</b>	<b>1.09</b>	<b>0.33</b>	<b>3.67</b>	<b>85.53</b>	<b>0.47</b>	<b>0.33</b>	<b>0.66</b>	
Full adjustment	0.85	0.32	2.24	70.28	0.89	0.18	4.36		4.71	1.40	15.86					no information
25-34y vs 45-54y	0.87	0.71	1.07	51.9	0.71	0.53	0.96	72.25	1.23	0.75	2.03	74.54	0.78	0.59	1.02	0
Unadjusted																
<b>Basic adjustment</b>	<b>0.85</b>	<b>0.70</b>	<b>1.04</b>	<b>47.62</b>	<b>0.67</b>	<b>0.57</b>	<b>0.77</b>	<b>0</b>	<b>1.16</b>	<b>0.68</b>	<b>1.96</b>	<b>76.95</b>	<b>0.77</b>	<b>0.58</b>	<b>1.03</b>	<b>0</b>
Full adjustment	0.92	0.74	1.15	43.99	1.21	0.66	2.22		1.18	0.52	2.67	0				no information
35-44y vs 45-54y	0.93	0.74	1.16	67.57	0.77	0.66	0.89	23.09	1.06	0.75	1.51	57.05	0.99	0.71	1.36	42.96
Unadjusted																
<b>Basic adjustment</b>	<b>0.92</b>	<b>0.74</b>	<b>1.15</b>	<b>68.24</b>	<b>0.78</b>	<b>0.65</b>	<b>0.92</b>	<b>35.96</b>	<b>1.04</b>	<b>0.74</b>	<b>1.47</b>	<b>56.72</b>	<b>1.03</b>	<b>0.67</b>	<b>1.58</b>	<b>61.87</b>
Full adjustment	1.03	0.81	1.29	59.88	1.03	0.59	1.78		1.25	0.62	2.52	0	1.36	0.93	2.00	0
55-64y vs 45-54y	1.16	0.98	1.38	63.54	1.33	1.21	1.47	0	0.79	0.57	1.08	61.08	1.17	0.65	2.10	91.47
Unadjusted																
<b>Basic adjustment</b>	<b>1.18</b>	<b>0.99</b>	<b>1.39</b>	<b>64.04</b>	<b>1.35</b>	<b>1.22</b>	<b>1.49</b>	<b>0</b>	<b>0.79</b>	<b>0.57</b>	<b>1.10</b>	<b>65.97</b>	<b>1.18</b>	<b>0.66</b>	<b>2.10</b>	<b>89.83</b>
Full adjustment	1.17	1.05	1.29	0	1.55	0.62	3.91	49.89	0.85	0.48	1.52	0				no information
65-74y vs 45-54y	1.36	1.11	1.67	75.24	1.61	1.46	1.78	0	0.73	0.48	1.11	79.59	1.93	1.67	2.23	0
Unadjusted																
<b>Basic adjustment</b>	<b>1.39</b>	<b>1.13</b>	<b>1.72</b>	<b>77.16</b>	<b>1.65</b>	<b>1.49</b>	<b>1.82</b>	<b>0</b>	<b>0.75</b>	<b>0.49</b>	<b>1.16</b>	<b>80.63</b>	<b>1.95</b>	<b>1.68</b>	<b>2.26</b>	<b>0</b>
Full adjustment	1.33	1.19	1.49	0	1.98	0.48	8.10	73.94	1.15	0.65	2.04	0	1.57	1.07	2.31	0
75y+ vs 45-54y	1.45	0.92	2.29	90.02	1.83	1.59	2.12	0	0.66	0.46	0.94	47.94	2.05	1.59	2.64	28.83
Unadjusted																
<b>Basic adjustment</b>	<b>1.50</b>	<b>0.93</b>	<b>2.39</b>	<b>91.23</b>	<b>1.89</b>	<b>1.65</b>	<b>2.17</b>	<b>0</b>	<b>0.69</b>	<b>0.47</b>	<b>1.01</b>	<b>53.79</b>	<b>2.07</b>	<b>1.66</b>	<b>2.59</b>	<b>17.97</b>
Full adjustment	1.16	0.86	1.58	62.75	1.07	0.44	2.61		0.78	0.39	1.57	1.68	1.75	1.17	2.62	
<b>Ethnicity</b>																

Non-White vs White*	Unadjusted	1.02	0.89	1.18	10.29	0.95	0.72	1.25	56.69	1.36	0.79	2.33	79.57	0.89	0.71	1.12	0
	<b>Basic adjustment</b>	<b>1.19</b>	<b>1.05</b>	<b>1.35</b>	<b>0</b>	<b>1.10</b>	<b>0.86</b>	<b>1.39</b>	<b>42.54</b>	<b>1.32</b>	<b>0.82</b>	<b>2.12</b>	<b>71.12</b>	<b>1.14</b>	<b>0.91</b>	<b>1.44</b>	<b>0</b>
	Full adjustment	1.09	0.96	1.25	0	1.15	0.83	1.61	0	1.97	1.08	3.62	0	1.68	0.36	7.76	62.98
Black vs White	Unadjusted	1.16	0.87	1.55	0	0.95	0.54	1.64	33.95	0.63	0.13	3.06	81.71	0.87	0.58	1.29	0
	<b>Basic adjustment</b>	<b>1.38</b>	<b>1.03</b>	<b>1.84</b>	<b>0</b>	<b>1.01</b>	<b>0.54</b>	<b>1.92</b>	<b>49.83</b>	<b>0.64</b>	<b>0.14</b>	<b>2.87</b>	<b>80</b>	<b>1.03</b>	<b>0.68</b>	<b>1.55</b>	<b>0</b>
	Full adjustment	1.15	0.86	1.53	4.01	0.81	0.23	2.83	0	0.37	0.04	3.11		0.87	0.41	1.82	
East Asian vs White	Unadjusted	0.97	0.56	1.68	0	0.61	0.28	1.30	12.51	2.34	0.39	14.15	88.19	1.23	0.48	3.15	0
	<b>Basic adjustment</b>	<b>1.13</b>	<b>0.67</b>	<b>1.90</b>	<b>0</b>	<b>0.80</b>	<b>0.39</b>	<b>1.64</b>	<b>17.46</b>	<b>1.95</b>	<b>0.53</b>	<b>7.24</b>	<b>79.39</b>	<b>1.61</b>	<b>0.61</b>	<b>4.22</b>	<b>0</b>
	Full adjustment	0.96	0.60	1.51	0	1.19	0.26	5.51		no information				no information			
Mixed vs White	Unadjusted	1.05	0.79	1.38	0	1.02	0.55	1.89	64.07	1.51	0.99	2.30	0	1.05	0.66	1.67	0
	<b>Basic adjustment</b>	<b>1.24</b>	<b>0.86</b>	<b>1.78</b>	<b>27.61</b>	<b>1.22</b>	<b>0.69</b>	<b>2.15</b>	<b>56.82</b>	<b>1.34</b>	<b>0.82</b>	<b>2.18</b>	<b>16.29</b>	<b>1.34</b>	<b>0.76</b>	<b>2.36</b>	<b>20.19</b>
	Full adjustment	1.25	0.88	1.77	15.86	1.61	0.80	3.22	51.21	0.93	0.10	8.48		0.85	0.32	2.21	
South Asian vs White	Unadjusted	0.85	0.61	1.18	64.69	0.92	0.59	1.42	67.42	0.99	0.36	2.72	89.3	0.68	0.45	1.04	18
	<b>Basic adjustment</b>	<b>1.05</b>	<b>0.84</b>	<b>1.32</b>	<b>28.25</b>	<b>1.11</b>	<b>0.88</b>	<b>1.39</b>	<b>12.68</b>	<b>0.98</b>	<b>0.38</b>	<b>2.54</b>	<b>87.94</b>	<b>0.89</b>	<b>0.64</b>	<b>1.24</b>	<b>0</b>
	Full adjustment	0.93	0.67	1.30	57.84	1.03	0.29	3.63		2.81	1.19	6.63	11.86	1.11	0.62	1.99	
Other Ethnicity vs White	Unadjusted	0.79	0.46	1.34	28.89	0.91	0.58	1.45	0	1.23	0.56	2.67	25.72	0.84	0.20	3.48	44.62
	<b>Basic adjustment</b>	<b>0.90</b>	<b>0.49</b>	<b>1.63</b>	<b>44.27</b>	<b>1.07</b>	<b>0.68</b>	<b>1.68</b>	<b>0</b>	<b>1.45</b>	<b>0.81</b>	<b>2.60</b>	<b>0</b>	<b>0.95</b>	<b>0.23</b>	<b>4.03</b>	<b>52.56</b>
	Full adjustment	0.82	0.45	1.50	35.18	1.97	1.08	3.62	0.00	3.74	0.39	35.91		no information			
<b>Education</b>																	
A-level/equivalent vs Higher education/Degree	Unadjusted	1.04	0.91	1.17	58.16	1.03	0.91	1.17	42.88	0.94	0.77	1.15	21.54	0.84	0.55	1.29	88.56
	<b>Basic adjustment</b>	<b>1.08</b>	<b>0.97</b>	<b>1.20</b>	<b>38.7</b>	<b>1.07</b>	<b>0.99</b>	<b>1.16</b>	<b>0</b>	<b>1.02</b>	<b>0.82</b>	<b>1.28</b>	<b>27.13</b>	<b>0.87</b>	<b>0.58</b>	<b>1.30</b>	<b>85.92</b>
	Full adjustment	1.01	0.92	1.11	0	0.97	0.76	1.25	0	1.61	0.63	4.12	59.22	1.03	0.82	1.29	0
GCSE/equivalent vs Higher education/Degree	Unadjusted	0.99	0.87	1.14	62.23	1.03	0.95	1.12	0	0.98	0.75	1.27	53.81	1.03	0.91	1.16	0
	<b>Basic adjustment</b>	<b>1.00</b>	<b>0.87</b>	<b>1.14</b>	<b>59.18</b>	<b>1.01</b>	<b>0.91</b>	<b>1.12</b>	<b>15.22</b>	<b>1.04</b>	<b>0.77</b>	<b>1.39</b>	<b>62.34</b>	<b>1.05</b>	<b>0.93</b>	<b>1.18</b>	<b>0</b>
	Full adjustment	0.91	0.81	1.02	48.6	0.86	0.66	1.12	0	1.01	0.63	1.61	1.57	0.82	0.64	1.05	0
<GCSE/equivalent vs Higher education/Degree	Unadjusted	1.06	0.88	1.28	76.55	1.09	0.92	1.29	52.88	1.07	0.74	1.54	69.78	1.45	1.28	1.64	0
	<b>Basic adjustment</b>	<b>1.05</b>	<b>0.91</b>	<b>1.21</b>	<b>53.17</b>	<b>1.01</b>	<b>0.86</b>	<b>1.18</b>	<b>42.42</b>	<b>1.17</b>	<b>0.82</b>	<b>1.67</b>	<b>63.42</b>	<b>1.26</b>	<b>1.11</b>	<b>1.44</b>	<b>0</b>
	Full adjustment	0.87	0.75	1.00	34.17	0.90	0.54	1.50	58.54	1.17	0.39	3.49	60.69	1.53	0.34	6.85	71.25
<b>Occupational class</b>																	

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Intermediate vs Managerial/Admin/Professional	Unadjusted	1.08	1.00	1.16	0	1.01	0.91	1.14	22.79	1.09	0.83	1.42	41.19	1.19	1.05	1.34	0
	<b>Basic adjustment</b>	<b>1.07</b>	<b>0.99</b>	<b>1.15</b>	<b>0</b>	<b>1.01</b>	<b>0.93</b>	<b>1.10</b>	<b>0</b>	<b>1.10</b>	<b>0.88</b>	<b>1.38</b>	<b>26.19</b>	<b>1.16</b>	<b>1.03</b>	<b>1.31</b>	<b>0</b>
	Full adjustment	1.00	0.92	1.08	0	1.01	0.78	1.30	0	0.73	0.34	1.61	0	0.78	0.42	1.47	48.08
Manual/Routine vs Managerial/Admin/Professional	Unadjusted	1.13	1.03	1.23	12.12	1.04	0.90	1.20	36.16	1.38	1.16	1.64	0	1.11	0.91	1.35	25.25
	<b>Basic adjustment</b>	<b>1.17</b>	<b>1.08</b>	<b>1.27</b>	<b>0</b>	<b>1.07</b>	<b>0.93</b>	<b>1.23</b>	<b>28.46</b>	<b>1.36</b>	<b>1.11</b>	<b>1.67</b>	<b>8.93</b>	<b>1.17</b>	<b>1.03</b>	<b>1.33</b>	<b>0</b>
	Full adjustment	1.02	0.93	1.12	0	1.10	0.84	1.44	6.05	0.51	0.18	1.43	23.27	0.92	0.56	1.50	20.63
Other social class vs Managerial/Admin/Professional	Unadjusted	1.47	1.02	2.13	89.12	1.41	1.08	1.84	66.23	2.16	1.30	3.57	76.1	1.71	0.94	3.10	87.16
	<b>Basic adjustment</b>	<b>1.51</b>	<b>1.12</b>	<b>2.04</b>	<b>79.69</b>	<b>1.46</b>	<b>1.16</b>	<b>1.84</b>	<b>47.81</b>	<b>2.45</b>	<b>1.72</b>	<b>3.50</b>	<b>45.5</b>	<b>1.81</b>	<b>1.17</b>	<b>2.80</b>	<b>73.85</b>
	Full adjustment	1.19	1.00	1.43	39.12	1.30	0.85	1.99	0.00	1.42	0.13	15.78	76.18	0.94	0.69	1.27	

Basic adjustment: sex, age, and ethnicity (where available)

Full adjustment: sex, age, and ethnicity (where available) education, occupational class, UK Nation (where appropriate), household composition, and pre-pandemic self-reported health.

Empty I<sup>2</sup>% column indicates only one study included

\*Binary variable including Black, East Asian, Mixed, South Asian, and other ethnicity in 'non-White'

## Summary of stratified results

		Any healthcare disruption			
Sex		OR	Lower CI	Upper CI	I2%
	Overall	1.27	1.15	1.40	53.11
	Not shielding	1.26	1.12	1.43	61.12
	Shielding	1.37	1.15	1.63	0
Female vs. Male	16-24y	2.22	1.63	3.02	0
	25-34y	1.56	1.30	1.87	0
	35-44y	1.51	1.23	1.86	0
	45-54	1.72	1.35	2.18	36.61
	55-64	1.09	0.92	1.30	59.58
	75+	1.08	0.90	1.30	20
Age		OR	Lower CI	Upper CI	I2%
16-24y vs 45-54y	Overall	0.76	0.39	1.46	71.95
	Not shielding	0.79	0.40	1.56	70.32
	Shielding	0.64	0.23	1.78	
25-34y vs 45-54y	Overall	0.85	0.70	1.04	47.62
	Not shielding	0.86	0.70	1.06	43.4
	Shielding	1.09	0.61	1.95	0
35-44y vs 45-54y	Overall	0.92	0.74	1.15	68.24
	Not shielding	0.95	0.74	1.21	68.26
	Shielding	0.68	0.34	1.34	47.41
55-64y vs 45-54y	Overall	1.18	0.99	1.39	64.04
	Not shielding	1.21	1.02	1.43	53.82
	Shielding	1.24	0.87	1.77	0
65-74y vs 45-54y	Overall	1.39	1.13	1.72	77.16
	Not shielding	1.44	1.20	1.72	64.1
	Shielding	1.11	0.79	1.56	0
75y+ vs 45-54y	Overall	1.50	0.93	2.39	91.23
	Not shielding	1.61	1.17	2.22	79.38
	Shielding	0.83	0.51	1.37	32.84
Ethnicity		OR	Lower CI	Upper CI	I2%
Non-White vs White*	Overall	1.19	1.05	1.35	0
	Not shielding	1.06	0.86	1.31	41.46
	Shielding	1.62	1.08	2.43	0
	16-24y	1.30	0.89	1.89	0
	25-34y	0.92	0.65	1.29	36.48
	35-44y	1.31	1.01	1.71	0
	45-54	1.61	1.16	2.22	0
	55-64	1.13	0.85	1.50	0



	75+	1.28	0.67	2.45	0
	Overall	1.38	1.03	1.84	0
	Not shielding	0.80	0.43	1.49	58.06
	Shielding	1.60	0.67	3.83	0
	16-24y	1.15	0.51	2.59	0
	25-34y	0.82	0.40	1.68	0
	35-44y	1.91	0.81	4.48	0
	45-54	1.99	0.93	4.25	15.25
	55-64	1.69	1.00	2.84	0
	75+	1.23	0.42	3.56	0
	Overall	1.13	0.67	1.90	0
	Not shielding	0.95	0.54	1.68	0
	Shielding		no information		
	16-24y	0.01	0.00	0.05	
	25-34y	0.62	0.20	1.92	0
	35-44y	1.63	0.80	3.32	0
	45-54	1.75	0.54	5.64	0
	55-64	0.96	0.43	2.15	0
	75+		no information		
	Overall	1.24	0.86	1.78	27.61
	Not shielding	1.18	0.85	1.62	0
	Shielding	1.85	0.71	4.77	0
	16-24y	2.50	1.25	5.02	0
	25-34y	1.26	0.79	2.02	0
	35-44y	1.15	0.23	5.69	73.12
	45-54	0.92	0.46	1.87	0
	55-64	1.06	0.53	2.11	0
	75+	1.47	0.34	6.42	22.46
	Overall	1.05	0.84	1.32	28.25
	Not shielding	0.98	0.75	1.28	35.03
	Shielding	1.44	0.87	2.38	0
	16-24y	0.98	0.62	1.53	13.95
	25-34y	0.80	0.38	1.71	74.73
	35-44y	1.11	0.80	1.55	10.1
	45-54	1.67	0.43	6.48	82
	55-64	0.82	0.44	1.56	14.81
	75+	1.11	0.40	3.12	0
	Overall	0.90	0.49	1.63	44.27
	Not shielding	0.85	0.45	1.62	43.11
	Shielding	0.75	0.11	4.96	10.15
	16-24y	0.18	0.00	15.35	88.56
	25-34y	0.80	0.31	2.08	49.28

	35-44y	1.41	0.58	3.40	0
	45-54	1.74	0.56	5.45	29.75
	55-64	0.77	0.27	2.22	0
	75+	4.18	0.35	50.04	
<b>Education</b>		<b>OR</b>	<b>Lower CI</b>	<b>Upper CI</b>	<b>I2%</b>
	Overall	1.08	0.97	1.20	38.7
	Not shielding	1.09	0.96	1.23	39.28
	Shielding	0.95	0.74	1.22	0
A-level/equivalent vs Higher education/Degree	16-24y	1.33	0.93	1.90	0
	25-34y	0.99	0.69	1.42	62.16
	35-44y	1.62	1.28	2.05	0
	45-54	1.13	0.96	1.34	0
	55-64	1.01	0.89	1.14	0
	75+	0.96	0.65	1.40	57.49
GCSE/equivalent vs Higher education/Degree	Overall	1.00	0.87	1.14	59.18
	Not shielding	0.99	0.84	1.17	64.95
	Shielding	0.80	0.62	1.04	0
	16-24y	0.94	0.49	1.81	64.06
	25-34y	1.24	0.80	1.94	69.1
	35-44y	1.26	0.97	1.63	0
	45-54	1.16	0.83	1.62	62.52
	55-64	1.03	0.91	1.17	0
75+	0.92	0.65	1.30	35.17	
<GCSE/equivalent vs Higher education/Degree	Overall	1.05	0.91	1.21	53.17
	Not shielding	1.02	0.88	1.19	46.14
	Shielding	0.87	0.68	1.11	0
	16-24y	0.77	0.47	1.28	11.51
	25-34y	0.99	0.67	1.45	42.2
	35-44y	1.03	0.74	1.43	0
	45-54	1.48	1.08	2.04	34.96
	55-64	1.20	1.03	1.41	0
75+	0.96	0.78	1.20	0	
<b>Occupational class</b>		<b>OR</b>	<b>Lower CI</b>	<b>Upper CI</b>	<b>I2%</b>
	Overall	1.07	0.99	1.15	0
	Not shielding	1.07	0.98	1.16	0
	Shielding	0.87	0.65	1.16	7.88
Intermediate vs Managerial/Admin/P rofessional	16-24y	0.92	0.60	1.41	0
	25-34y	1.04	0.84	1.29	10.79
	35-44y	1.28	0.92	1.78	46.81
	45-54	1.12	0.94	1.33	0
	55-64	1.01	0.86	1.19	22.02

	75+	1.00	0.76	1.33	0
	Overall	1.17	1.08	1.27	0
	Not shielding	1.18	1.07	1.29	0
	Shielding	0.93	0.71	1.21	0
Manual/Routine vs Managerial/Admin/P rofessional	16-24y	1.15	0.77	1.71	0
	25-34y	1.11	0.80	1.55	50.55
	35-44y	1.24	0.95	1.63	0
	45-54	1.08	0.90	1.30	0
	55-64	1.16	1.00	1.35	0
	75+	1.27	0.96	1.67	0
Other social class vs Managerial/Admin/P rofessional	Overall	1.51	1.12	2.04	79.69
	Not shielding	1.48	1.04	2.09	83.37
	Shielding	0.89	0.39	2.07	78.87
	16-24y	1.02	0.46	2.26	58.35
	25-34y	1.85	1.29	2.64	0
	35-44y	1.44	0.55	3.80	68.27
	45-54	2.05	0.98	4.29	85.15
55-64	1.65	1.21	2.27	60.63	
	75+	1.02	0.62	1.69	0

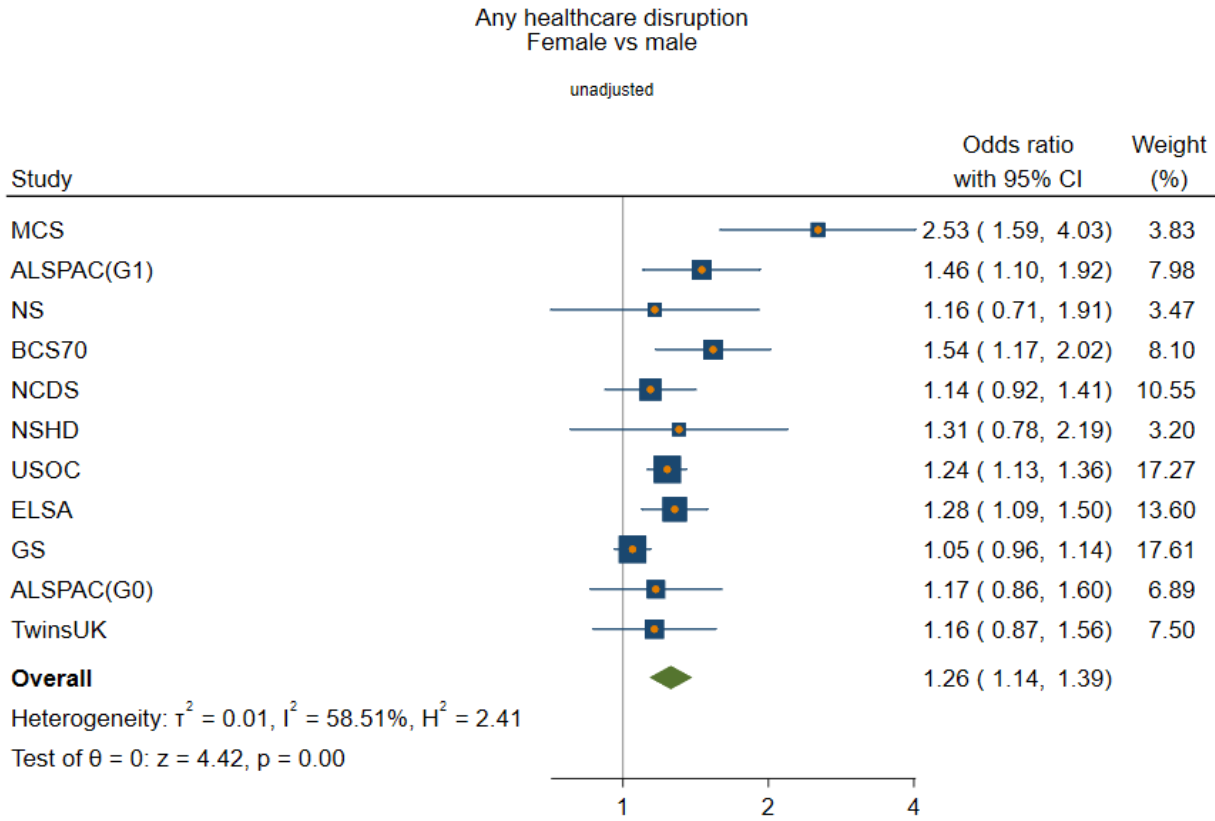
Adjusted for sex, age, and ethnicity (where available)

Empty I<sup>2</sup>% column indicates only one study included

\*Binary variable including Black, East Asian, Mixed, South Asian, and other ethnicity in 'non-White'

Any healthcare disruption

Sex  
Unadjusted



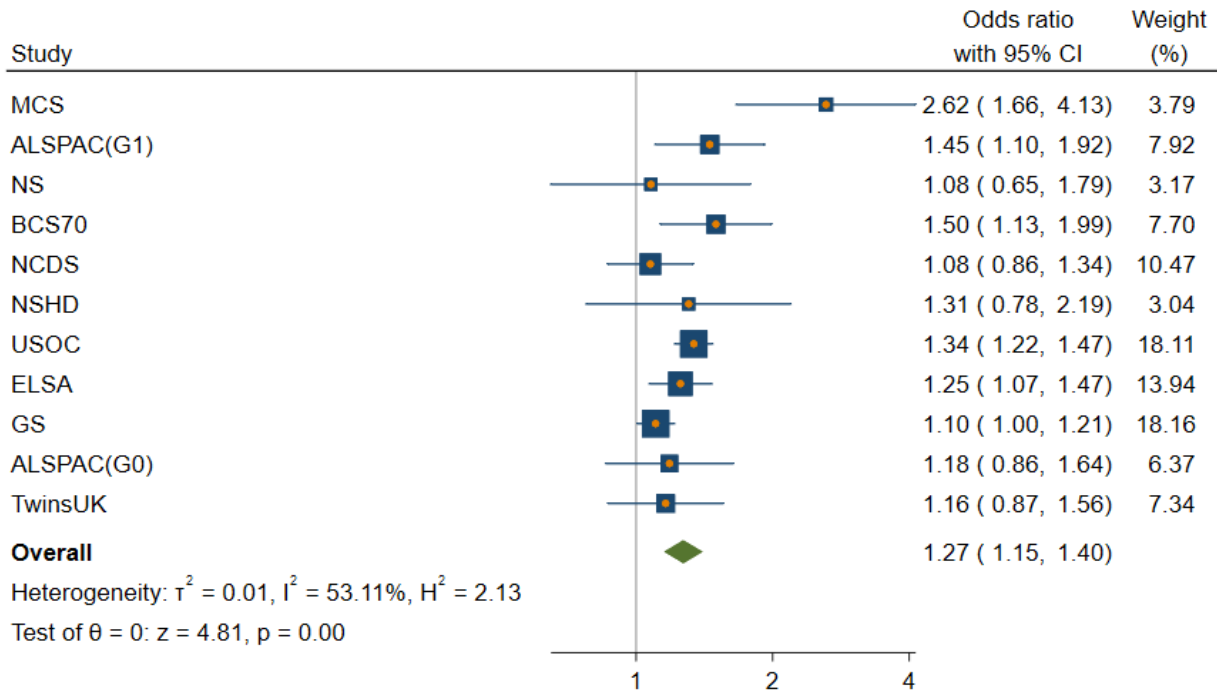
Random-effects REML model

Only

Basic adjustment

Any healthcare disruption  
Female vs male

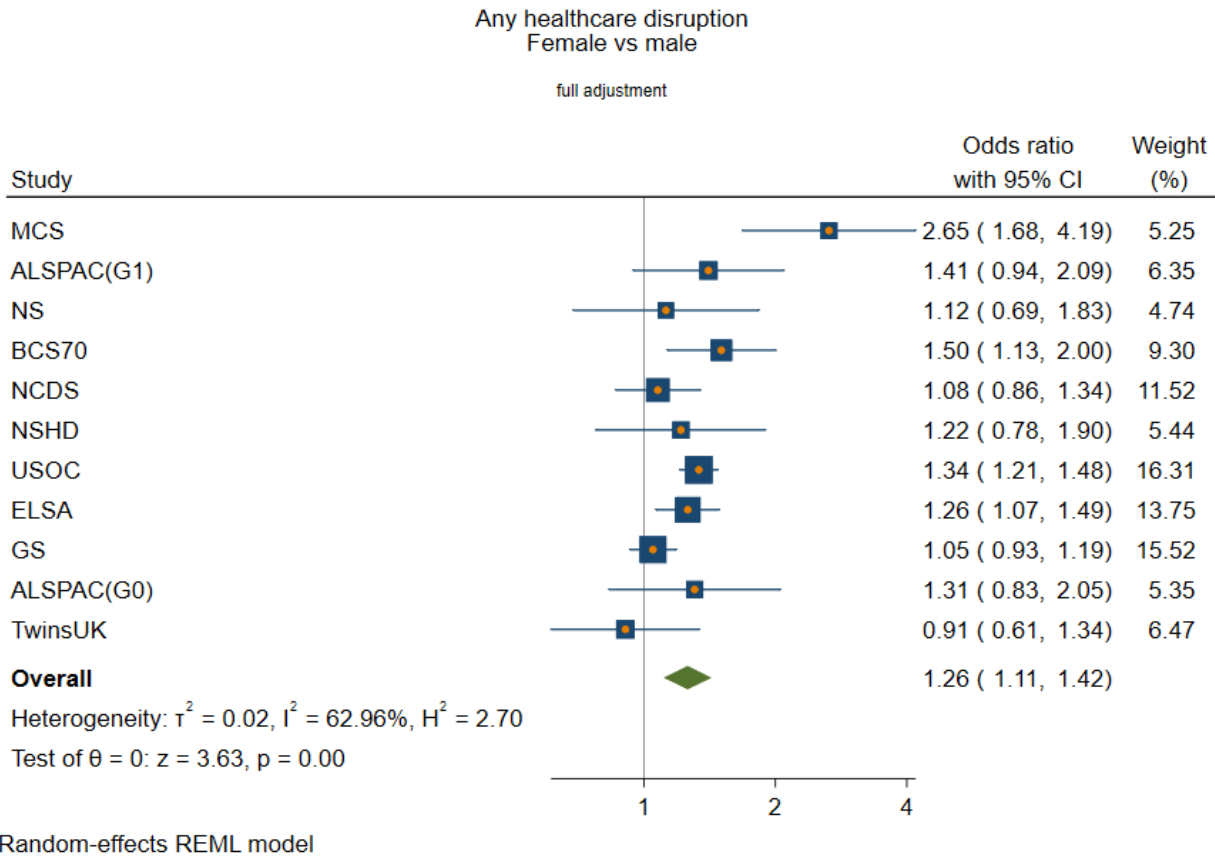
basic adjustment



Random-effects REML model

For peer review only

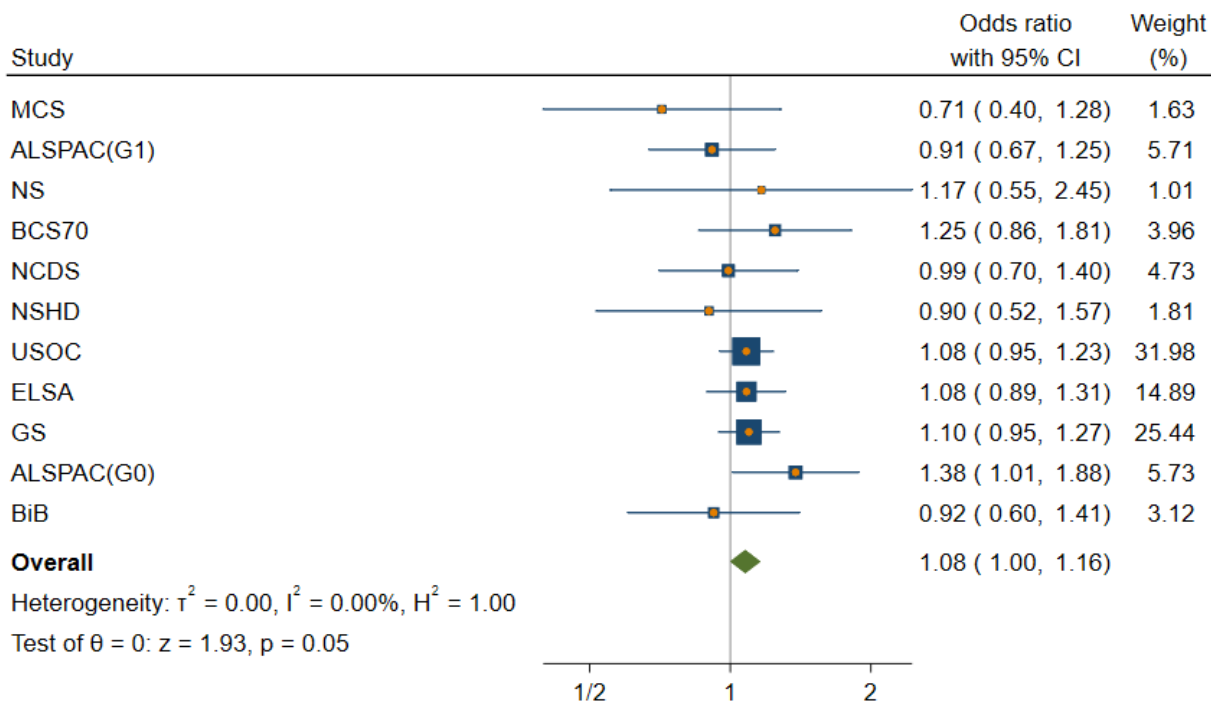
Full adjustment



Occupational class  
Unadjusted

Any healthcare disruption  
Intermediate vs Managerial/Admin/Professional

unadjusted

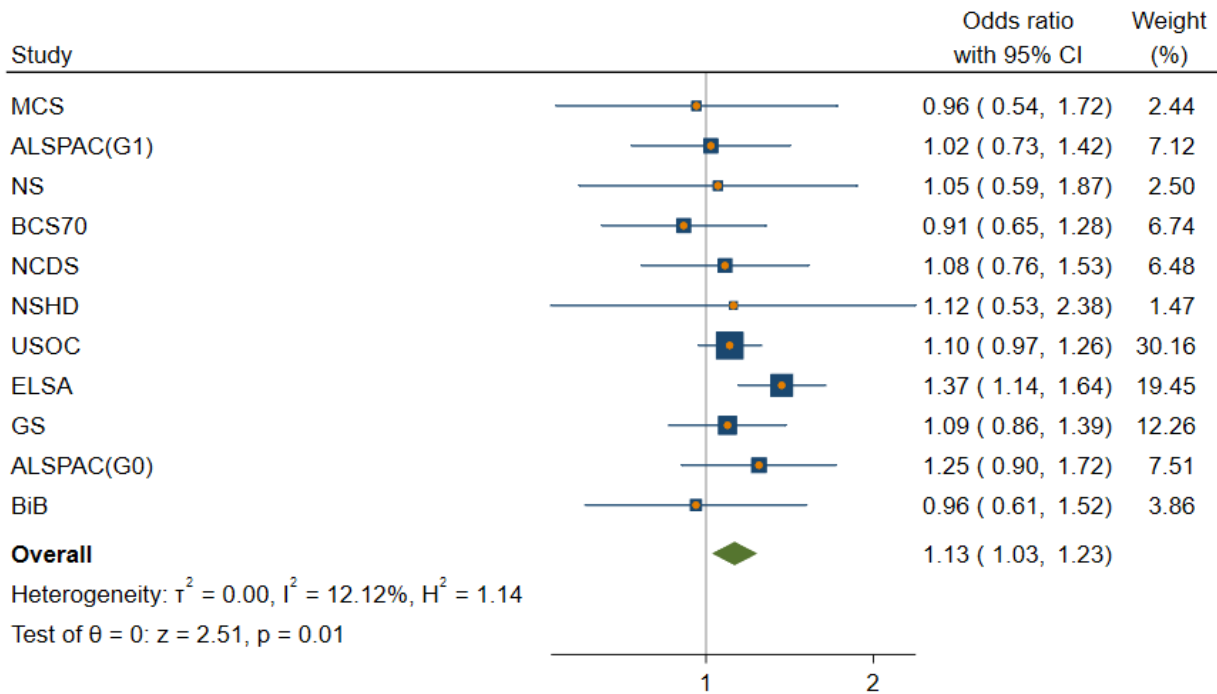


Random-effects REML model

Only

Any healthcare disruption  
Manual/Routine vs Managerial/Admin/Professional

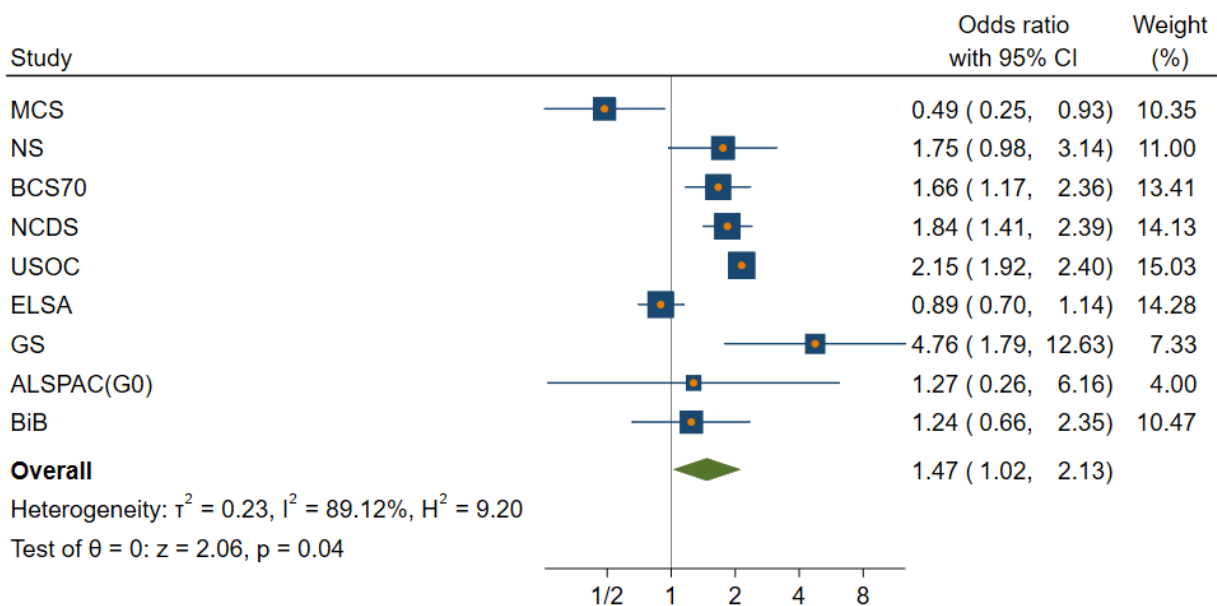
unadjusted



Random-effects REML model

Any healthcare disruption  
Other social class vs Managerial/Admin/Professional

unadjusted



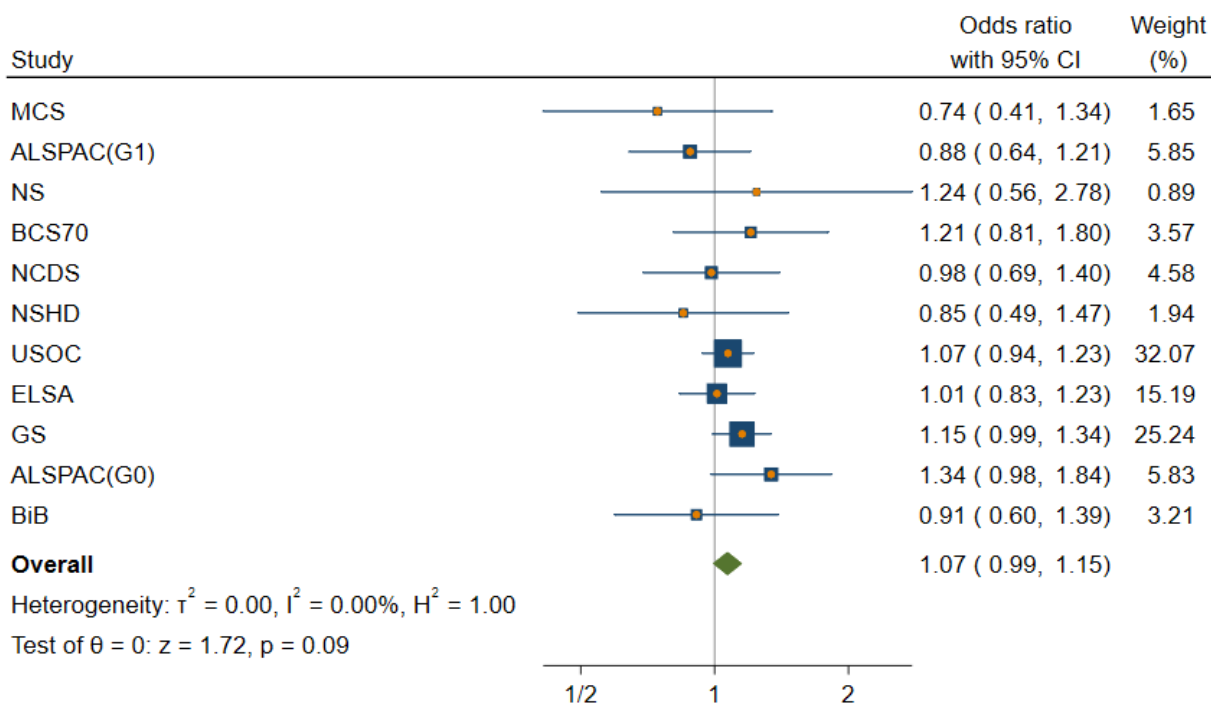
Random-effects REML model



Basic adjustment

Any healthcare disruption  
Intermediate vs Managerial/Admin/Professional

basic adjustment

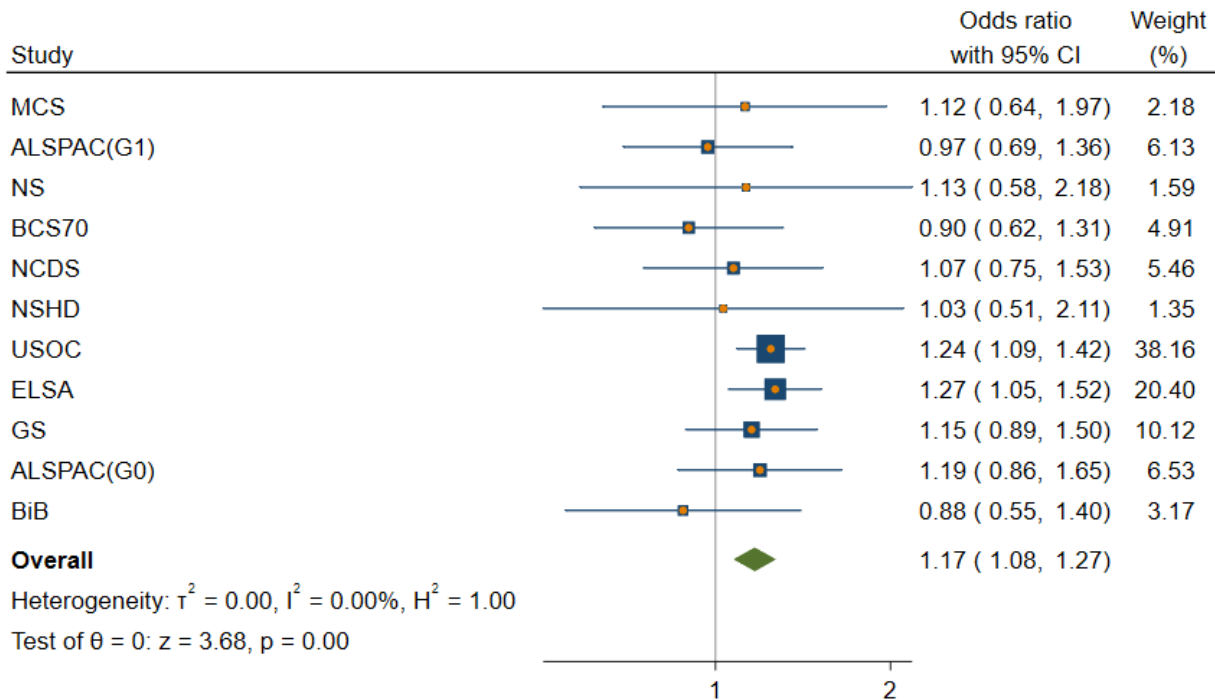


Random-effects REML model

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Any healthcare disruption  
Manual/Routine vs Managerial/Admin/Professional

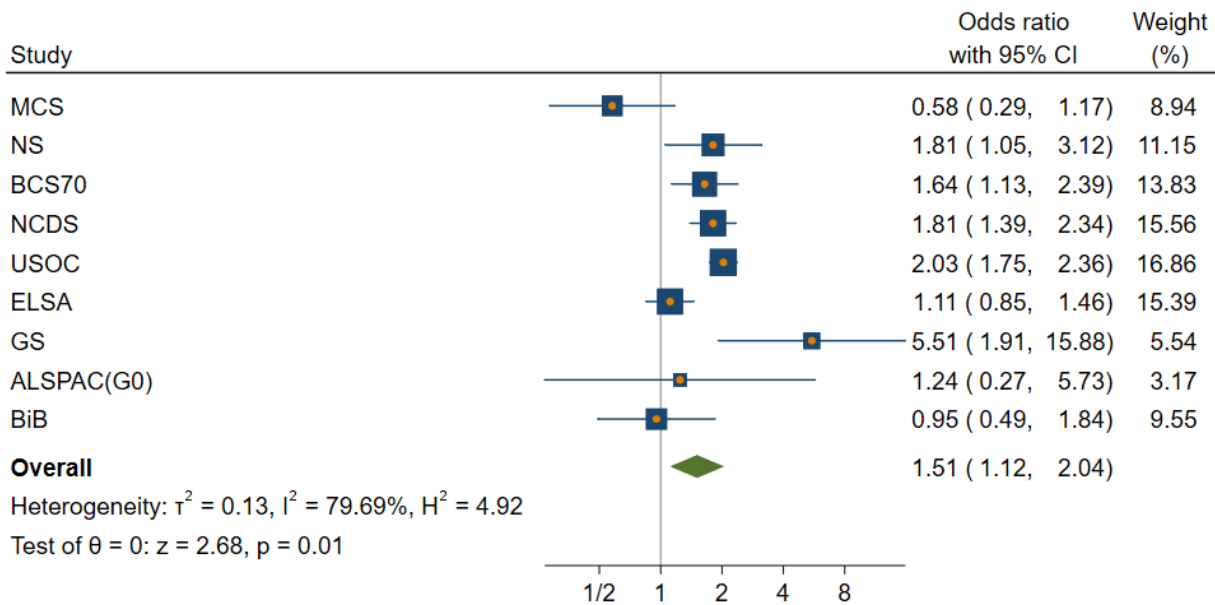
basic adjustment



Random-effects REML model

Any healthcare disruption  
Other social class vs Managerial/Admin/Professional

basic adjustment

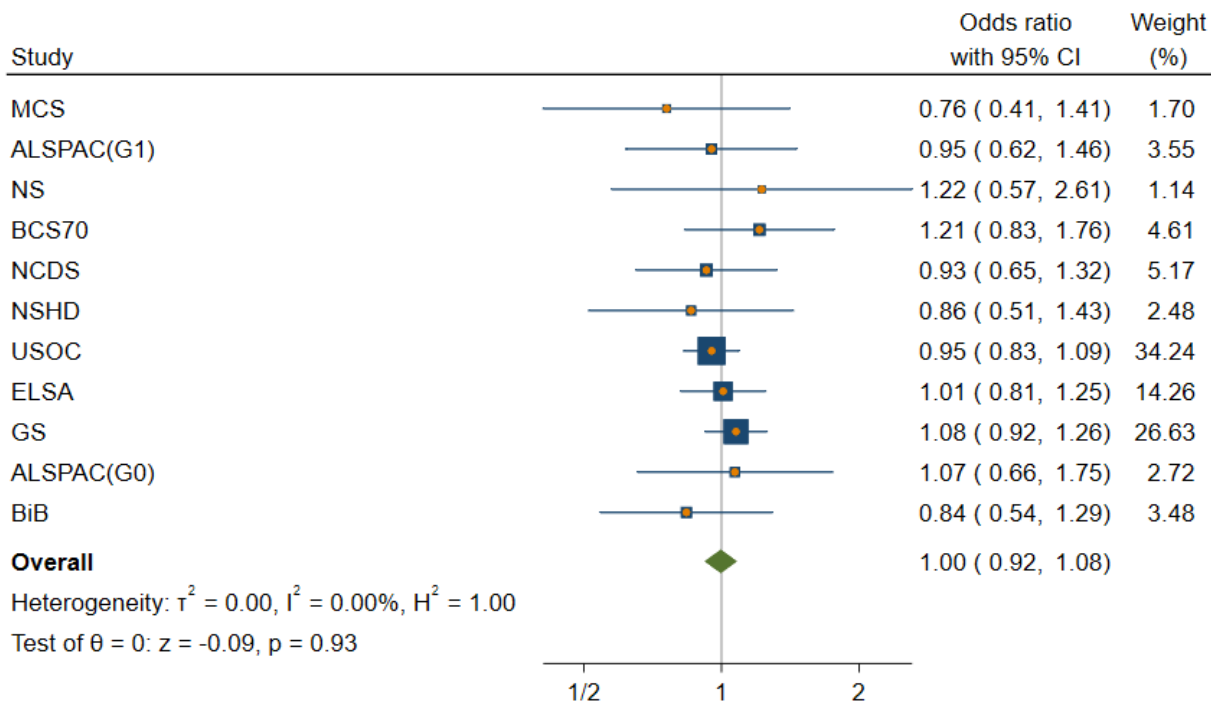


Random-effects REML model

Full adjustment

Any healthcare disruption  
Intermediate vs Managerial/Admin/Professional

full adjustment

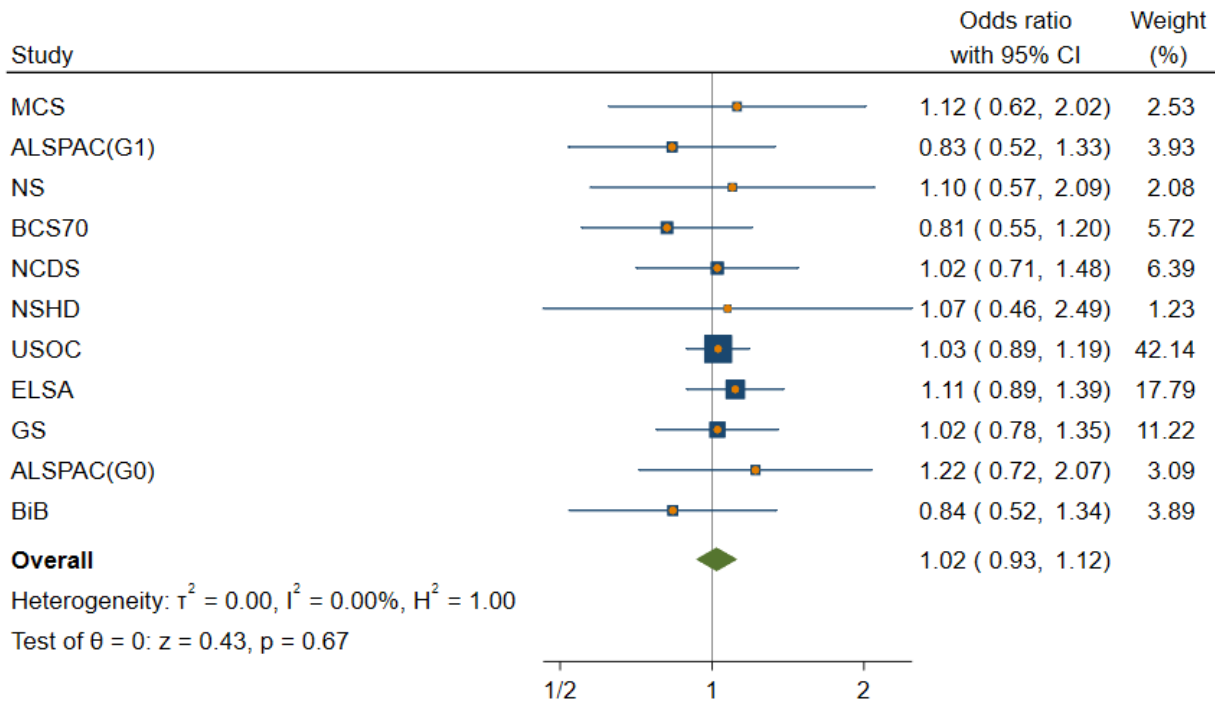


Random-effects REML model

view only

Any healthcare disruption  
Manual/Routine vs Managerial/Admin/Professional

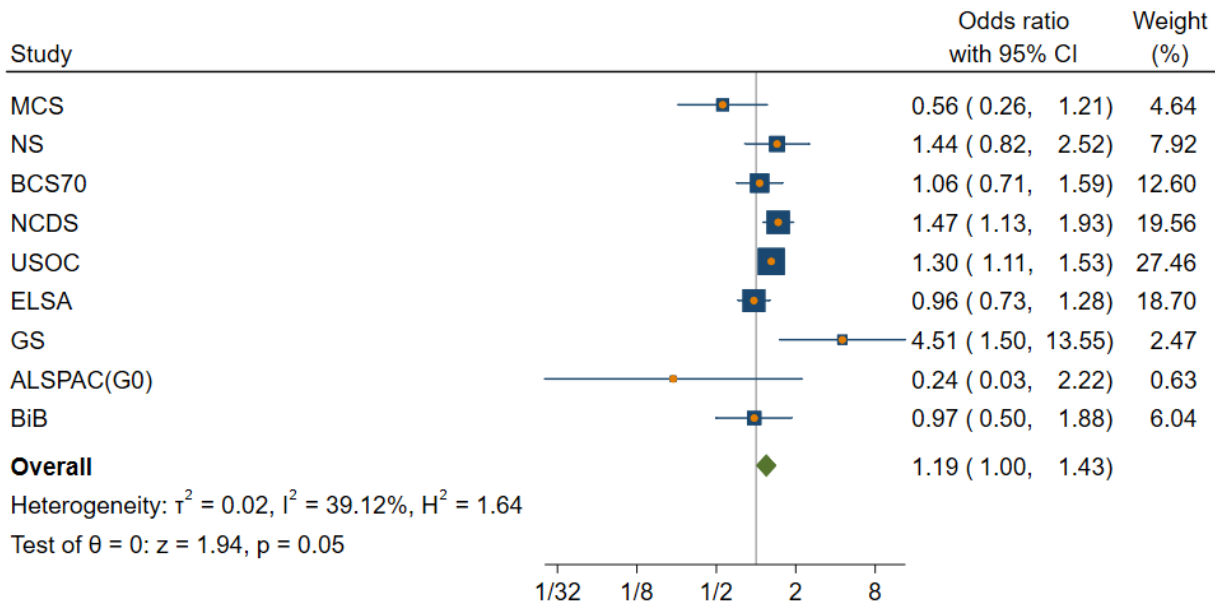
full adjustment



Random-effects REML model

Any healthcare disruption  
Other social class vs Managerial/Admin/Professional

full adjustment

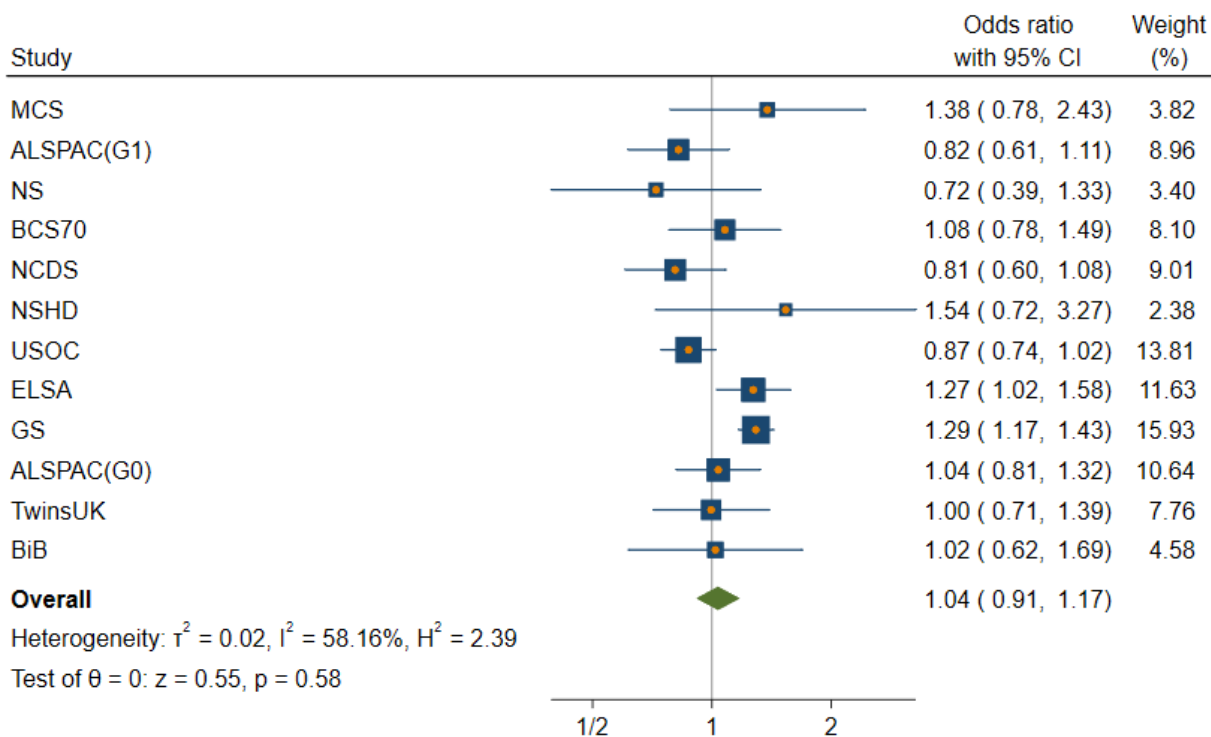


Random-effects REML model

*Education*  
Unadjusted

Any healthcare disruption  
A-level/equivalent vs Higher education/Degree

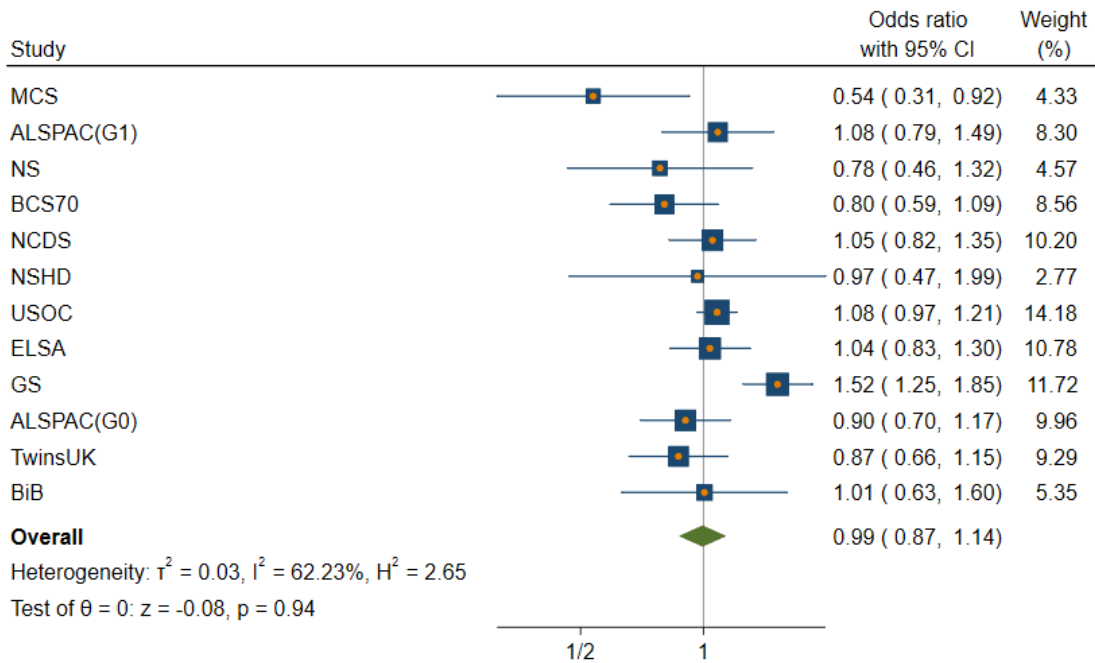
unadjusted



Random-effects REML model

Any healthcare disruption  
GCSE/equivalent vs Higher education/Degree

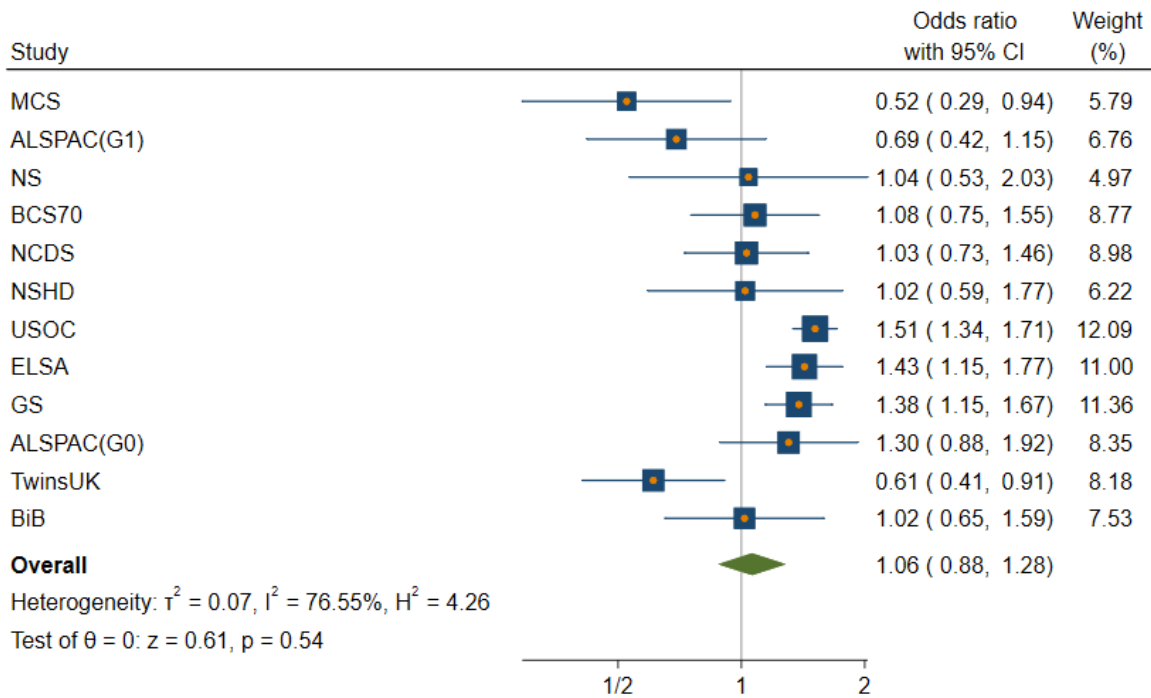
unadjusted



Random-effects REML model

Any healthcare disruption  
<GCSE/equivalent vs Higher education/Degree

unadjusted

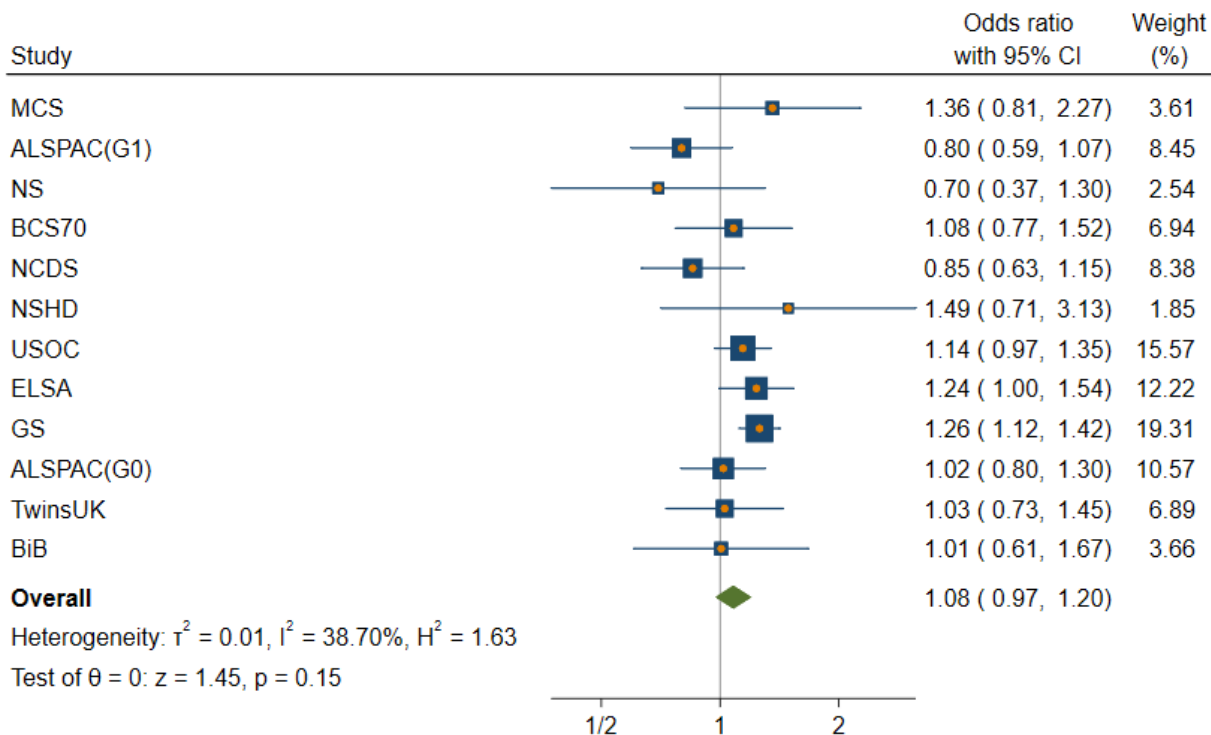


Random-effects REML model

Basic adjustment

Any healthcare disruption  
A-level/equivalent vs Higher education/Degree

basic adjustment

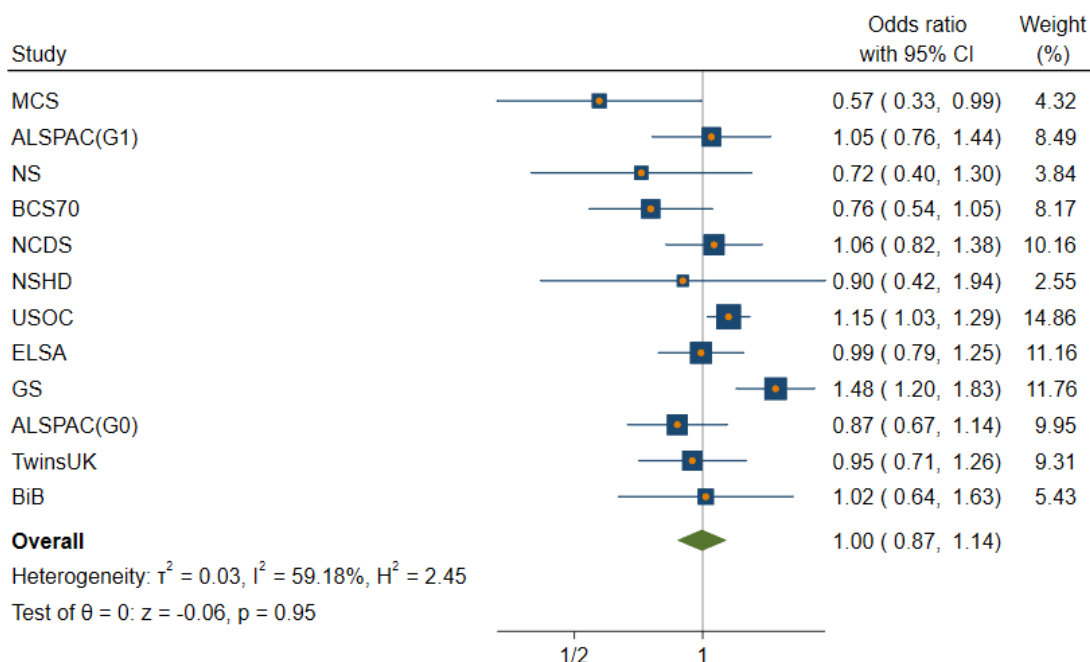


Random-effects REML model

view only

Any healthcare disruption  
GCSE/equivalent vs Higher education/Degree

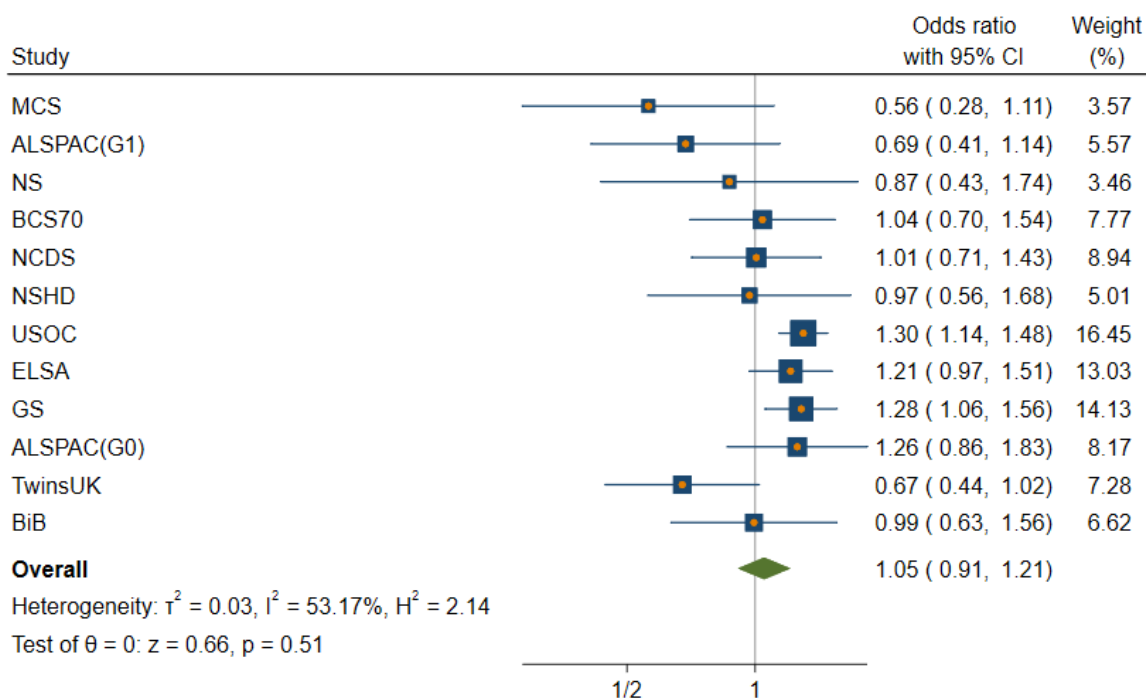
basic adjustment



Random-effects REML model

Any healthcare disruption  
<GCSE/equivalent vs Higher education/Degree

basic adjustment



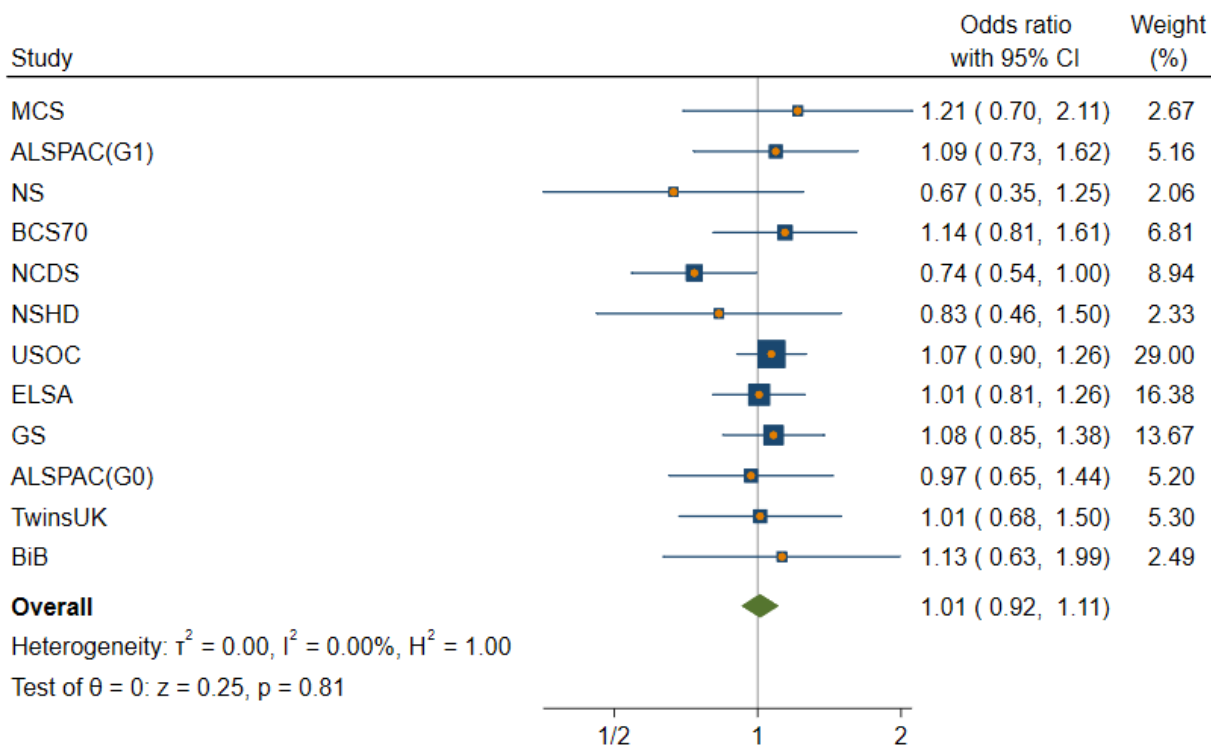
Random-effects REML model



Full adjustment

Any healthcare disruption  
A-level/equivalent vs Higher education/Degree

full adjustment

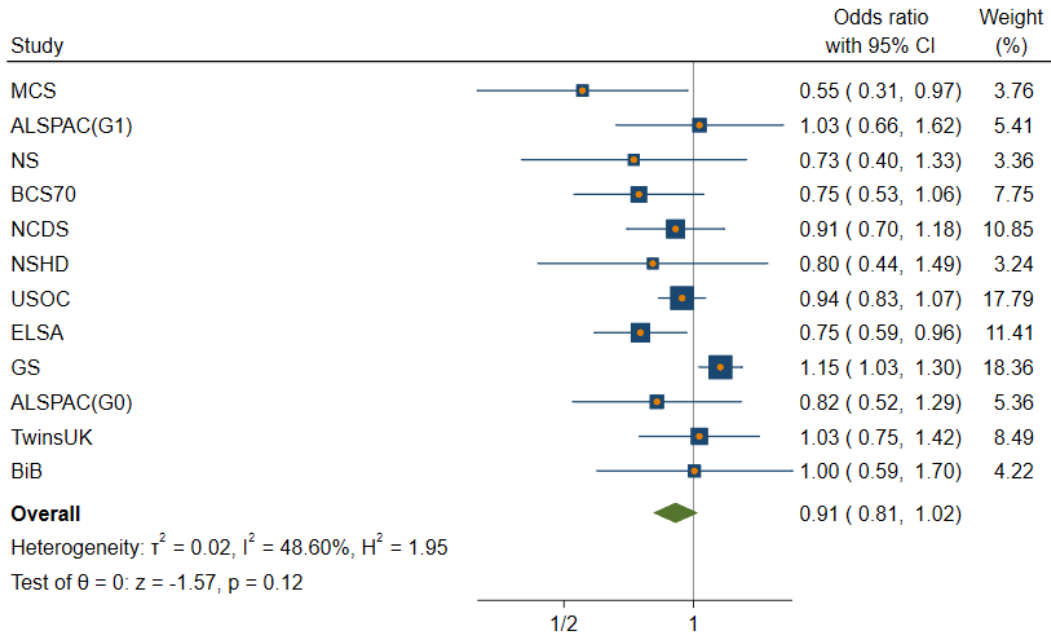


Random-effects REML model

Only

Any healthcare disruption  
GCSE/equivalent vs Higher education/Degree

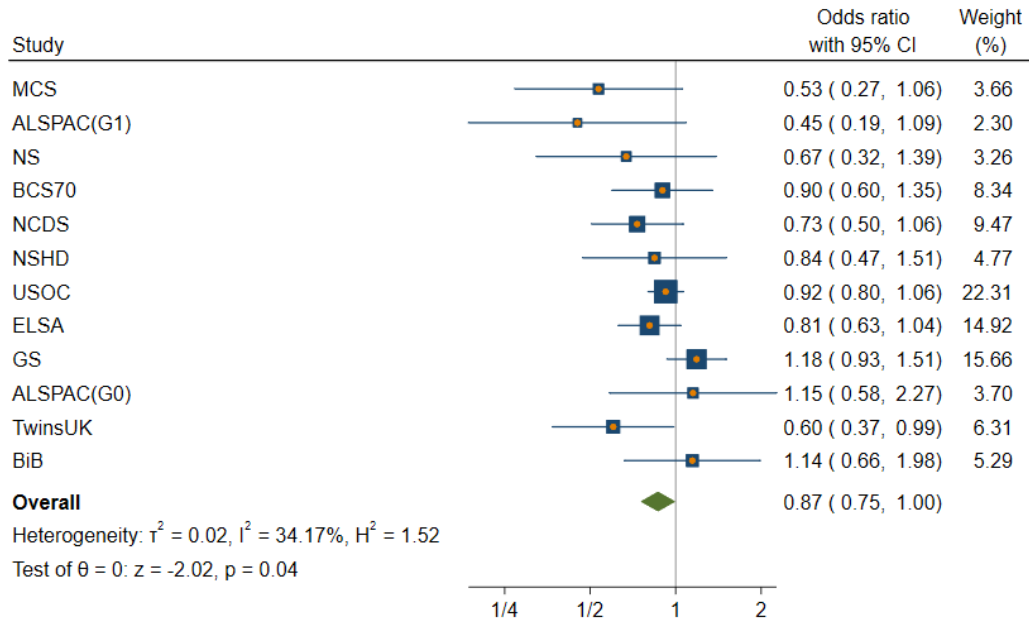
full adjustment



Random-effects REML model

Any healthcare disruption  
<GCSE/equivalent vs Higher education/Degree

full adjustment

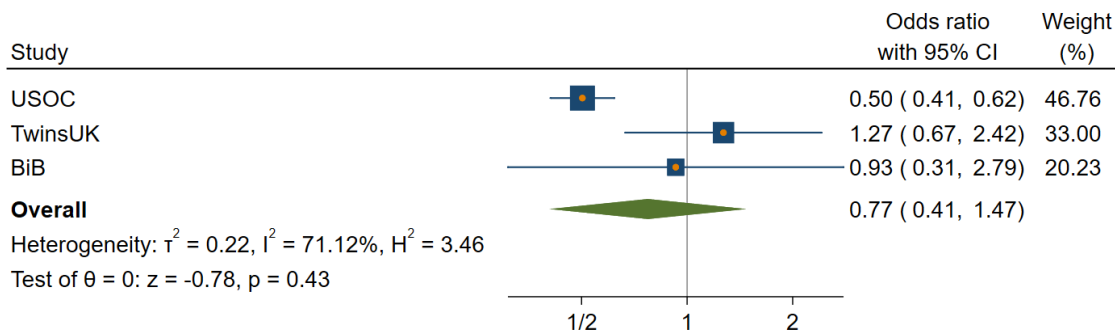


Random-effects REML model

Age  
Unadjusted

Any healthcare disruption  
16-24y vs 45-54y

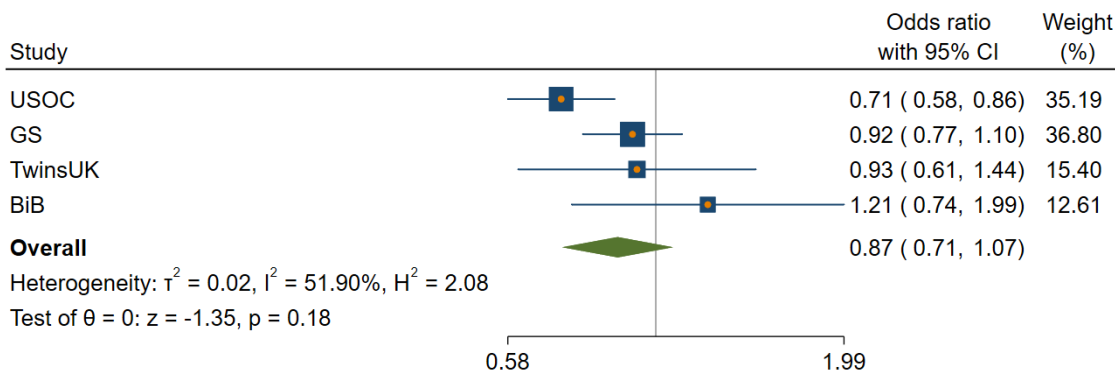
unadjusted



Random-effects REML model

Any healthcare disruption  
25-34y vs 45-54y

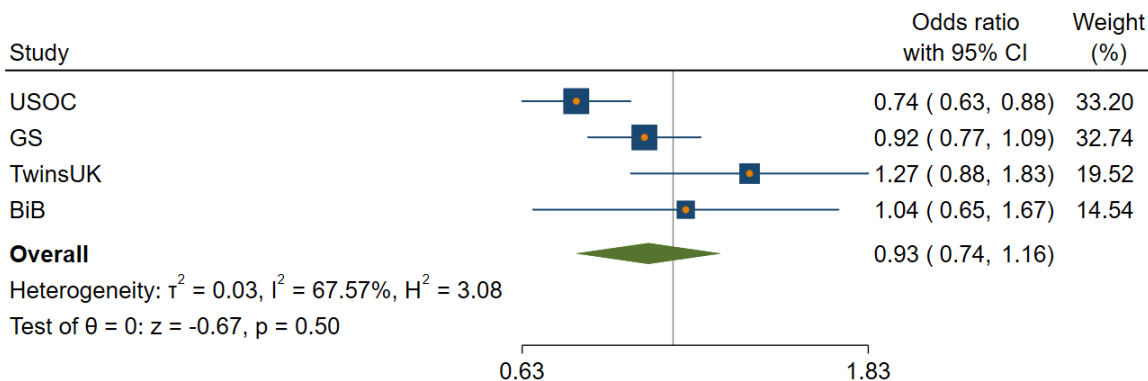
unadjusted



Random-effects REML model

Any healthcare disruption  
35-44y vs 45-54y

unadjusted

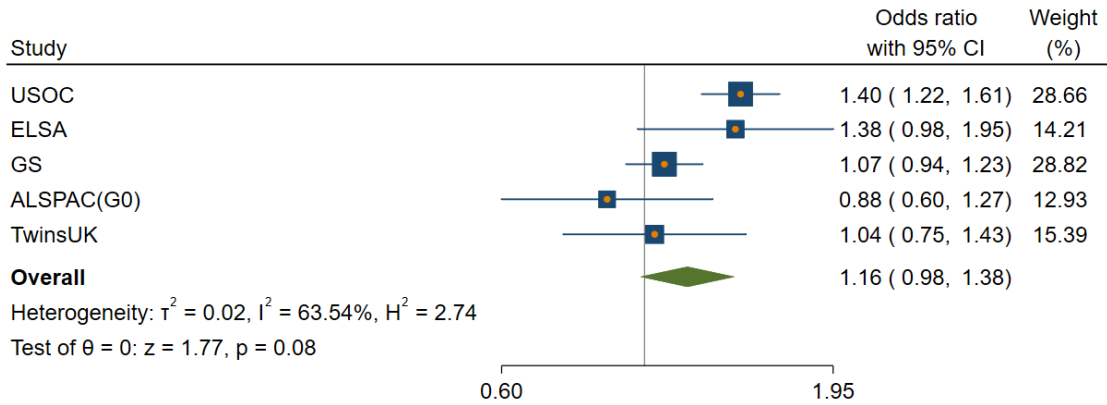


Random-effects REML model

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Any healthcare disruption  
55-64y vs 45-54y

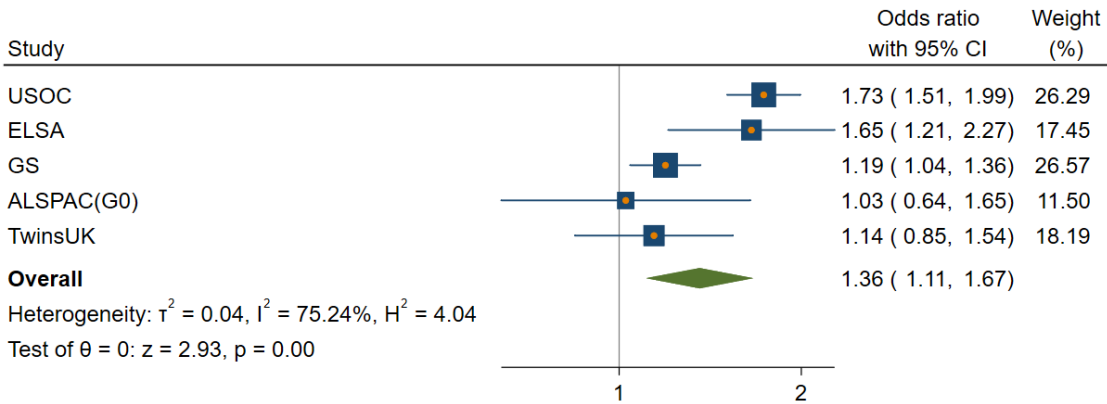
unadjusted



Random-effects REML model

Any healthcare disruption  
65-74y vs 45-54y

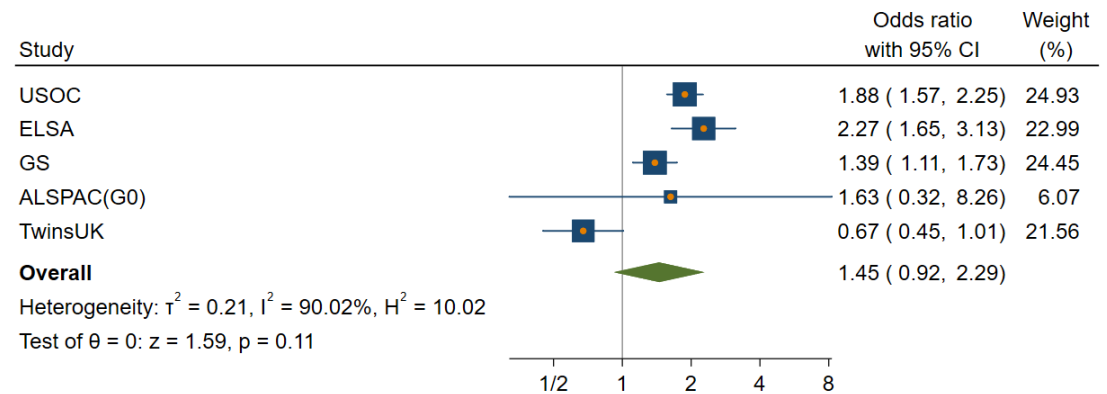
unadjusted



Random-effects REML model

Any healthcare disruption  
75y+ vs 45-54y

unadjusted

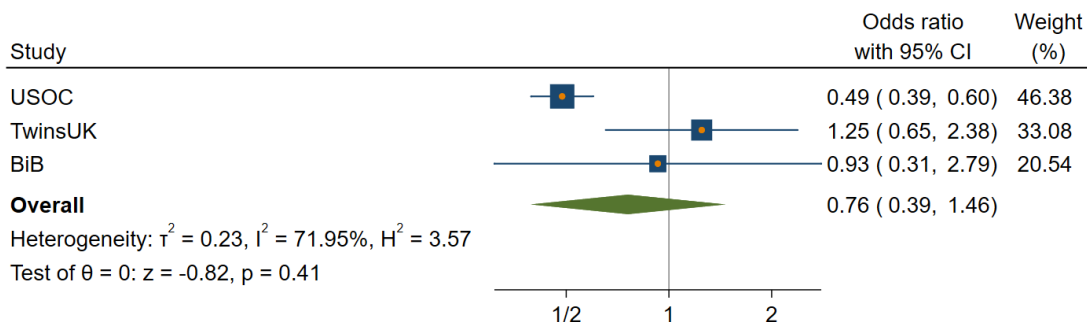


Random-effects REML model

Basic adjustment

Any healthcare disruption  
16-24y vs 45-54y

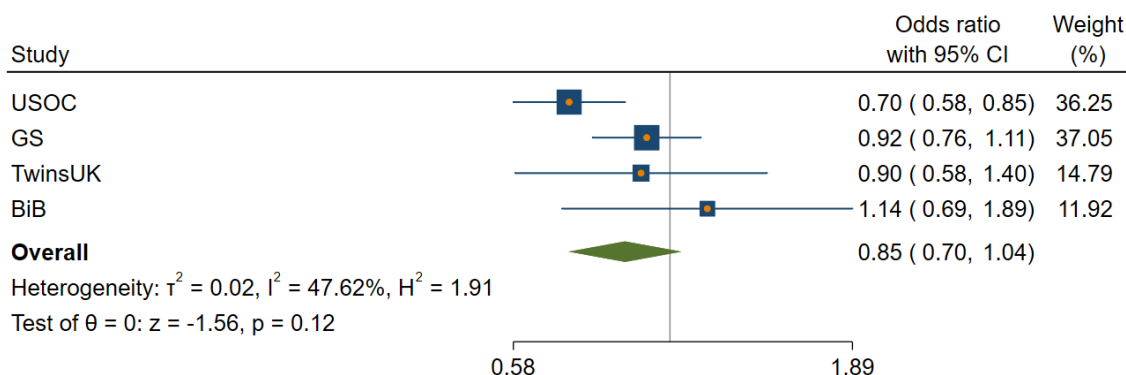
basic adjustment



Random-effects REML model

Any healthcare disruption  
25-34y vs 45-54y

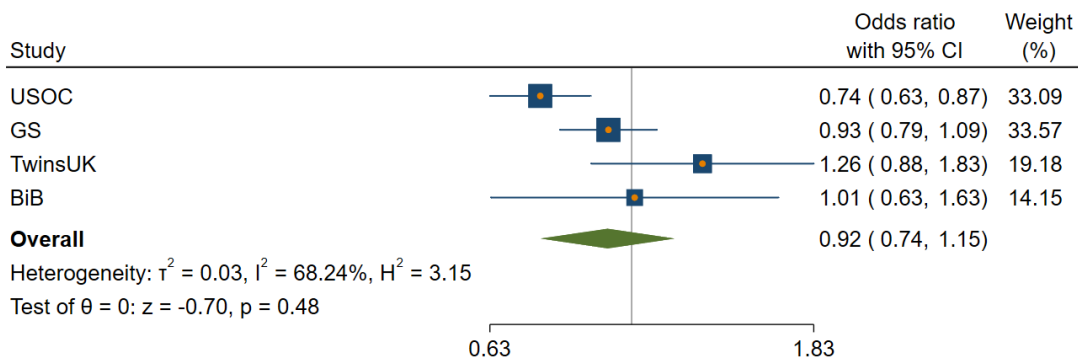
basic adjustment



Random-effects REML model

Any healthcare disruption  
35-44y vs 45-54y

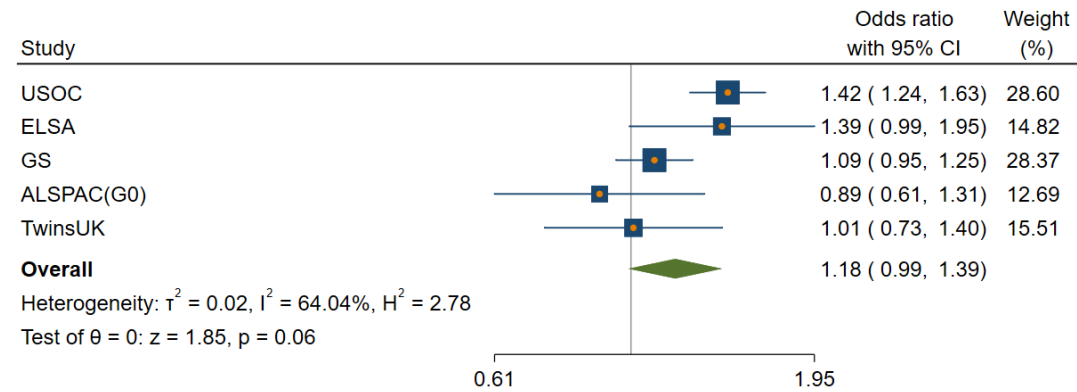
basic adjustment



Random-effects REML model

Any healthcare disruption  
55-64y vs 45-54y

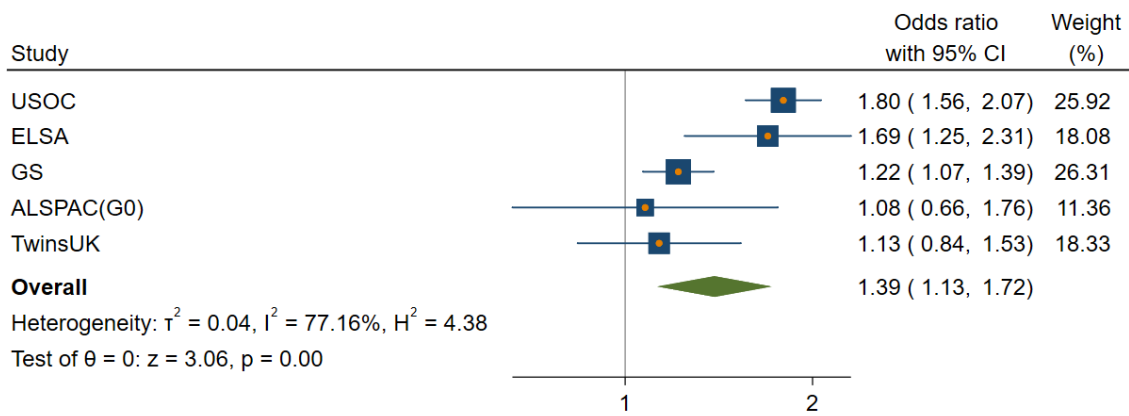
basic adjustment



Random-effects REML model

Any healthcare disruption  
65-74y vs 45-54y

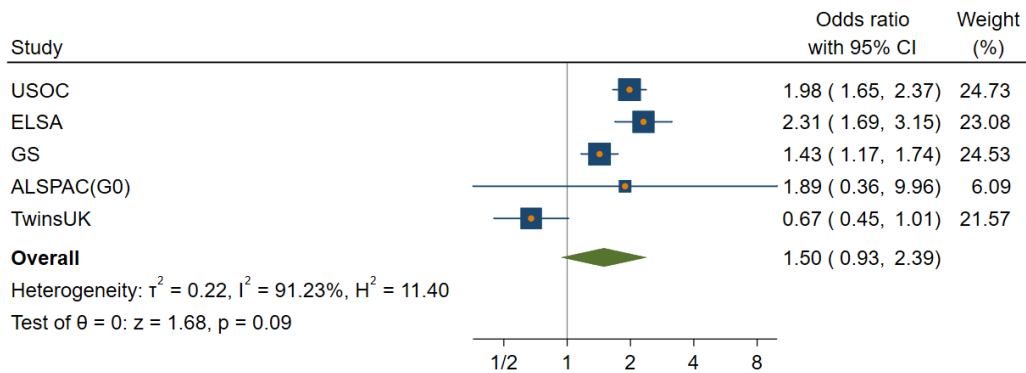
basic adjustment



Random-effects REML model

Any healthcare disruption  
75y+ vs 45-54y

basic adjustment

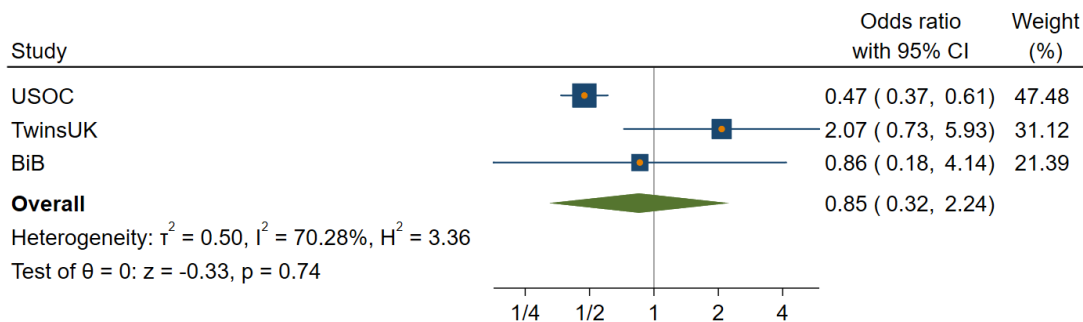


Random-effects REML model

Full adjustment

Any healthcare disruption  
16-24y vs 45-54y

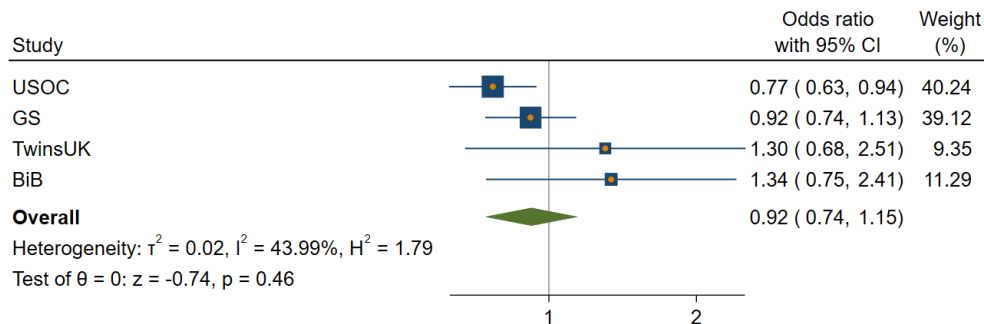
full adjustment



Random-effects REML model

Any healthcare disruption  
25-34y vs 45-54y

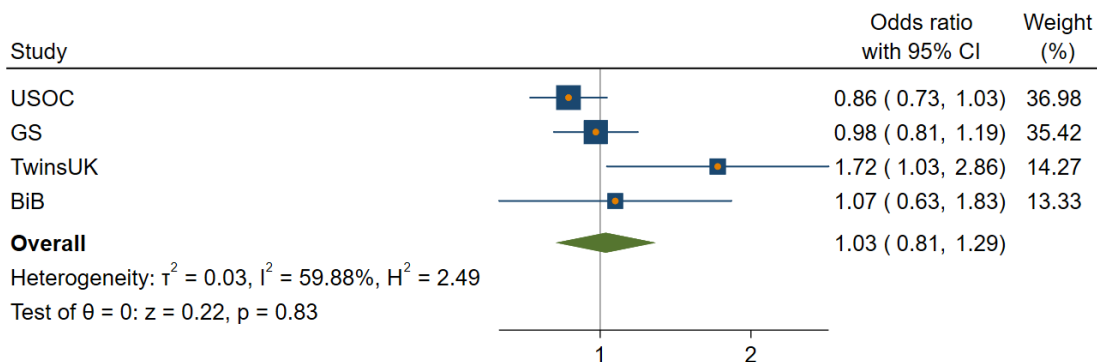
full adjustment



Random-effects REML model

Any healthcare disruption  
35-44y vs 45-54y

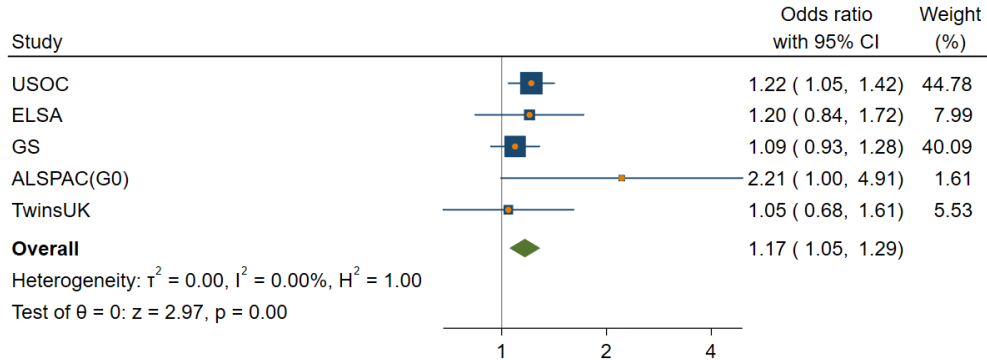
full adjustment



Random-effects REML model

Any healthcare disruption  
55-64y vs 45-54y

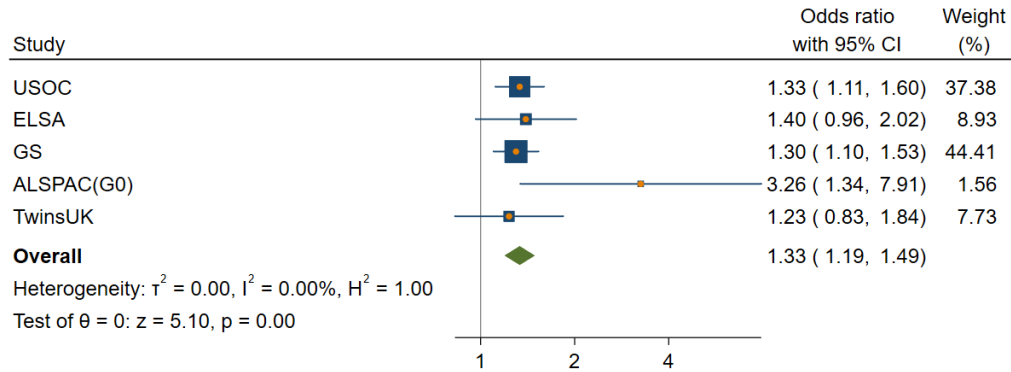
full adjustment



Random-effects REML model

Any healthcare disruption  
65-74y vs 45-54y

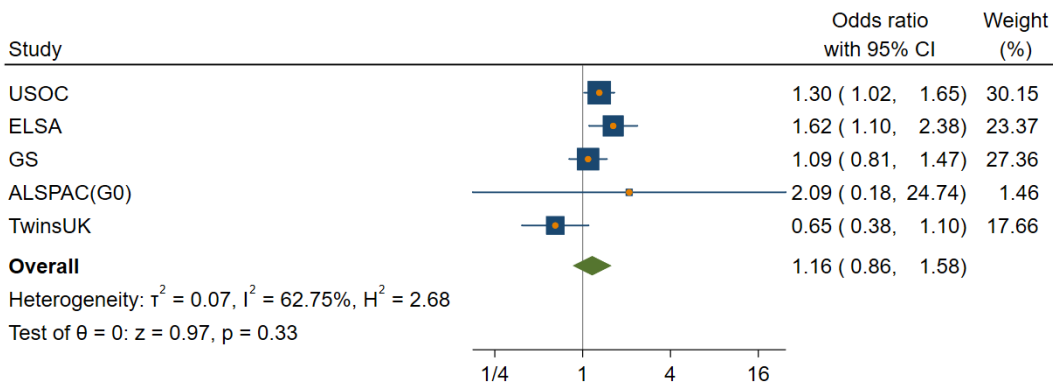
full adjustment



Random-effects REML model

Any healthcare disruption  
75y+ vs 45-54y

full adjustment



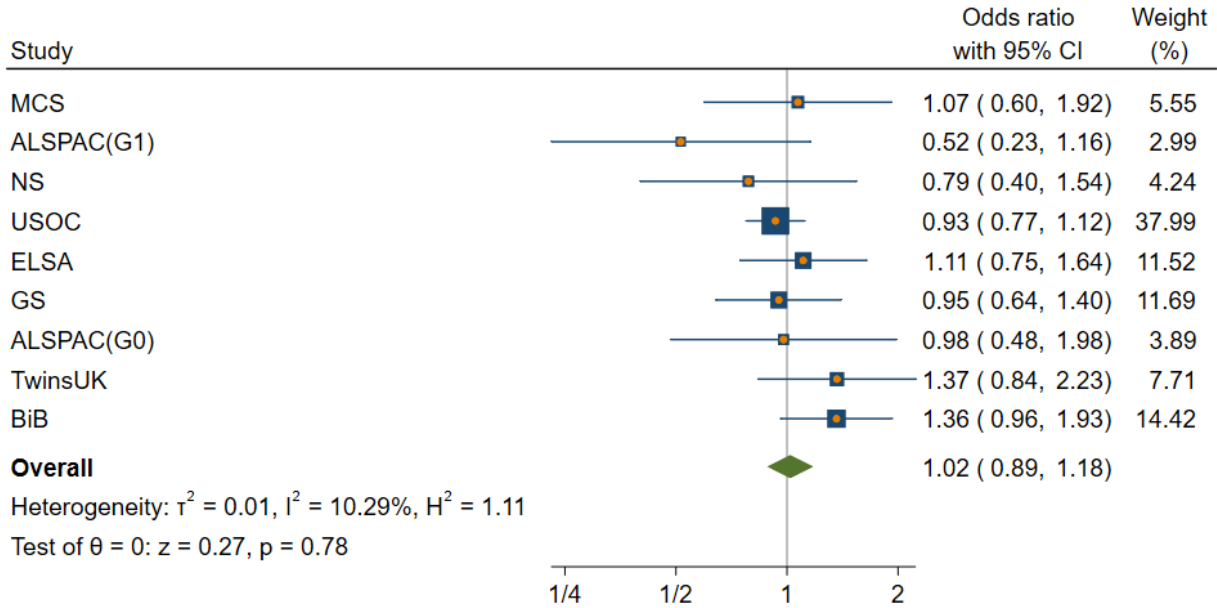
Random-effects REML model



*Ethnicity*  
Unadjusted

Any healthcare disruption  
Non-White vs White

unadjusted

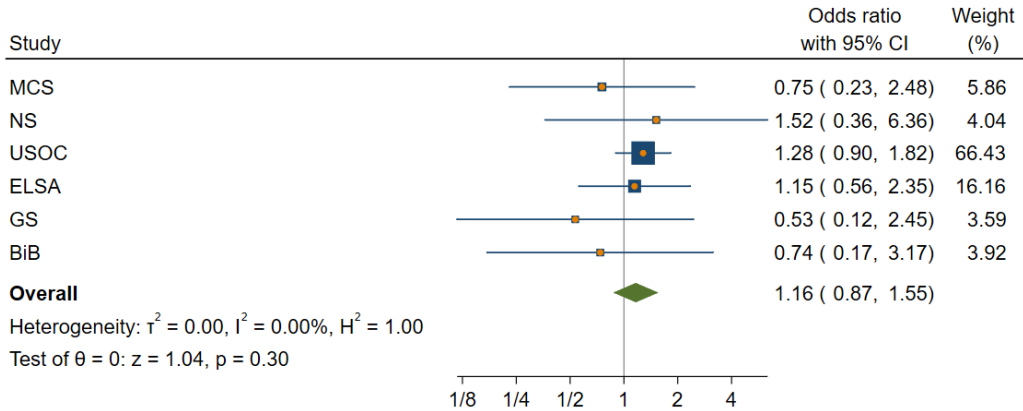


Random-effects REML model

iew only

Any healthcare disruption  
Black vs White

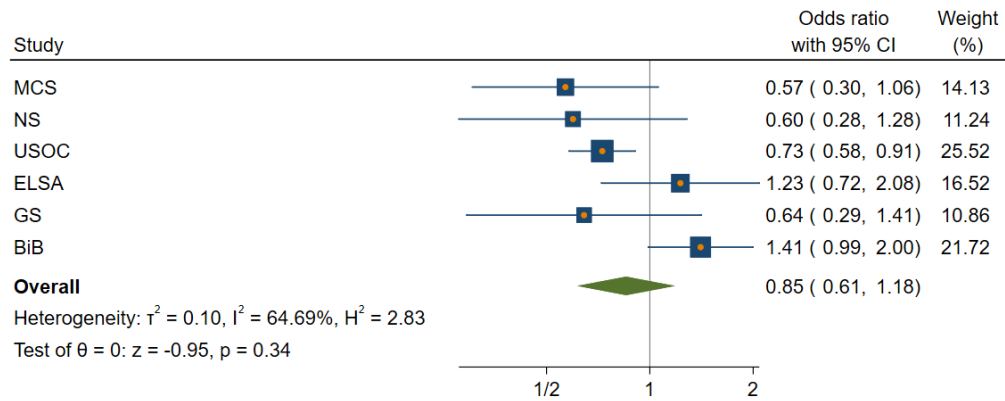
unadjusted



Random-effects REML model

Any healthcare disruption  
South Asian vs White

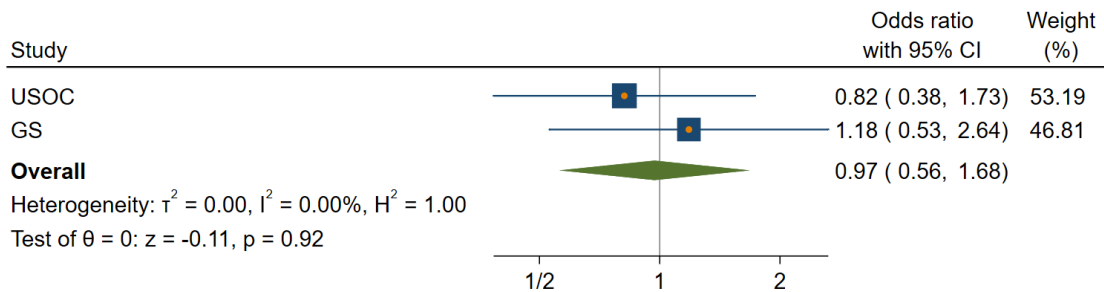
unadjusted



Random-effects REML model

Any healthcare disruption  
East Asian vs White

unadjusted

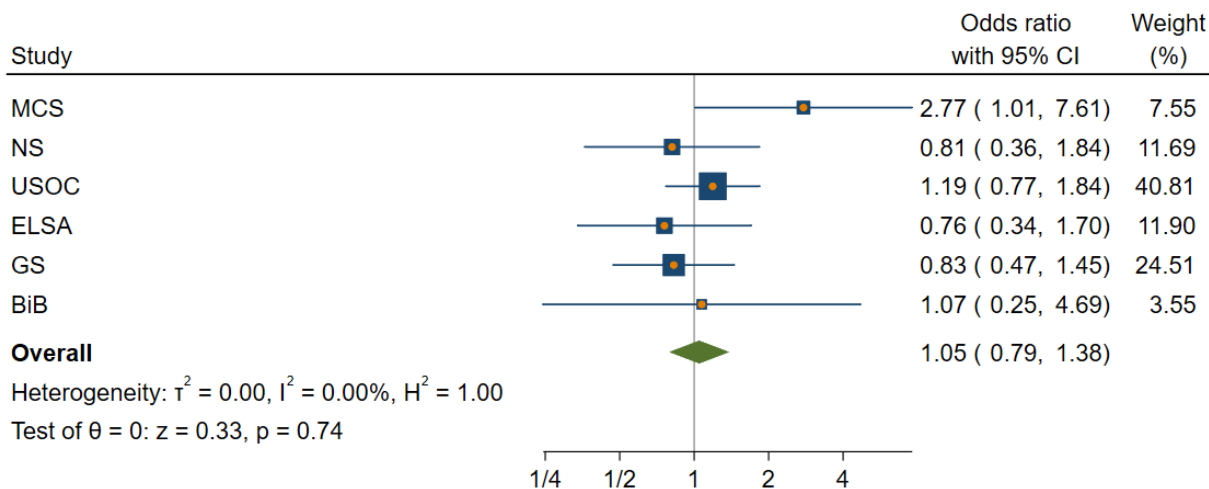


Random-effects REML model

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Any healthcare disruption  
Mixed vs White

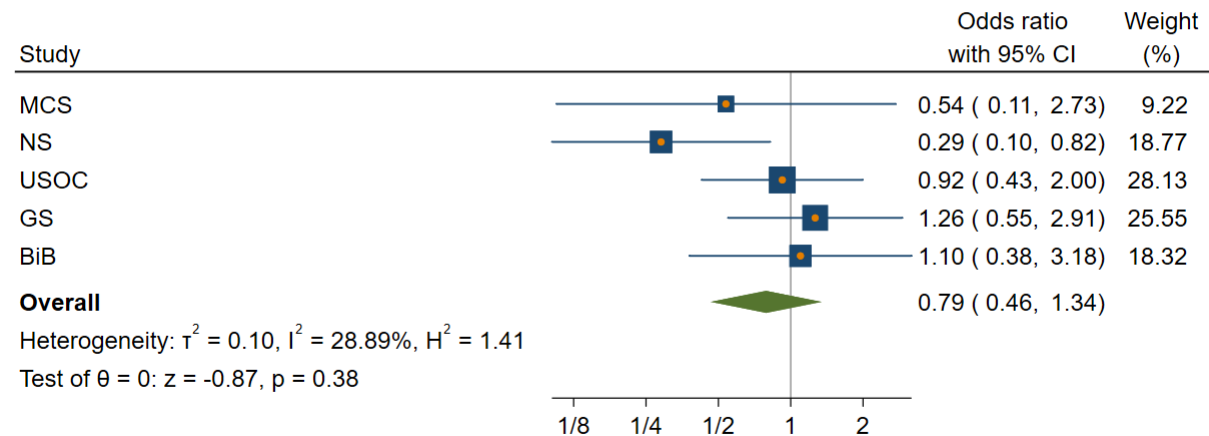
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Random-effects REML model

Any healthcare disruption  
Other Ethnicity vs White

unadjusted

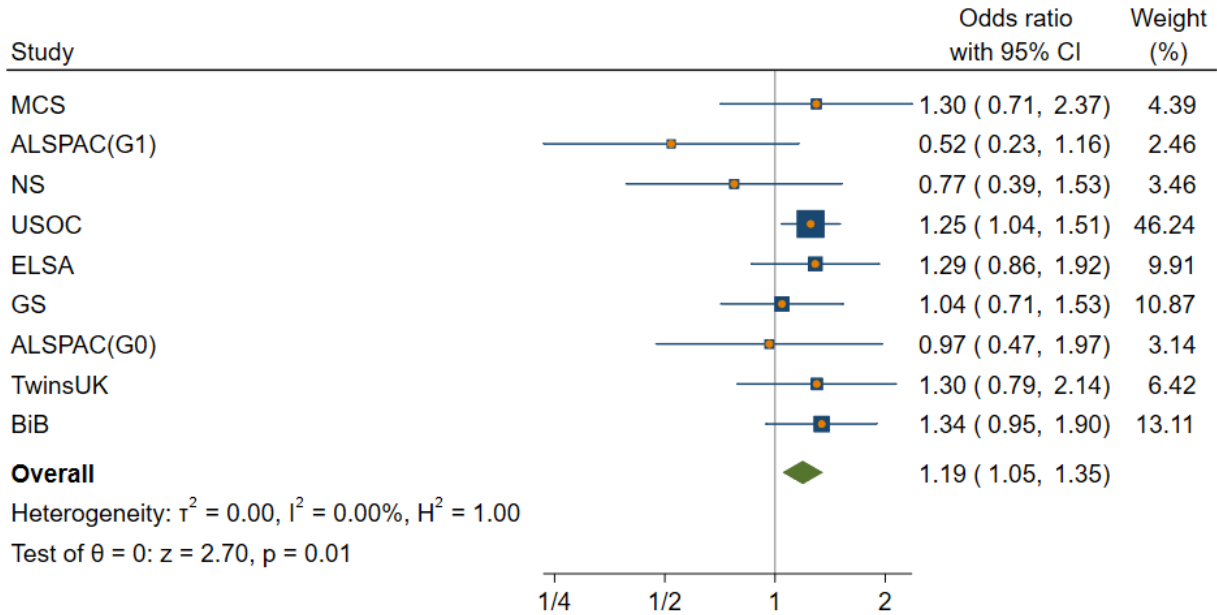


Random-effects REML model

Basic adjustment

Any healthcare disruption  
Non-White vs White

basic adjustment



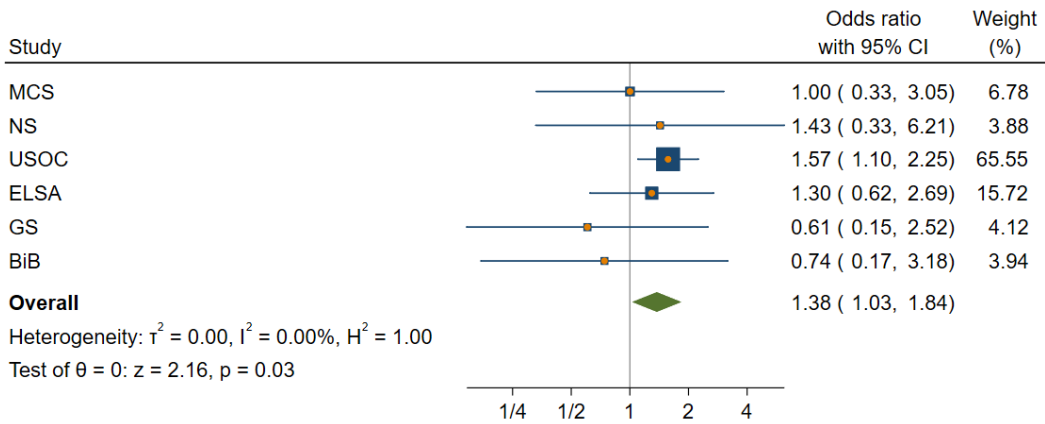
Random-effects REML model

view only

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Any healthcare disruption  
Black vs White

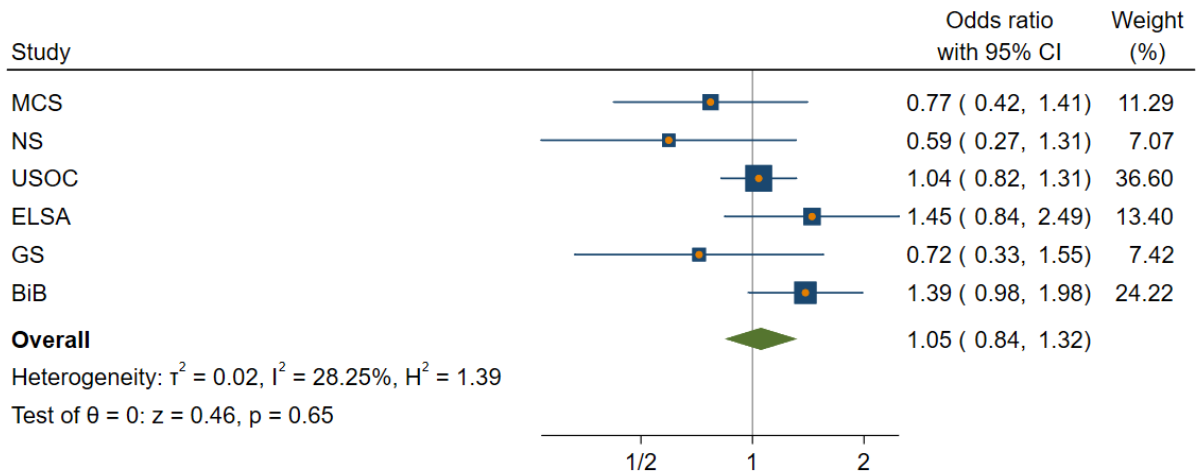
basic adjustment



Random-effects REML model

Any healthcare disruption  
South Asian vs White

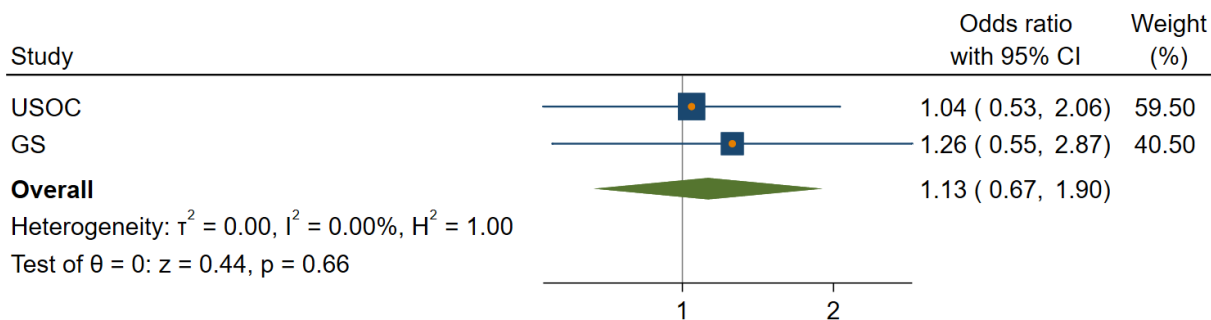
basic adjustment



Random-effects REML model

Any healthcare disruption  
East Asian vs White

basic adjustment



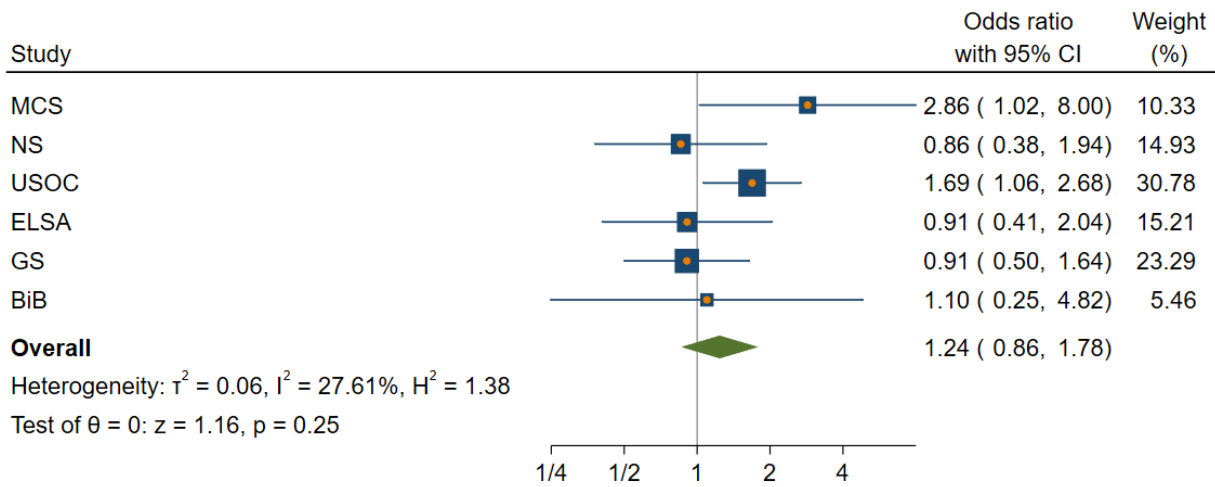
Random-effects REML model

For peer review only

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Any healthcare disruption  
Mixed vs White

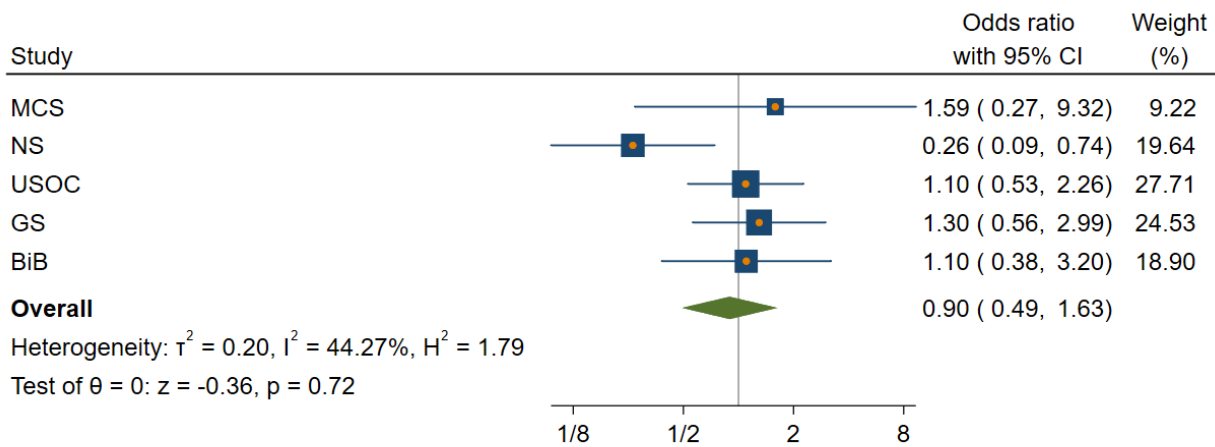
basic adjustment



Random-effects REML model

Any healthcare disruption  
Other Ethnicity vs White

basic adjustment

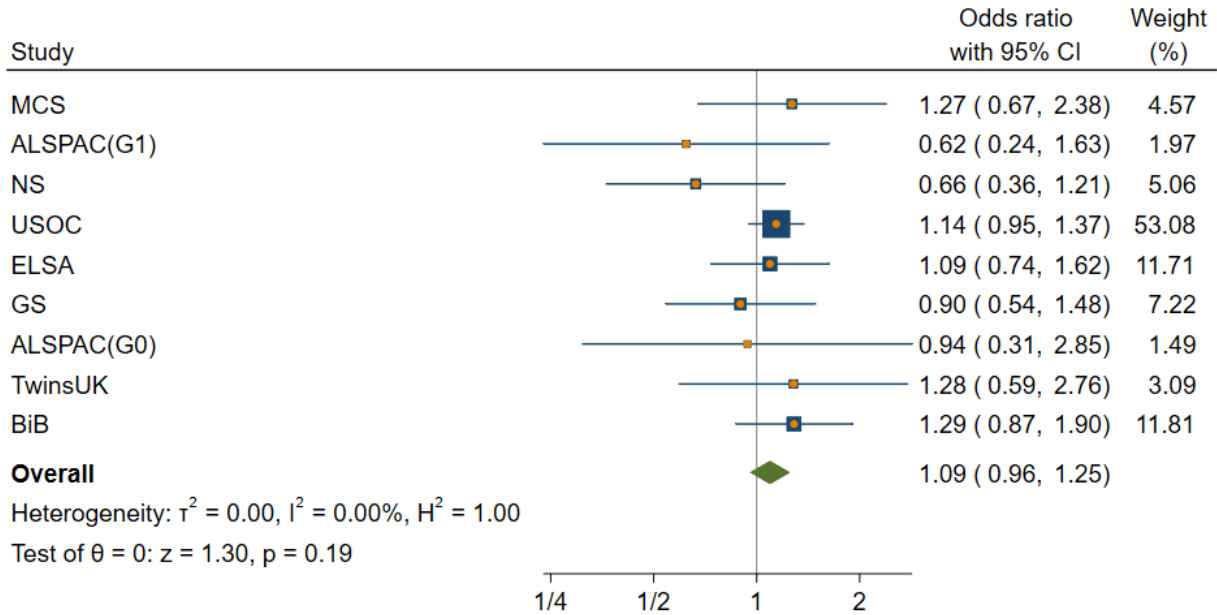


Random-effects REML model

Full adjustment

Any healthcare disruption  
Non-White vs White

full adjustment



Random-effects REML model

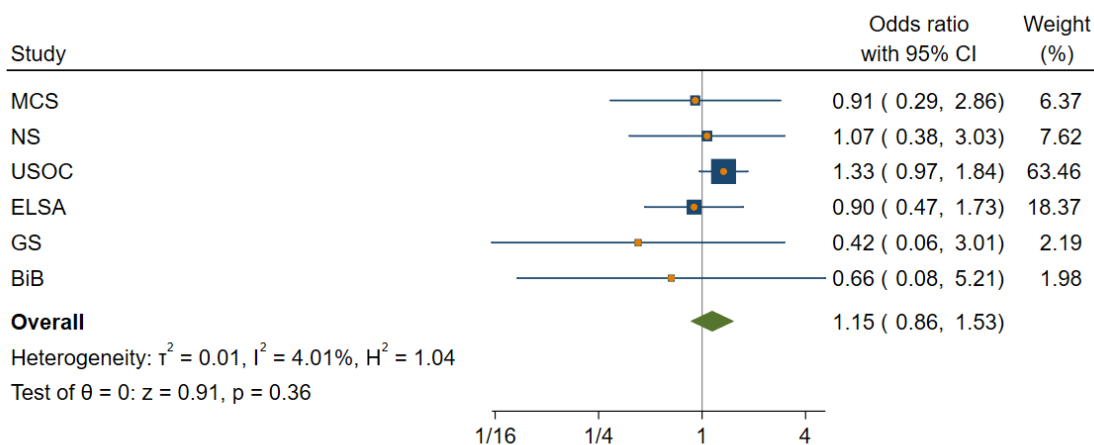
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Any healthcare disruption  
Black vs White

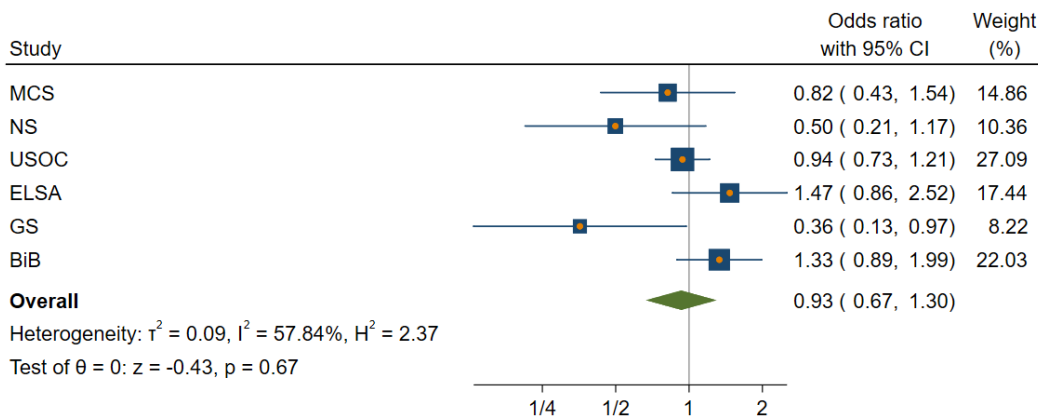
full adjustment



Random-effects REML model

Any healthcare disruption  
South Asian vs White

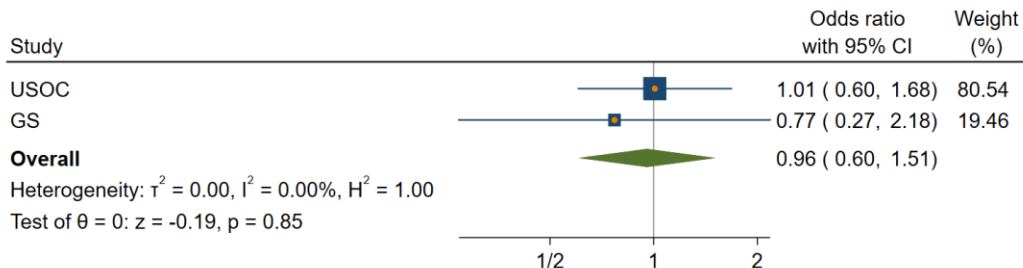
full adjustment



Random-effects REML model

Any healthcare disruption  
East Asian vs White

full adjustment

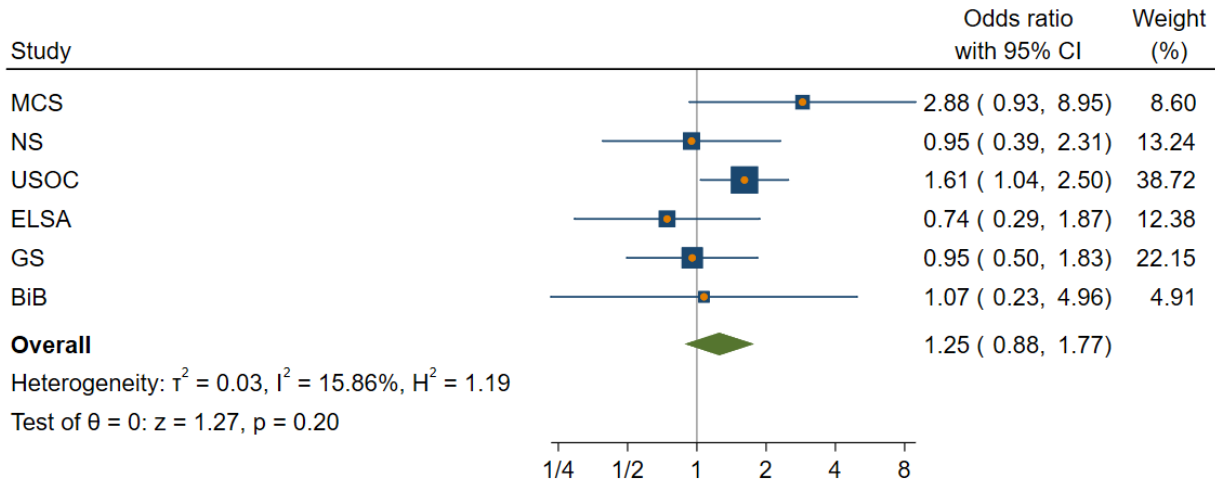


Random-effects REML model

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Any healthcare disruption  
Mixed vs White

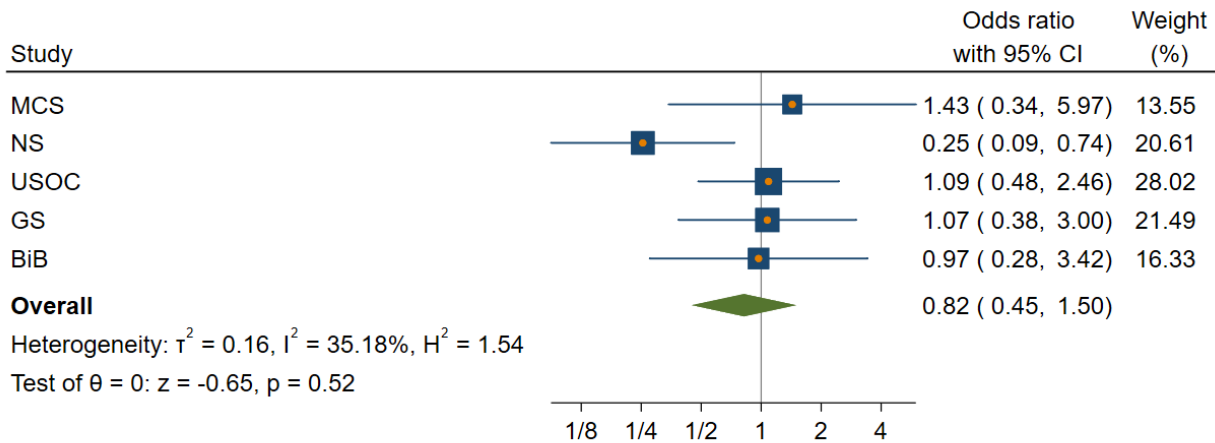
full adjustment



Random-effects REML model

Any healthcare disruption  
Other Ethnicity vs White

full adjustment

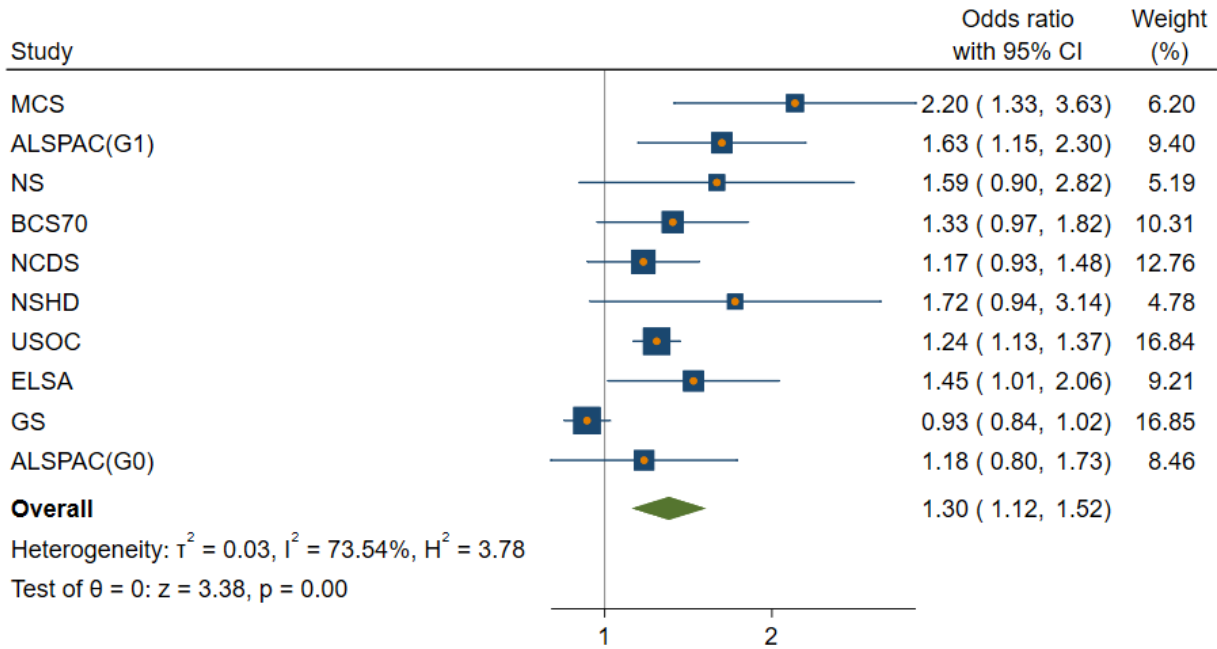


Random-effects REML model

### Appointments

Sex  
Unadjusted

Appointments  
Female vs male  
unadjusted



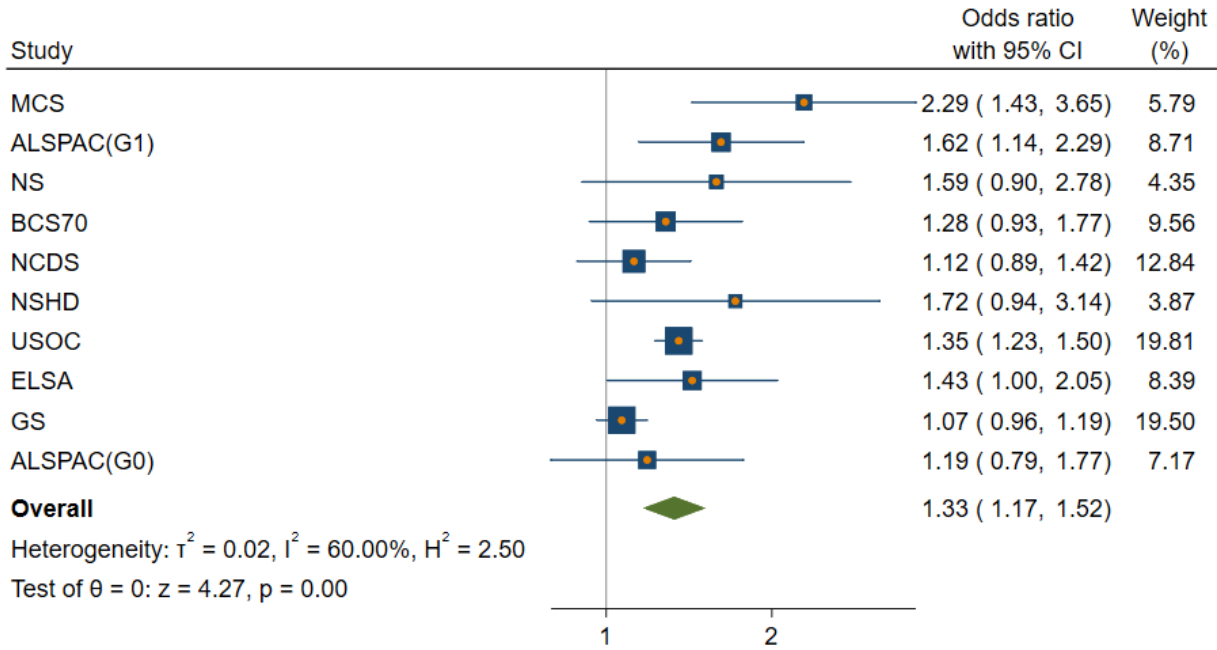
Random-effects REML model

view only

Basic adjustment

Appointments  
Female vs male

basic adjustment



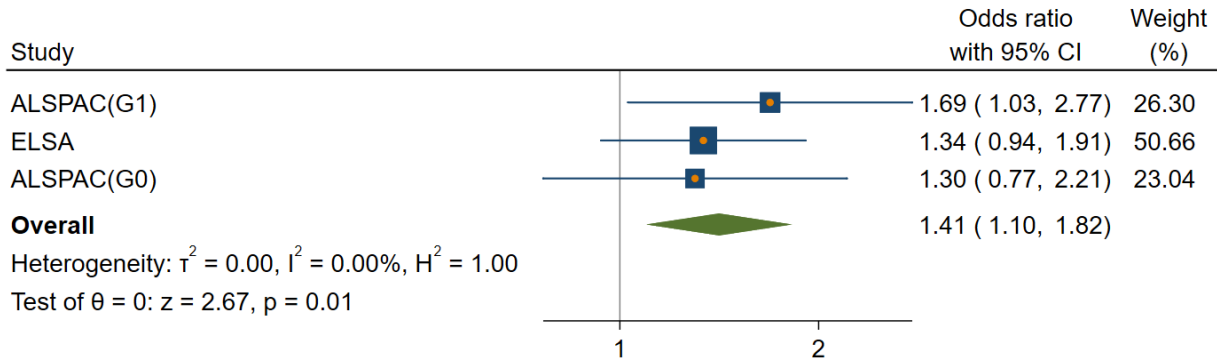
Random-effects REML model

view only

Full adjustment

Appointments  
Female vs male

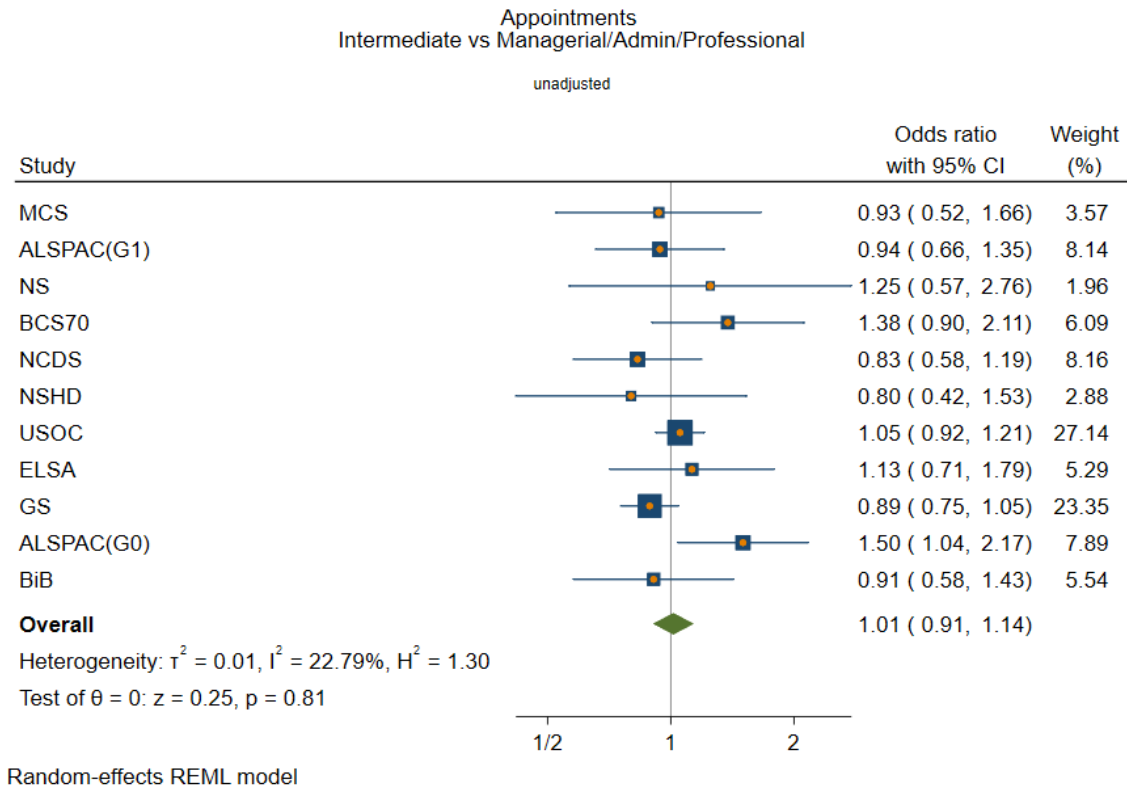
full adjustment



Random-effects REML model

Peer review only

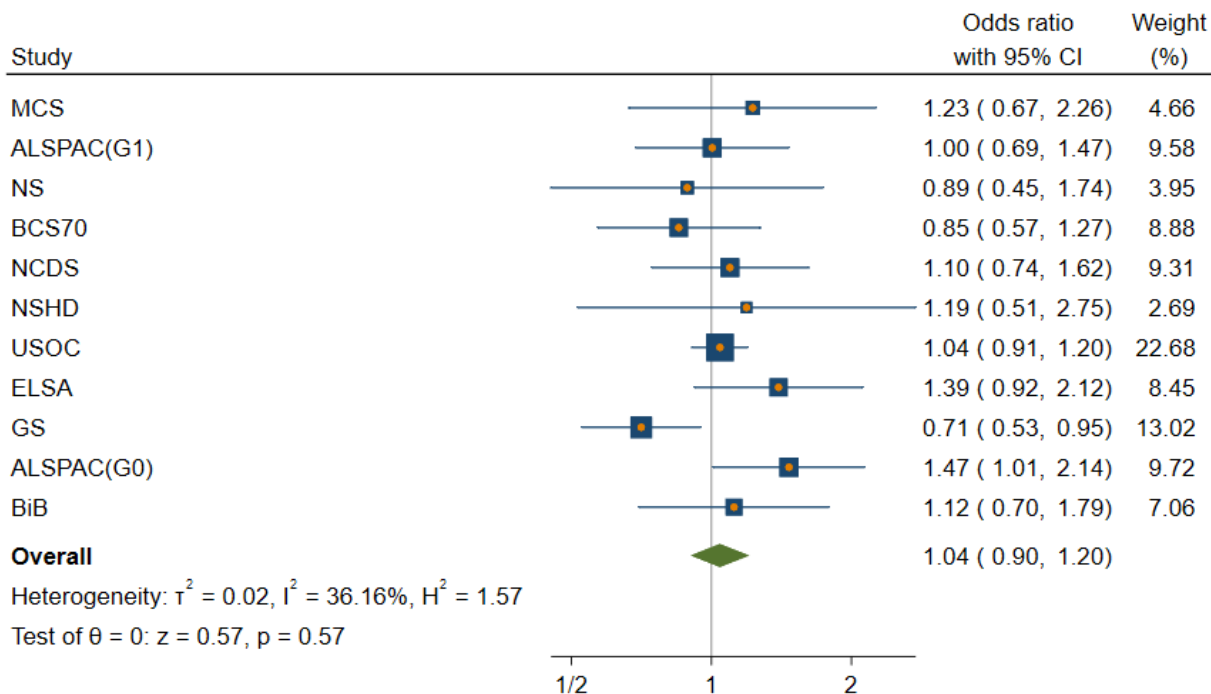
Occupational class  
Unadjusted



new only

Appointments  
Manual/Routine vs Managerial/Admin/Professional

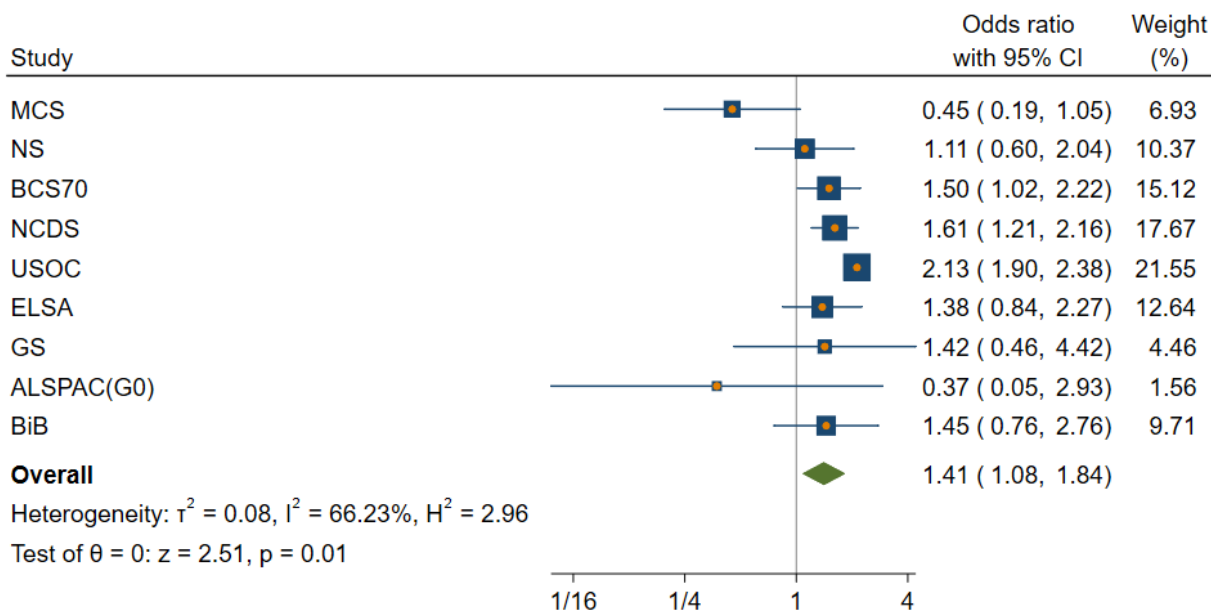
unadjusted



Random-effects REML model

Appointments  
Other social class vs Managerial/Admin/Professional

unadjusted

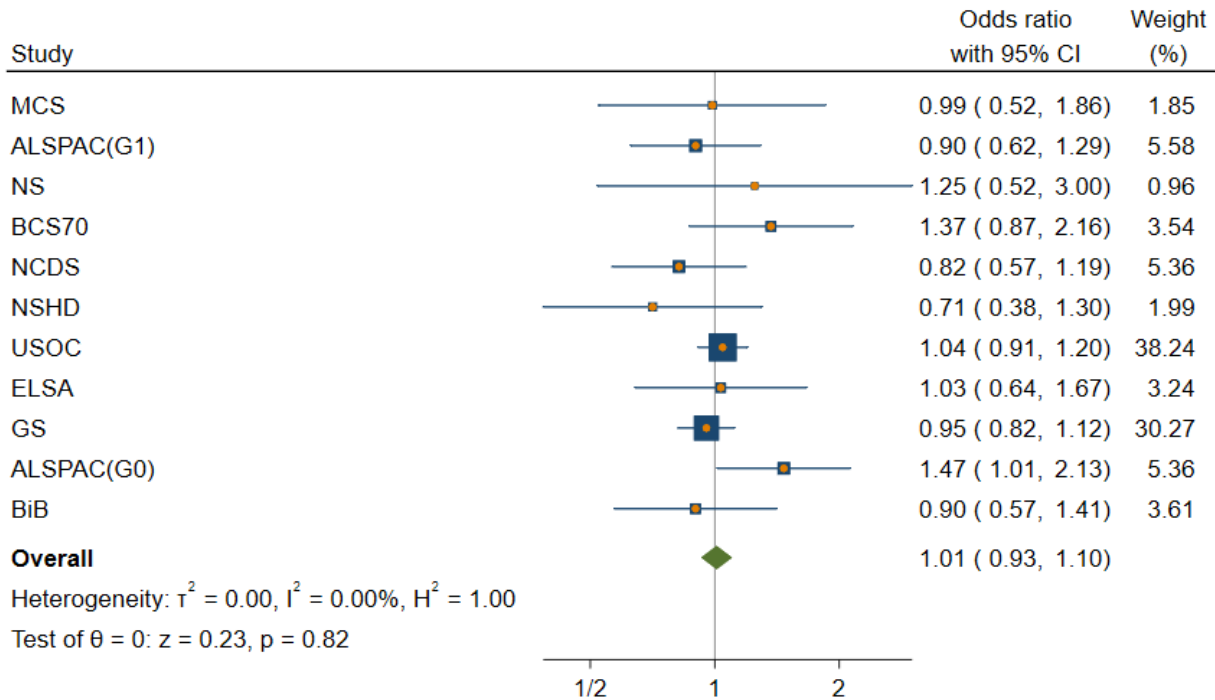


Random-effects REML model

Basic adjustment

Appointments  
Intermediate vs Managerial/Admin/Professional

basic adjustment



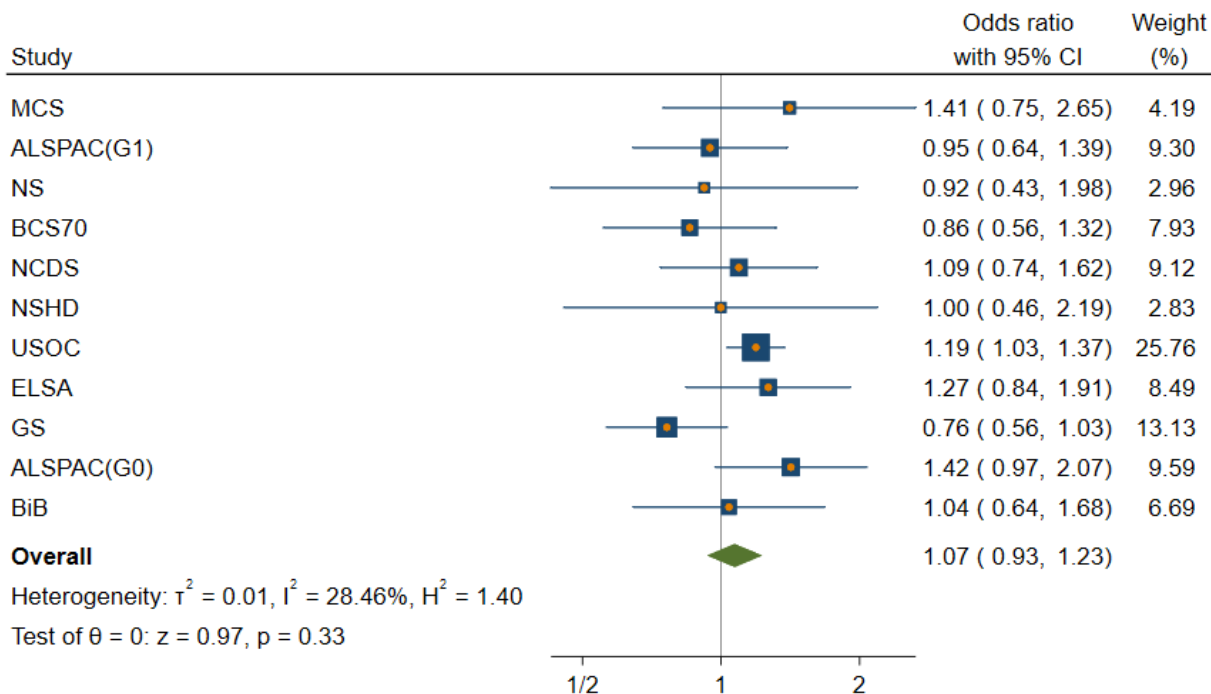
Random-effects REML model

only



Appointments  
Manual/Routine vs Managerial/Admin/Professional

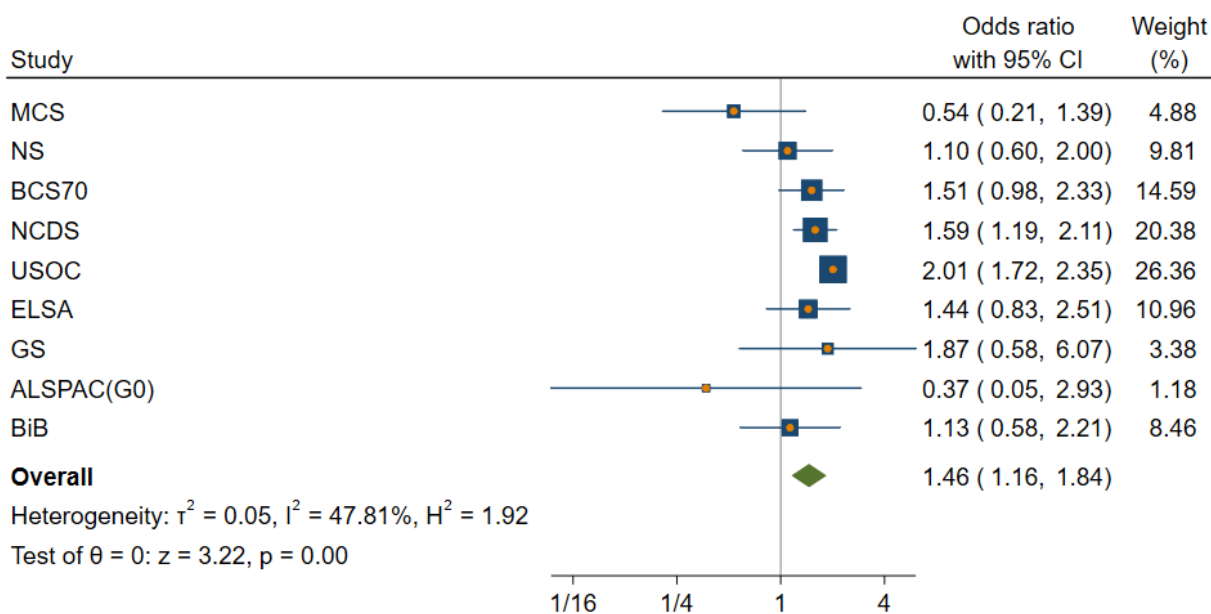
basic adjustment



Random-effects REML model

Appointments  
Other social class vs Managerial/Admin/Professional

basic adjustment

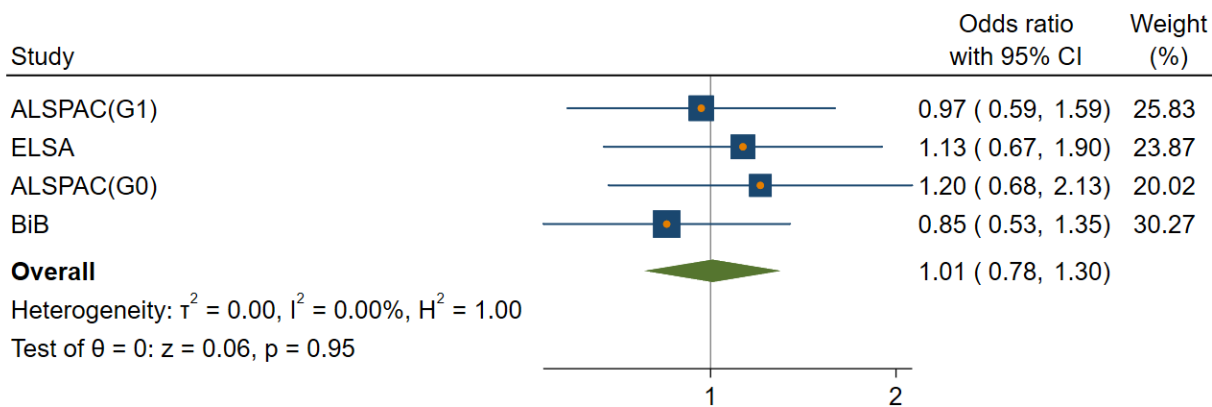


Random-effects REML model

Full adjustment

Appointments  
Intermediate vs Managerial/Admin/Professional

full adjustment

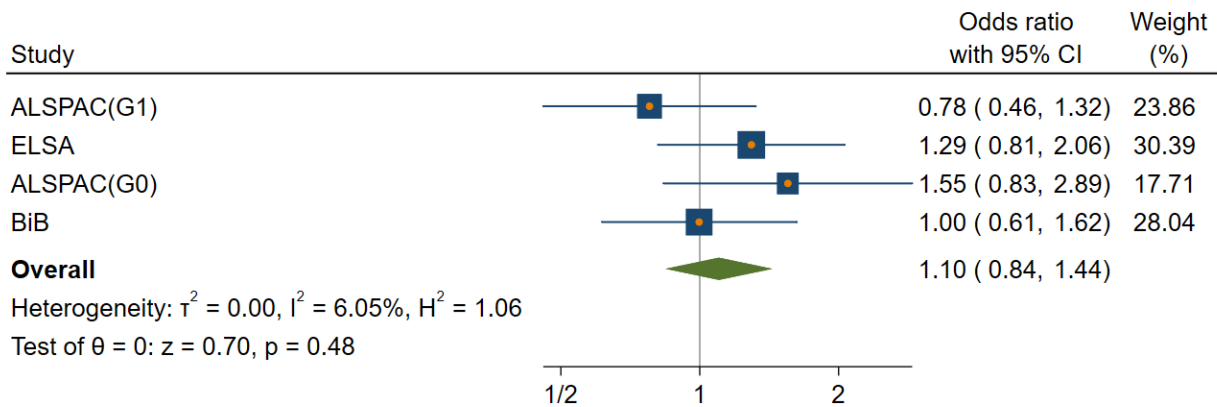


Random-effects REML model

review only

Appointments  
Manual/Routine vs Managerial/Admin/Professional

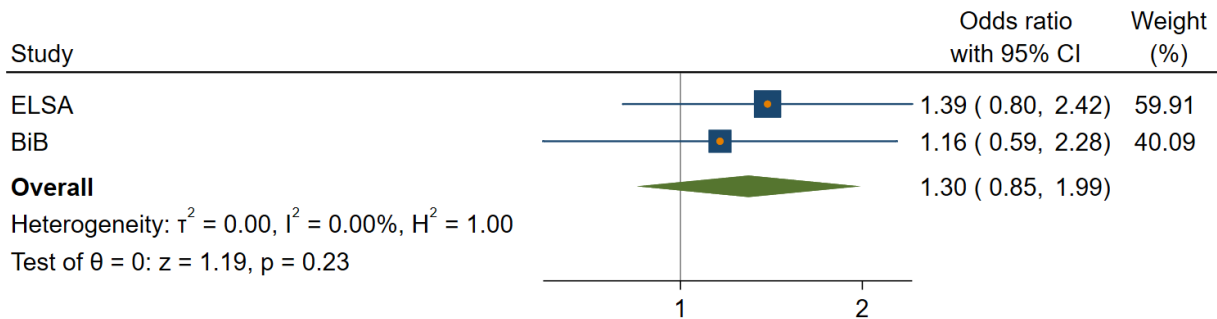
full adjustment



Random-effects REML model

Appointments  
Other social class vs Managerial/Admin/Professional

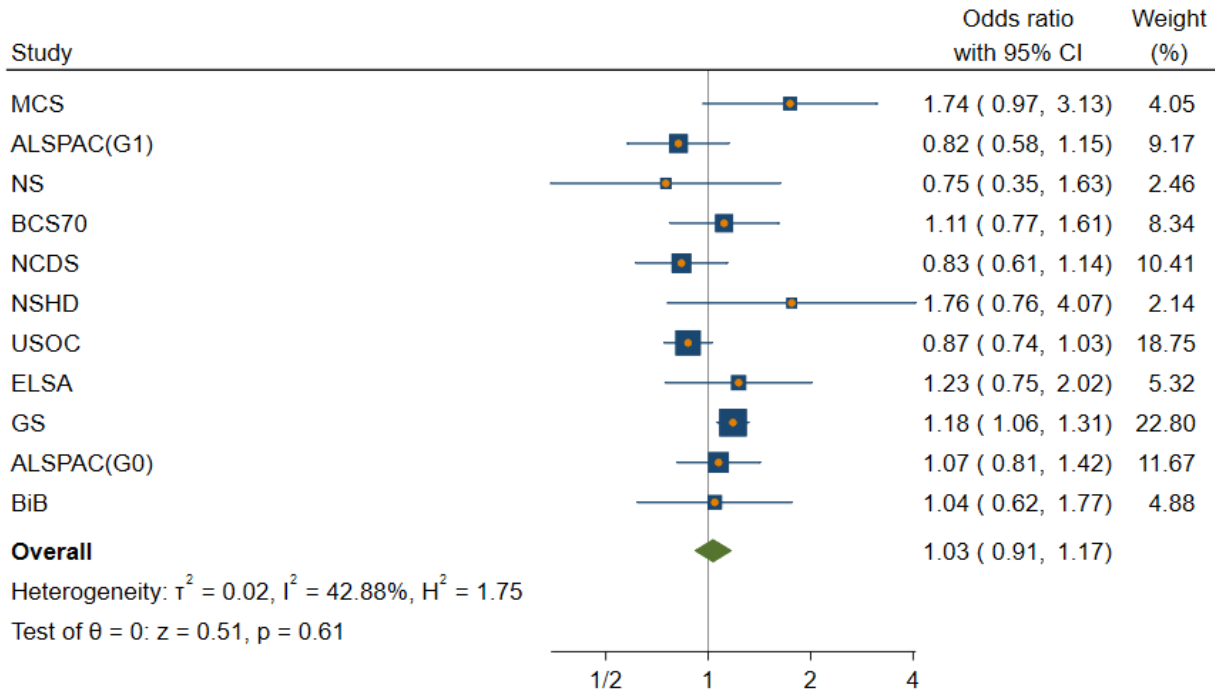
full adjustment



Random-effects REML model

Education  
Unadjusted

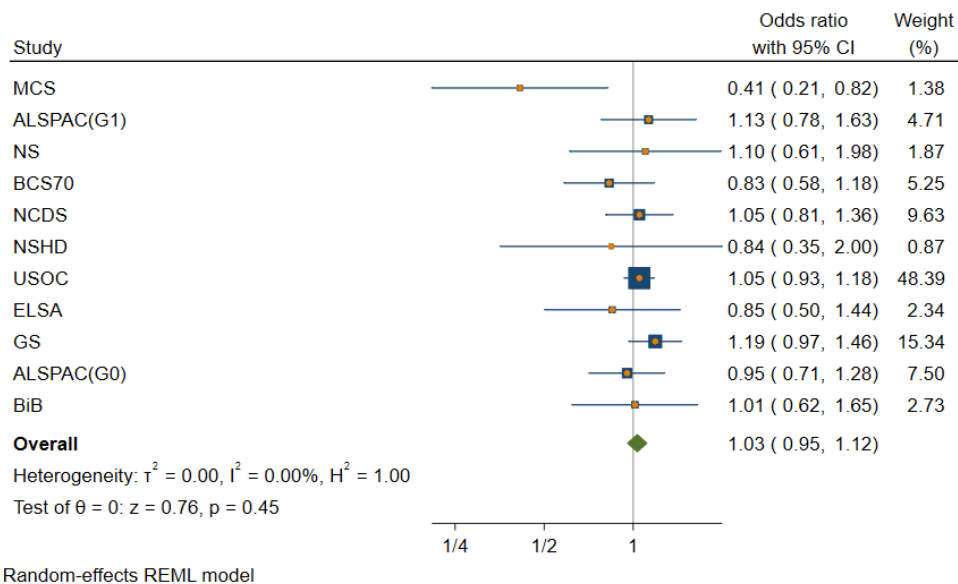
Appointments  
A-level/equivalent vs Higher education/Degree  
unadjusted



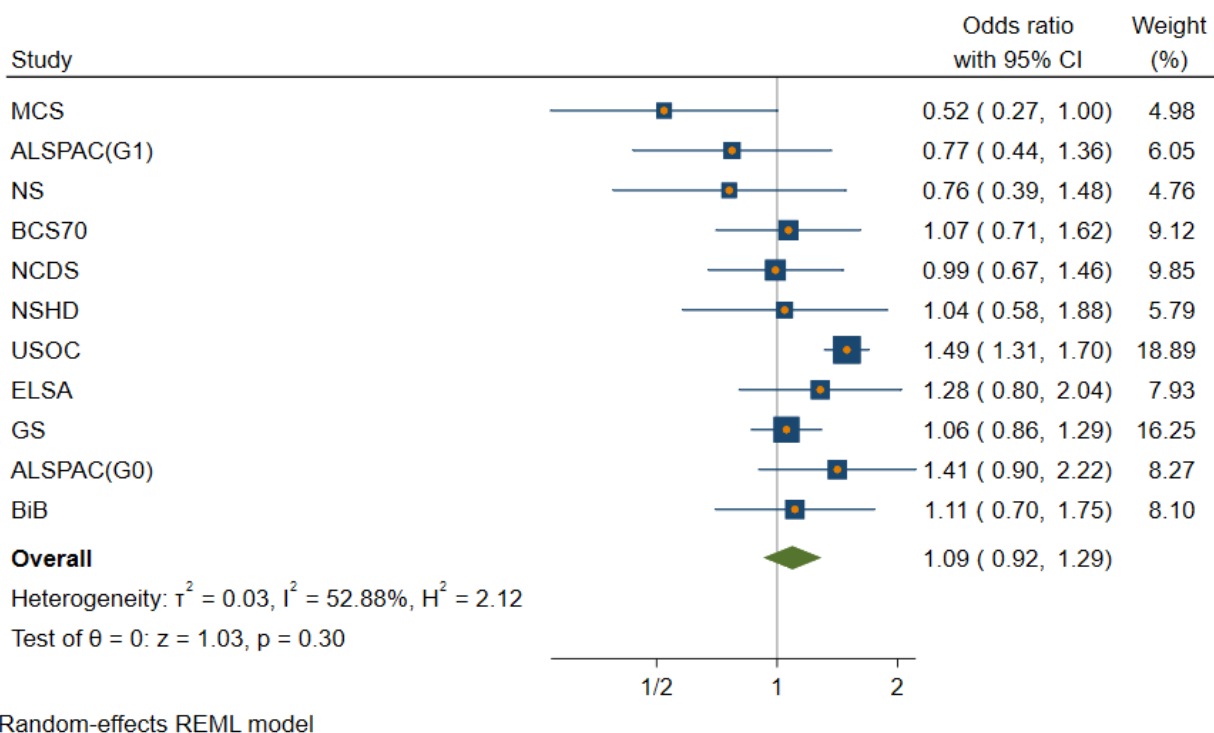
Random-effects REML model

Only

Appointments  
GCSE/equivalent vs Higher education/Degree  
unadjusted



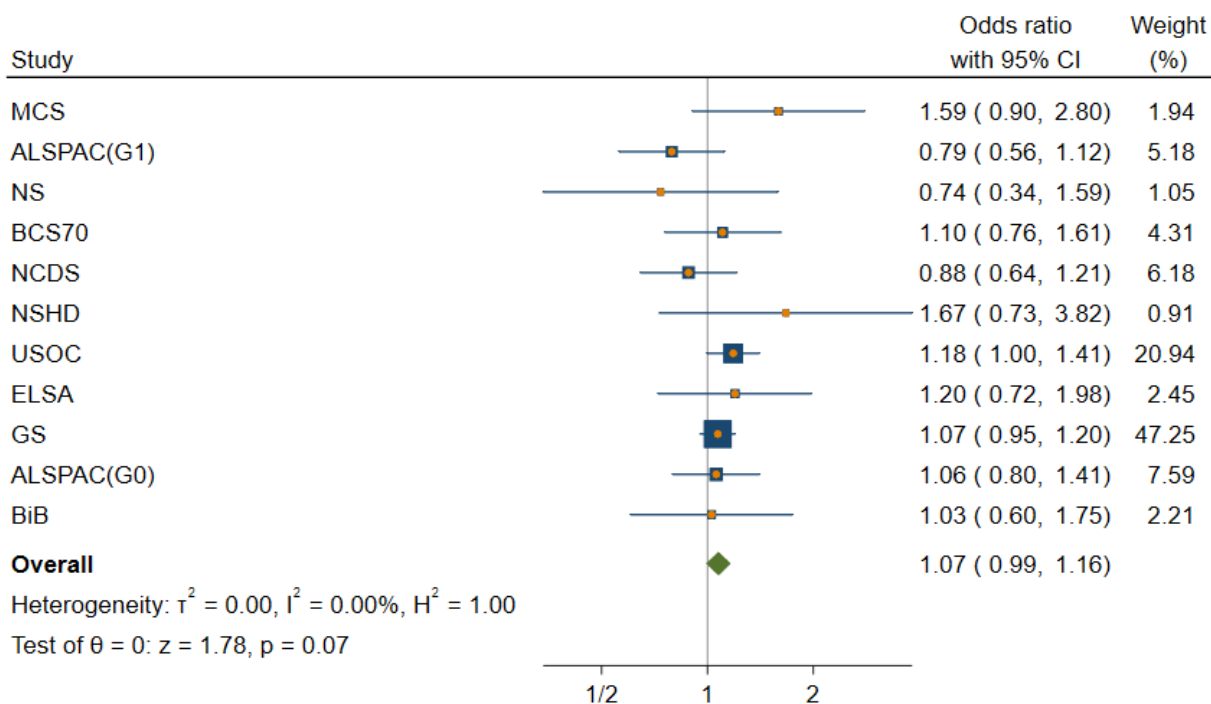
Appointments  
<GCSE/equivalent vs Higher education/Degree  
unadjusted



Basic adjustment

Appointments  
A-level/equivalent vs Higher education/Degree

basic adjustment

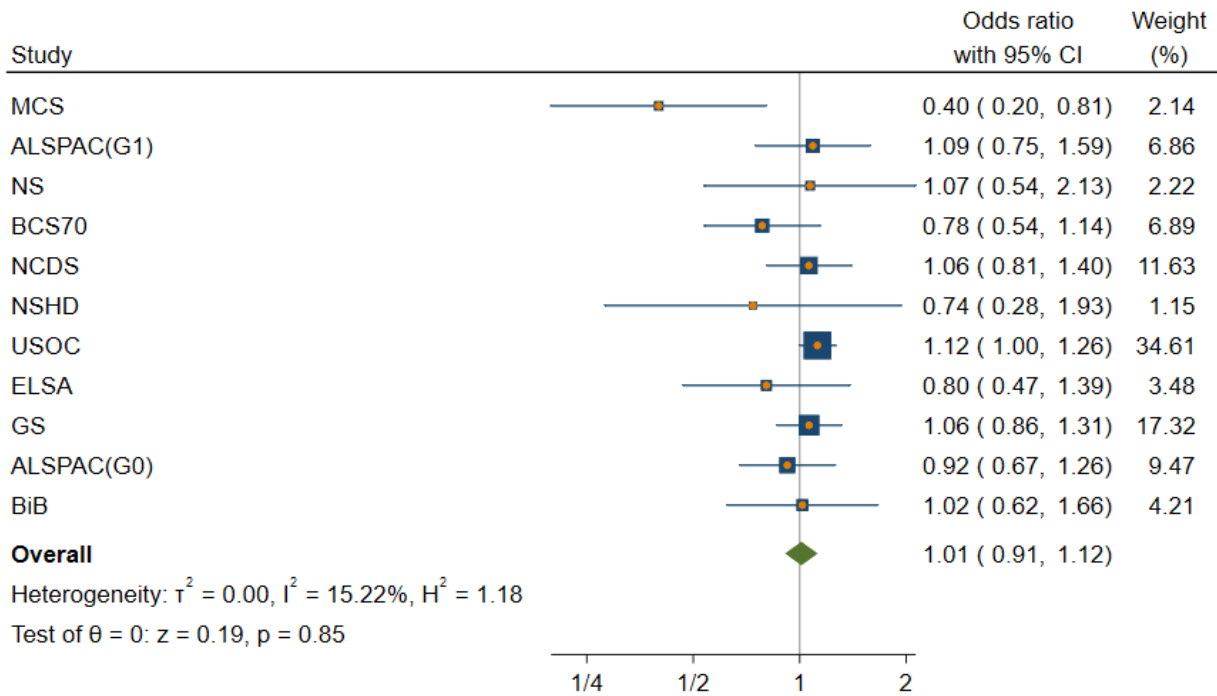


Random-effects REML model

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Appointments  
GCSE/equivalent vs Higher education/Degree

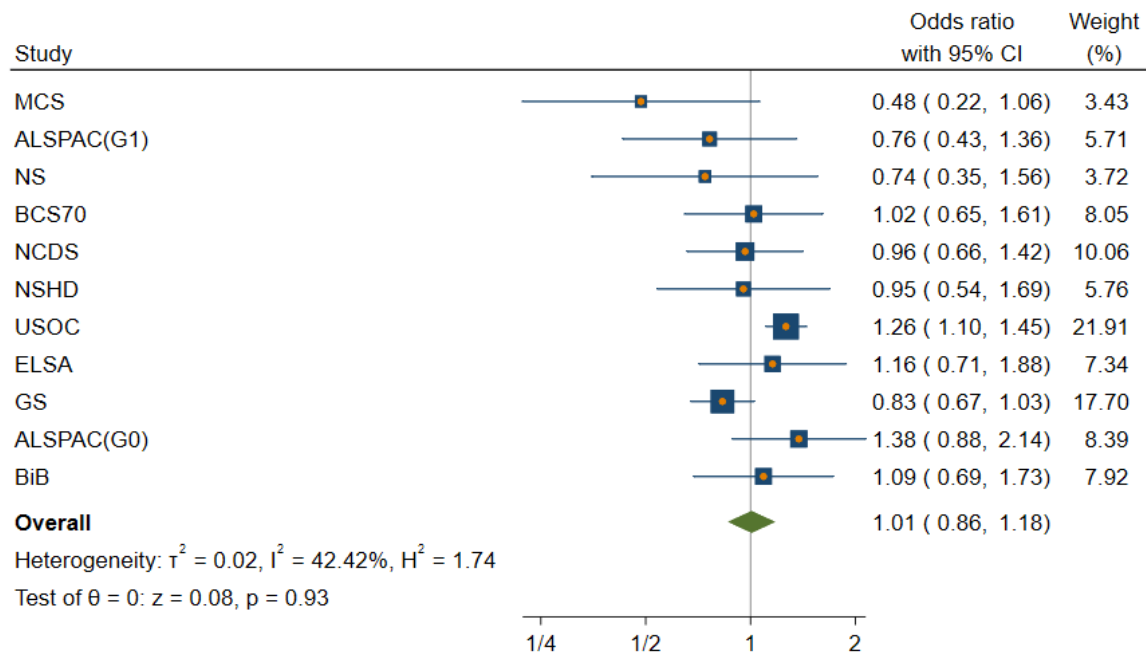
basic adjustment



Random-effects REML model

Appointments  
<GCSE/equivalent vs Higher education/Degree

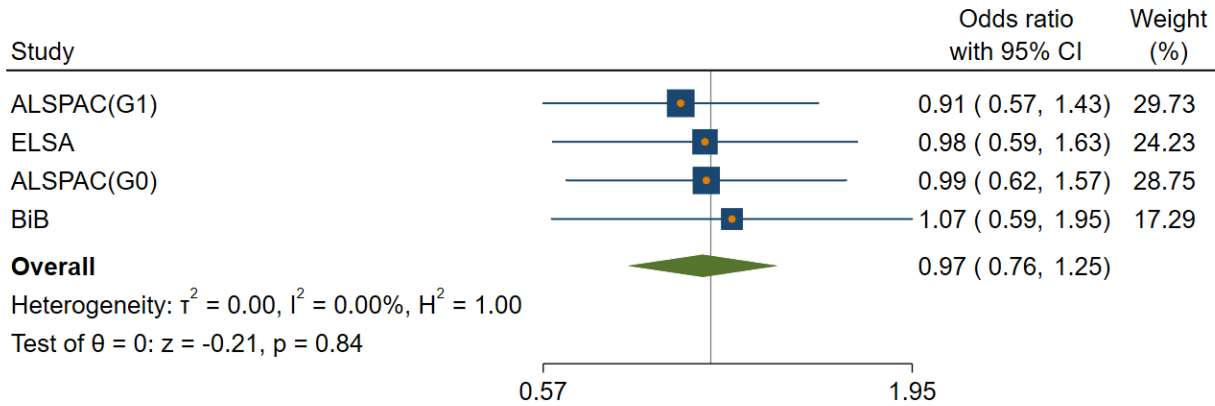
basic adjustment



Random-effects REML model

Full Adjustment

Appointments  
A-level/equivalent vs Higher education/Degree  
full adjustment



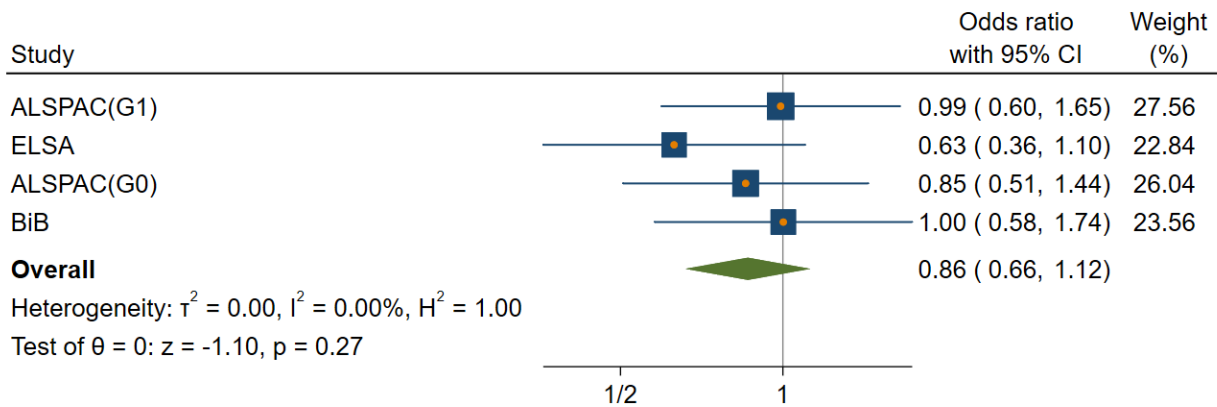
Random-effects REML model

Peer review only



Appointments  
GCSE/equivalent vs Higher education/Degree

full adjustment

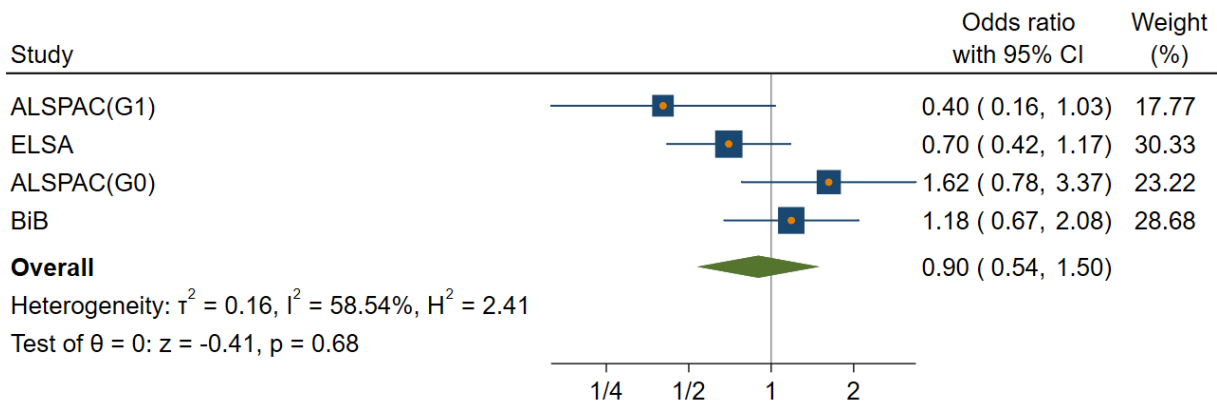


Random-effects REML model

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Appointments  
<GCSE/equivalent vs Higher education/Degree

full adjustment

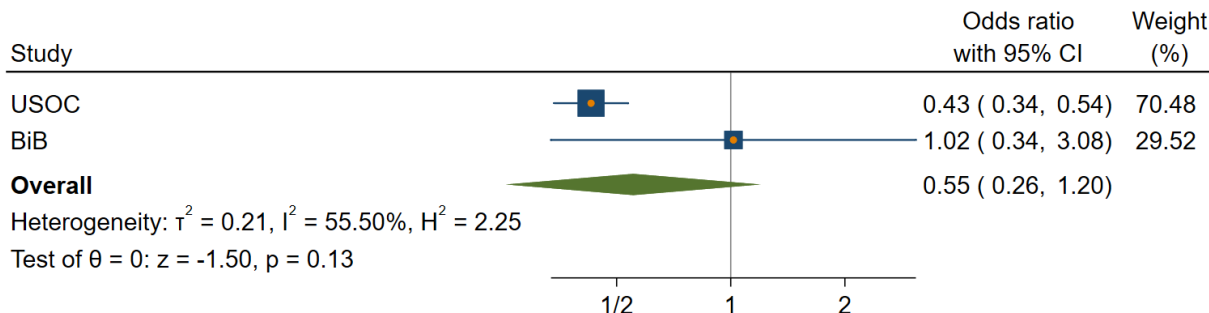


Random-effects REML model

Age  
Unadjusted

Appointments  
16-24y vs 45-54y

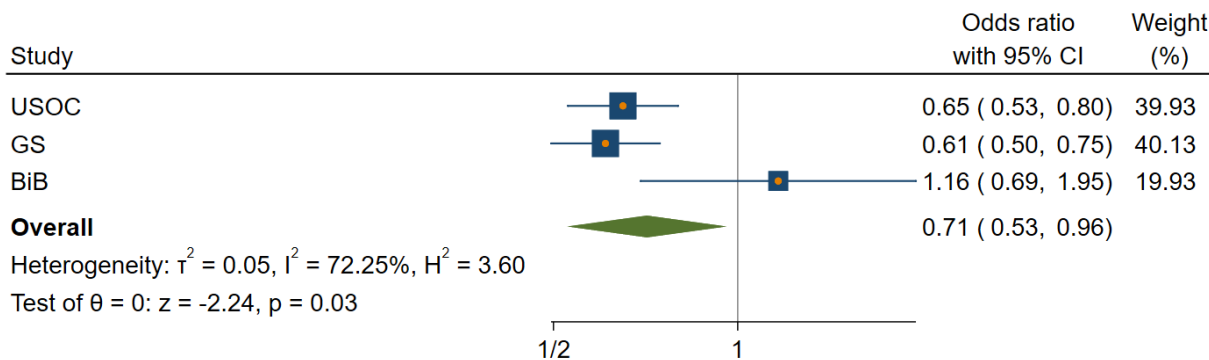
unadjusted



Random-effects REML model

Appointments  
25-34y vs 45-54y

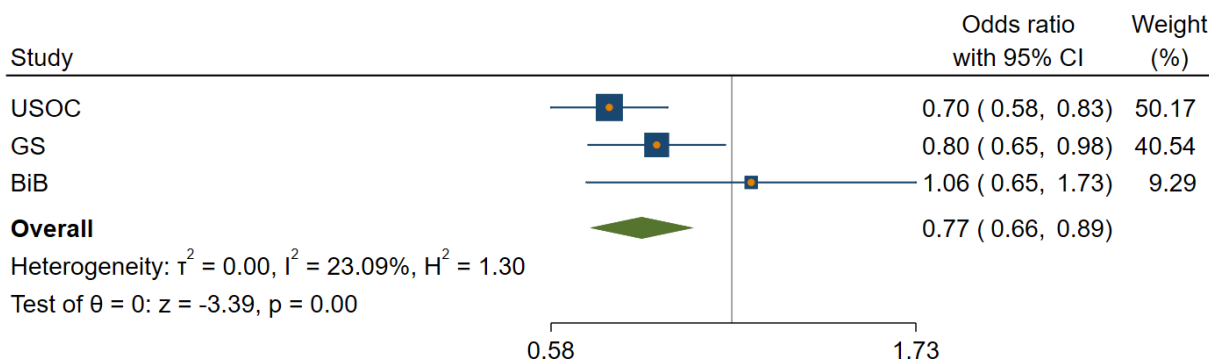
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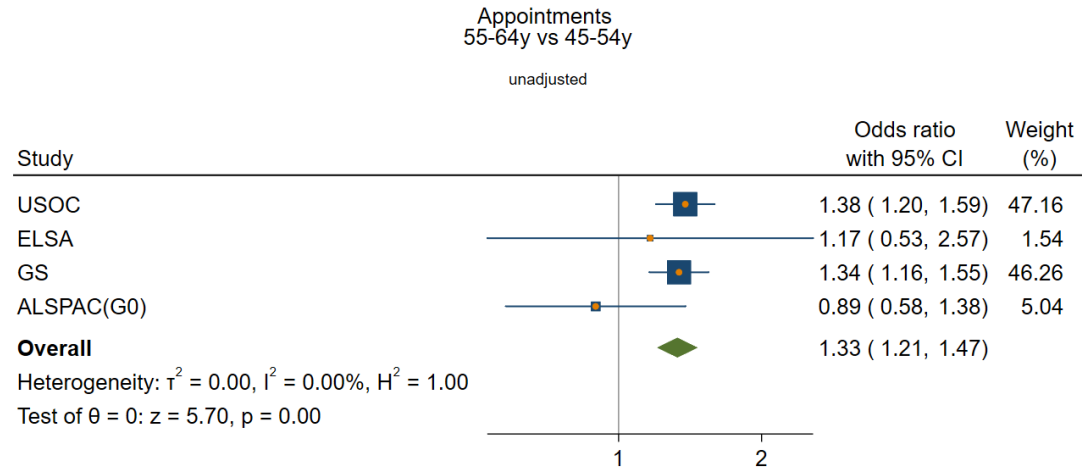
Random-effects REML model

Appointments  
35-44y vs 45-54y

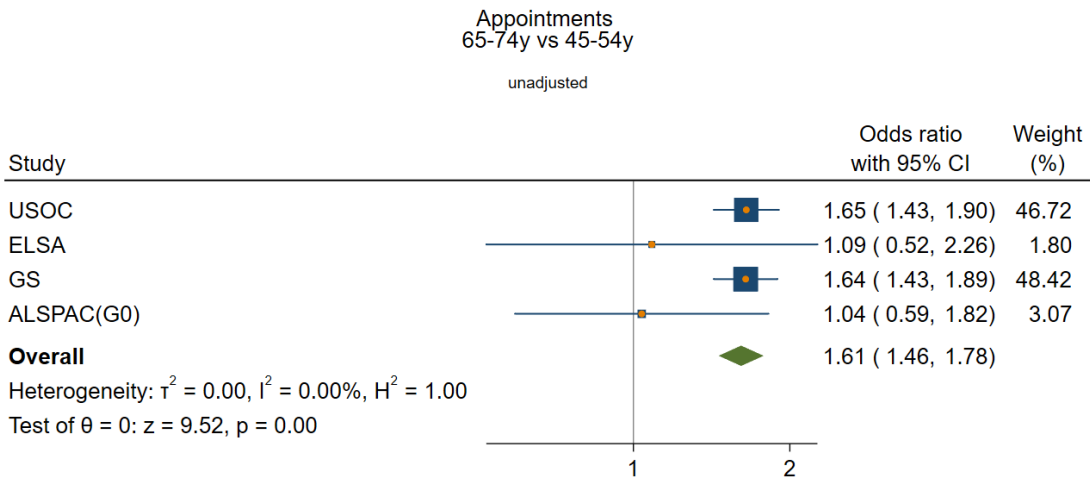
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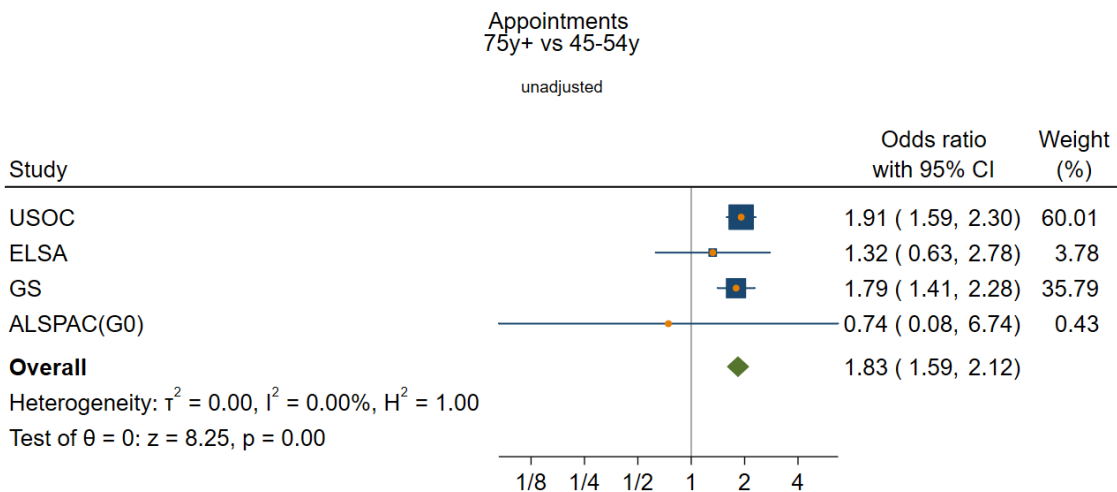
Random-effects REML model



Random-effects REML model

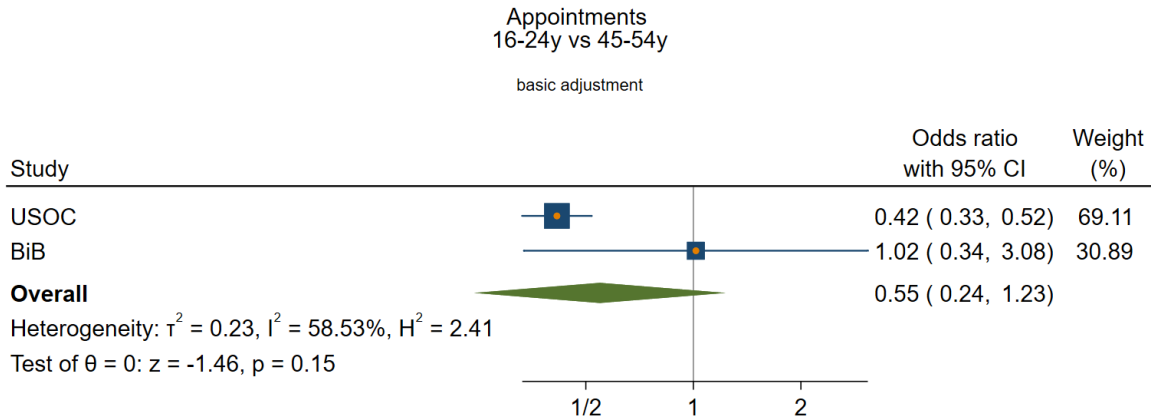


Random-effects REML model

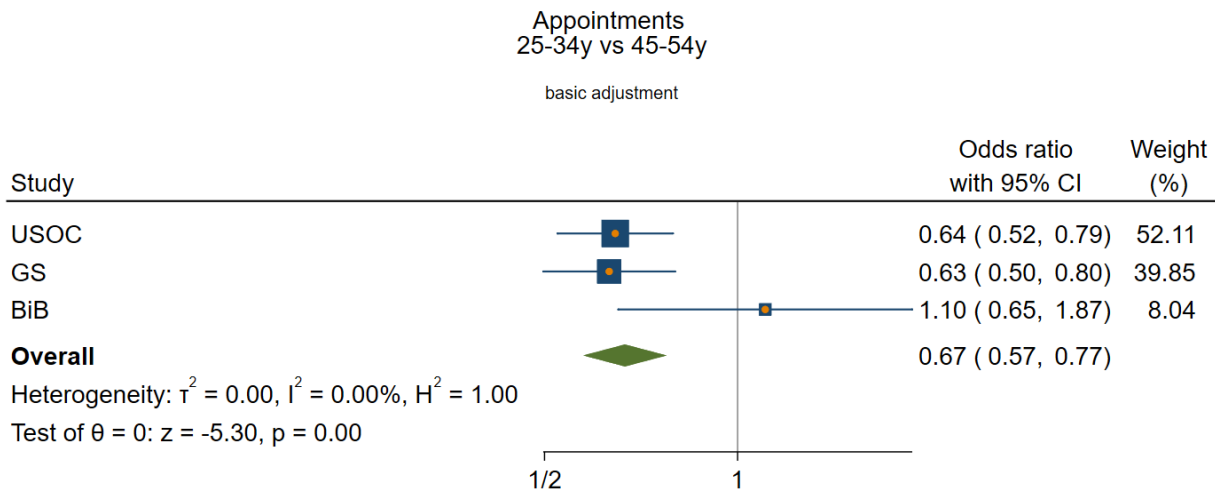


Random-effects REML model

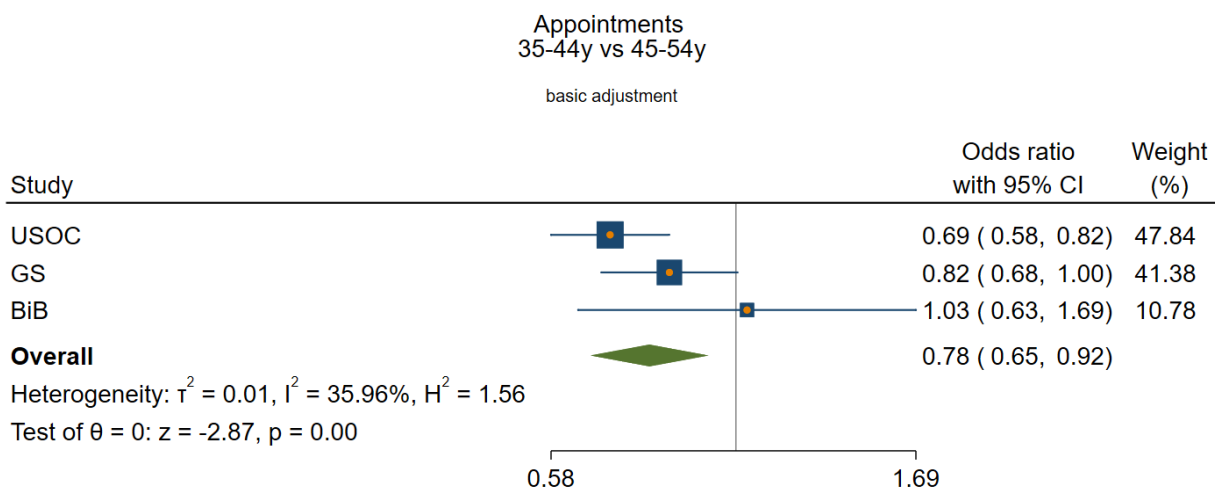
Basic adjustment



Random-effects REML model



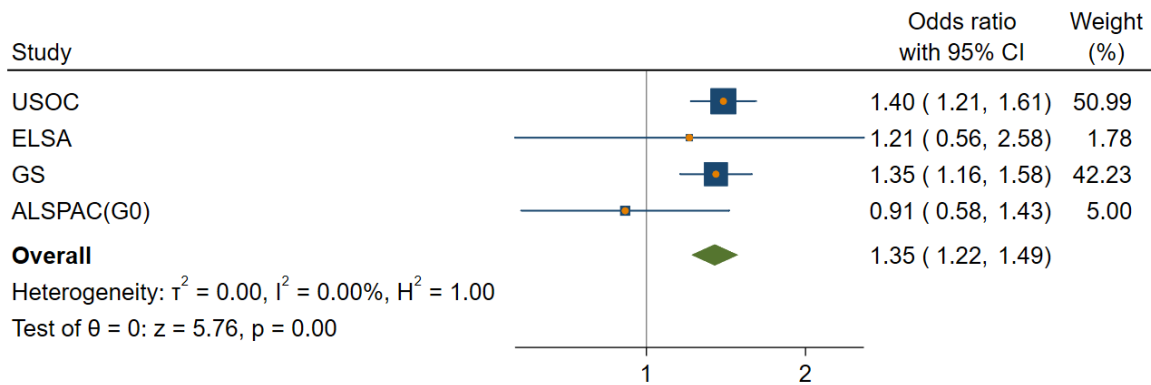
Random-effects REML model



Random-effects REML model

Appointments  
55-64y vs 45-54y

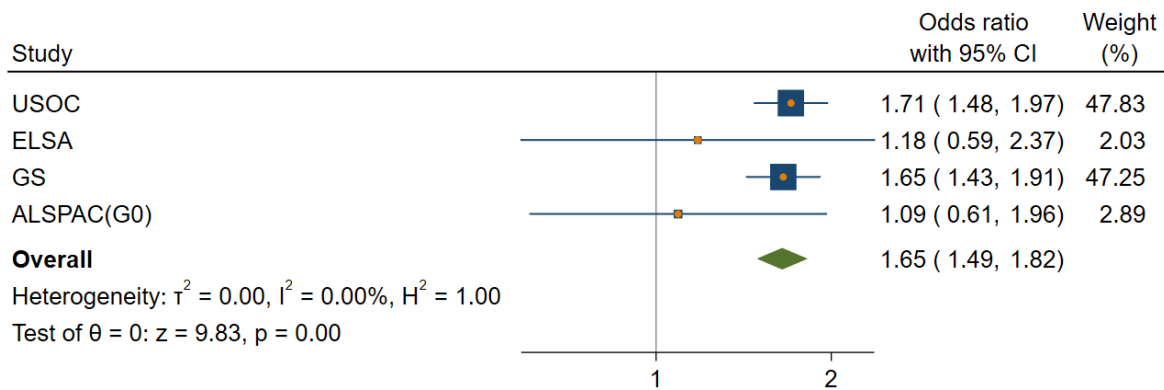
basic adjustment



Random-effects REML model

Appointments  
65-74y vs 45-54y

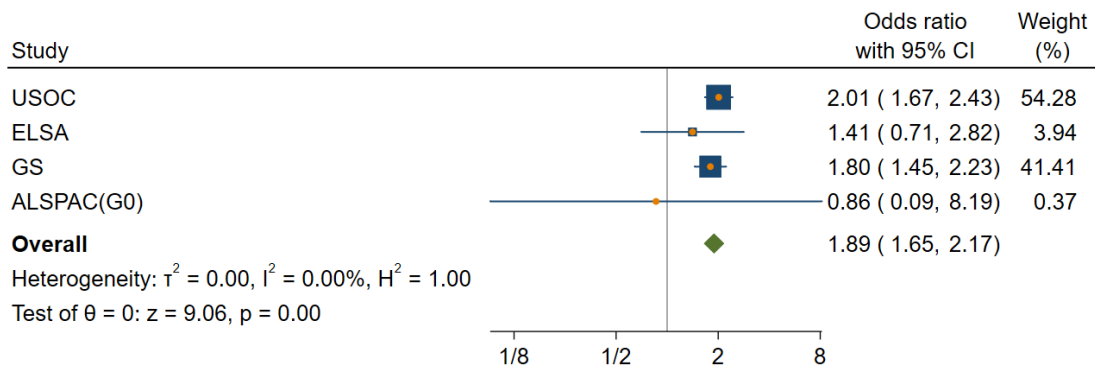
basic adjustment



Random-effects REML model

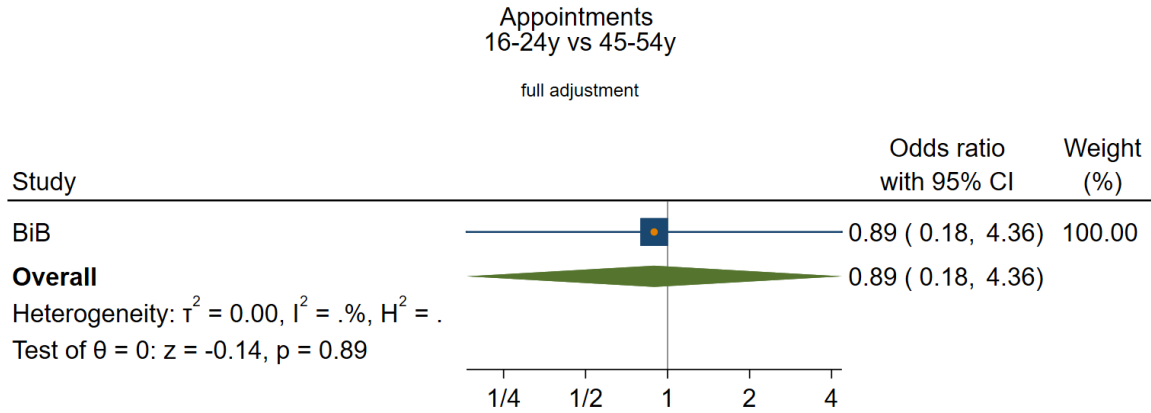
Appointments  
75y+ vs 45-54y

basic adjustment

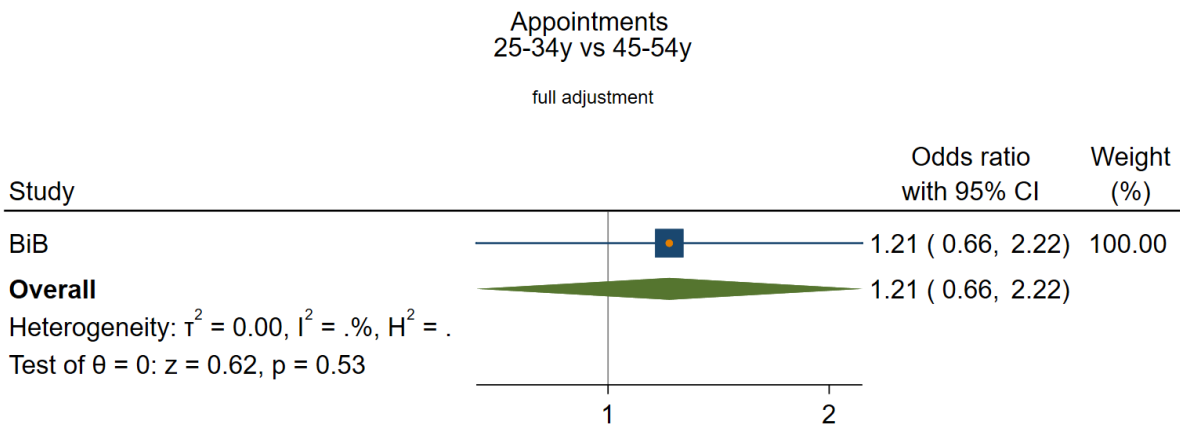


Random-effects REML model

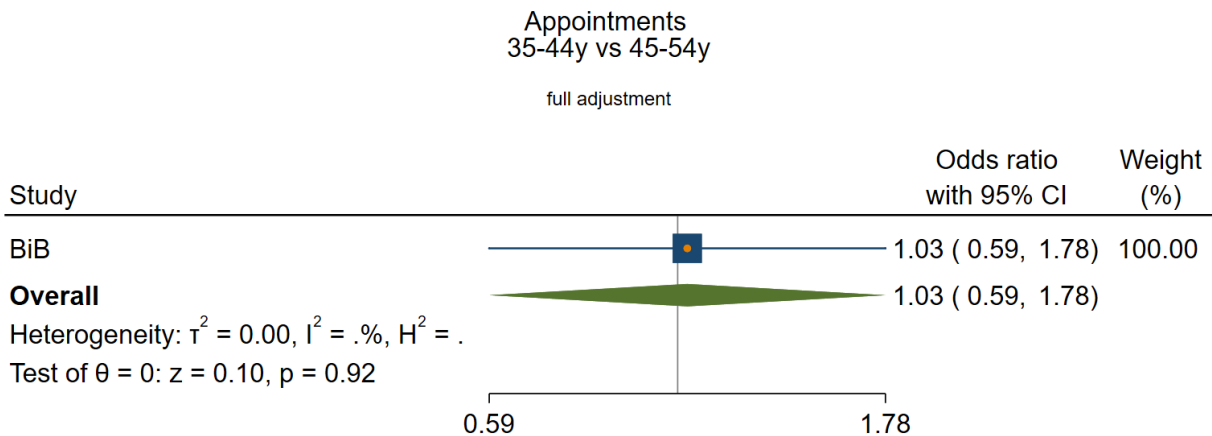
Full adjustment



Random-effects REML model



Random-effects REML model

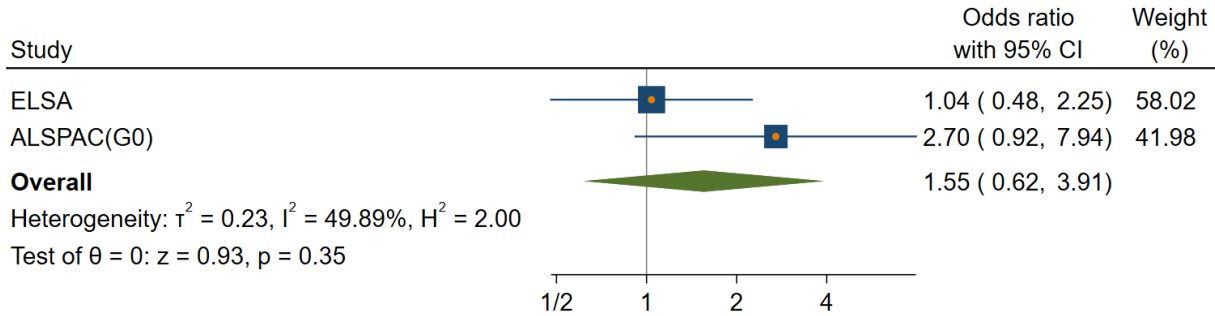


Random-effects REML model

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Appointments  
55-64y vs 45-54y

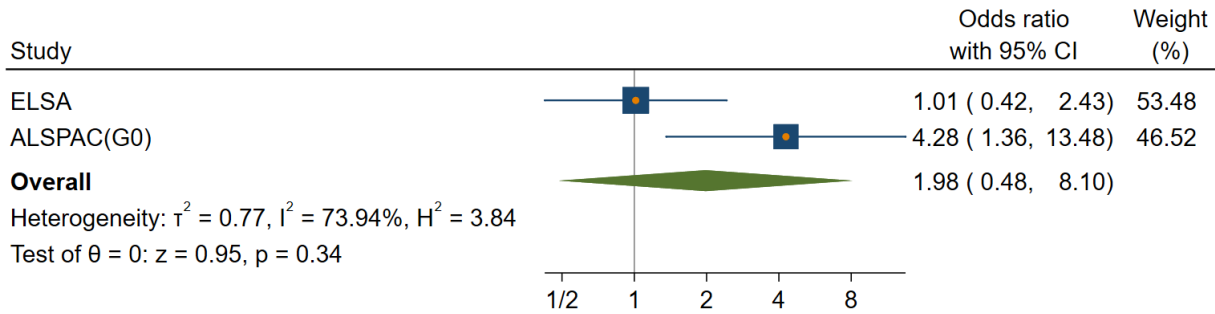
full adjustment



Random-effects REML model

Appointments  
65-74y vs 45-54y

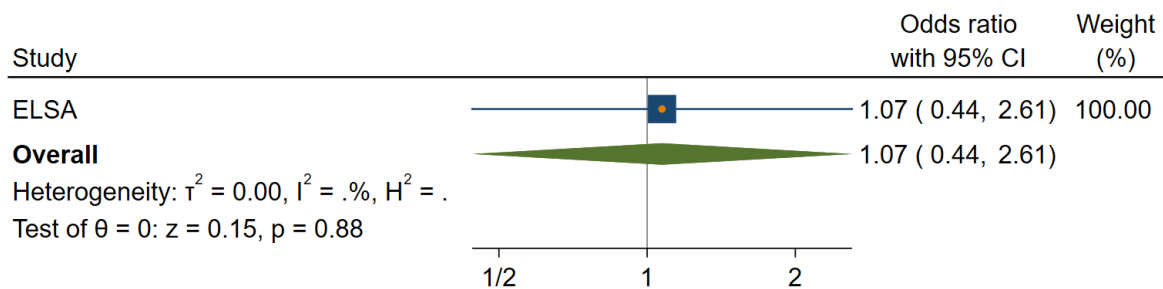
full adjustment



Random-effects REML model

Appointments  
75y+ vs 45-54y

full adjustment

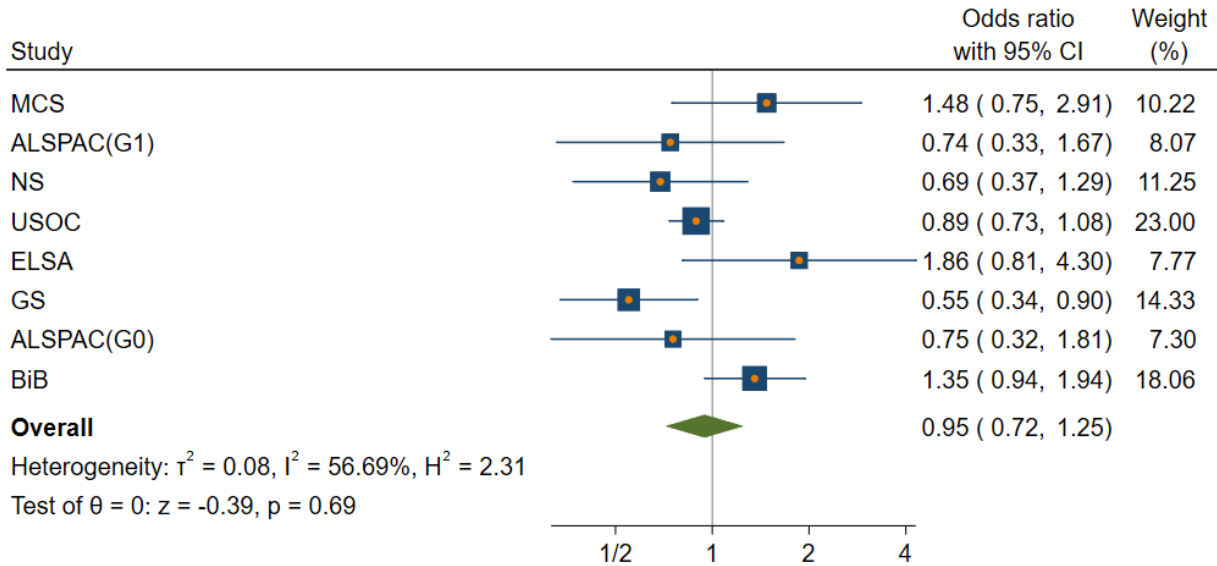


Random-effects REML model

*Ethnicity*  
Unadjusted

Appointments  
Non-White vs White

unadjusted



Random-effects REML model

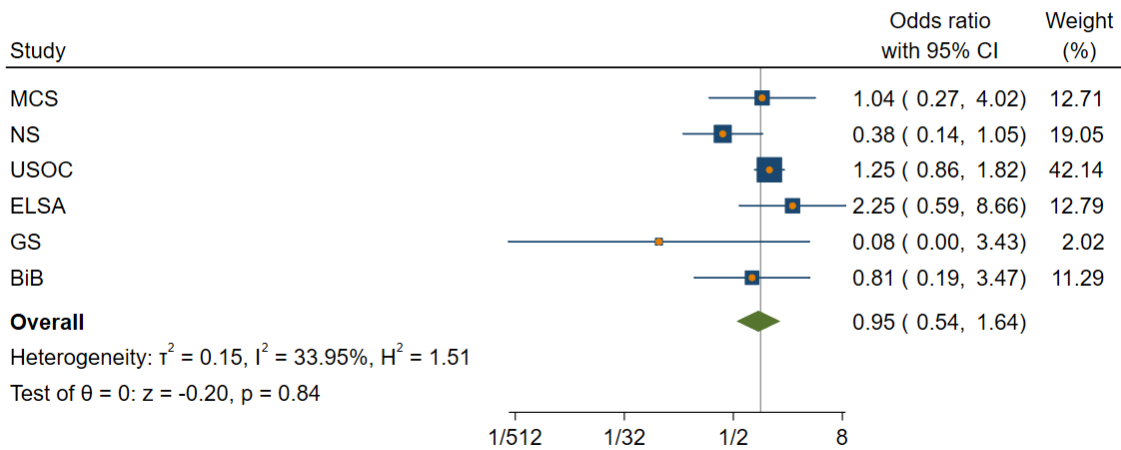
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Appointments  
Black vs White

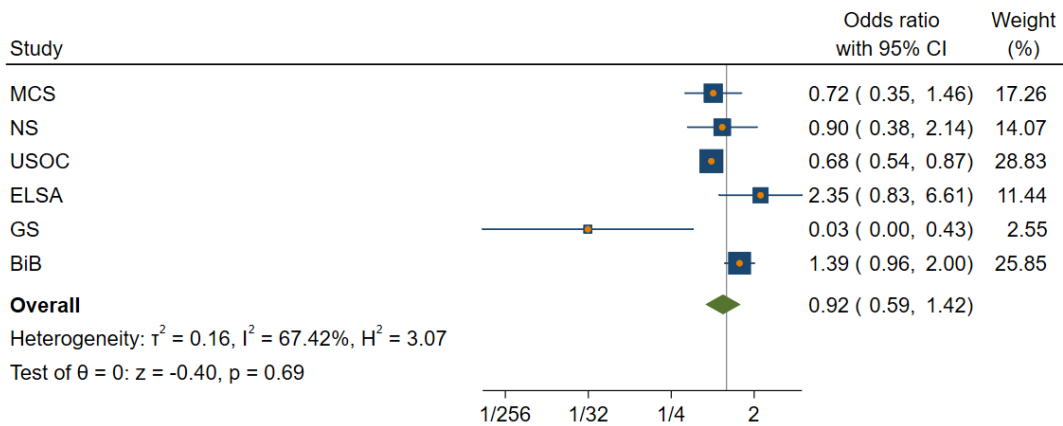
unadjusted



Random-effects REML model

Appointments  
South Asian vs White

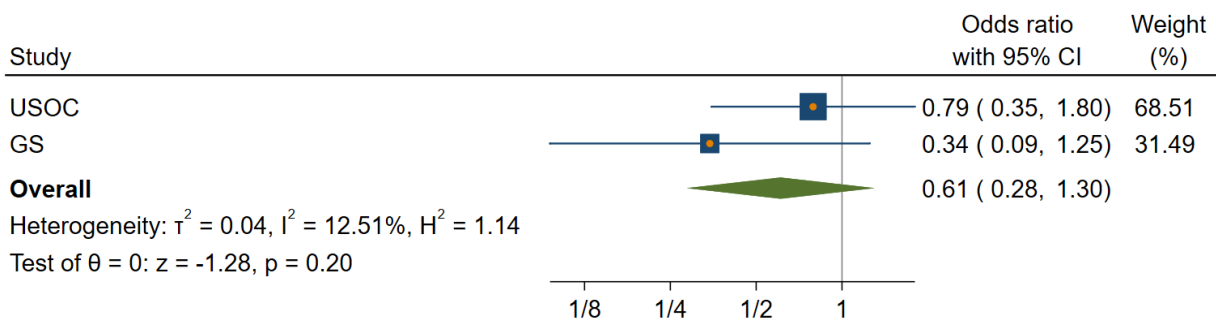
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Random-effects REML model

Appointments  
East Asian vs White

unadjusted

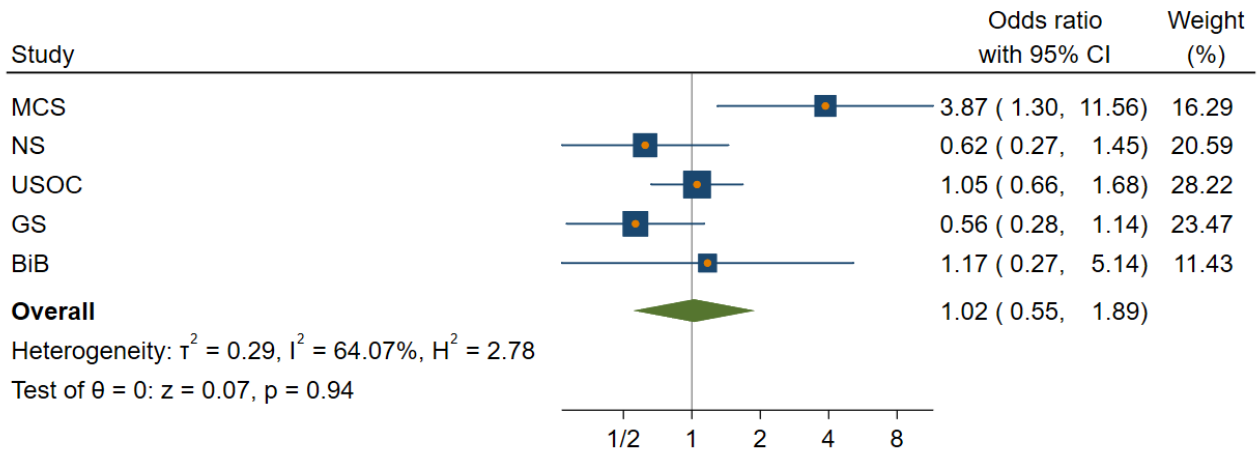


Random-effects REML model

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Appointments  
Mixed vs White

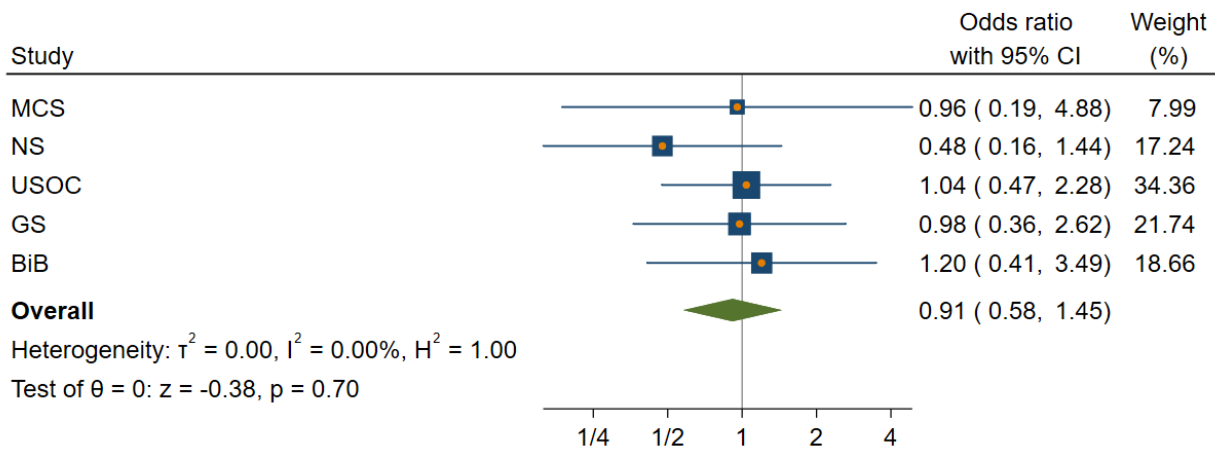
unadjusted



Random-effects REML model

Appointments  
Other Ethnicity vs White

unadjusted

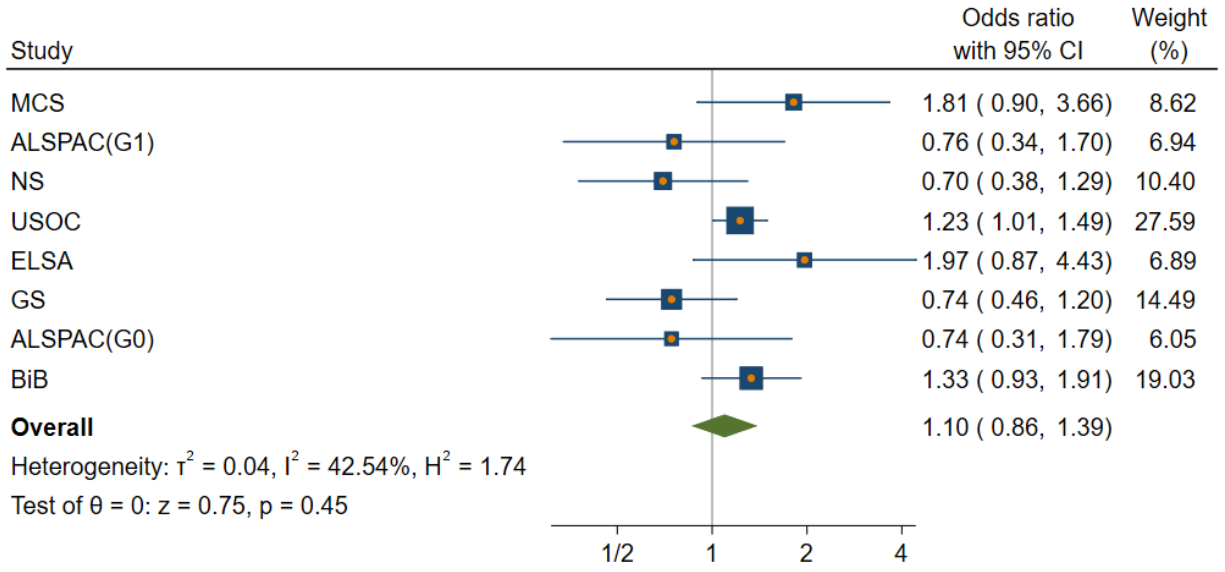


Random-effects REML model

Basic adjustment

Appointments  
Non-White vs White

basic adjustment

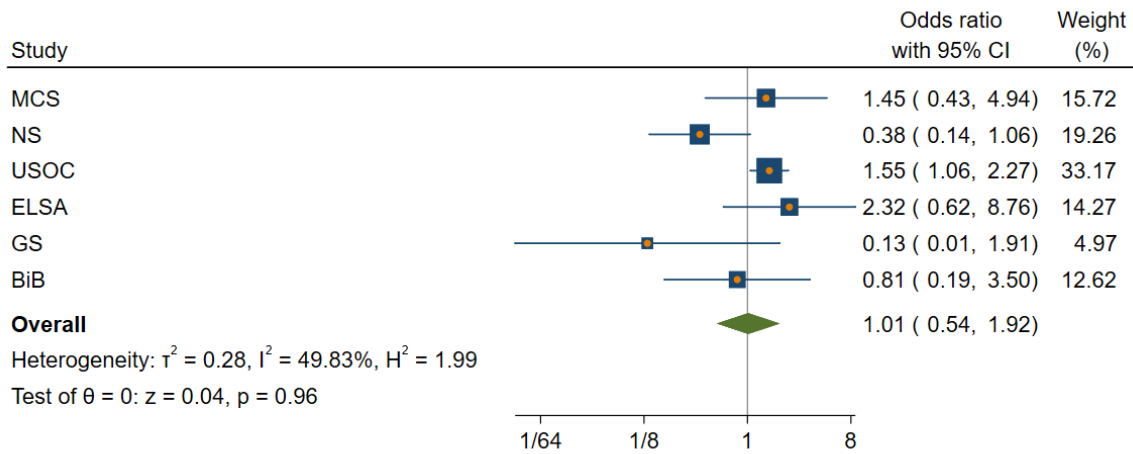


Random-effects REML model

View only

Appointments  
Black vs White

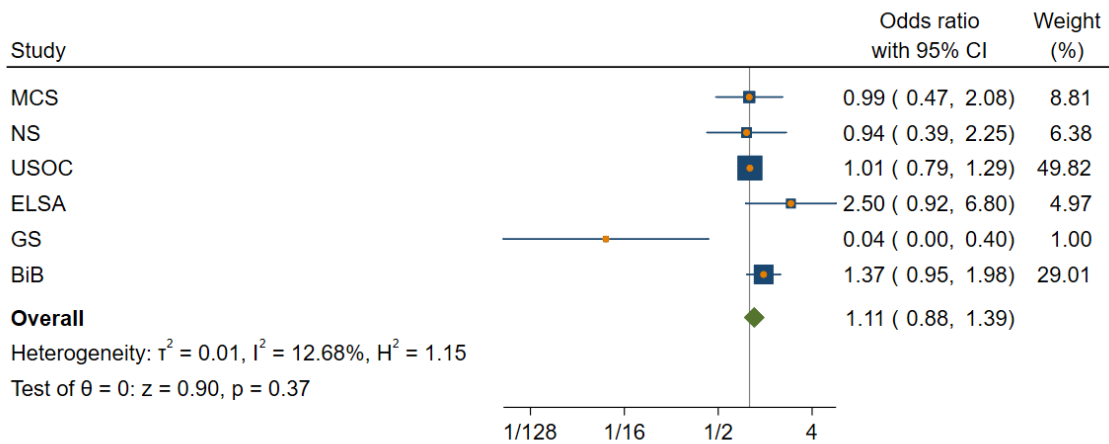
basic adjustment



Random-effects REML model

Appointments  
South Asian vs White

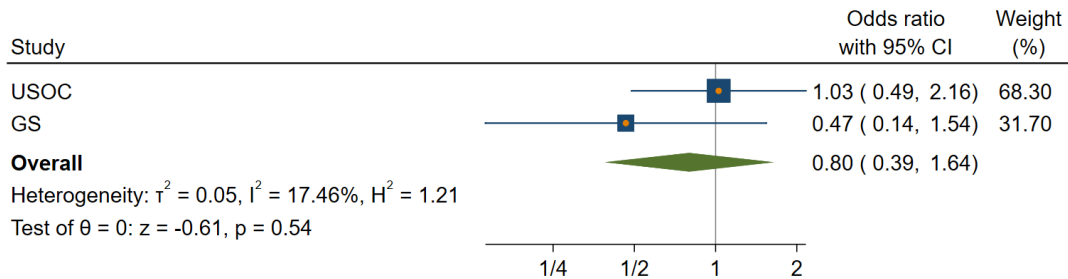
basic adjustment



Random-effects REML model

Appointments  
East Asian vs White

basic adjustment

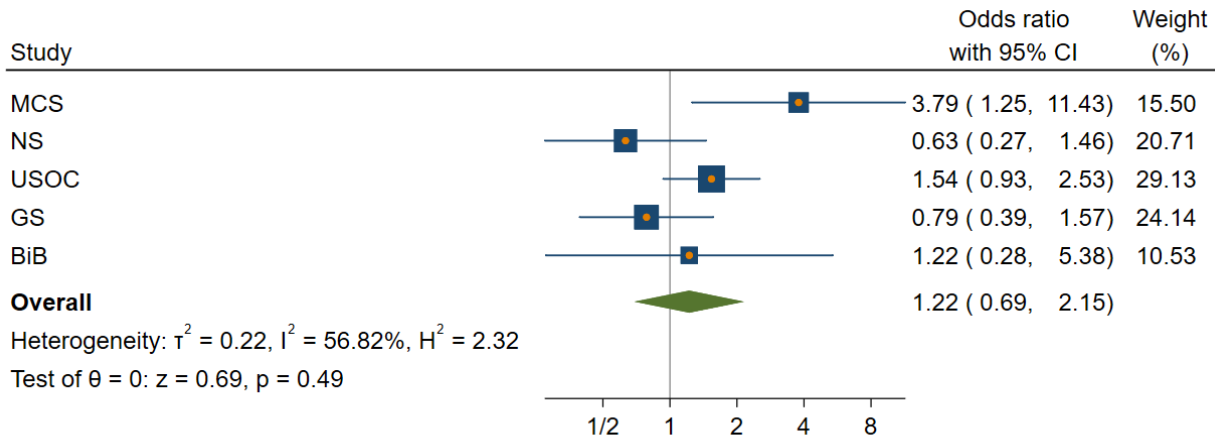


Random-effects REML model

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Appointments  
Mixed vs White

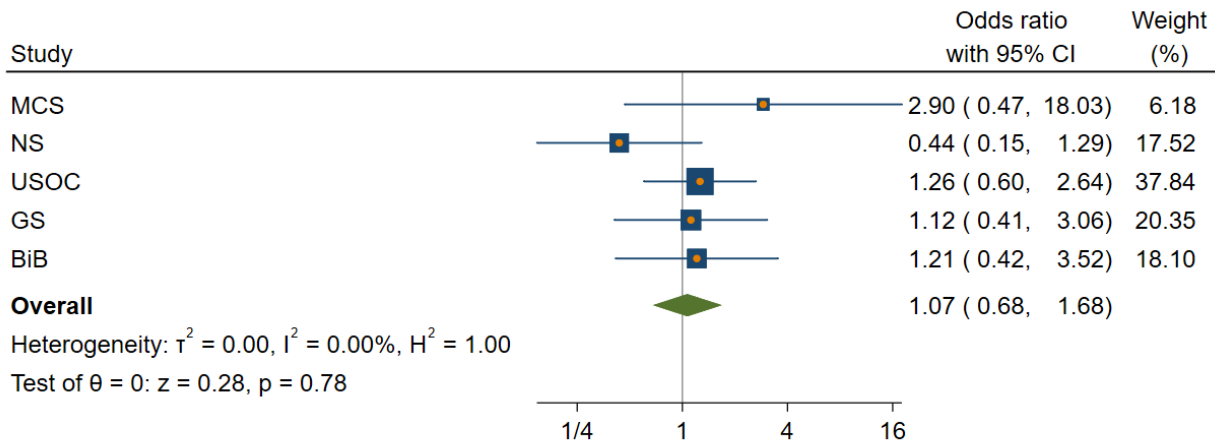
basic adjustment



Random-effects REML model

Appointments  
Other Ethnicity vs White

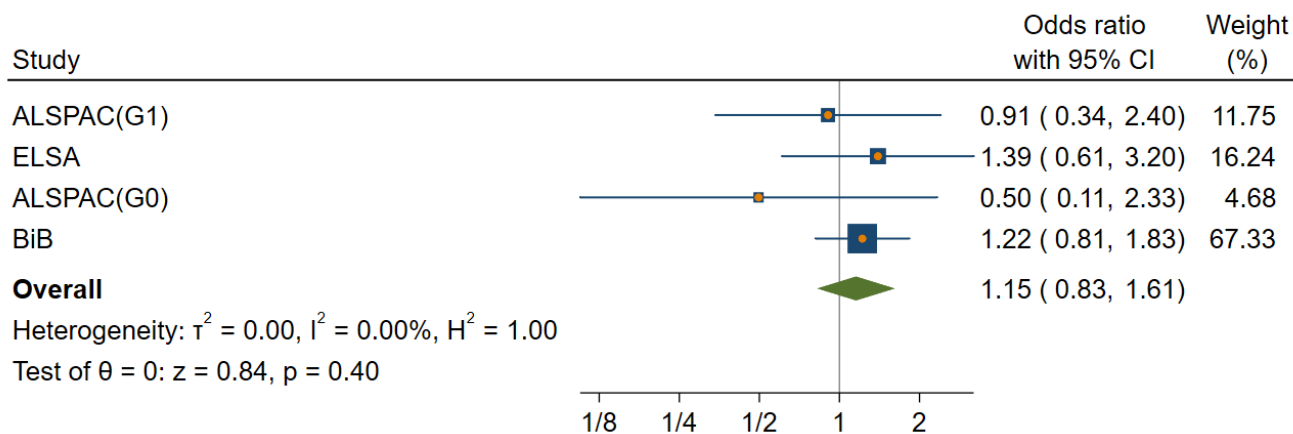
basic adjustment



Random-effects REML model

Full adjustment

Appointments  
Non-White vs White  
full adjustment



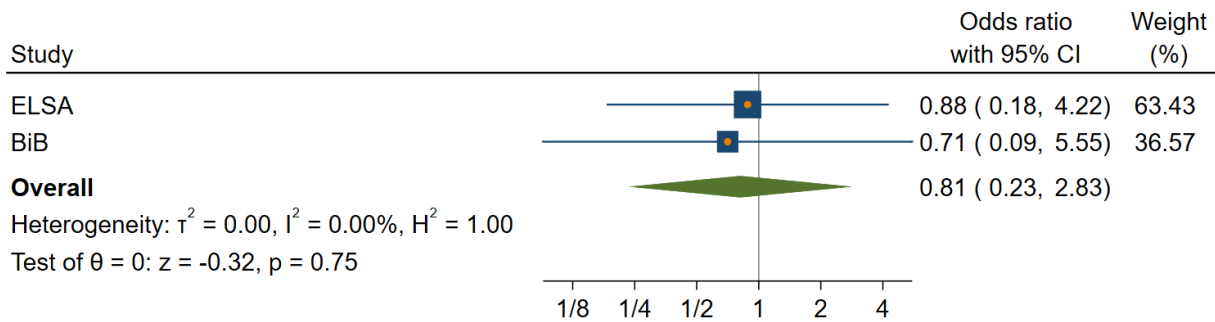
Random-effects REML model

for review only

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Appointments  
Black vs White

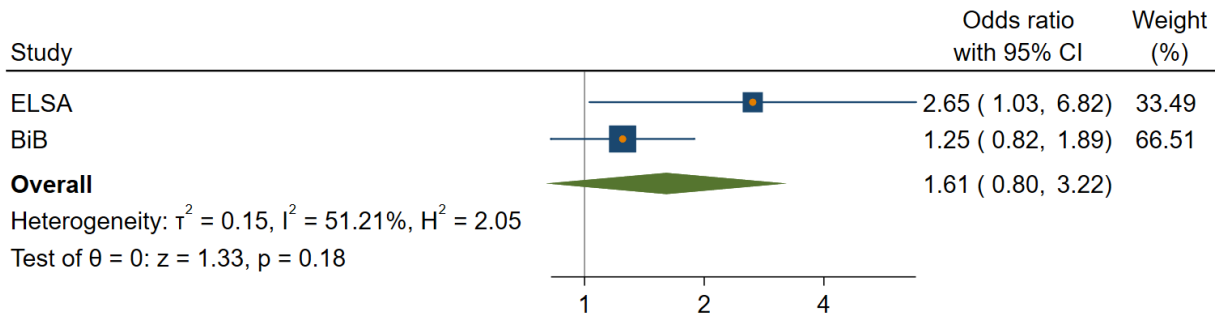
full adjustment



Random-effects REML model

Appointments  
South Asian vs White

full adjustment



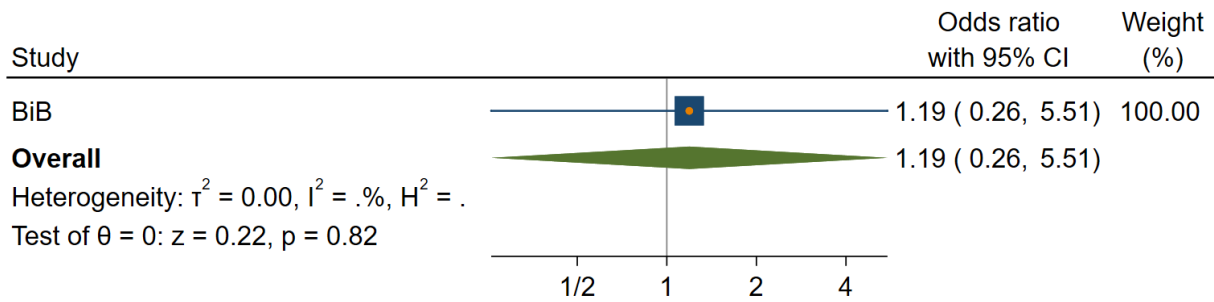
Random-effects REML model

www only

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Appointments  
Mixed vs White

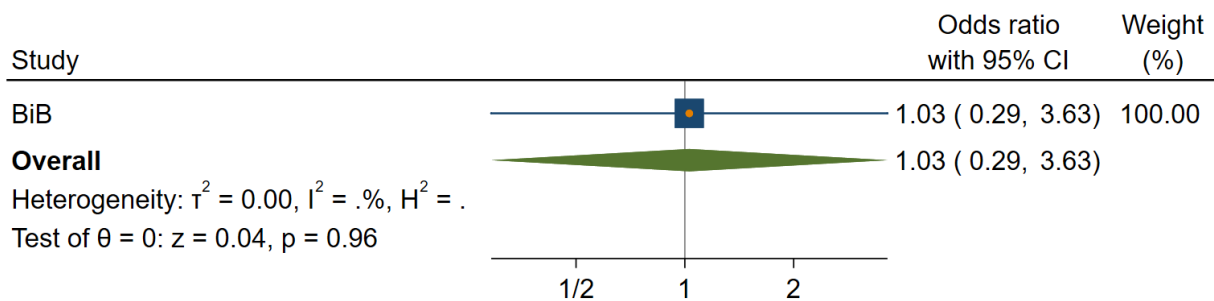
full adjustment



Random-effects REML model

Appointments  
Other Ethnicity vs White

full adjustment

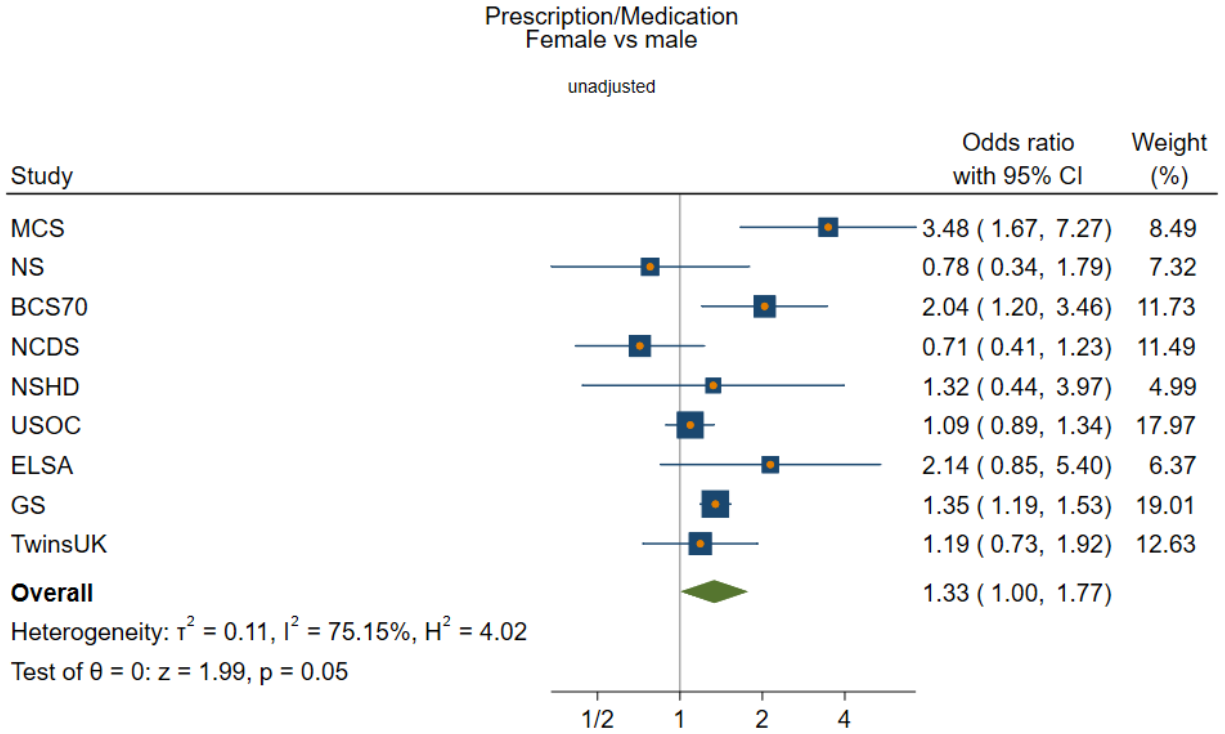


Random-effects REML model



### Prescription/Medication access

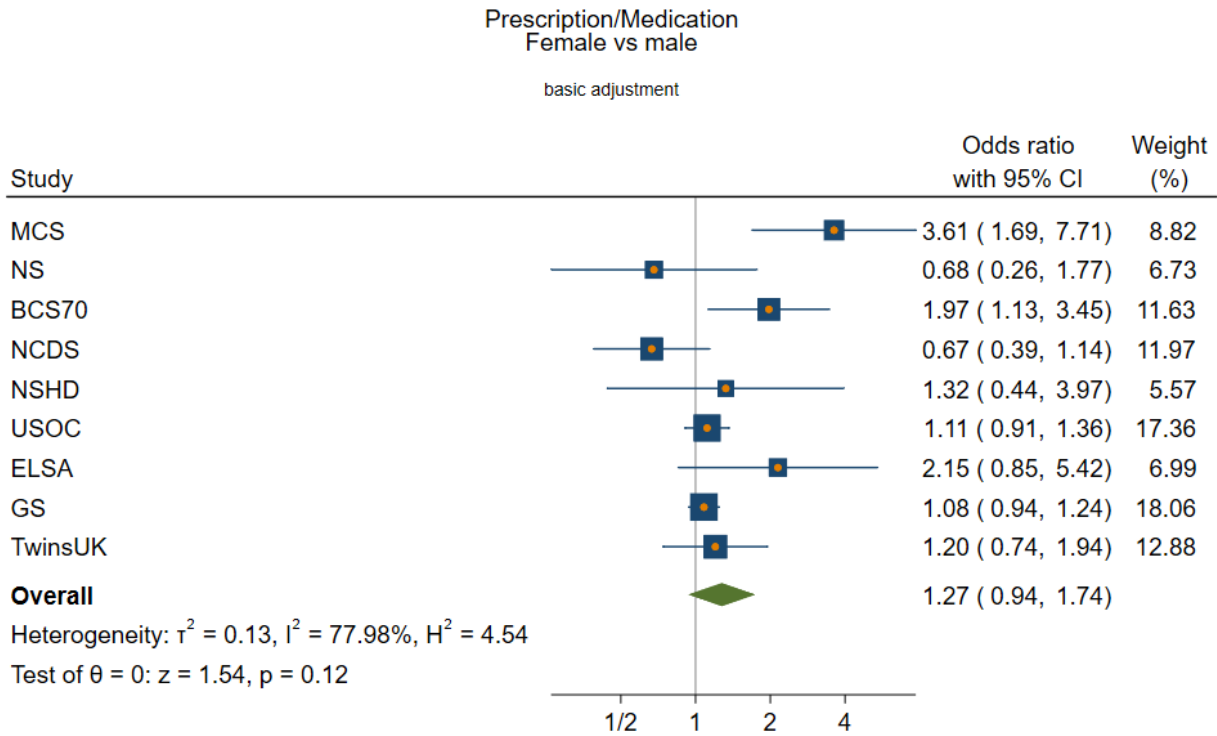
Sex  
Unadjusted



Random-effects REML model

View Only

Basic adjustment



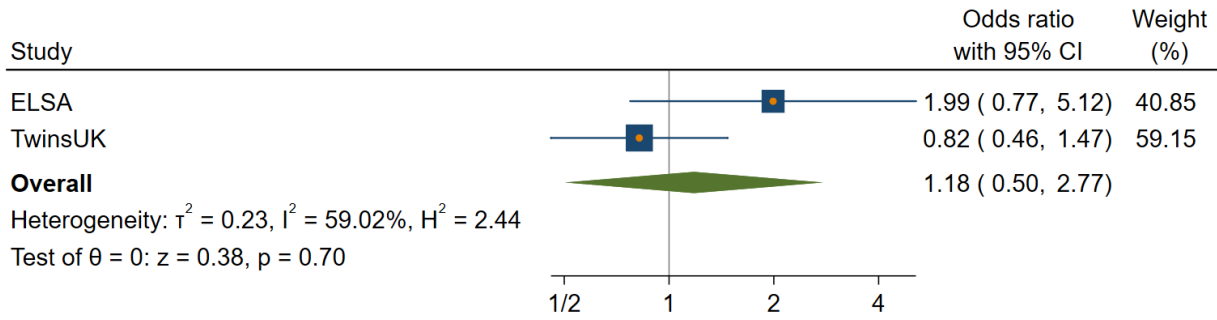
Random-effects REML model

view only

Full adjustment

Prescription/Medication  
Female vs male

full adjustment



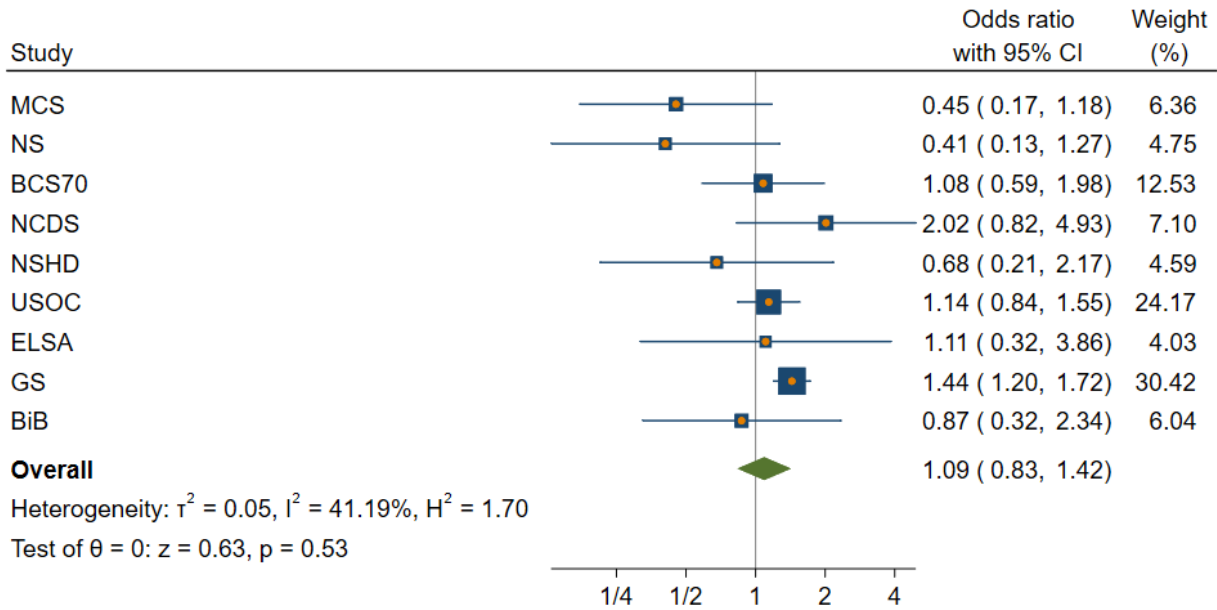
Random-effects REML model

Peer review only

Occupational class  
Unadjusted

Prescription/Medication  
Intermediate vs Managerial/Admin/Professional

unadjusted

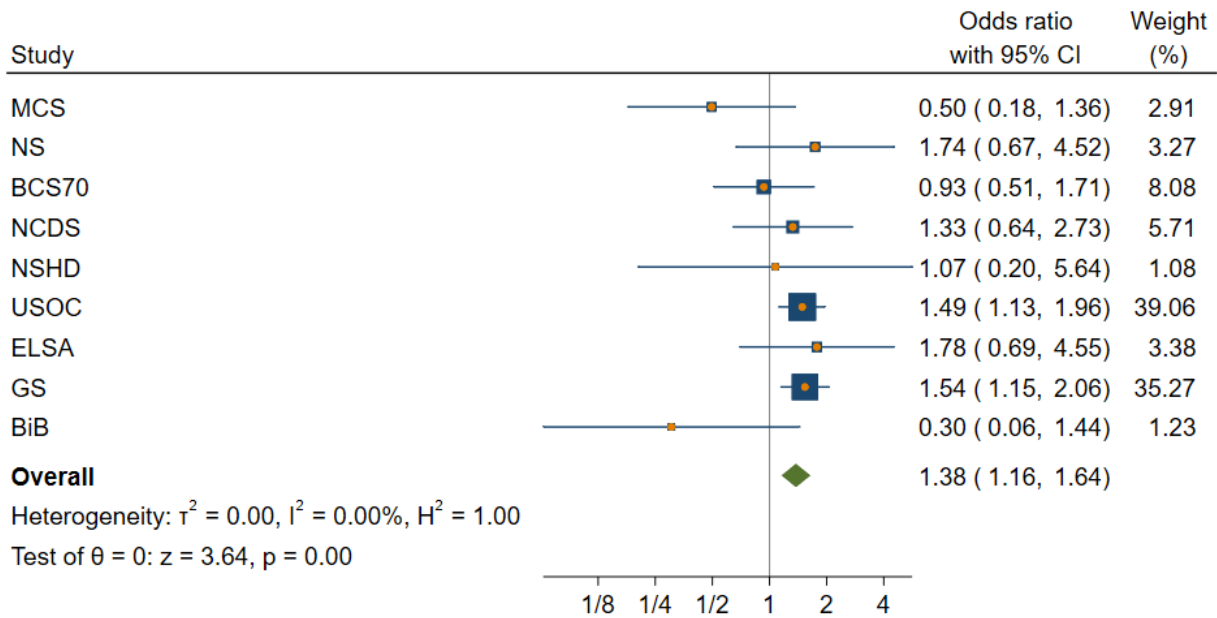


Random-effects REML model

iew only

Prescription/Medication  
Manual/Routine vs Managerial/Admin/Professional

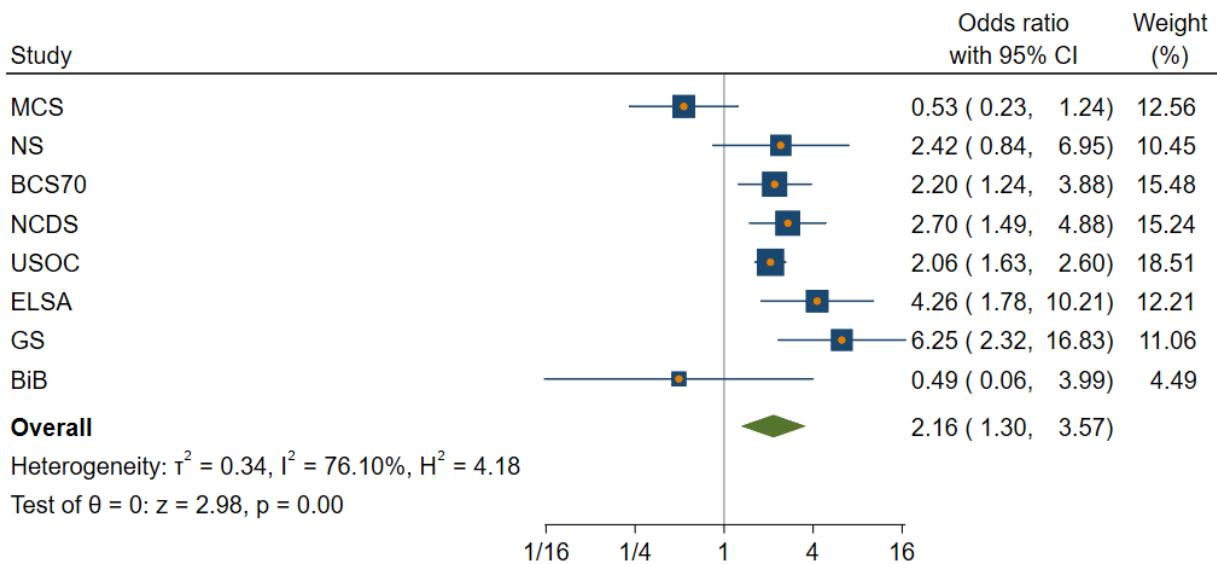
unadjusted



Random-effects REML model

Prescription/Medication  
Other social class vs Managerial/Admin/Professional

unadjusted

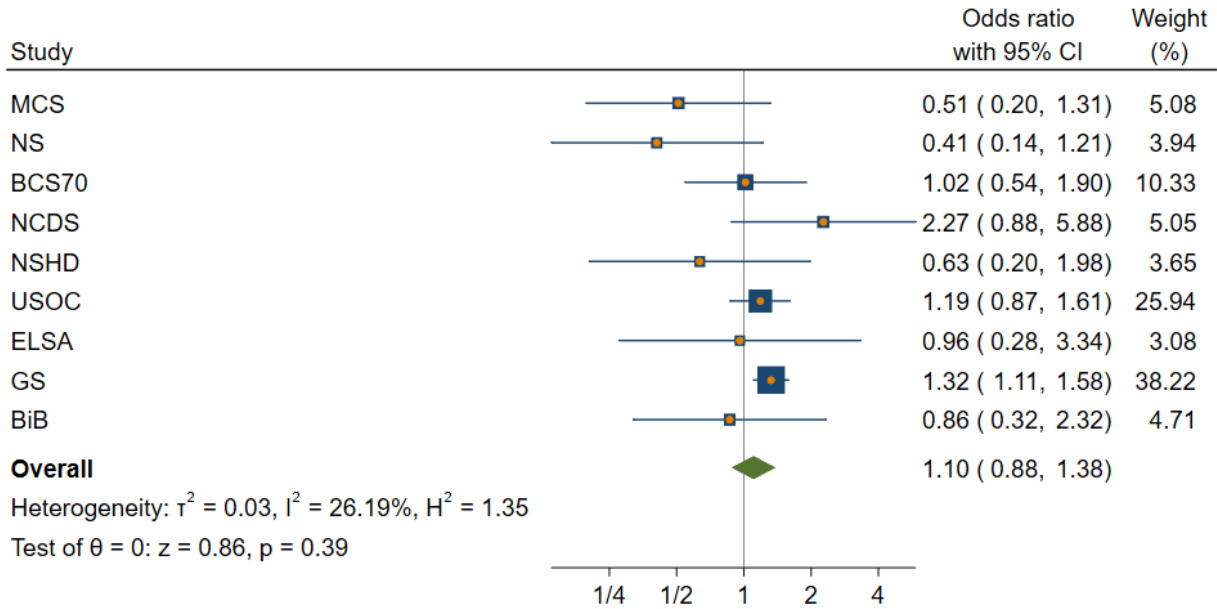


Random-effects REML model

Basic adjustment

Prescription/Medication  
Intermediate vs Managerial/Admin/Professional

basic adjustment

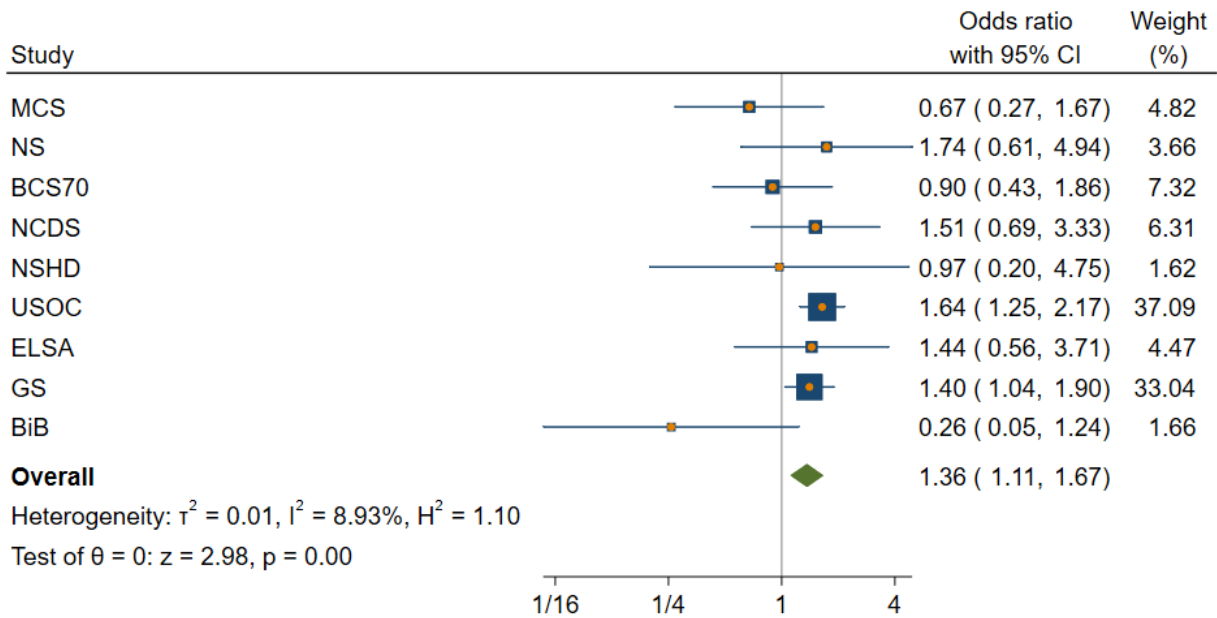


Random-effects REML model

view only

Prescription/Medication  
Manual/Routine vs Managerial/Admin/Professional

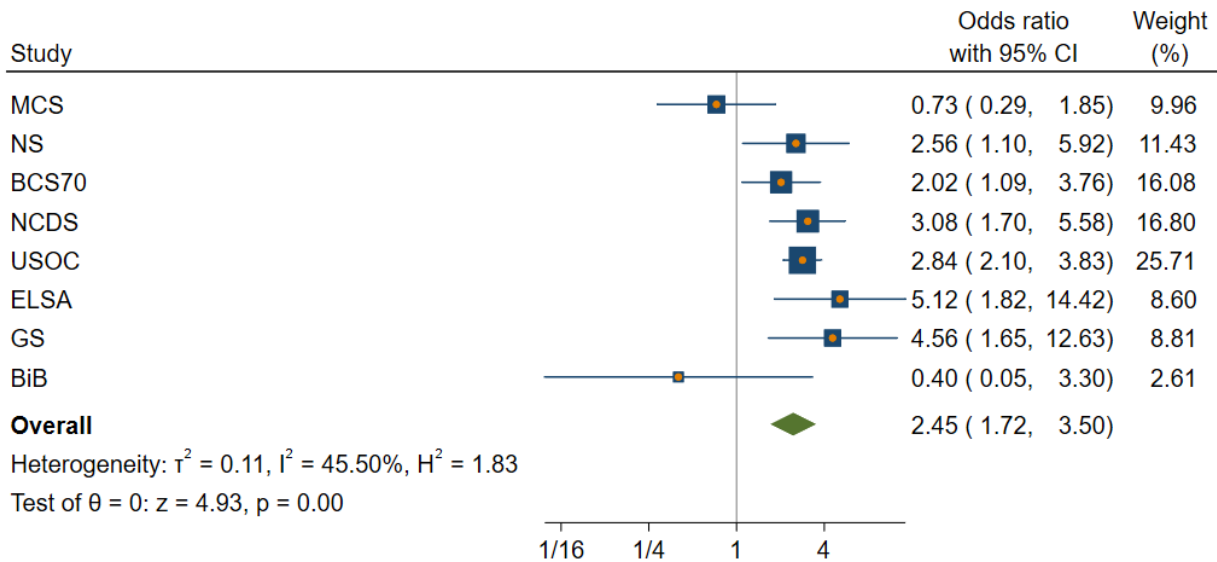
basic adjustment



Random-effects REML model

Prescription/Medication  
Other social class vs Managerial/Admin/Professional

basic adjustment

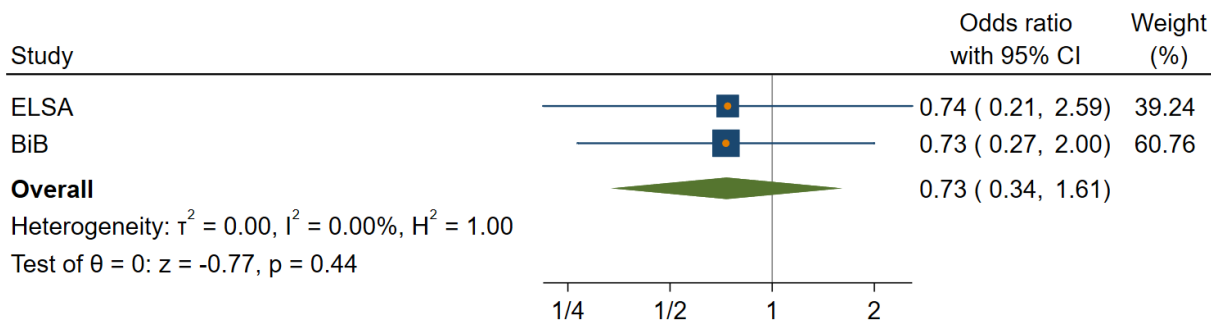


Random-effects REML model

Full adjustment

Prescription/Medication  
Intermediate vs Managerial/Admin/Professional

full adjustment



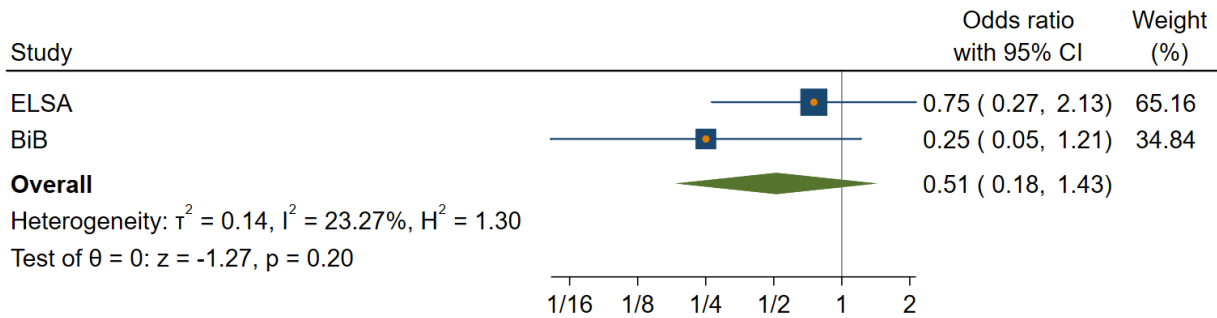
Random-effects REML model

Peer review only



Prescription/Medication  
Manual/Routine vs Managerial/Admin/Professional

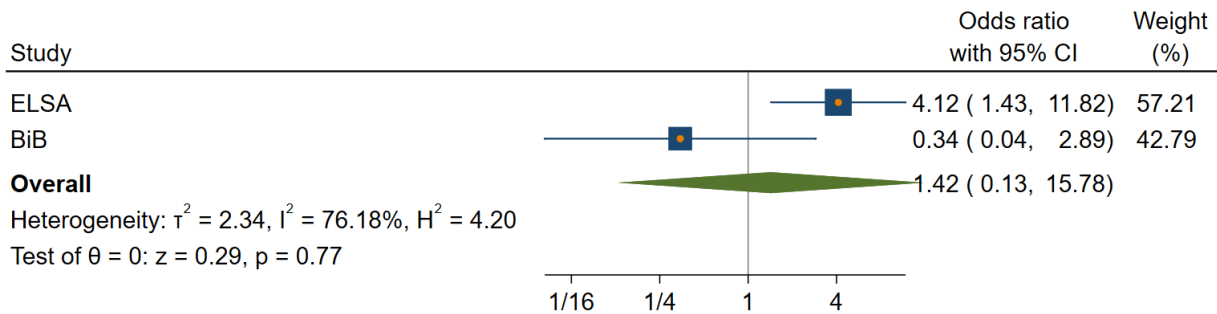
full adjustment



Random-effects REML model

Prescription/Medication  
Other social class vs Managerial/Admin/Professional

full adjustment

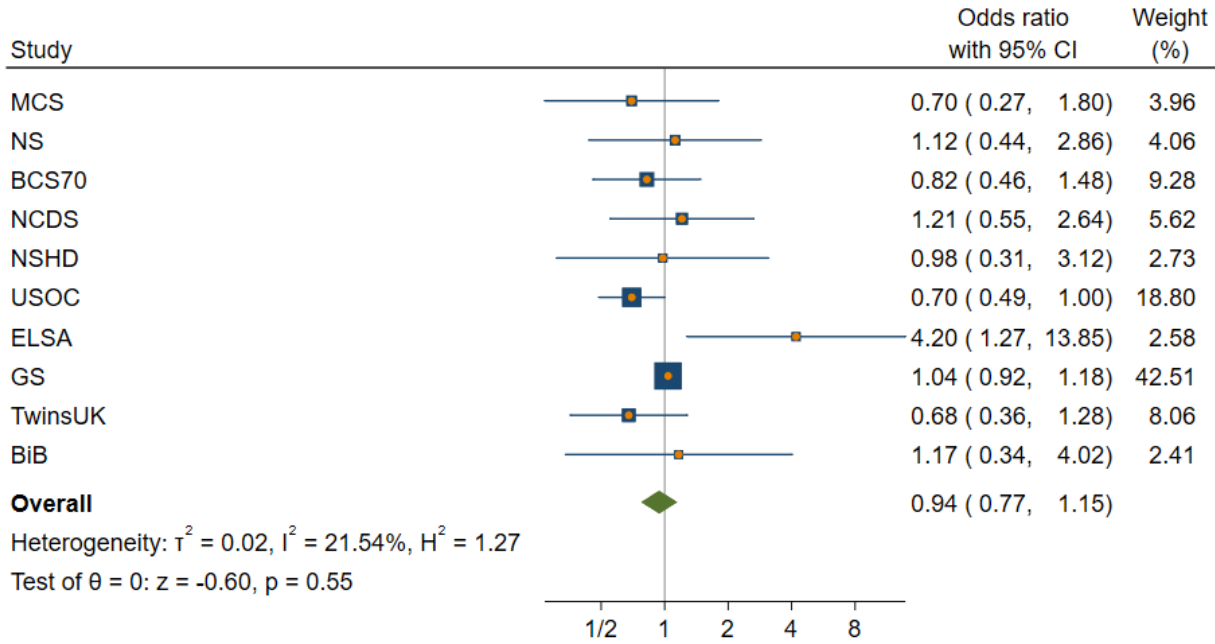


Random-effects REML model

Education  
Unadjusted

Prescription/Medication  
A-level/equivalent vs Higher education/Degree

unadjusted

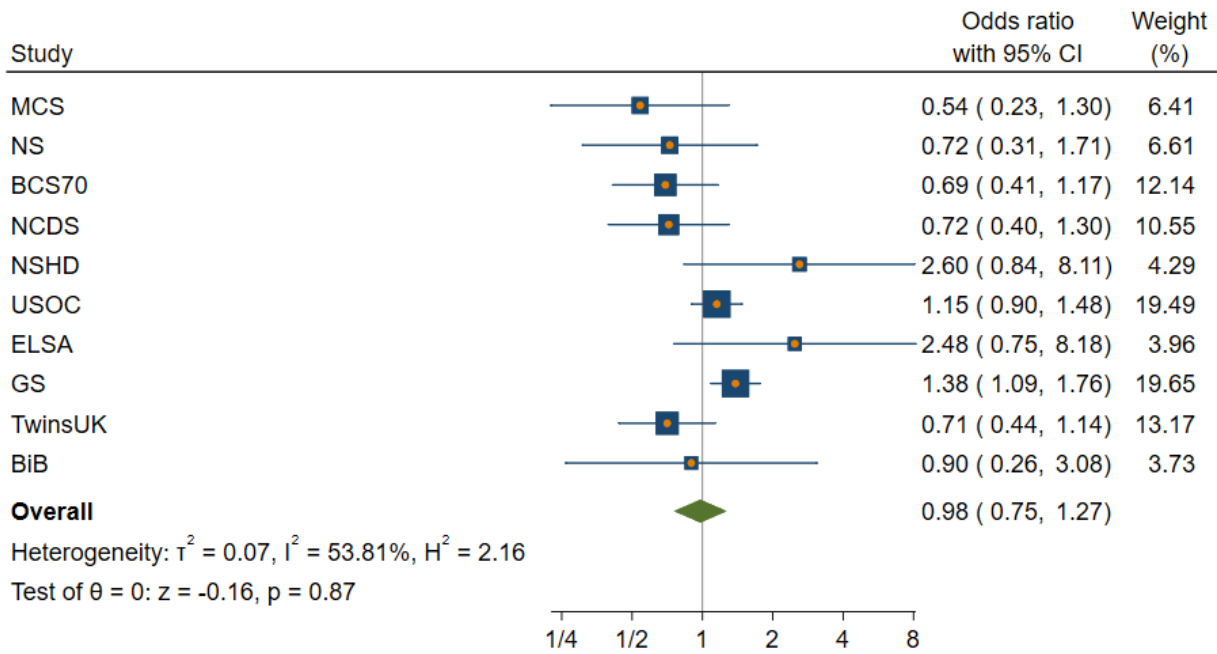


Random-effects REML model

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Prescription/Medication  
GCSE/equivalent vs Higher education/Degree

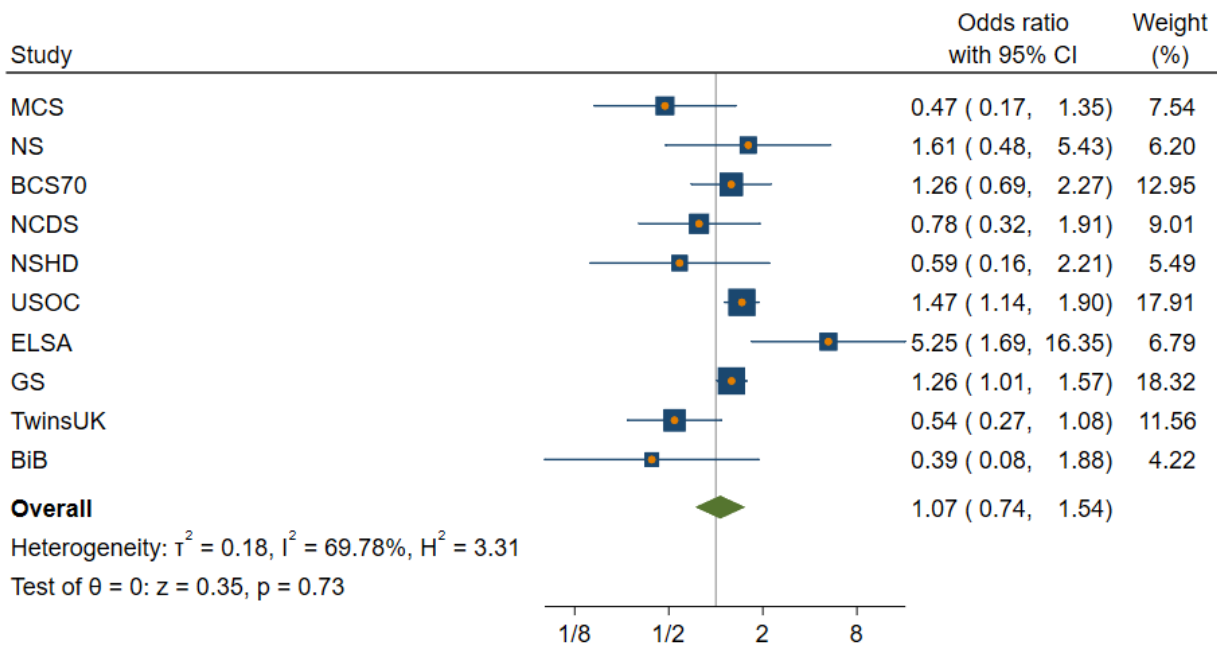
unadjusted



Random-effects REML model

Prescription/Medication  
<GCSE/equivalent vs Higher education/Degree

unadjusted

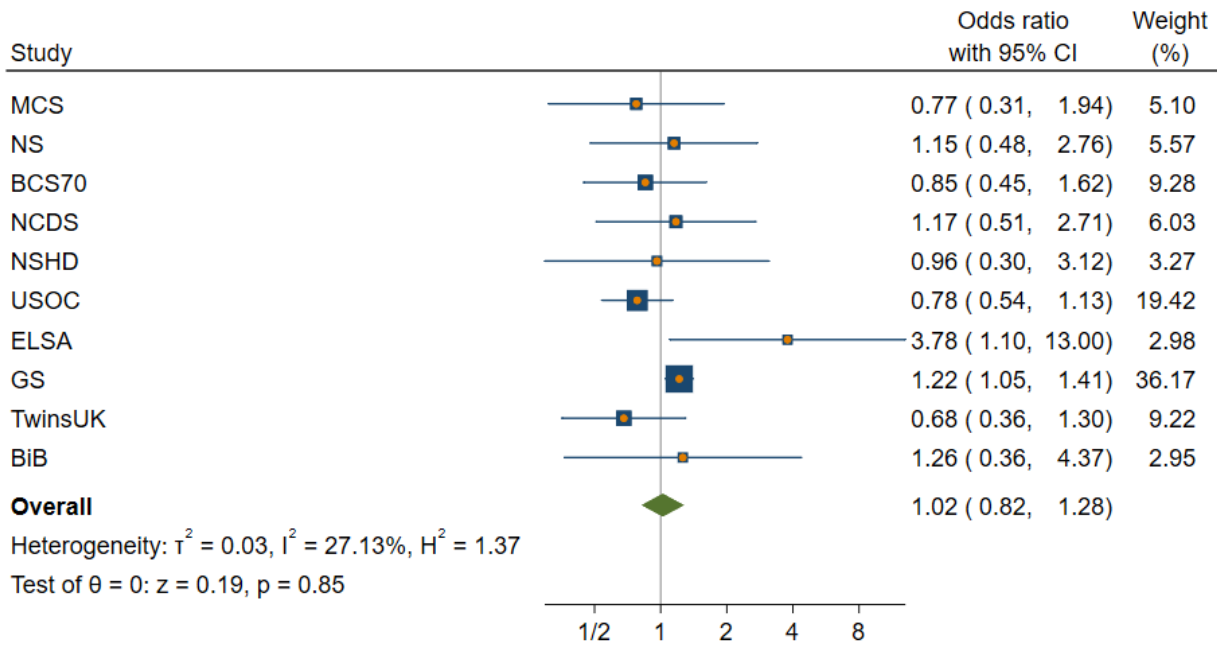


Random-effects REML model

Basic adjustment

Prescription/Medication  
A-level/equivalent vs Higher education/Degree

basic adjustment

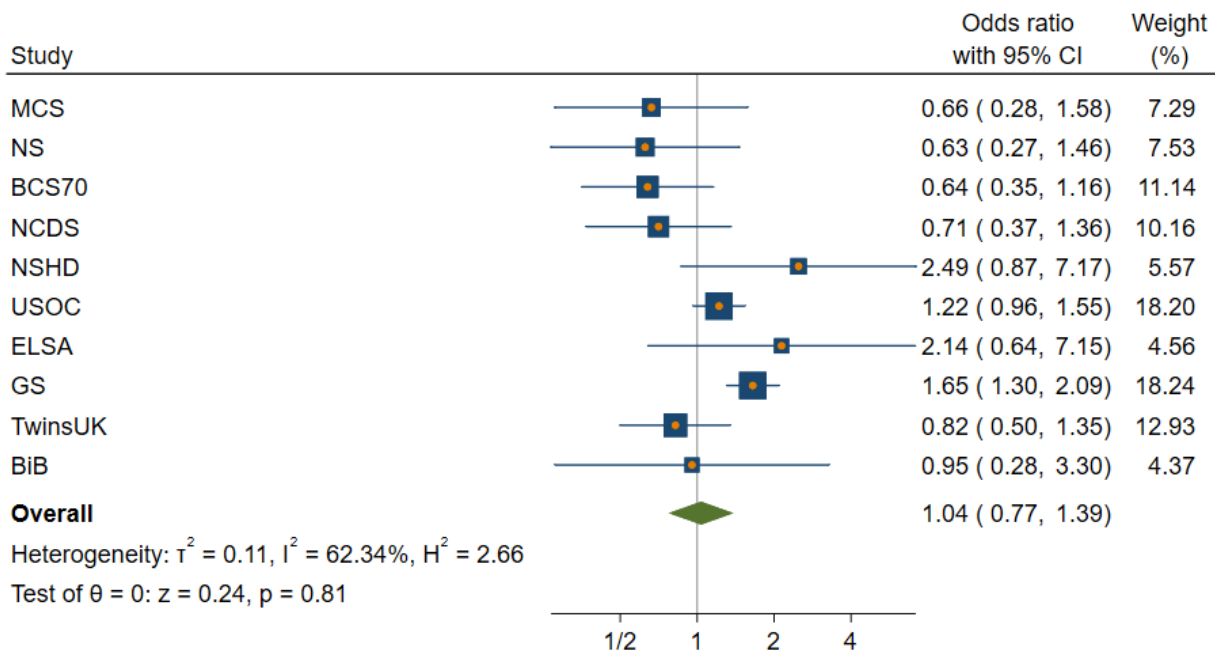


Random-effects REML model

Peer Review Only

Prescription/Medication  
GCSE/equivalent vs Higher education/Degree

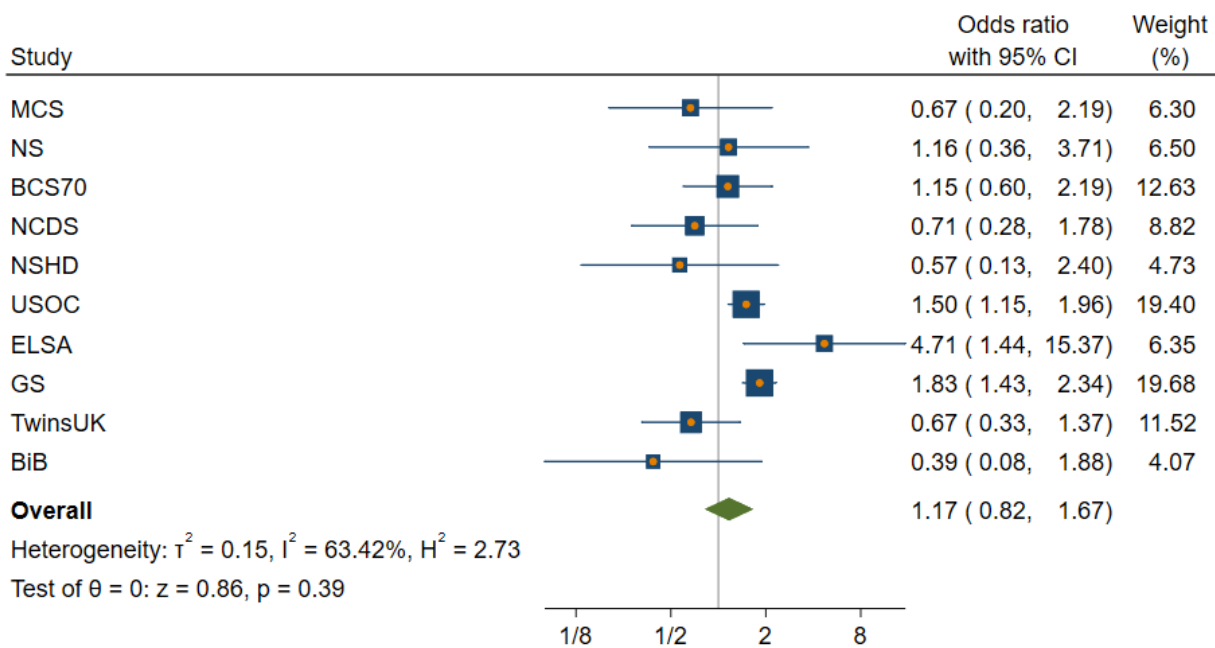
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Random-effects REML model

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<GCSE/equivalent vs Higher education/Degree

basic adjustment

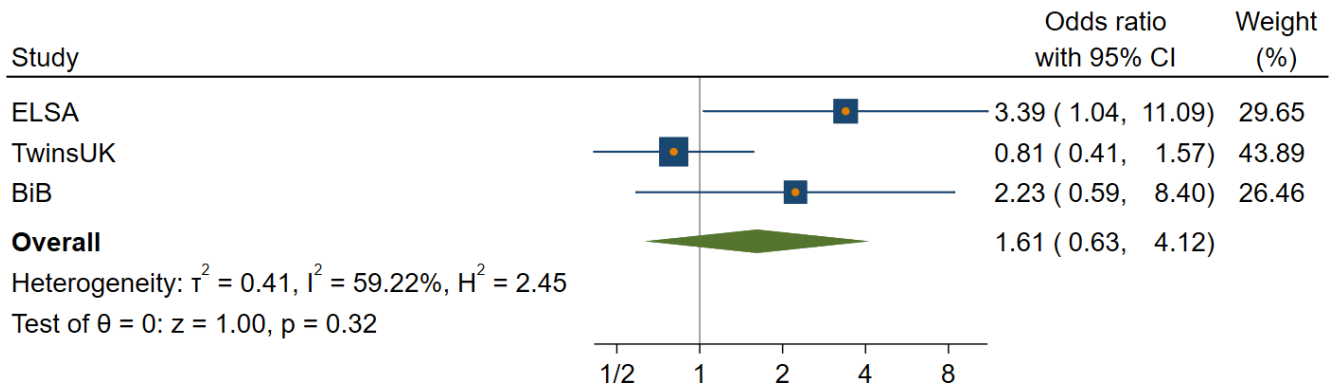


Random-effects REML model

Full adjustment

Prescription/Medication  
A-level/equivalent vs Higher education/Degree

full adjustment

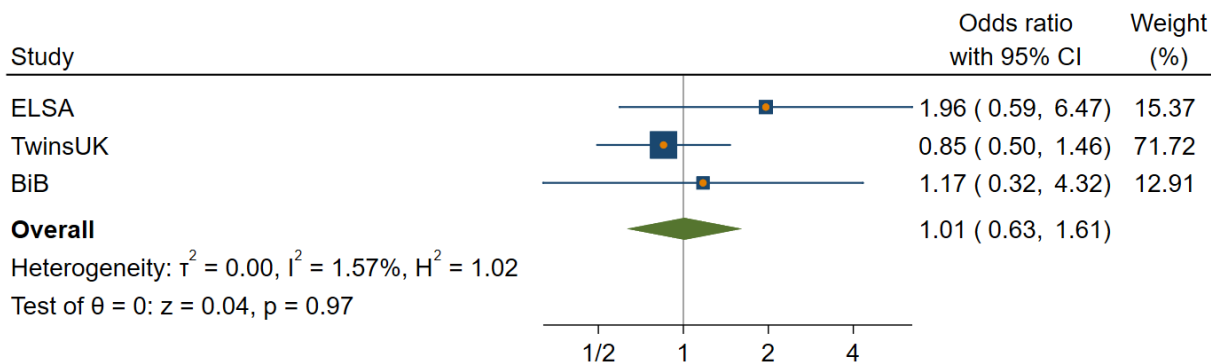


Random-effects REML model

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Prescription/Medication  
GCSE/equivalent vs Higher education/Degree

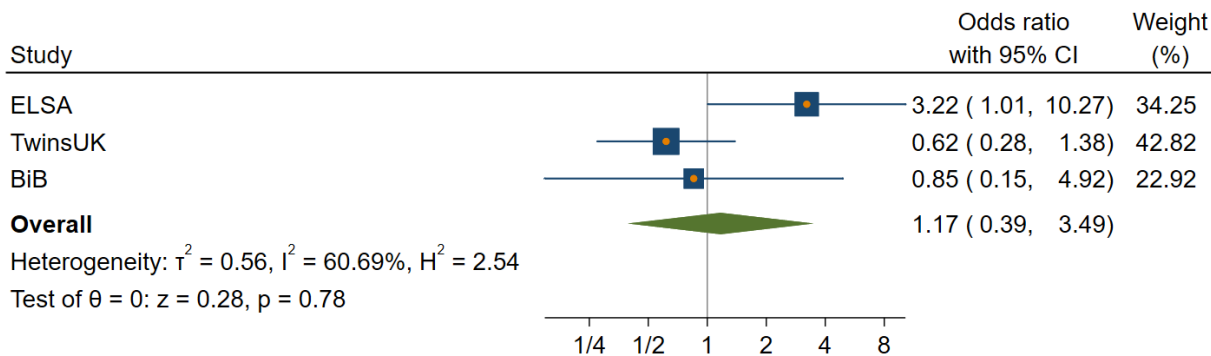
full adjustment



Random-effects REML model

Prescription/Medication  
<GCSE/equivalent vs Higher education/Degree

full adjustment



Random-effects REML model

Age  
Unadjusted

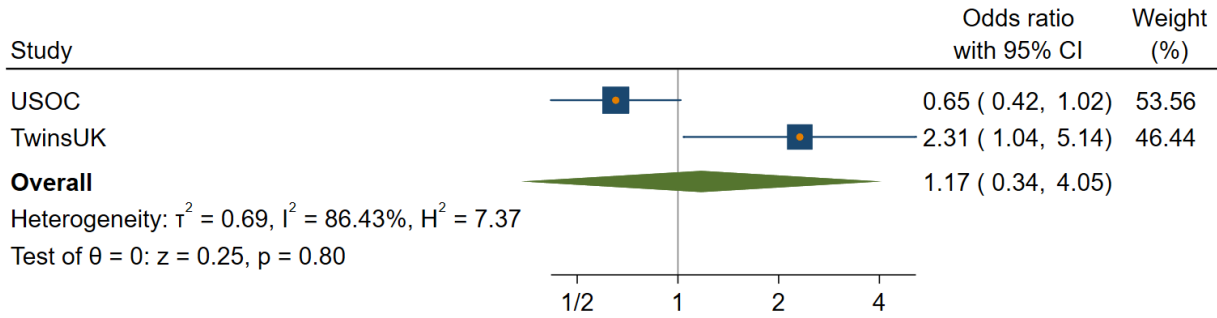
For peer review only



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Prescription/Medication  
16-24y vs 45-54y

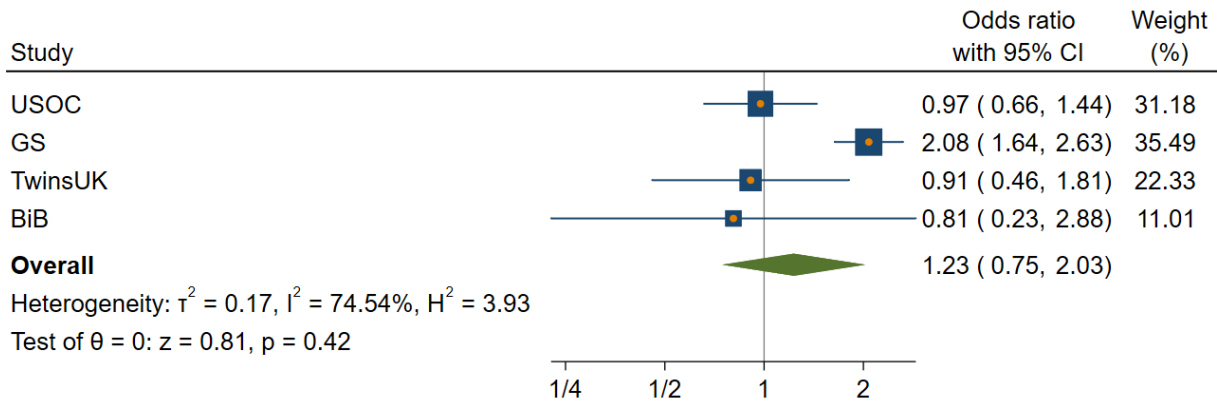
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Random-effects REML model

Prescription/Medication  
25-34y vs 45-54y

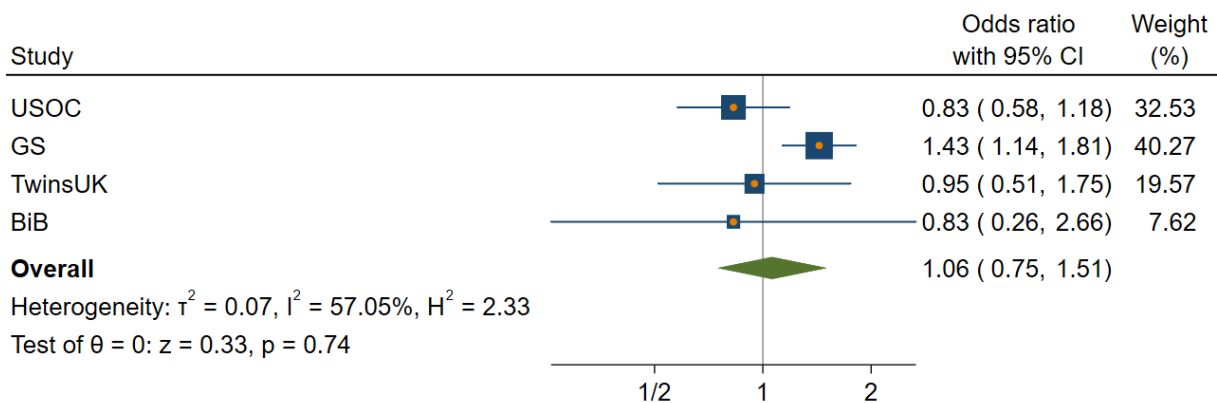
unadjusted



Random-effects REML model

Prescription/Medication  
35-44y vs 45-54y

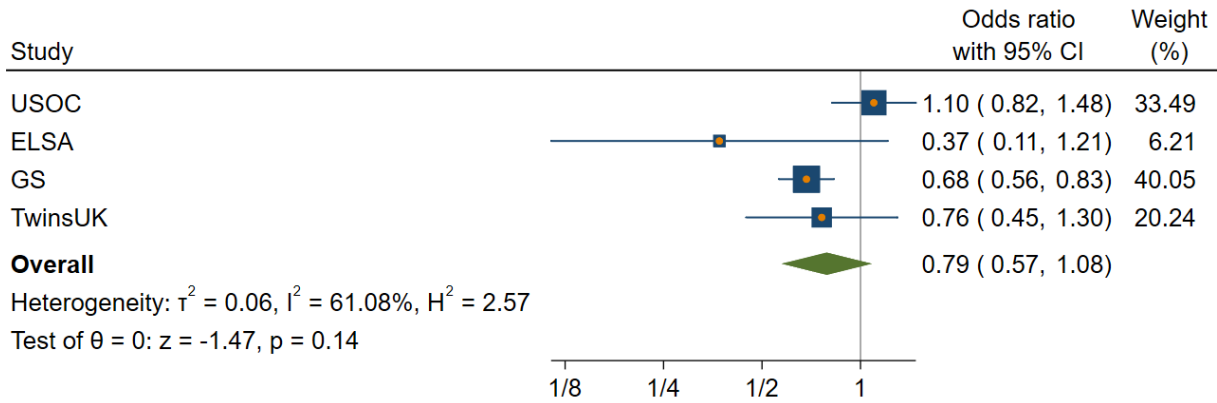
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Random-effects REML model

Prescription/Medication  
55-64y vs 45-54y

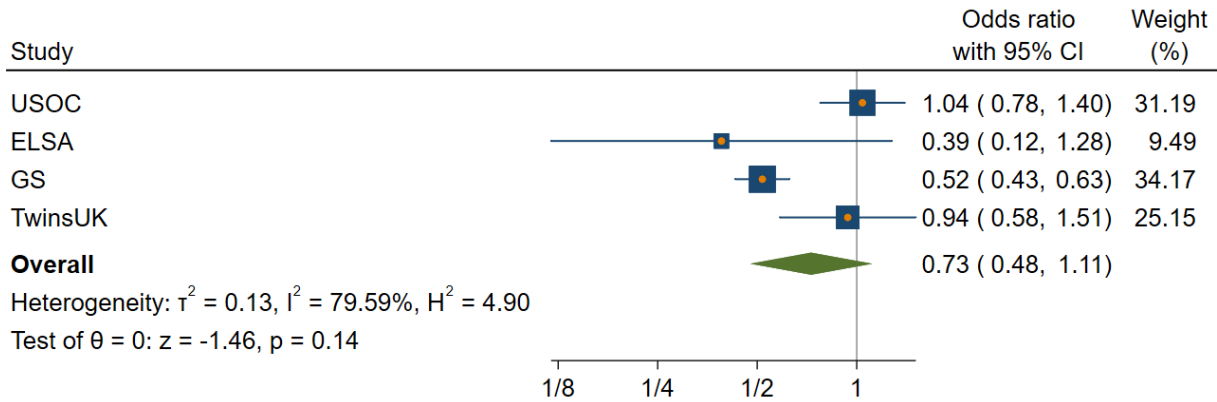
unadjusted



Random-effects REML model

Prescription/Medication  
65-74y vs 45-54y

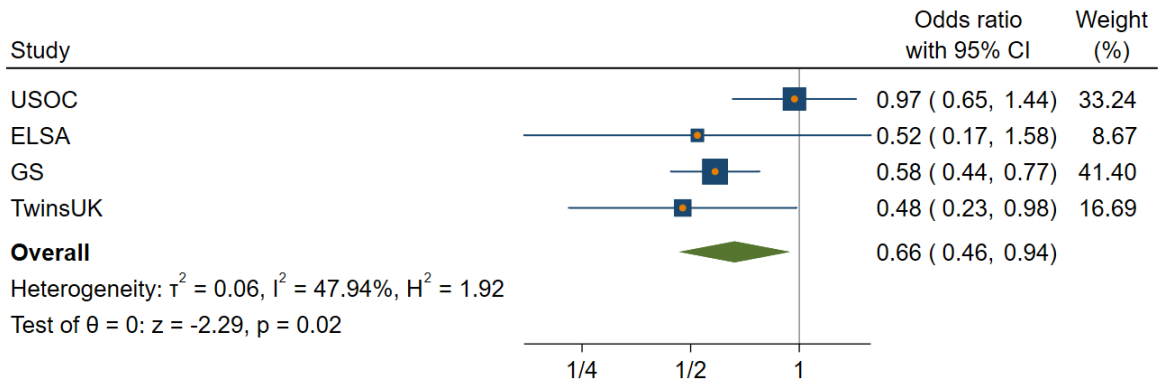
unadjusted



Random-effects REML model

Prescription/Medication  
75y+ vs 45-54y

unadjusted

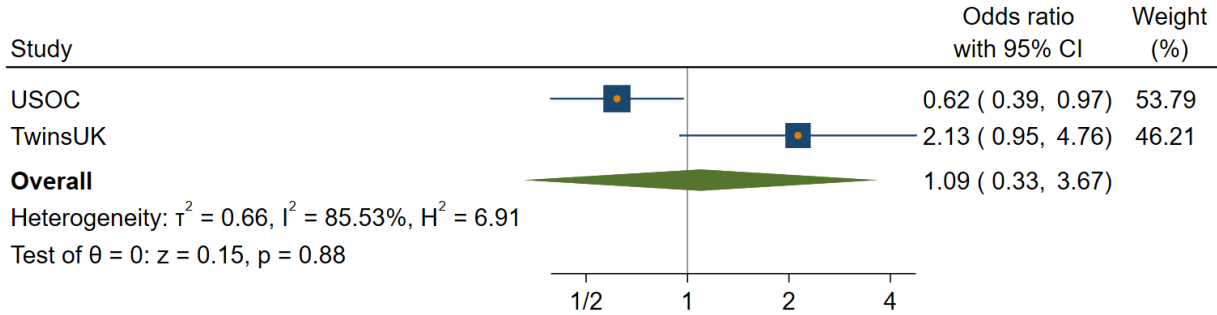


Random-effects REML model

Basic adjustment

Prescription/Medication  
16-24y vs 45-54y

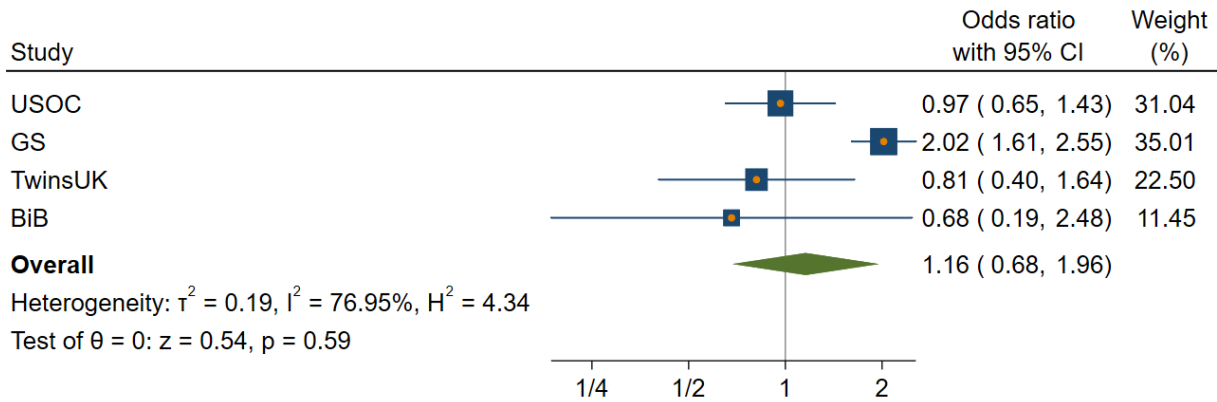
basic adjustment



Random-effects REML model

Prescription/Medication  
25-34y vs 45-54y

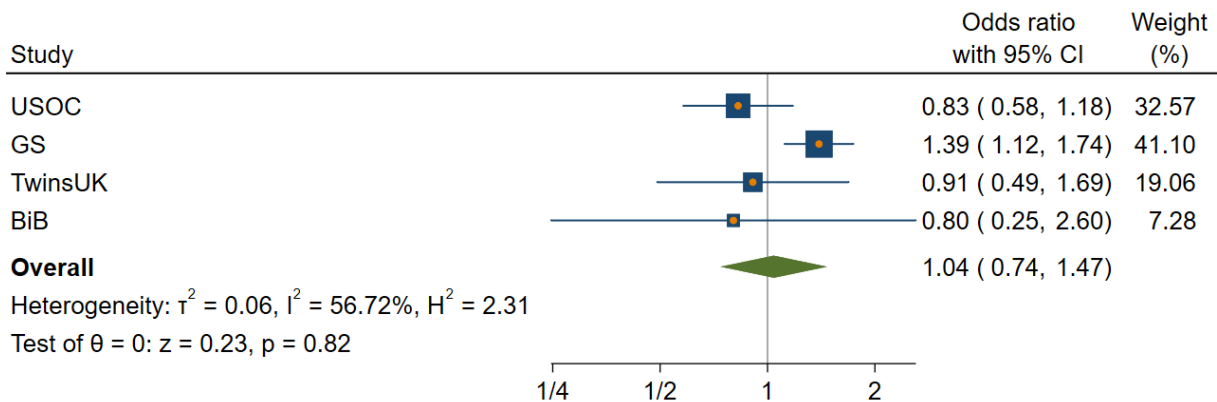
basic adjustment



Random-effects REML model

Prescription/Medication  
35-44y vs 45-54y

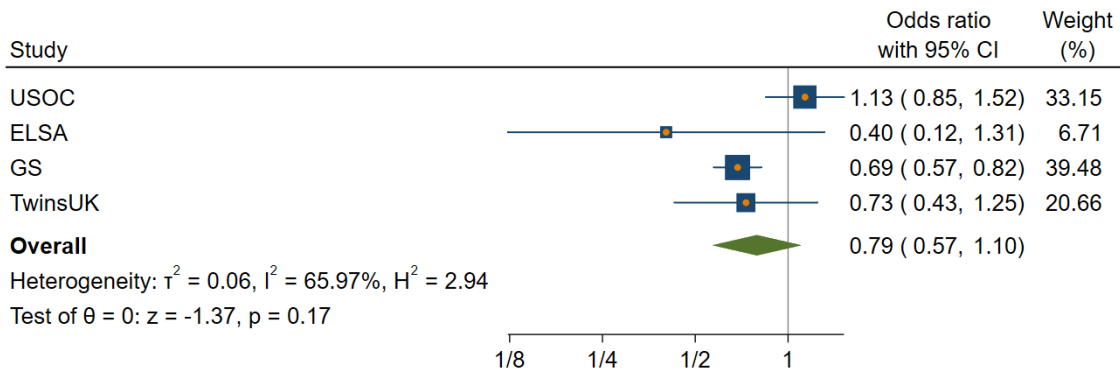
basic adjustment



Random-effects REML model

Prescription/Medication  
55-64y vs 45-54y

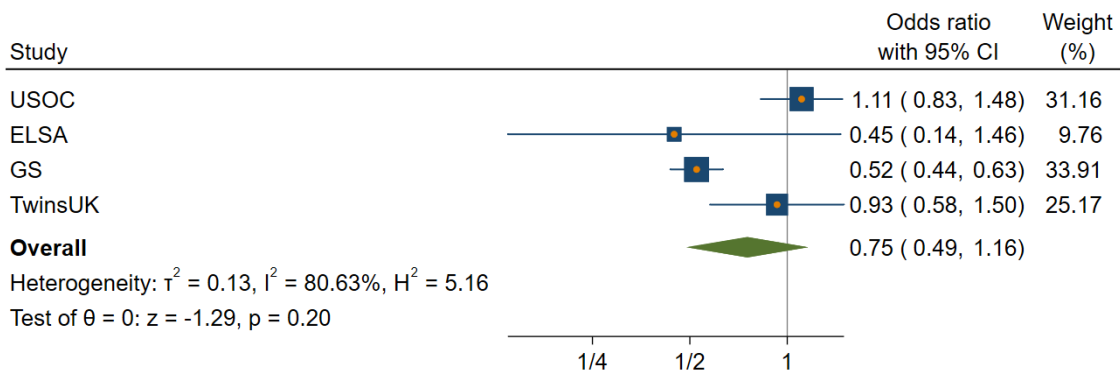
basic adjustment



Random-effects REML model

Prescription/Medication  
65-74y vs 45-54y

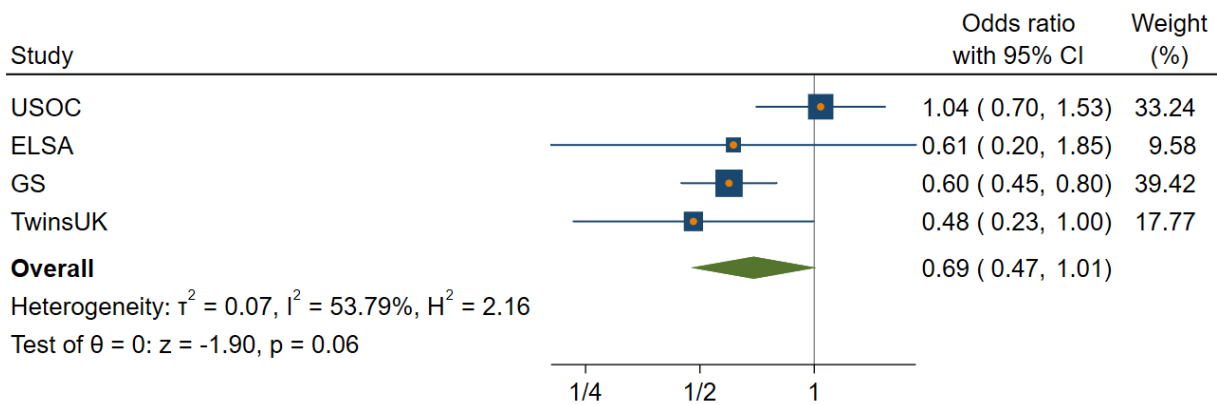
basic adjustment



Random-effects REML model

Prescription/Medication  
75y+ vs 45-54y

basic adjustment

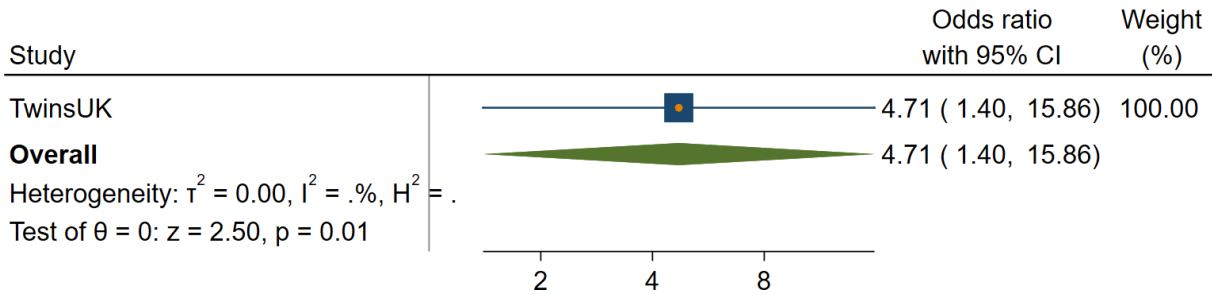


Random-effects REML model

Full adjustment

Prescription/Medication  
16-24y vs 45-54y

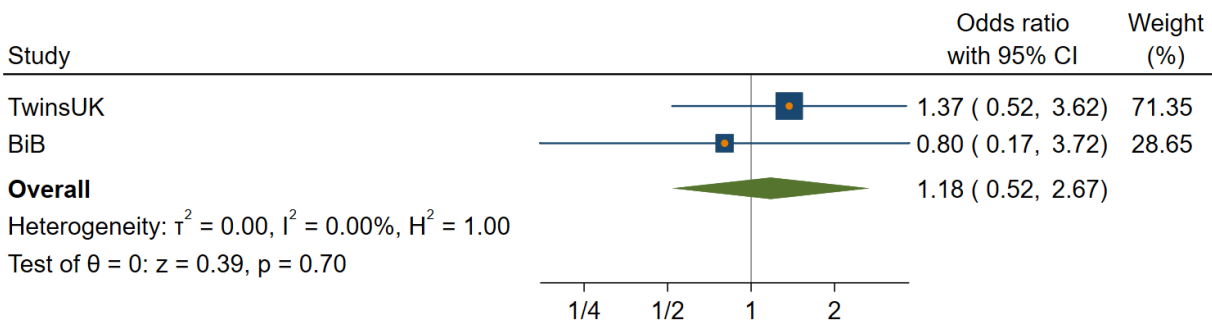
full adjustment



Random-effects REML model

Prescription/Medication  
25-34y vs 45-54y

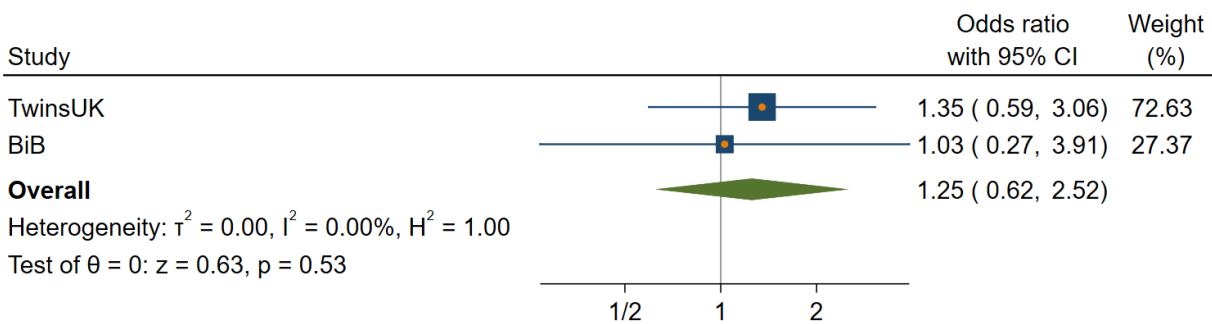
full adjustment



Random-effects REML model

Prescription/Medication  
35-44y vs 45-54y

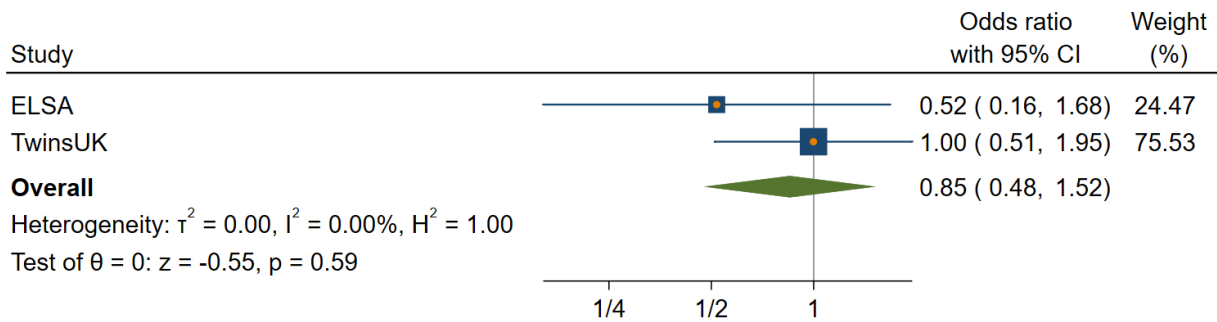
full adjustment



Random-effects REML model

Prescription/Medication  
55-64y vs 45-54y

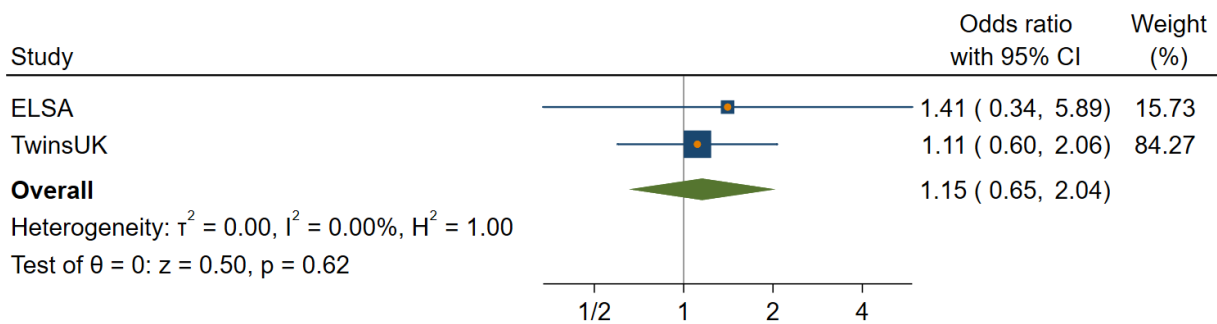
full adjustment



Random-effects REML model

Prescription/Medication  
65-74y vs 45-54y

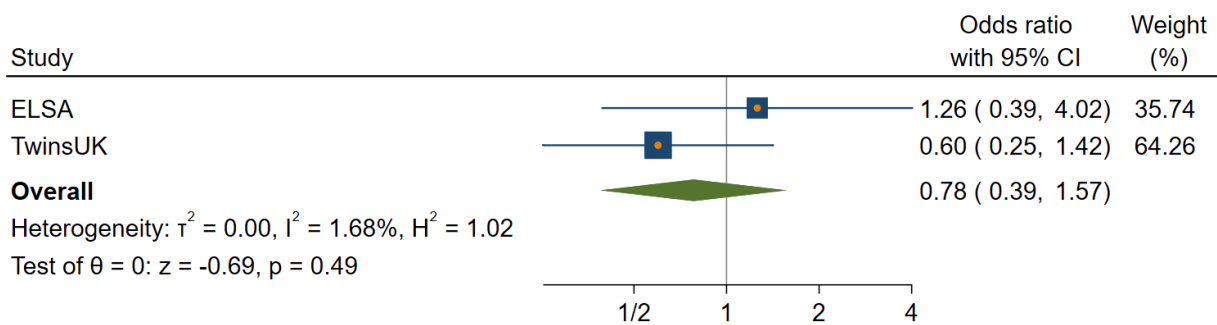
full adjustment



Random-effects REML model

Prescription/Medication  
75y+ vs 45-54y

full adjustment

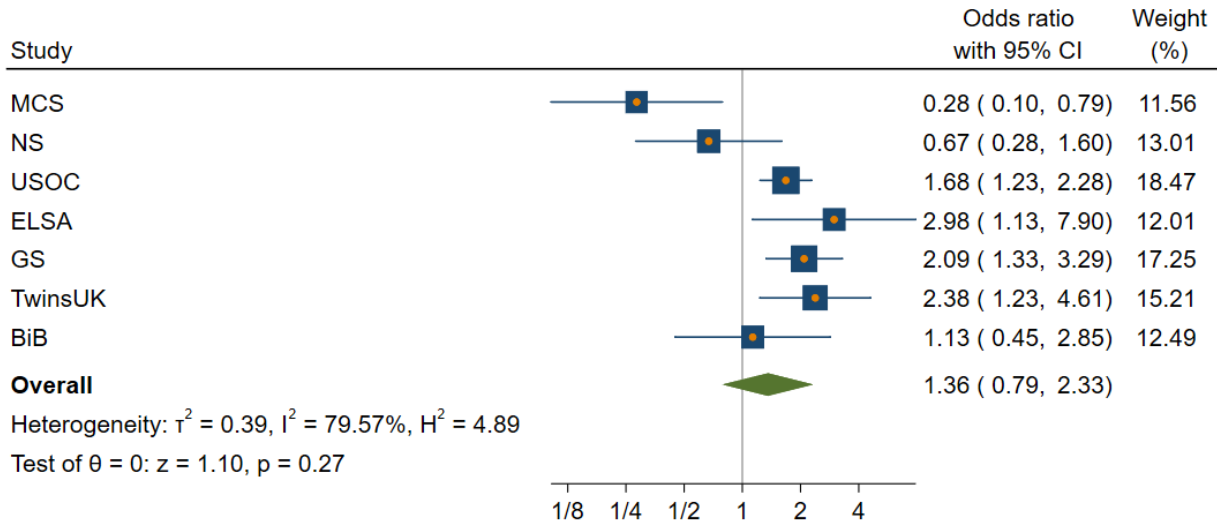


Random-effects REML model

*Ethnicity*  
Unadjusted

Prescription/Medication  
Non-White vs White

unadjusted

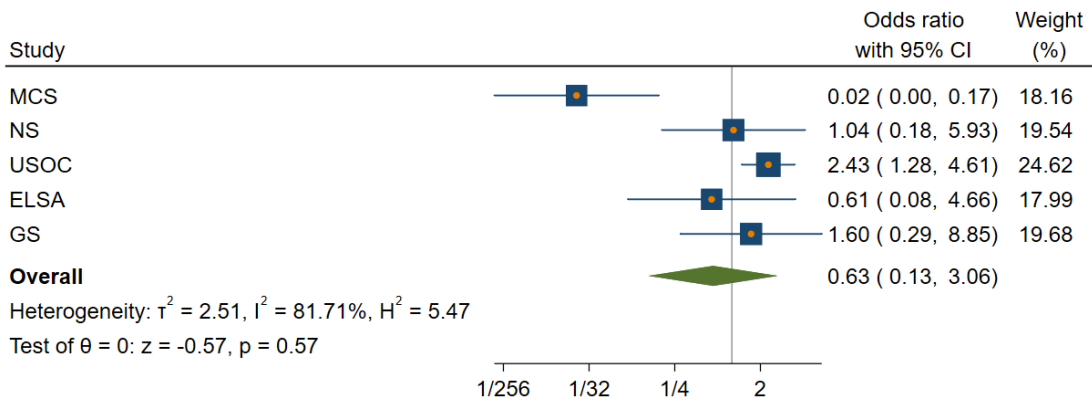


Random-effects REML model

Review only

Prescription/Medication  
Black vs White

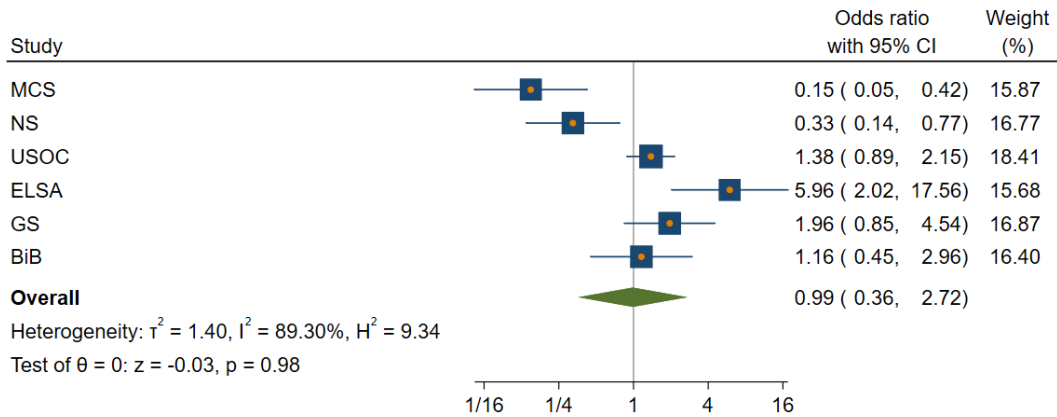
unadjusted



Random-effects REML model

Prescription/Medication  
South Asian vs White

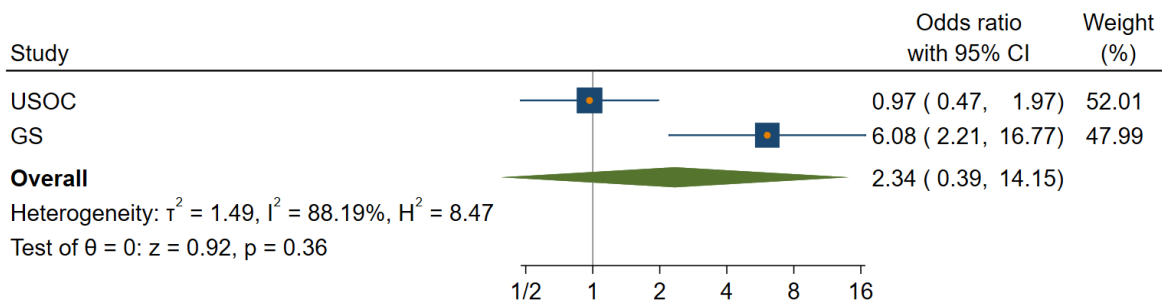
unadjusted



Random-effects REML model

Prescription/Medication  
East Asian vs White

unadjusted



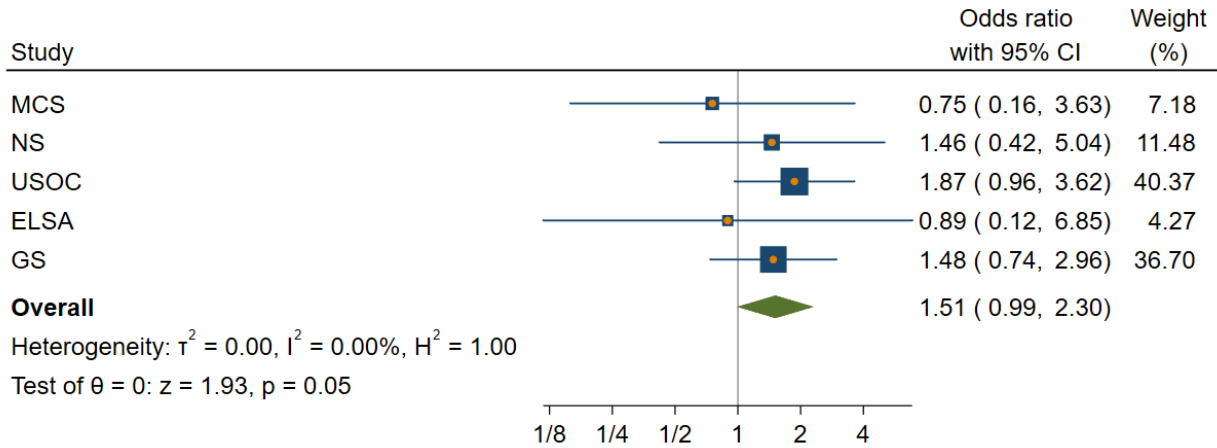
Random-effects REML model



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Prescription/Medication  
Mixed vs White

unadjusted

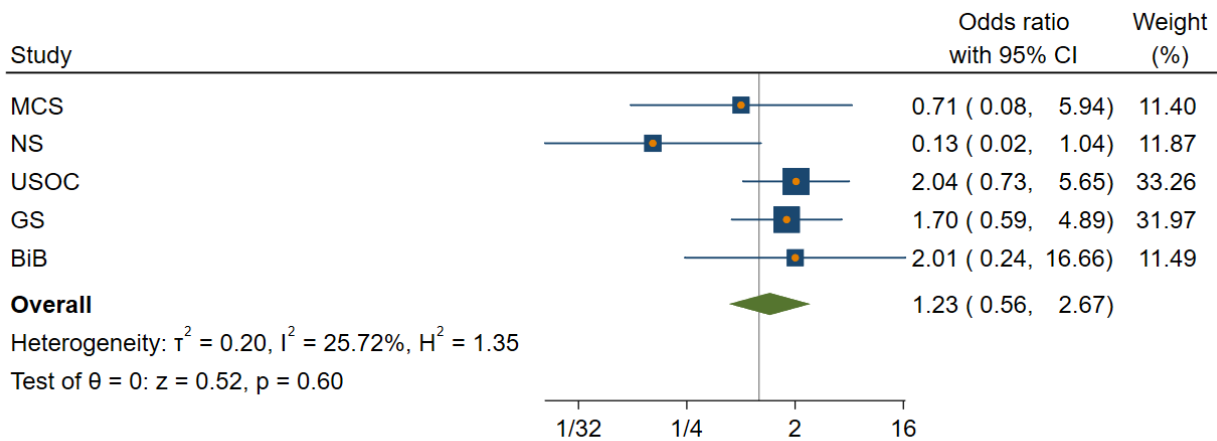


Random-effects REML model



Prescription/Medication  
Other Ethnicity vs White

unadjusted

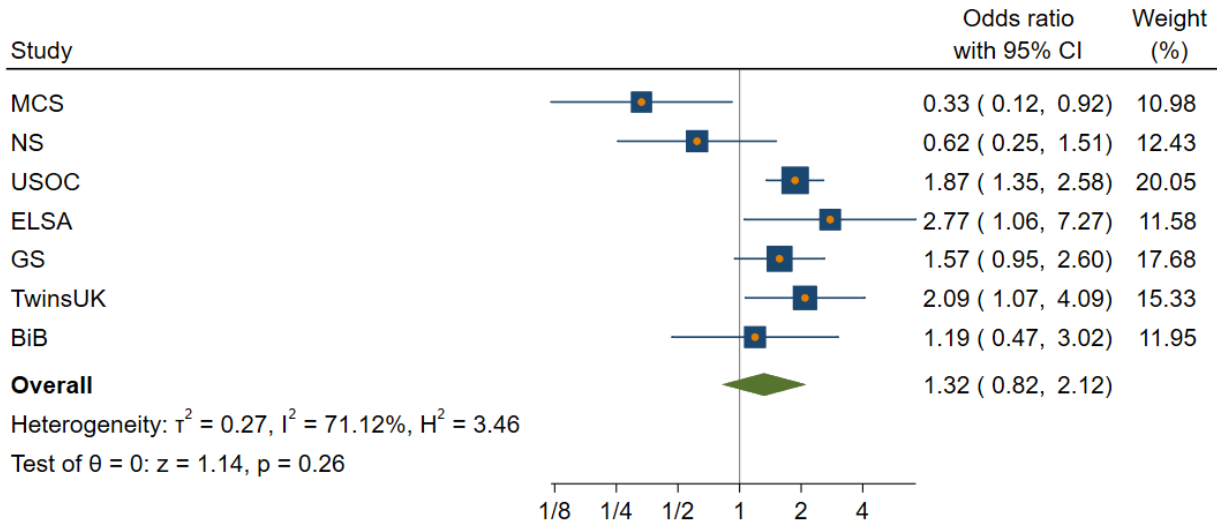


Random-effects REML model

Basic adjustment

Prescription/Medication  
Non-White vs White

basic adjustment

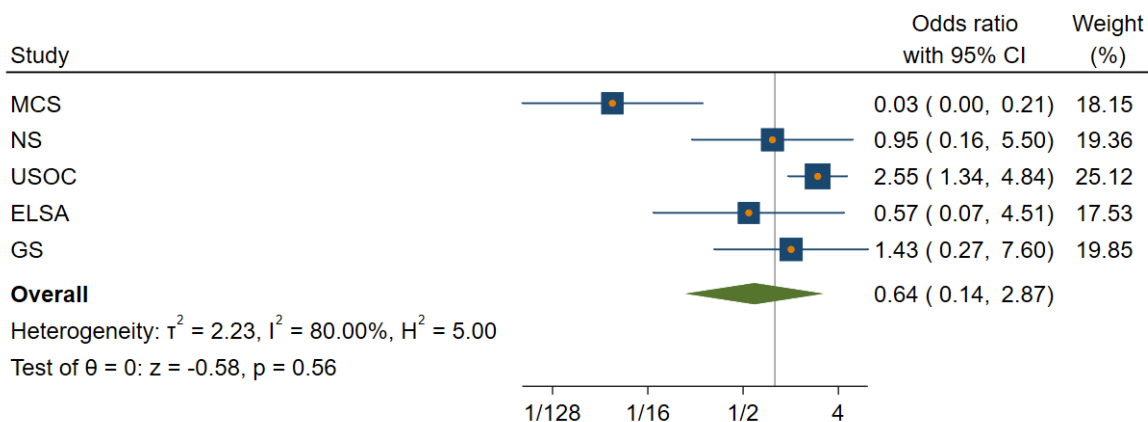


Random-effects REML model

view only

Prescription/Medication  
Black vs White

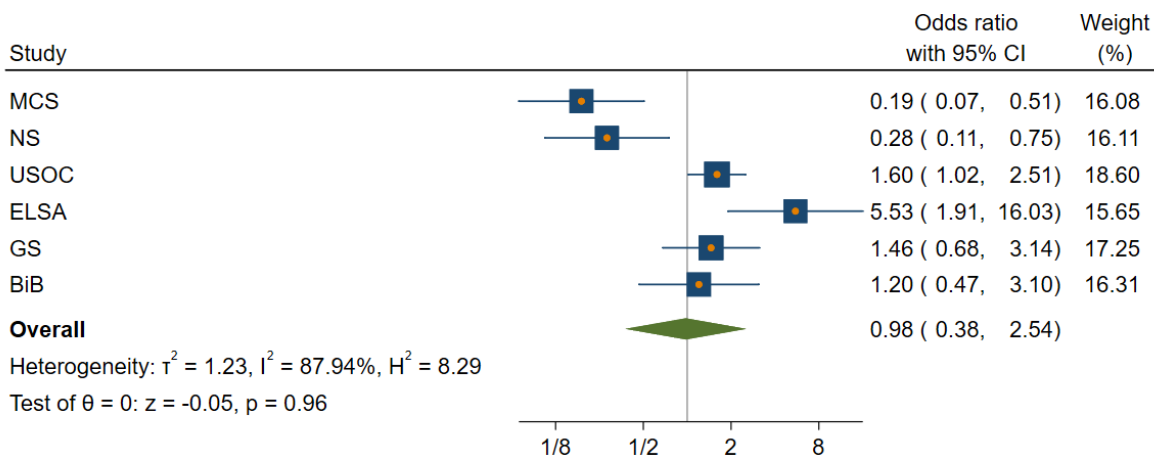
basic adjustment



Random-effects REML model

Prescription/Medication  
South Asian vs White

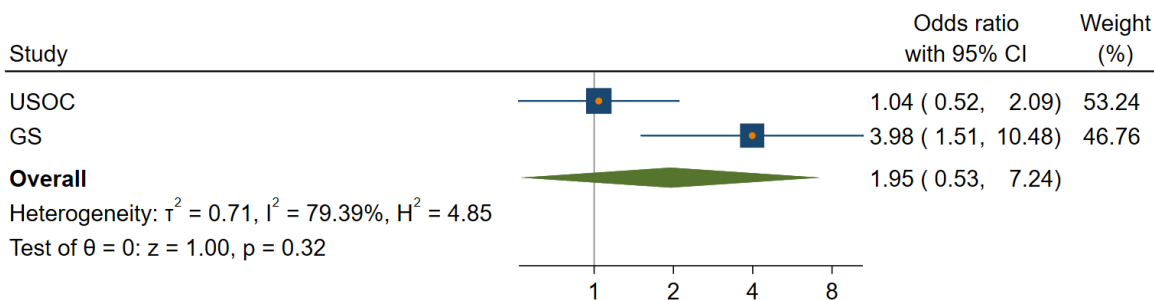
basic adjustment



Random-effects REML model

Prescription/Medication  
East Asian vs White

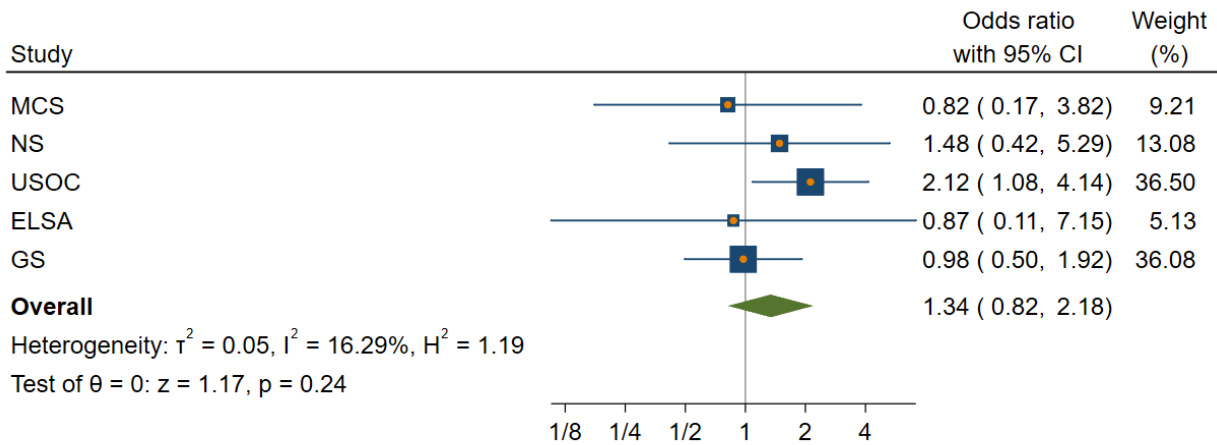
basic adjustment



Random-effects REML model

Prescription/Medication  
Mixed vs White

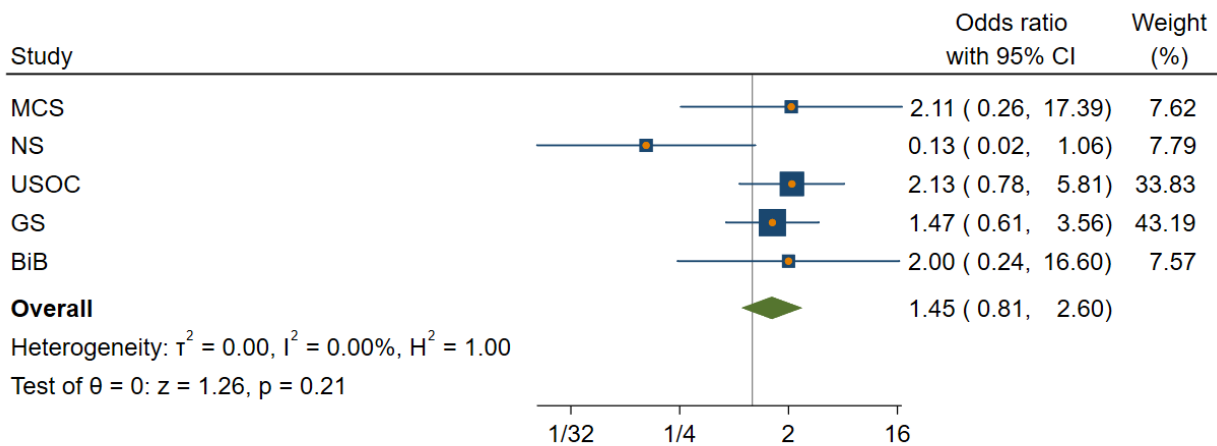
basic adjustment



Random-effects REML model

Prescription/Medication  
Other Ethnicity vs White

basic adjustment

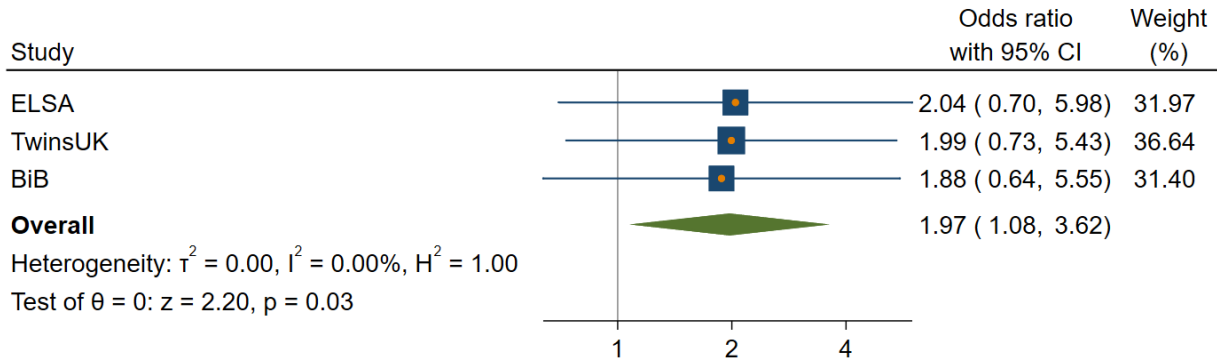


Random-effects REML model

Full adjustment

Prescription/Medication  
Non-White vs White

full adjustment



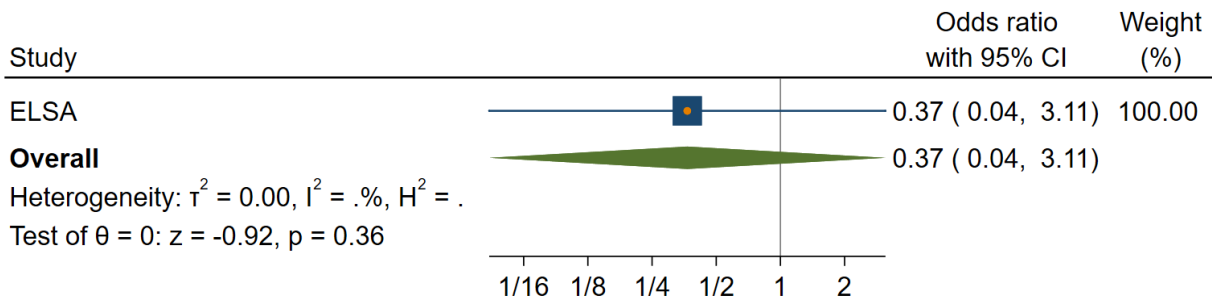
Random-effects REML model

Peer review only

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Prescription/Medication  
Black vs White

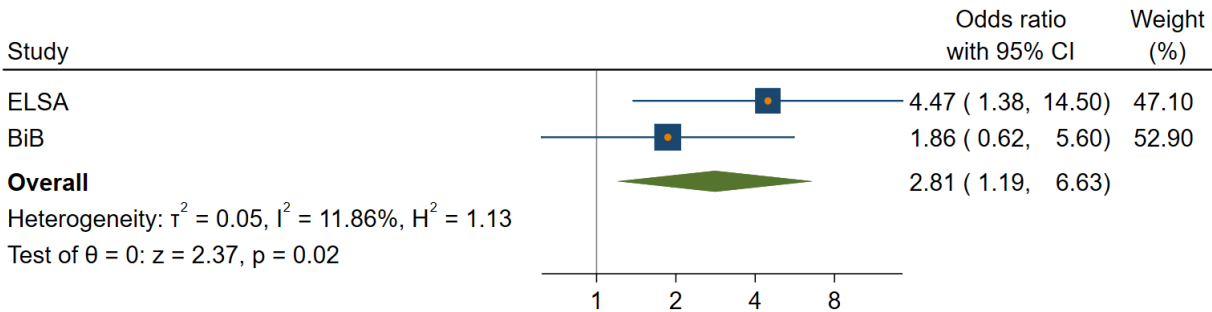
full adjustment



Random-effects REML model

Prescription/Medication  
South Asian vs White

full adjustment

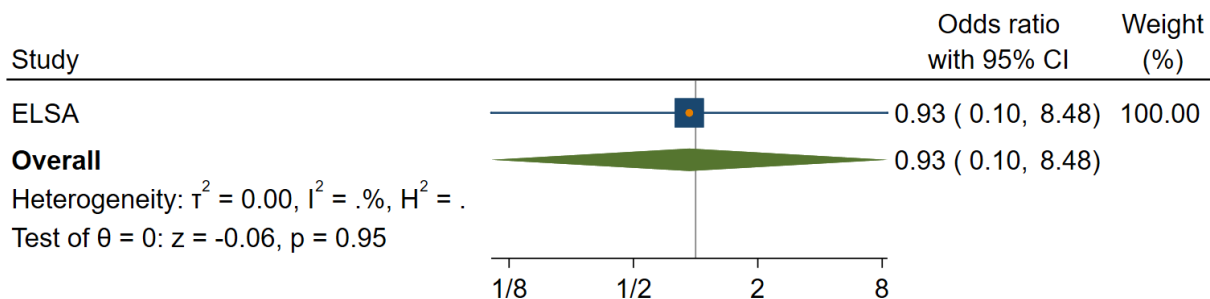


Random-effects REML model

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Prescription/Medication  
Mixed vs White

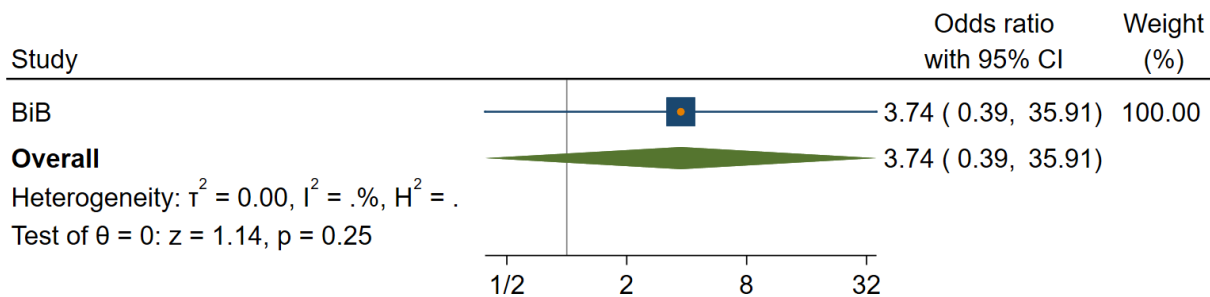
full adjustment



Random-effects REML model

Prescription/Medication  
Other Ethnicity vs White

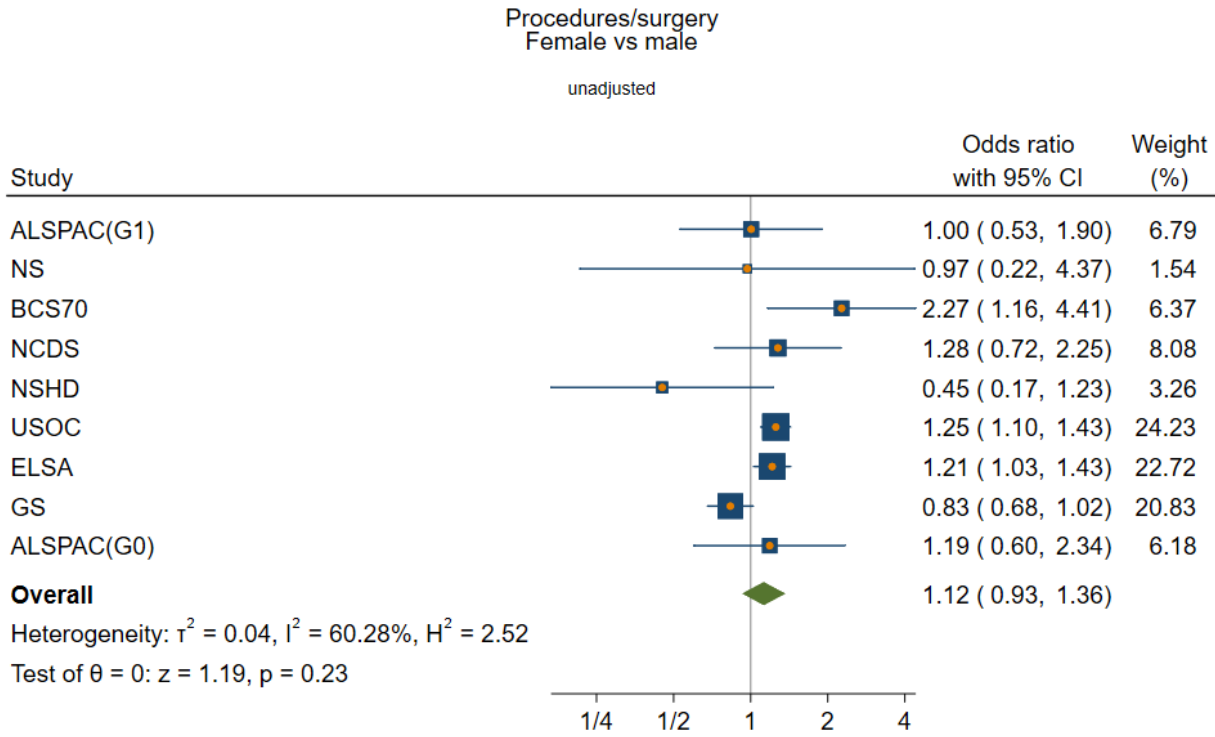
full adjustment



Random-effects REML model

Procedures/surgery

Sex  
Unadjusted

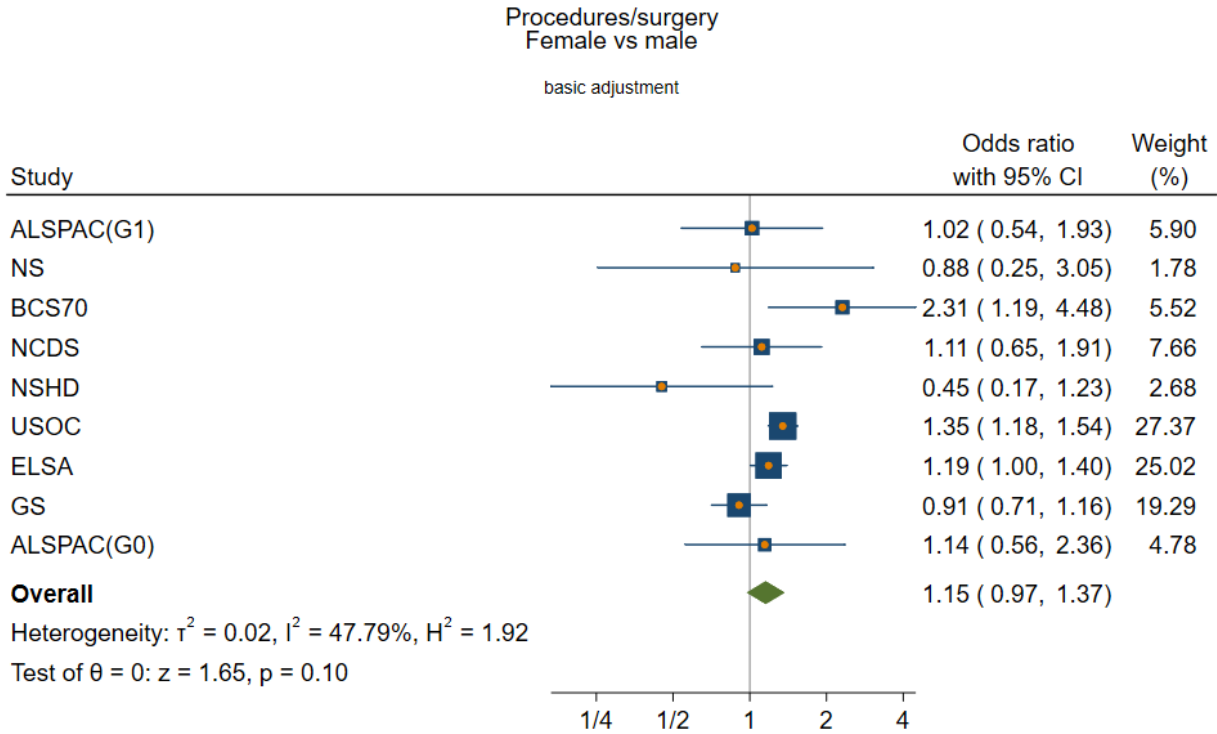


Random-effects REML model

only



Basic adjustment



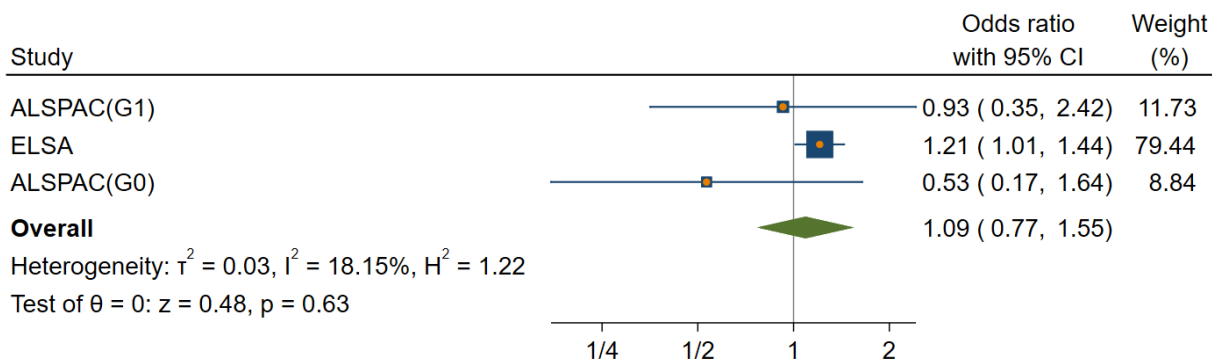
Random-effects REML model

view only

Full adjustment

Procedures/surgery  
Female vs male

full adjustment



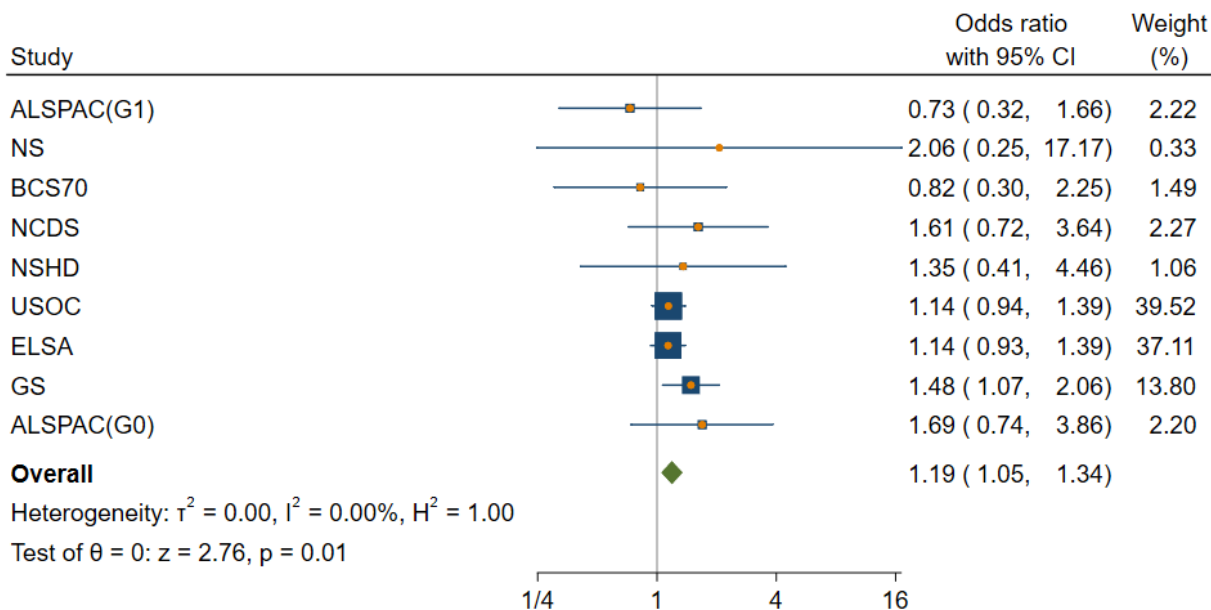
Random-effects REML model

er review only

Occupational class  
Unadjusted

Procedures/surgery  
Intermediate vs Managerial/Admin/Professional

unadjusted

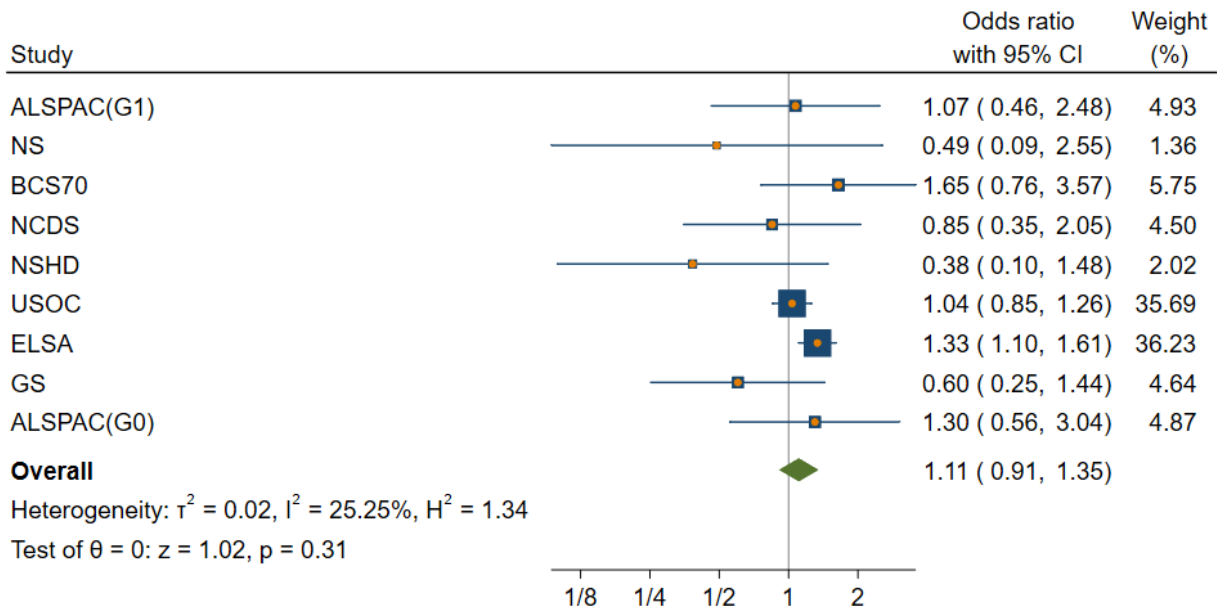


Random-effects REML model

iew only

Procedures/surgery  
Manual/Routine vs Managerial/Admin/Professional

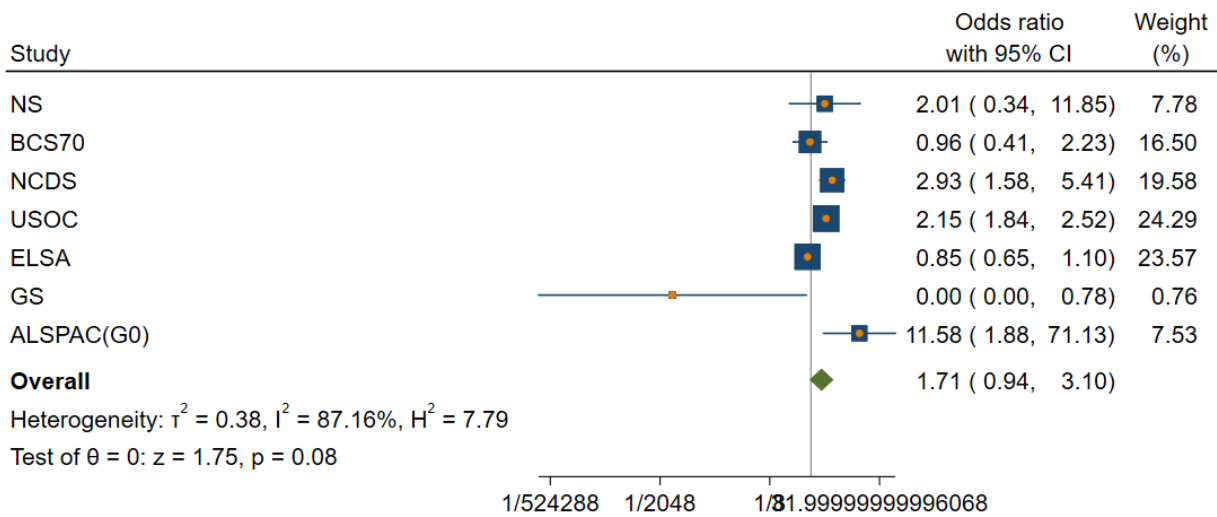
unadjusted



Random-effects REML model

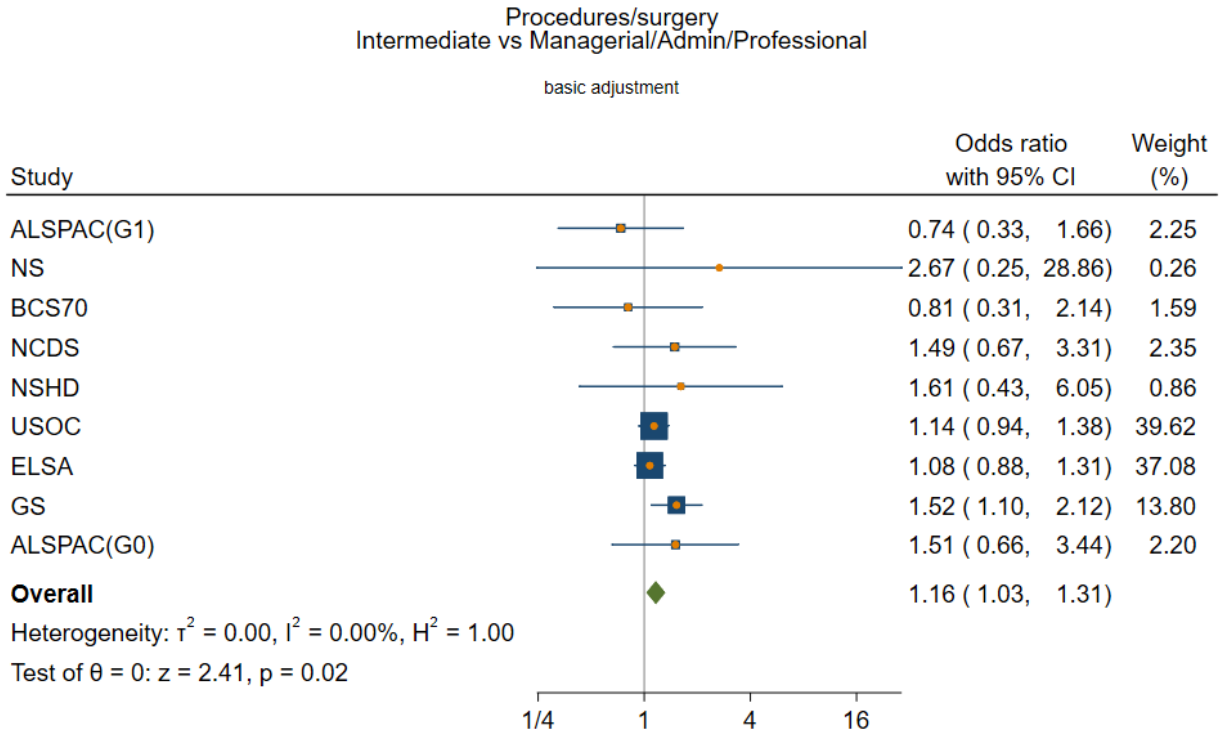
Procedures/surgery  
Other social class vs Managerial/Admin/Professional

unadjusted



Random-effects REML model

Basic adjustment

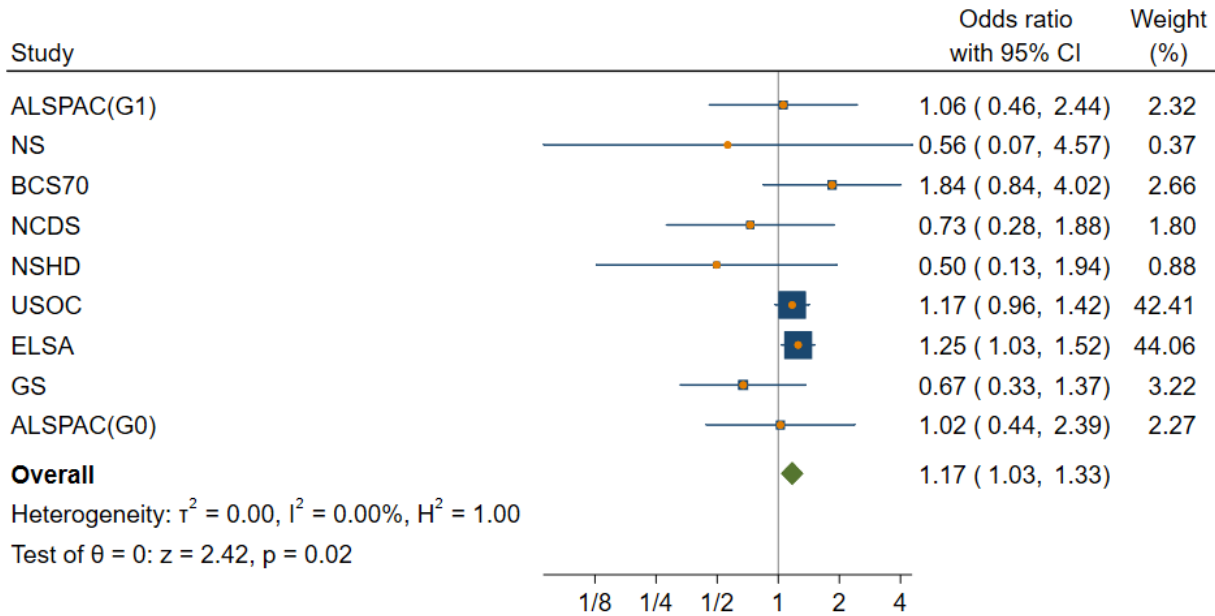


Random-effects REML model

view only

Procedures/surgery  
Manual/Routine vs Managerial/Admin/Professional

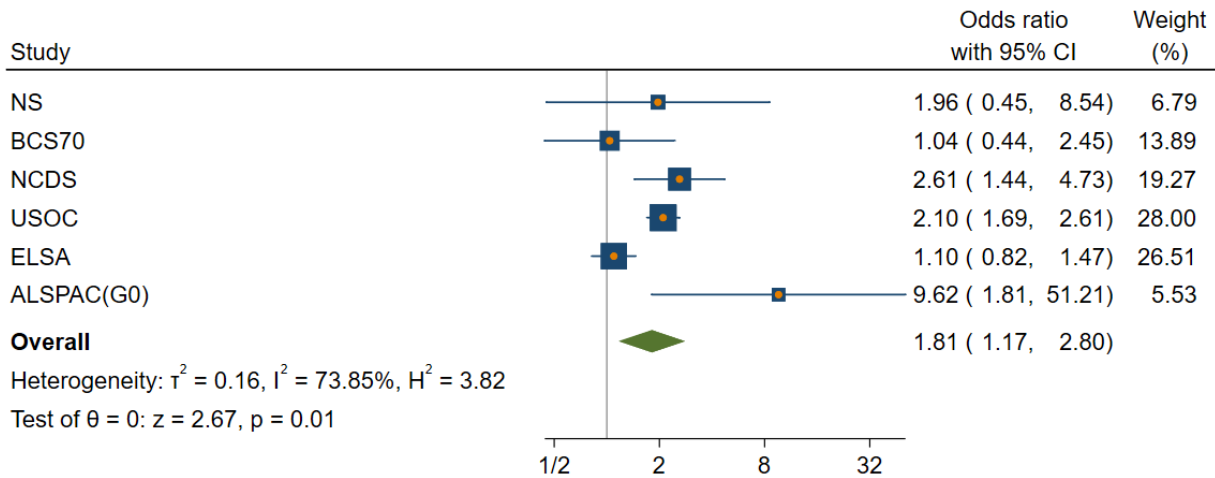
basic adjustment



Random-effects REML model

Procedures/surgery  
Other social class vs Managerial/Admin/Professional

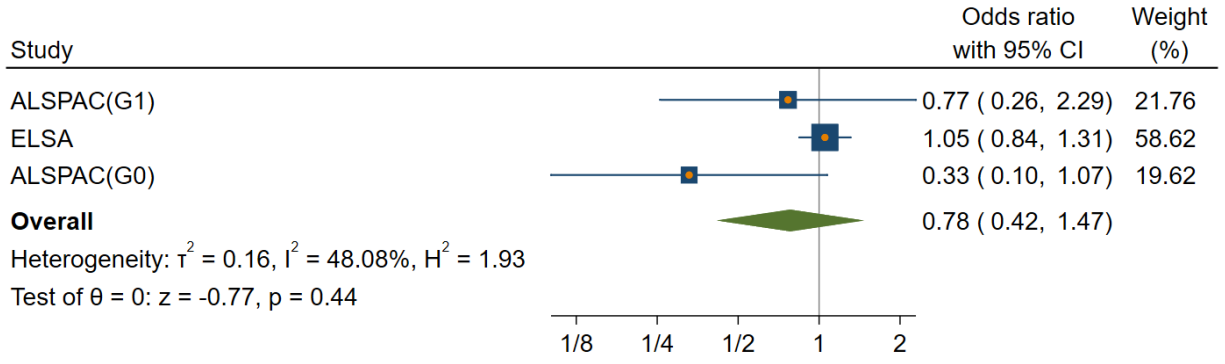
basic adjustment



Random-effects REML model

Full adjustment

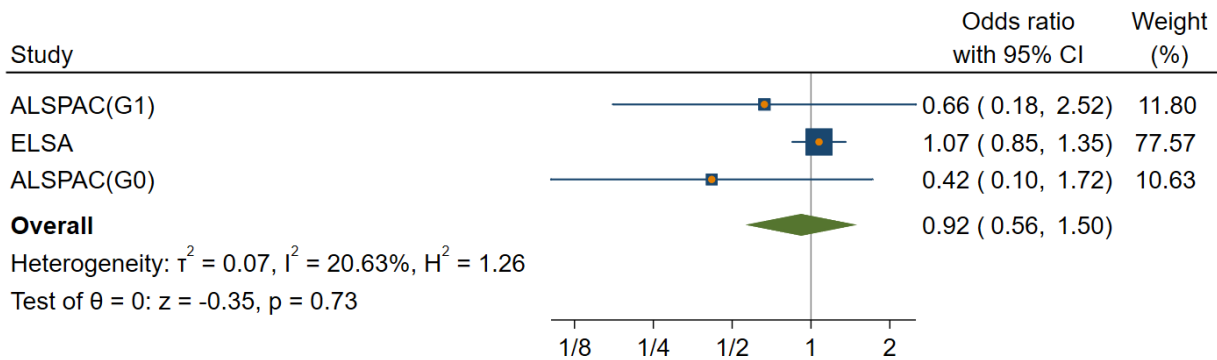
Procedures/surgery  
Intermediate vs Managerial/Admin/Professional  
full adjustment



Random-effects REML model

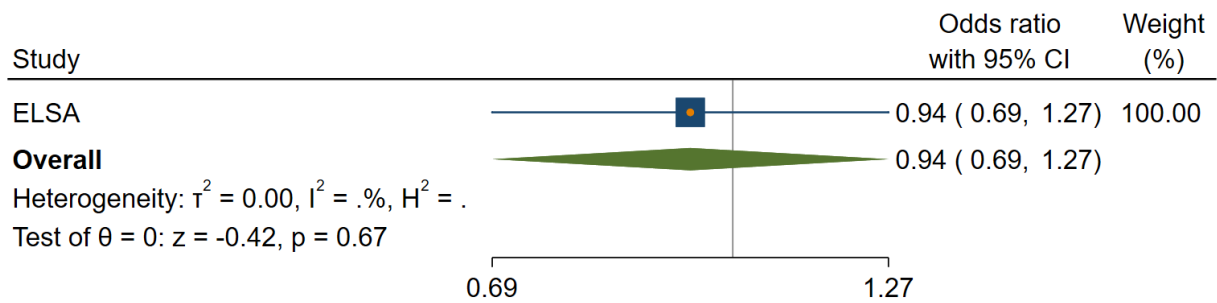
Peer review only

Procedures/surgery  
Manual/Routine vs Managerial/Admin/Professional  
full adjustment



Random-effects REML model

Procedures/surgery  
Other social class vs Managerial/Admin/Professional  
full adjustment

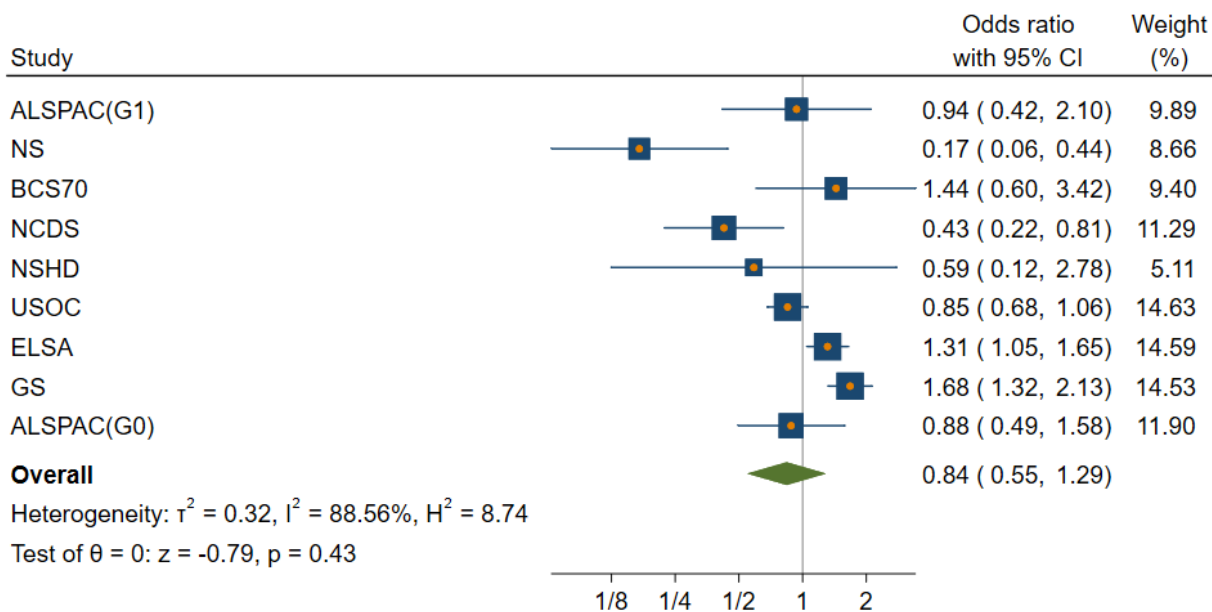


Random-effects REML model



*Education*  
unadjusted

Procedures/surgery  
A-level/equivalent vs Higher education/Degree  
unadjusted

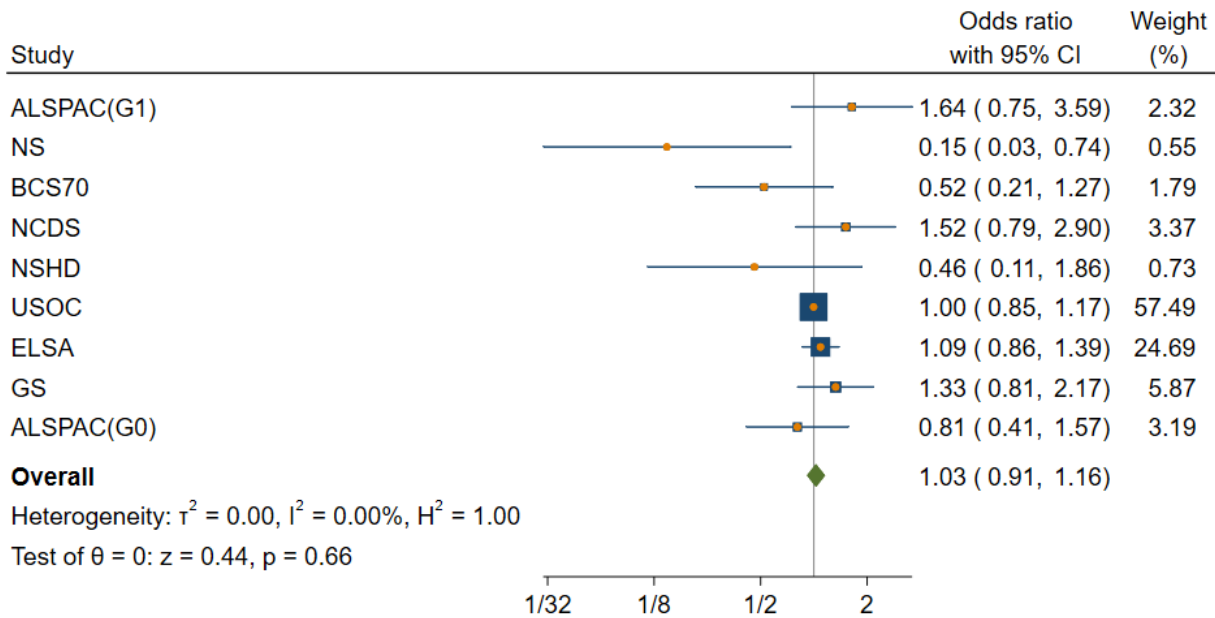


Random-effects REML model

For peer review only

Procedures/surgery  
GCSE/equivalent vs Higher education/Degree

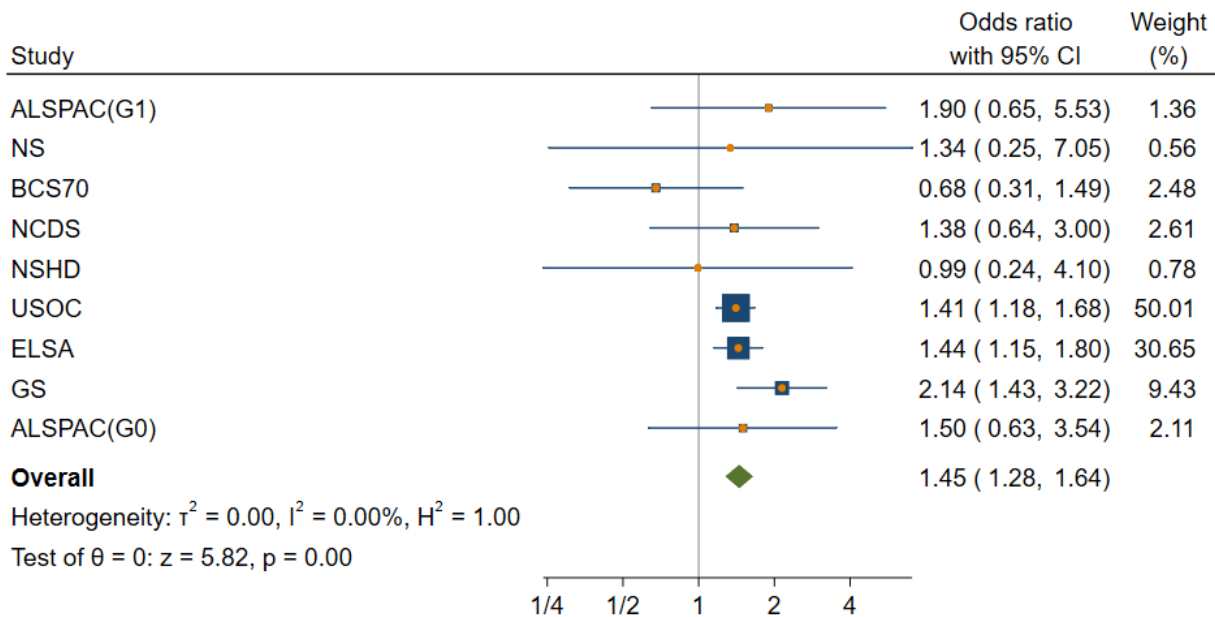
unadjusted



Random-effects REML model

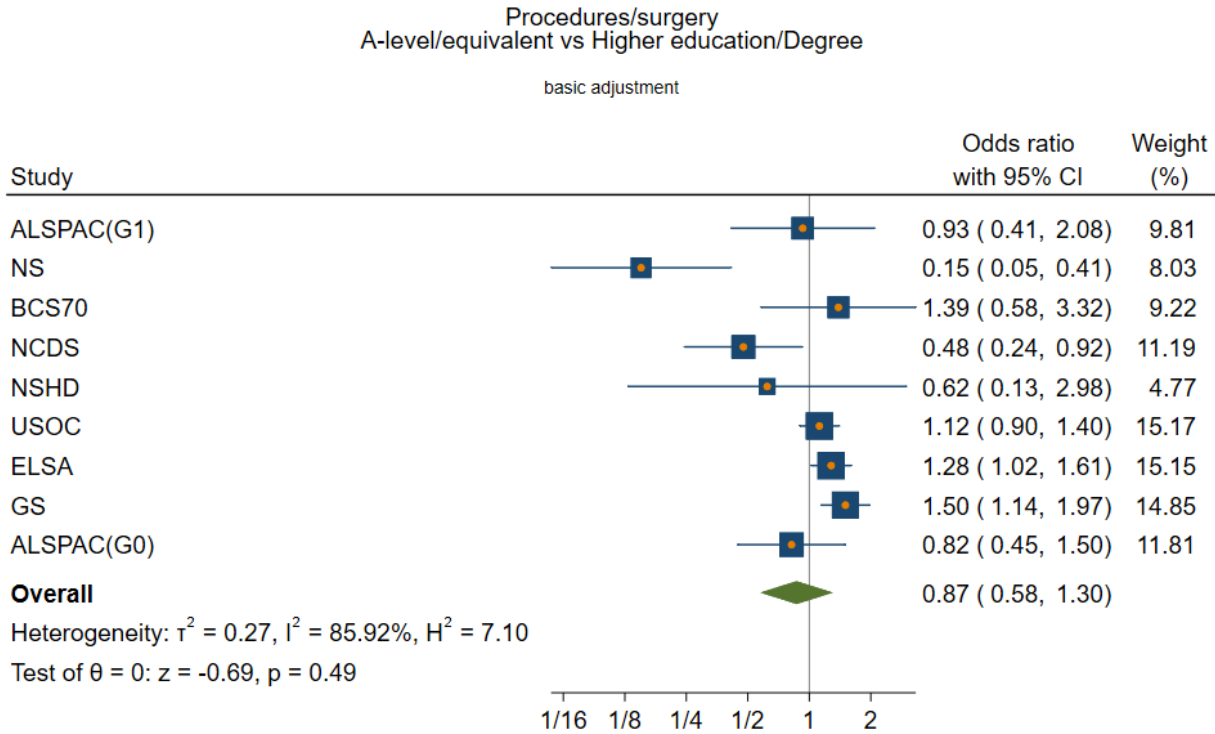
Procedures/surgery  
<GCSE/equivalent vs Higher education/Degree

unadjusted



Random-effects REML model

Basic adjustment

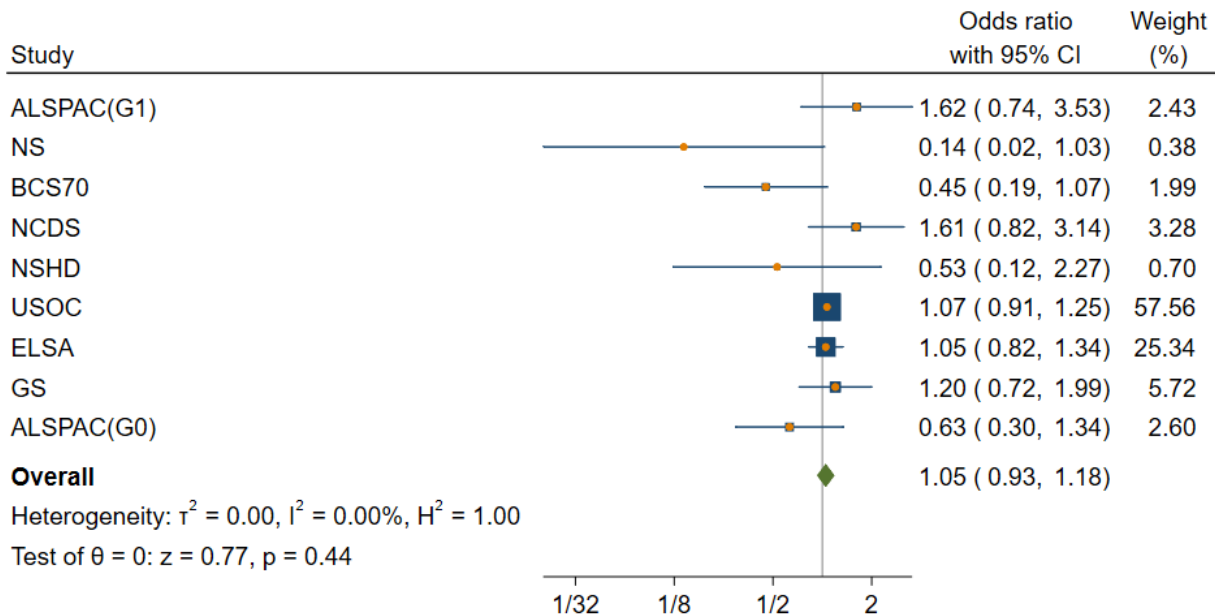


Random-effects REML model

view only

Procedures/surgery  
GCSE/equivalent vs Higher education/Degree

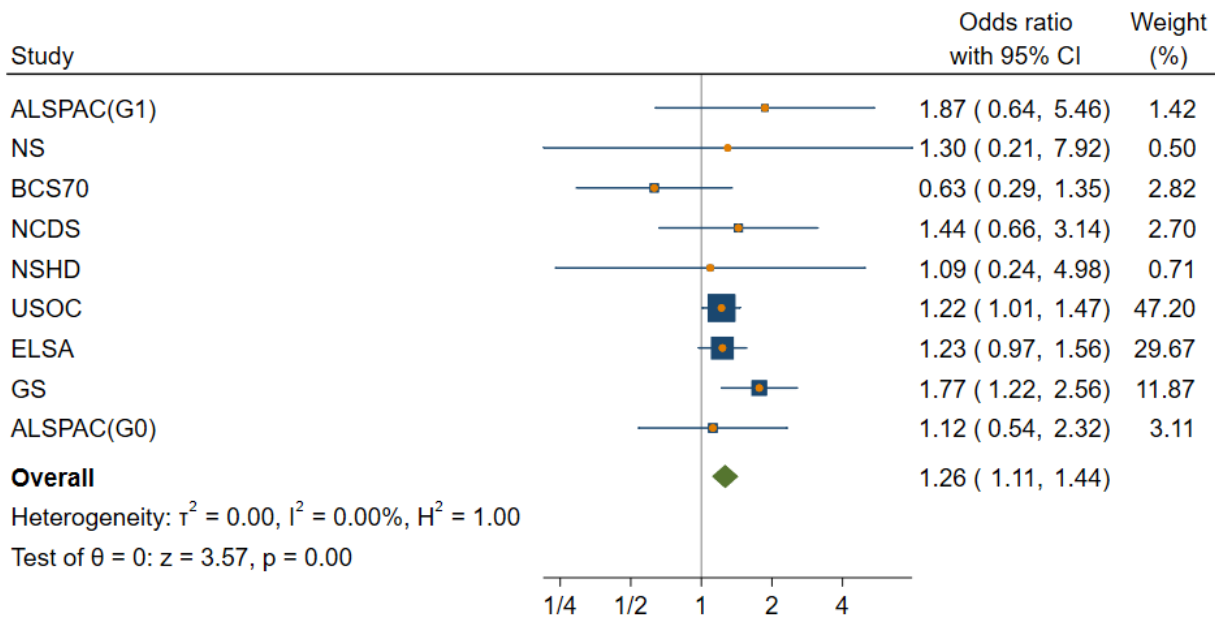
basic adjustment



Random-effects REML model

Procedures/surgery  
<GCSE/equivalent vs Higher education/Degree

basic adjustment

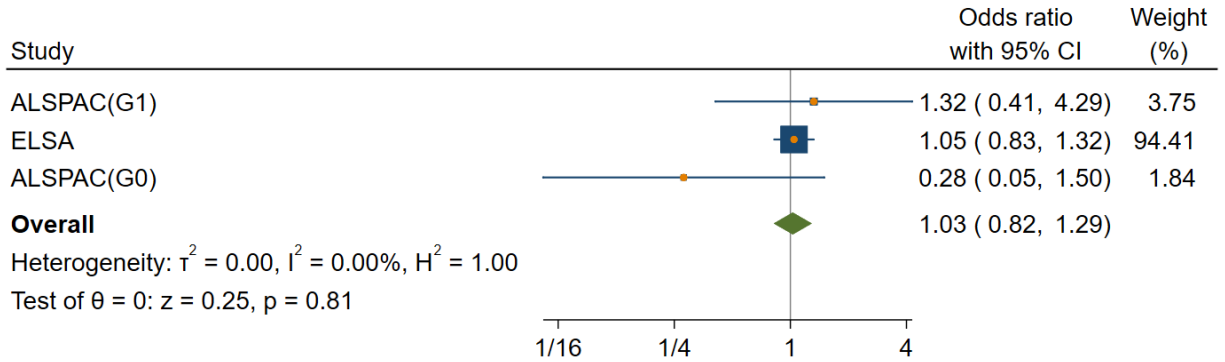


Random-effects REML model

Full adjustment

Procedures/surgery  
A-level/equivalent vs Higher education/Degree

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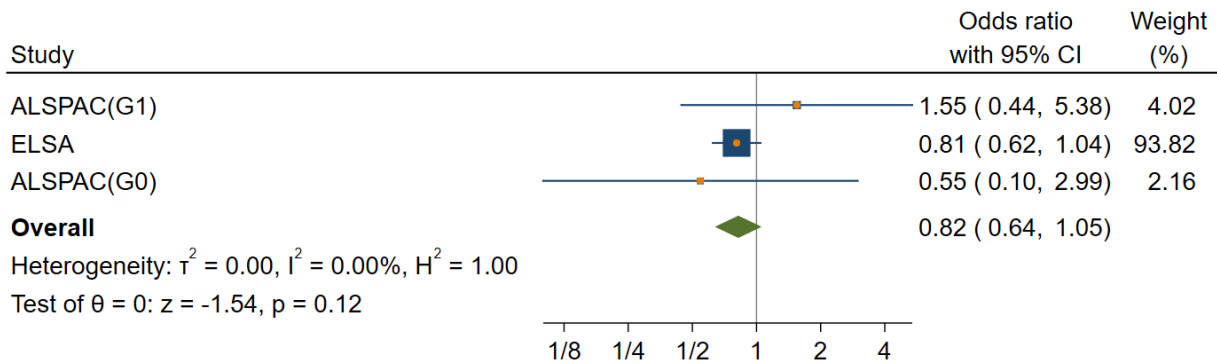


Random-effects REML model

Peer review only

Procedures/surgery  
GCSE/equivalent vs Higher education/Degree

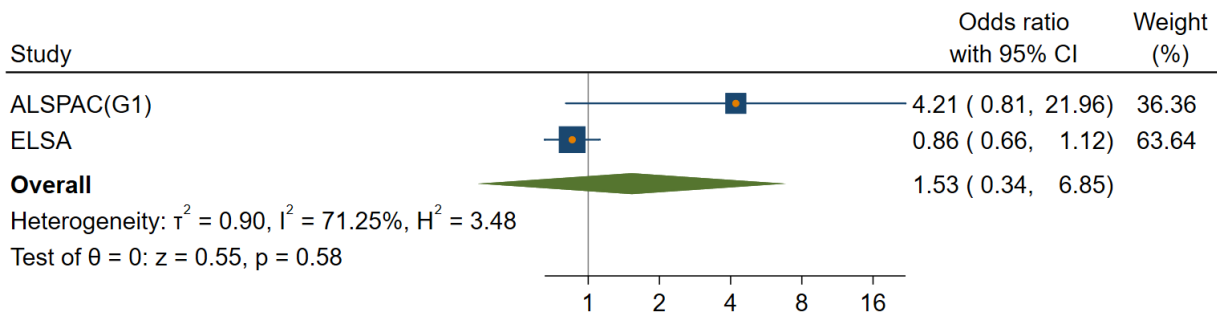
full adjustment



Random-effects REML model

Procedures/surgery  
<GCSE/equivalent vs Higher education/Degree

full adjustment

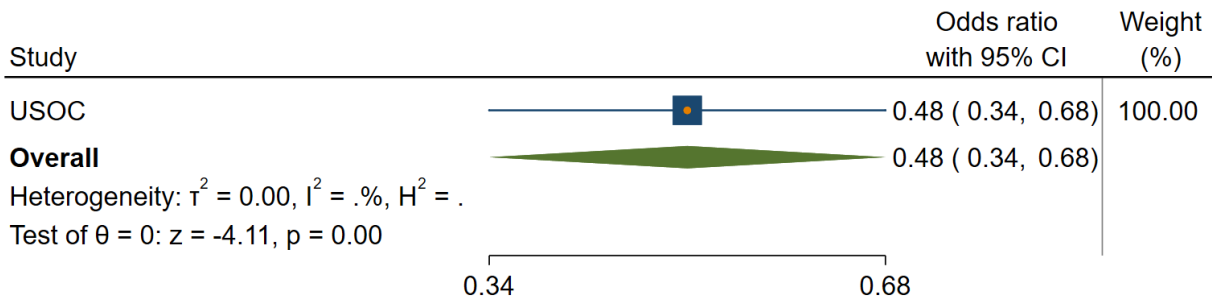


Random-effects REML model

Age  
Unadjusted

Procedures/surgery  
16-24y vs 45-54y

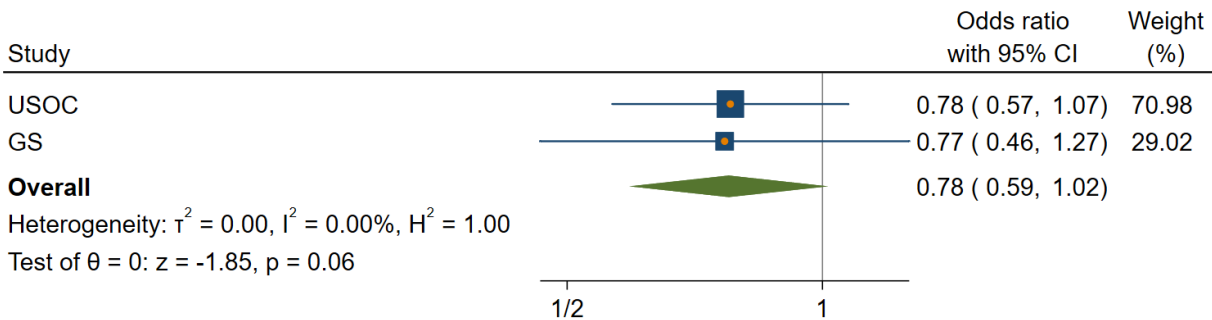
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Random-effects REML model

Procedures/surgery  
25-34y vs 45-54y

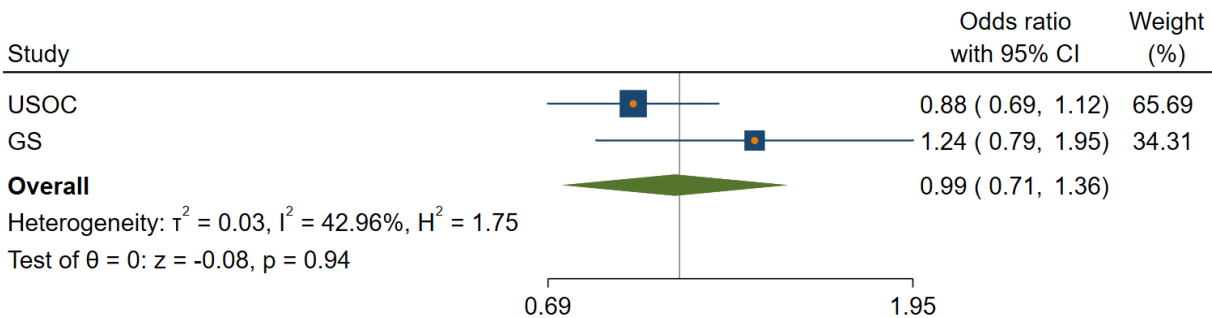
unadjusted



Random-effects REML model

Procedures/surgery  
35-44y vs 45-54y

unadjusted

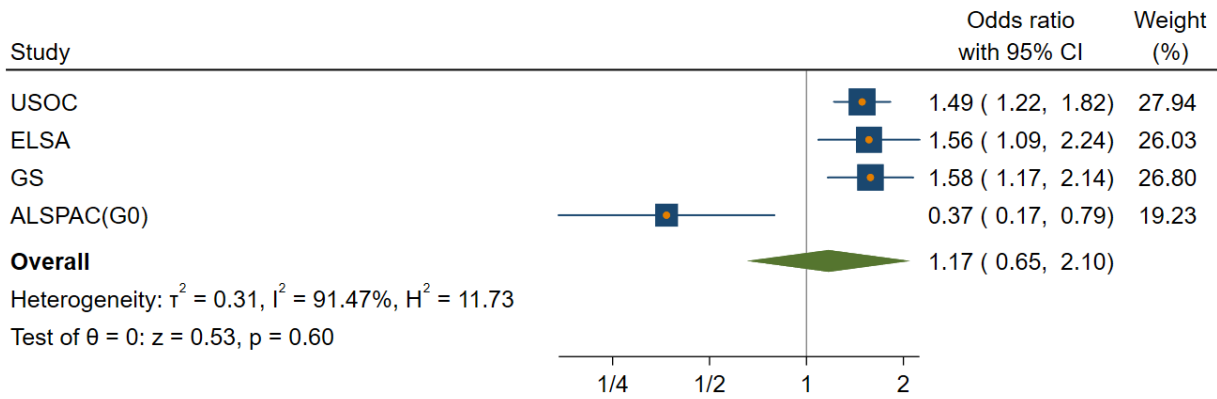


Random-effects REML model

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Procedures/surgery  
55-64y vs 45-54y

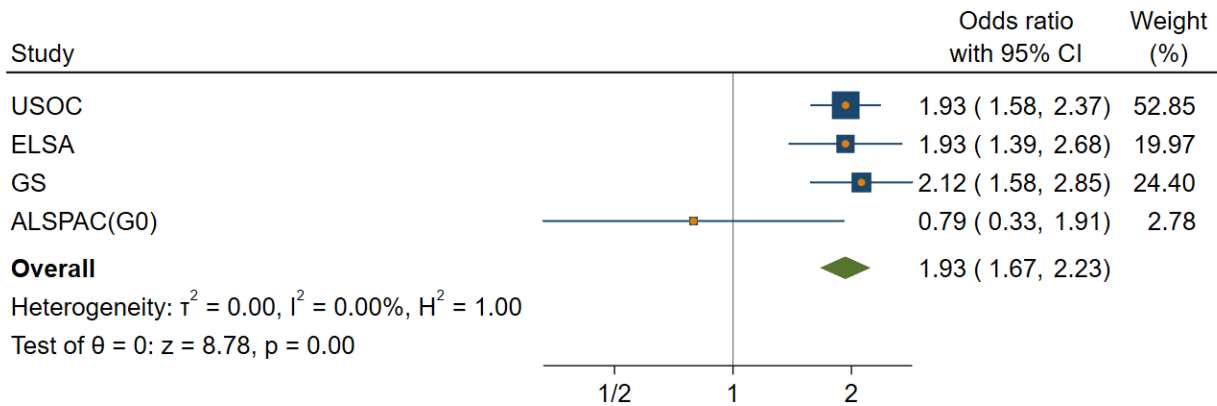
unadjusted



Random-effects REML model

Procedures/surgery  
65-74y vs 45-54y

unadjusted

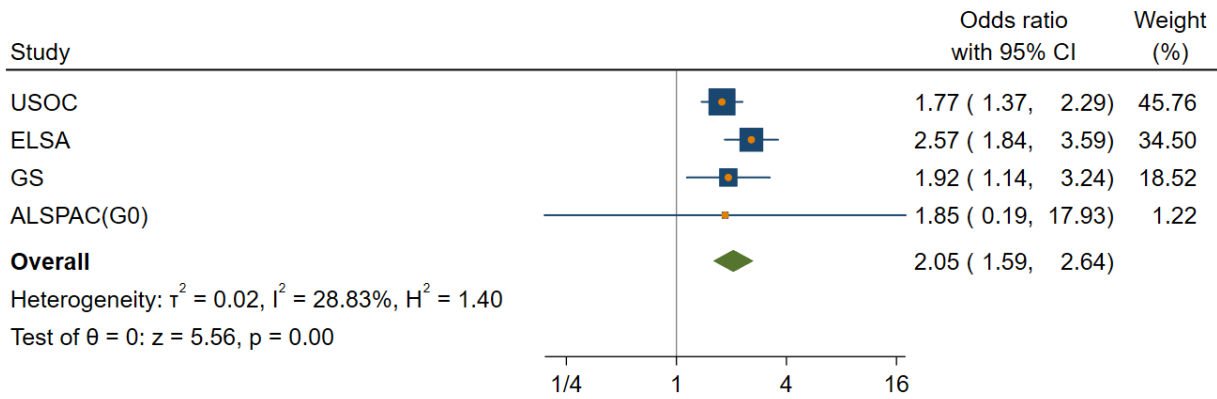


Random-effects REML model



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Procedures/surgery  
75y+ vs 45-54y  
unadjusted



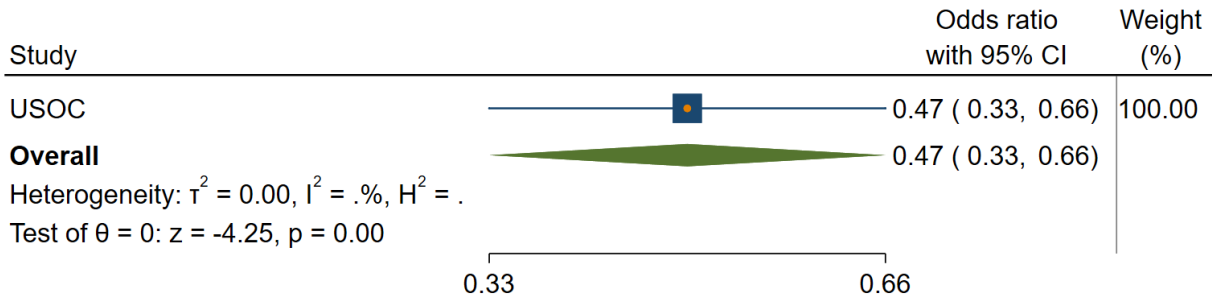
Random-effects REML model

peer review only

Basic adjustment

Procedures/surgery  
16-24y vs 45-54y

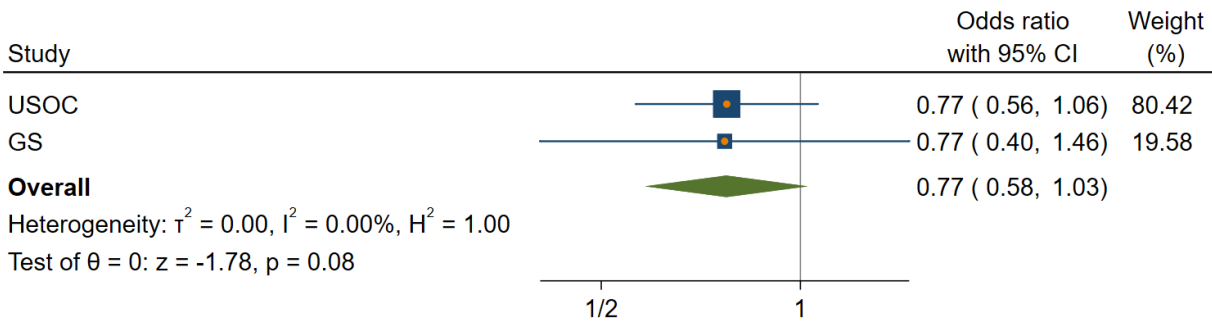
basic adjustment



Random-effects REML model

Procedures/surgery  
25-34y vs 45-54y

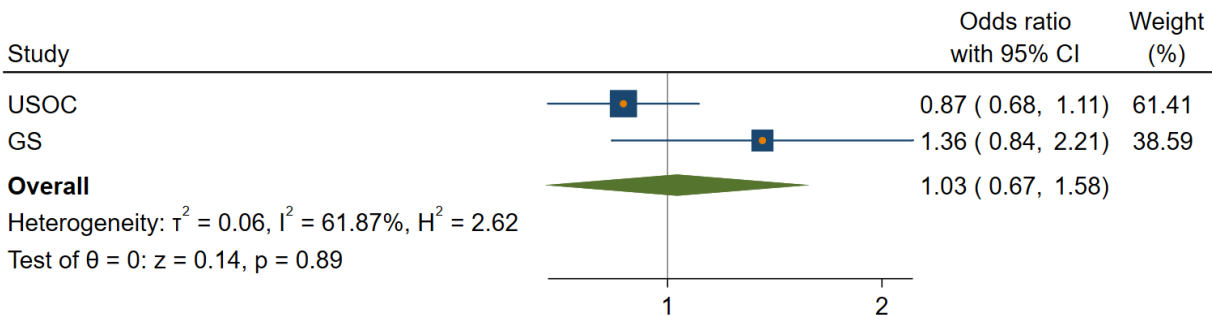
basic adjustment



Random-effects REML model

Procedures/surgery  
35-44y vs 45-54y

basic adjustment

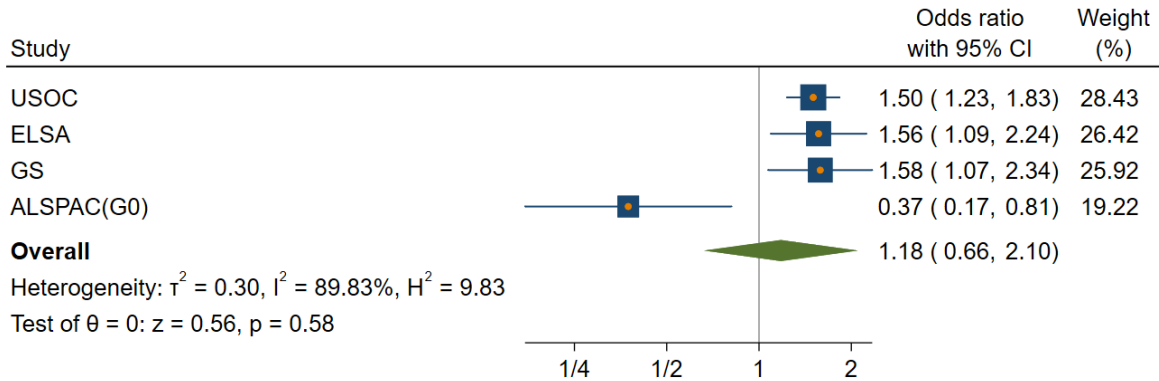


Random-effects REML model

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Procedures/surgery  
55-64y vs 45-54y

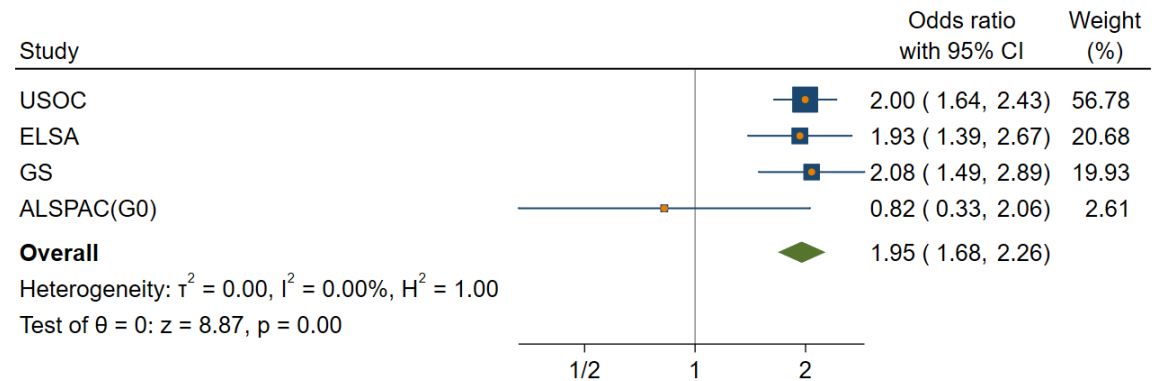
basic adjustment



Random-effects REML model

Procedures/surgery  
65-74y vs 45-54y

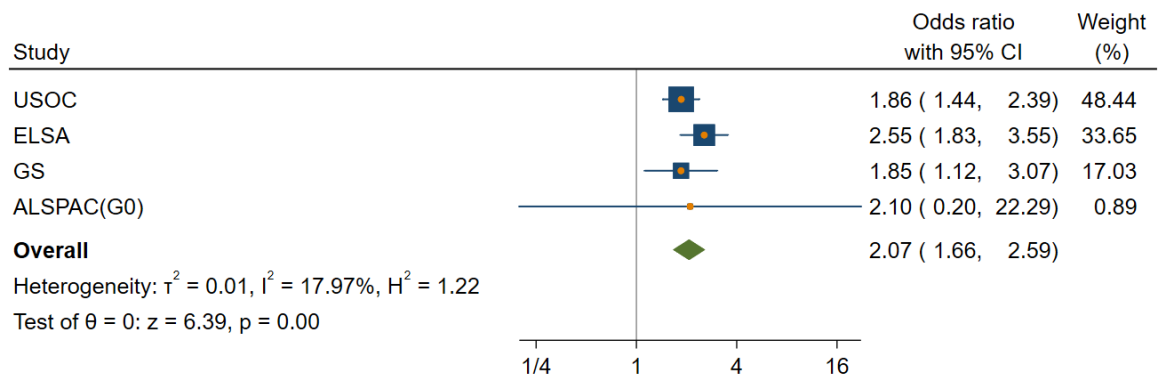
basic adjustment



Random-effects REML model

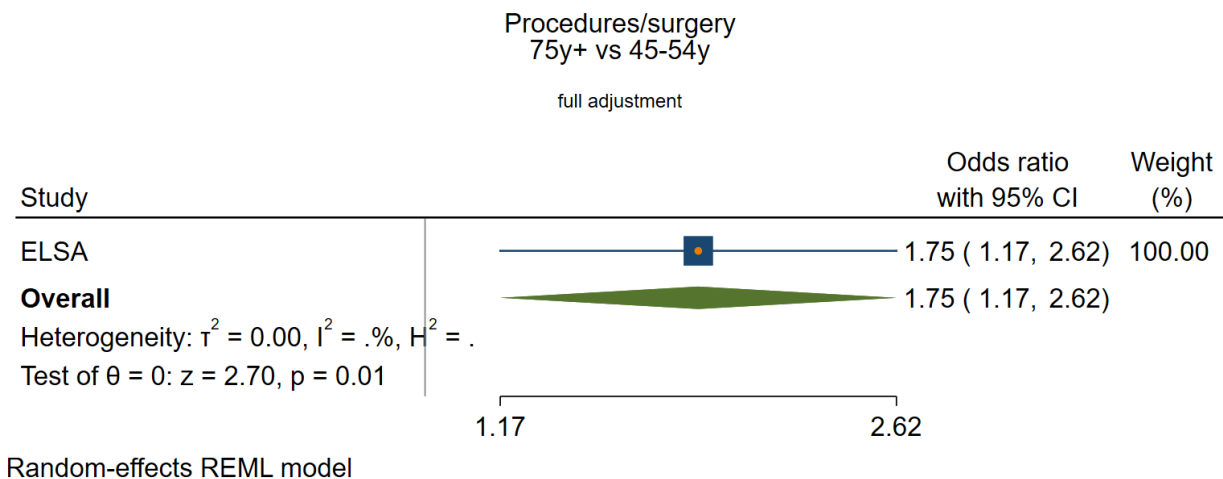
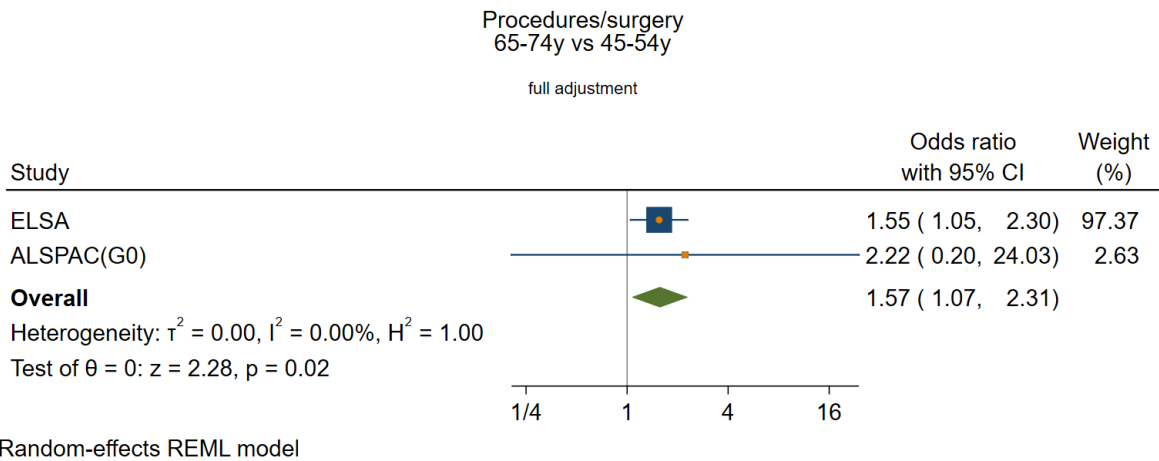
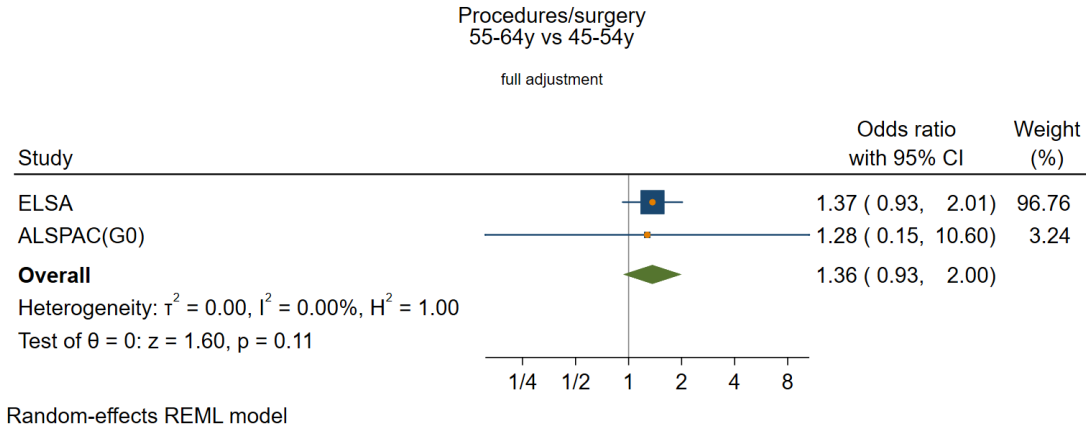
Procedures/surgery  
75y+ vs 45-54y

basic adjustment



Random-effects REML model

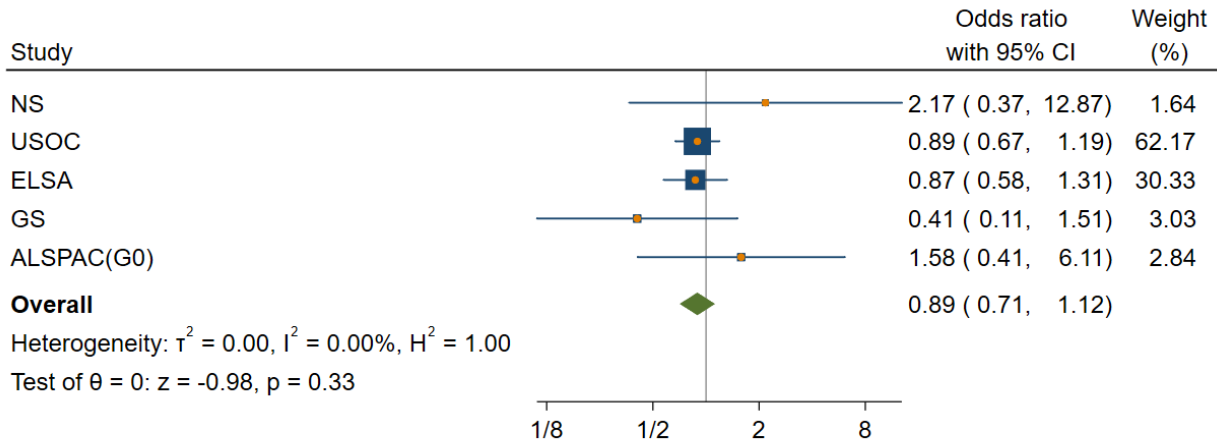
Full adjustment



*Ethnicity*  
Unadjusted

Procedures/surgery  
Non-White vs White

unadjusted



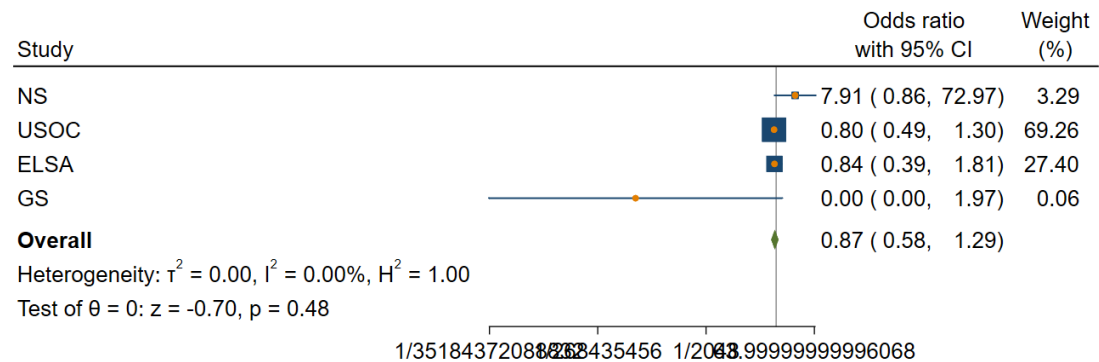
Random-effects REML model

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Procedures/surgery  
Black vs White

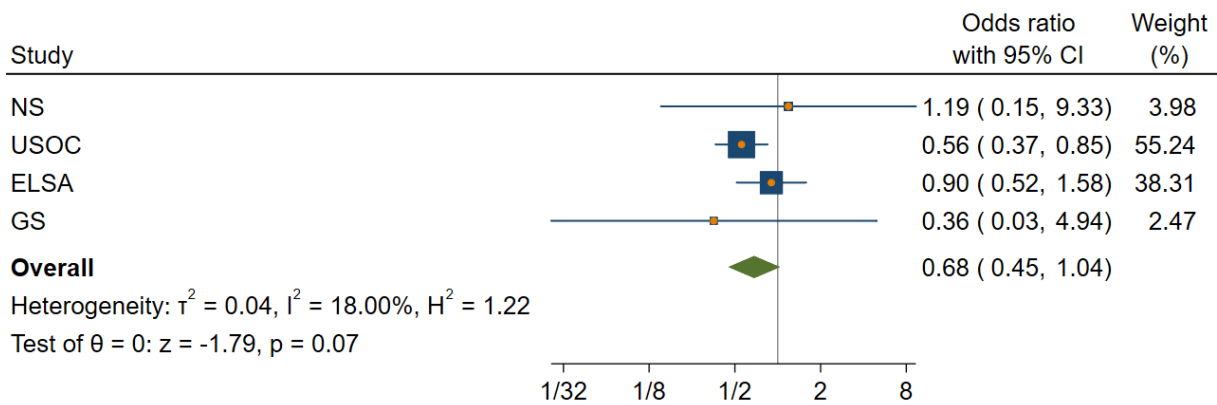
unadjusted



Random-effects REML model

Procedures/surgery  
South Asian vs White

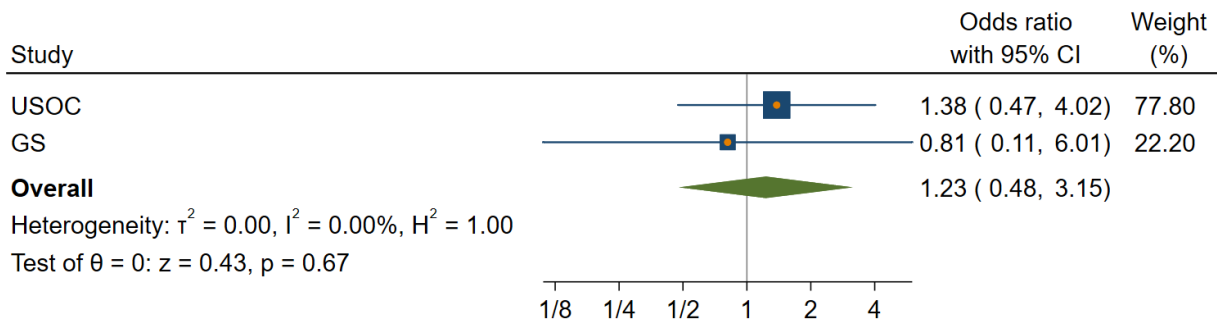
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Random-effects REML model

Procedures/surgery  
East Asian vs White

unadjusted

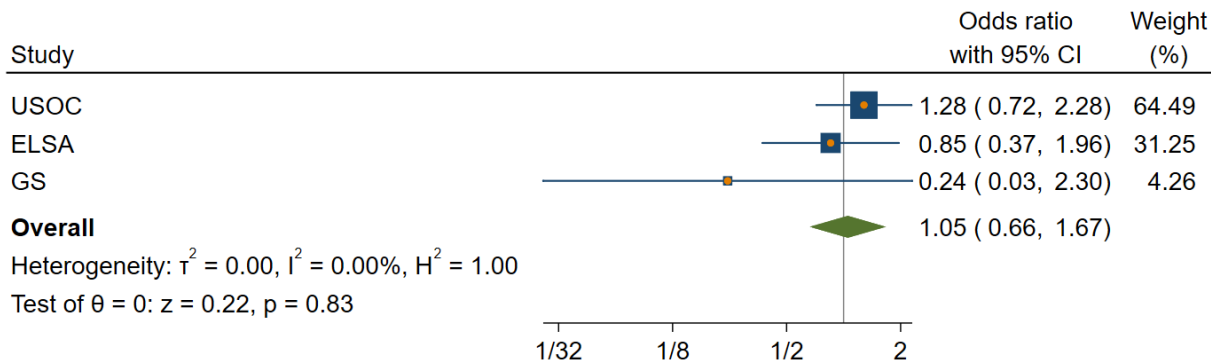


Random-effects REML model

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Procedures/surgery  
Mixed vs White

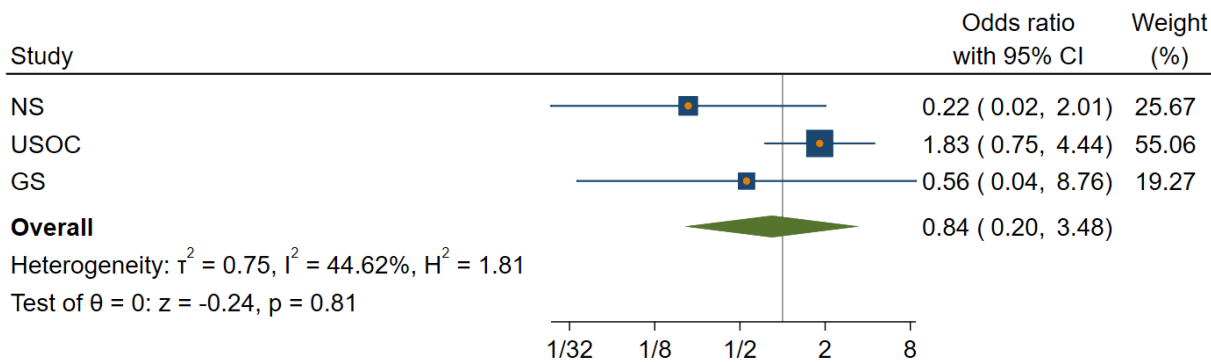
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Random-effects REML model

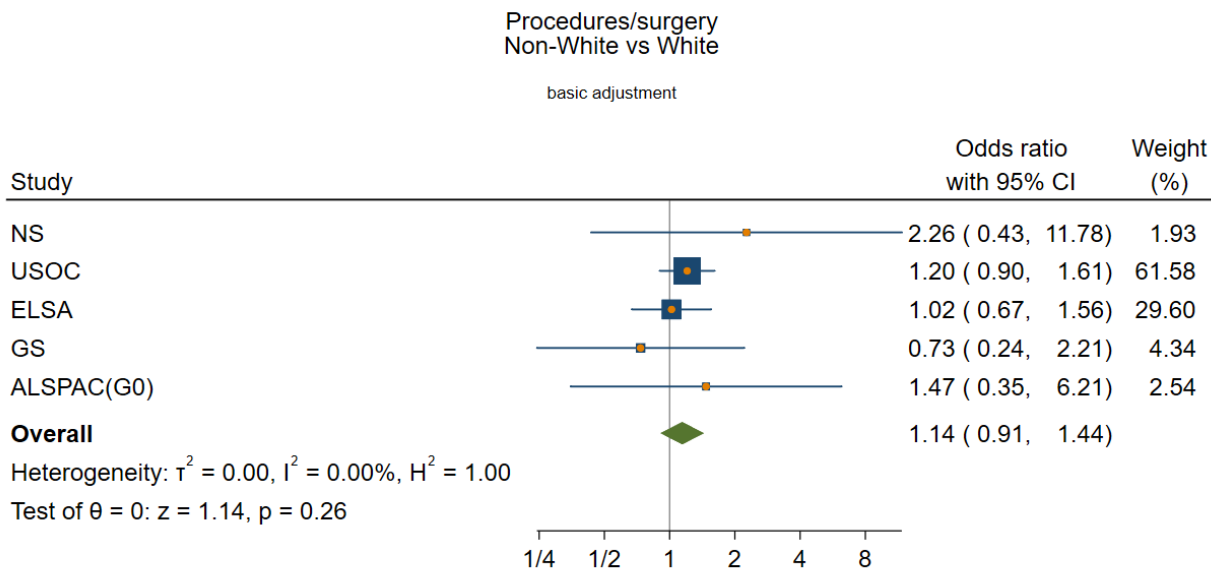
Procedures/surgery  
Other Ethnicity vs White

unadjusted



Random-effects REML model

Basic adjustment



Random-effects REML model

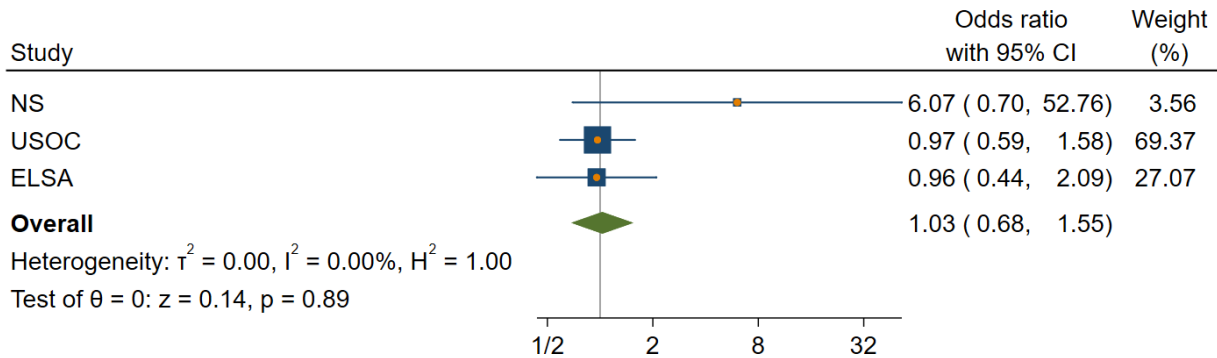
view only



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Procedures/surgery  
Black vs White

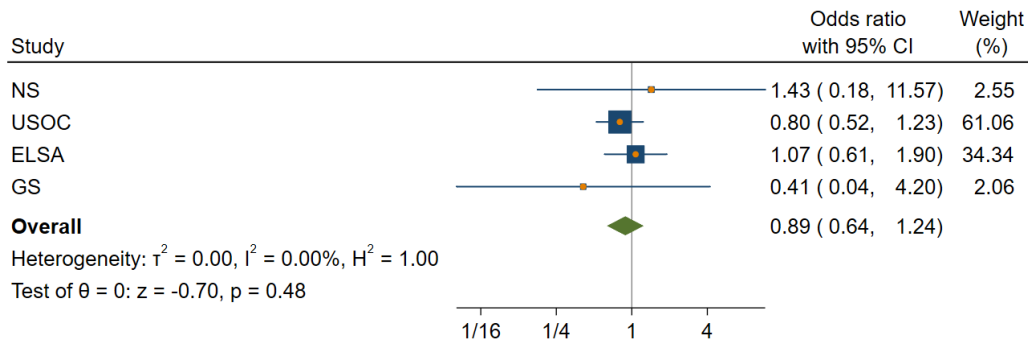
basic adjustment



Random-effects REML model

Procedures/surgery  
South Asian vs White

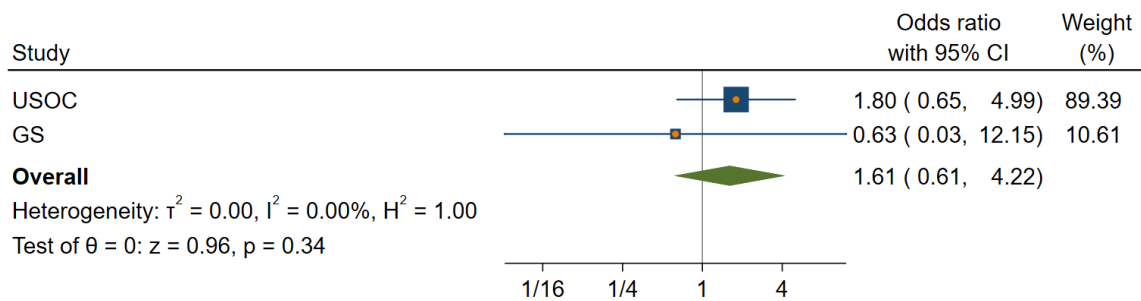
basic adjustment



Random-effects REML model

Procedures/surgery  
East Asian vs White

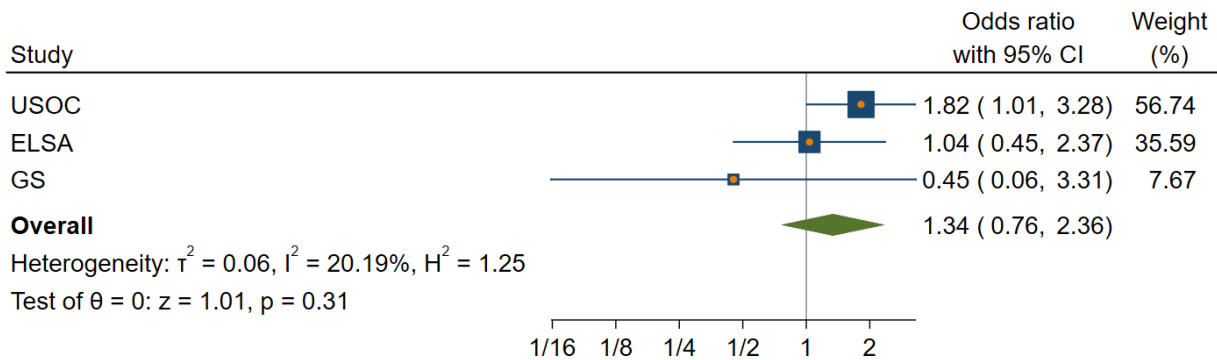
basic adjustment



Random-effects REML model

Procedures/surgery  
Mixed vs White

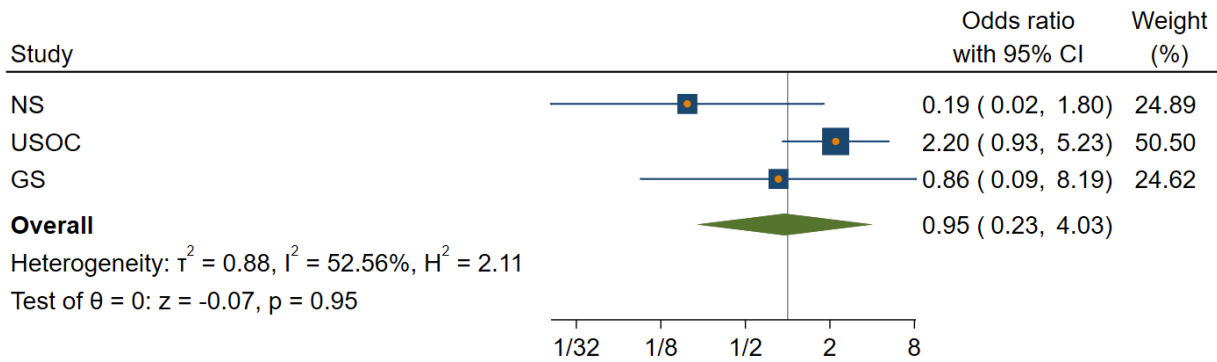
basic adjustment



Random-effects REML model

Procedures/surgery  
Other Ethnicity vs White

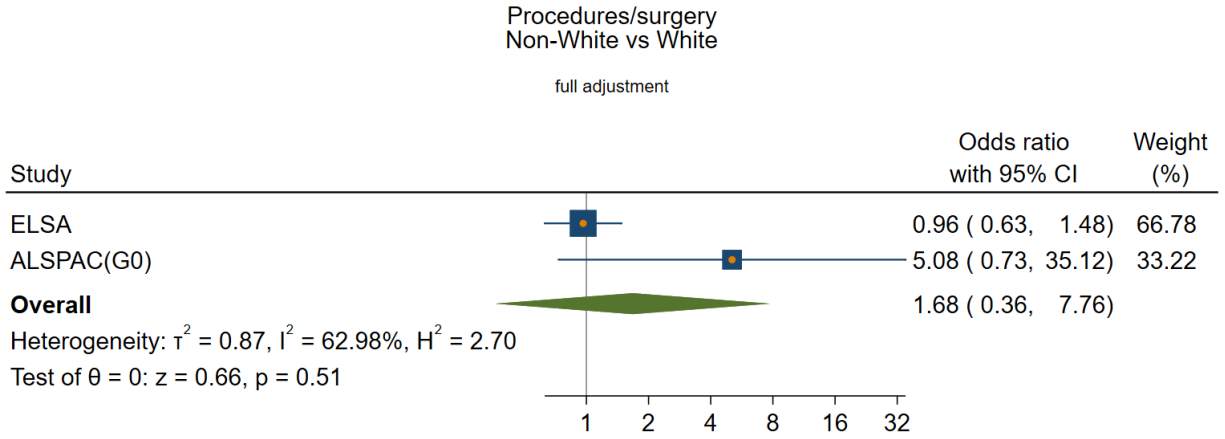
basic adjustment



Random-effects REML model

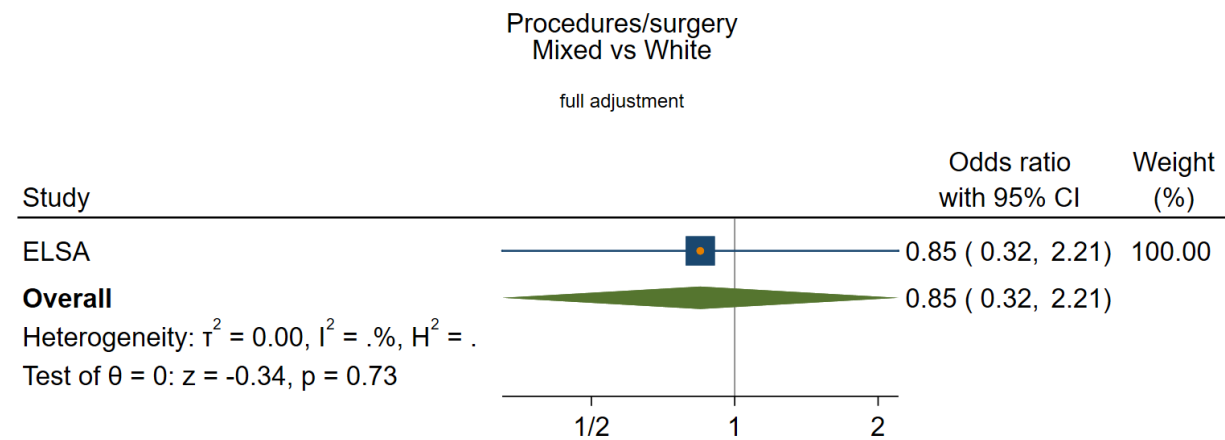
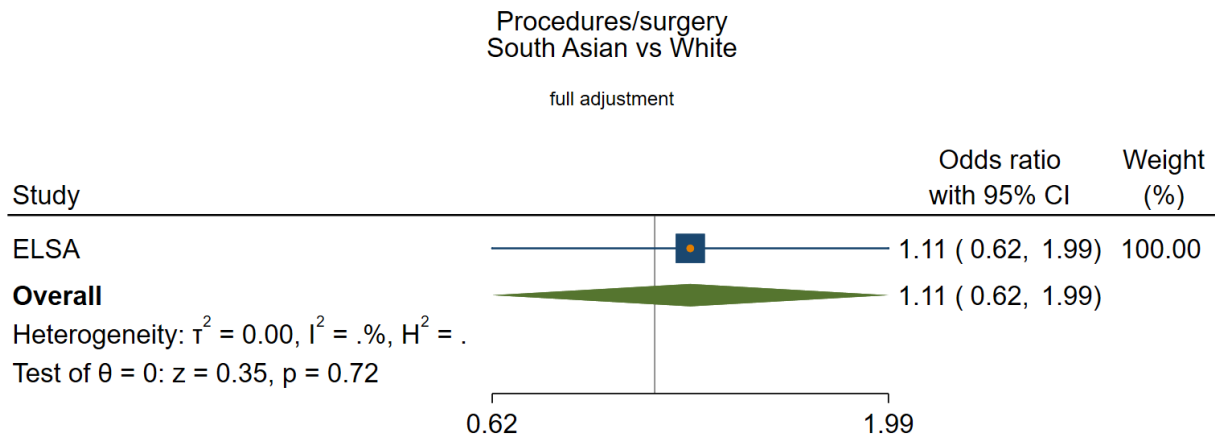
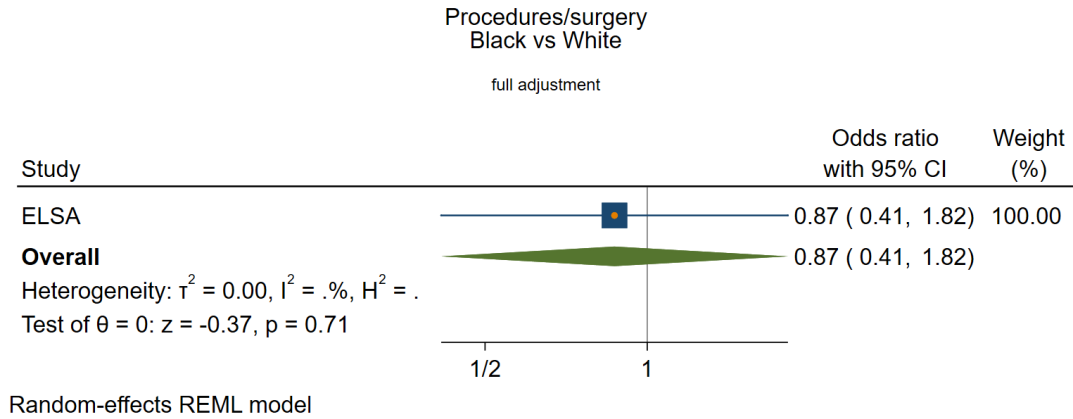
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Full adjustment



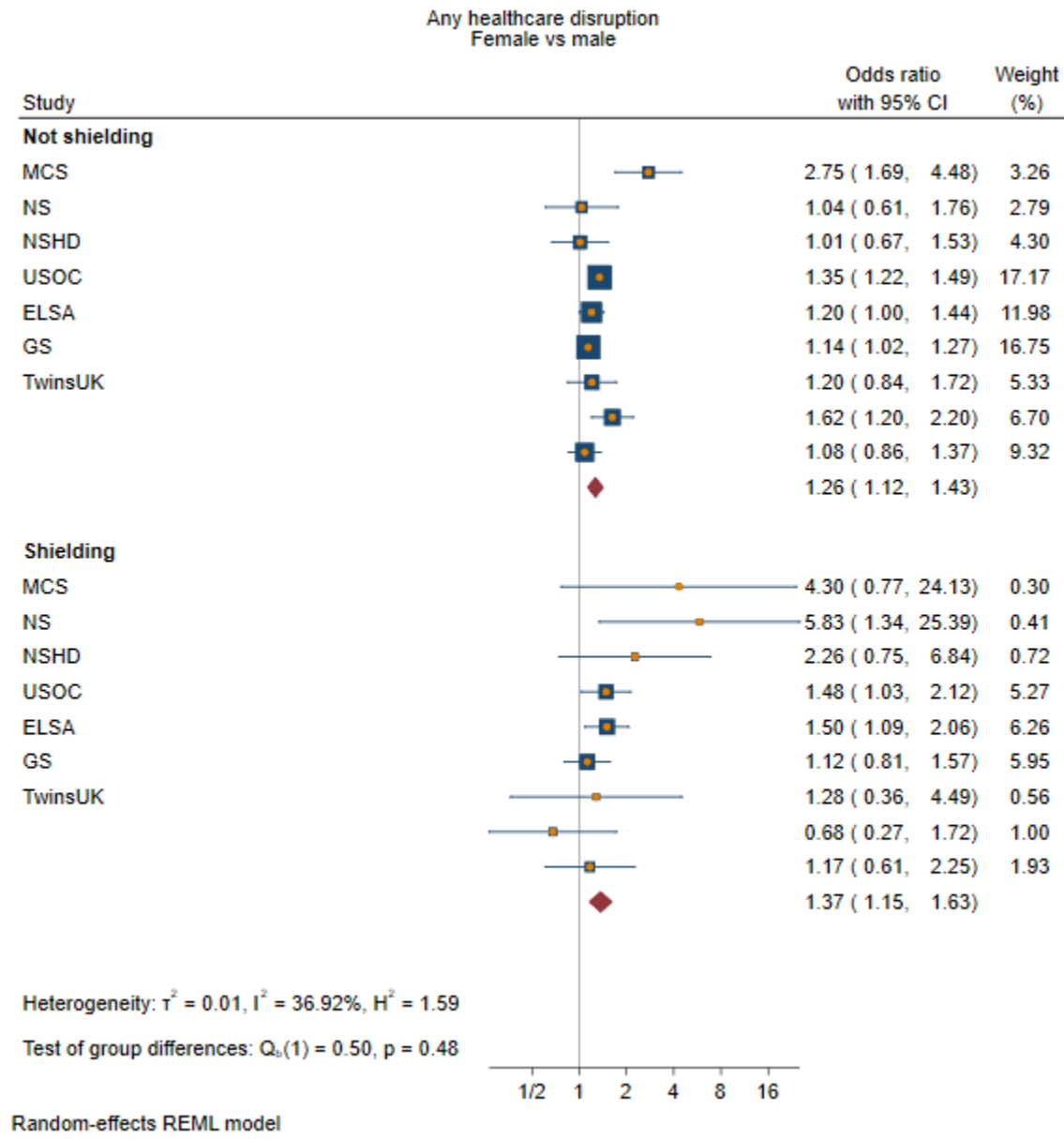
Random-effects REML model

peer review only



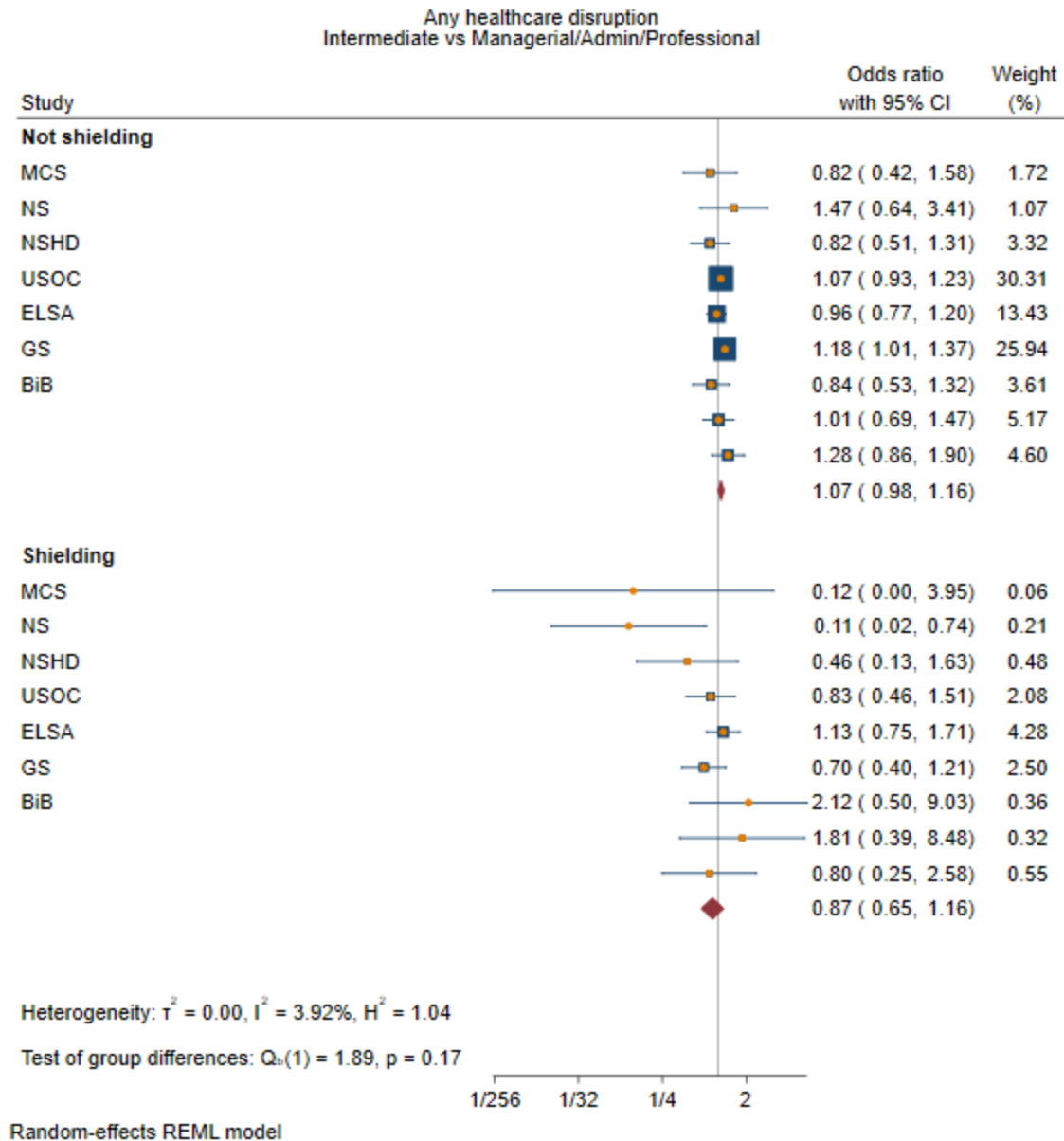
### Any healthcare disruption stratified by shielding status

Sex



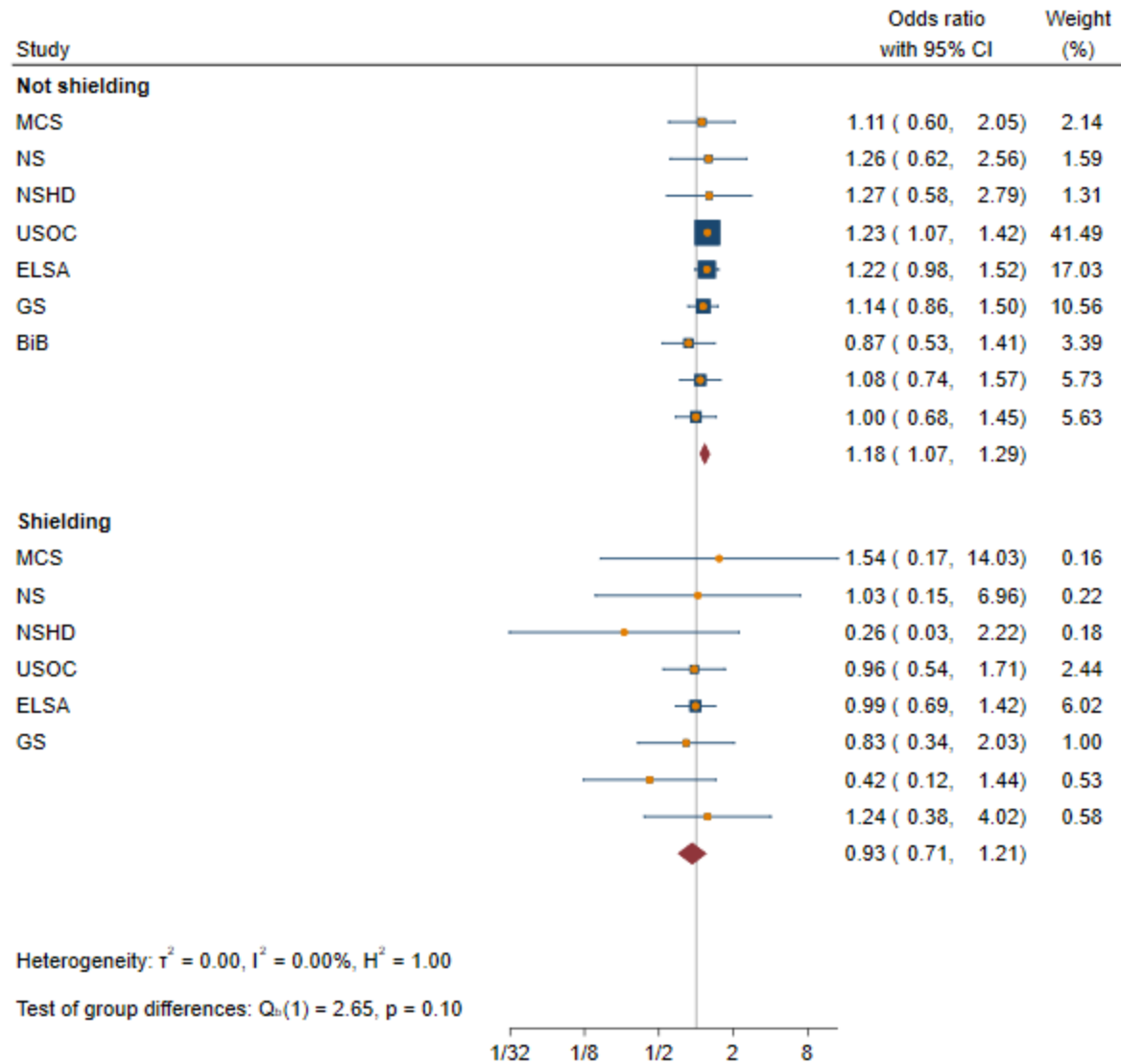
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For peer review only



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Any healthcare disruption  
Manual/Routine vs Managerial/Admin/Professional

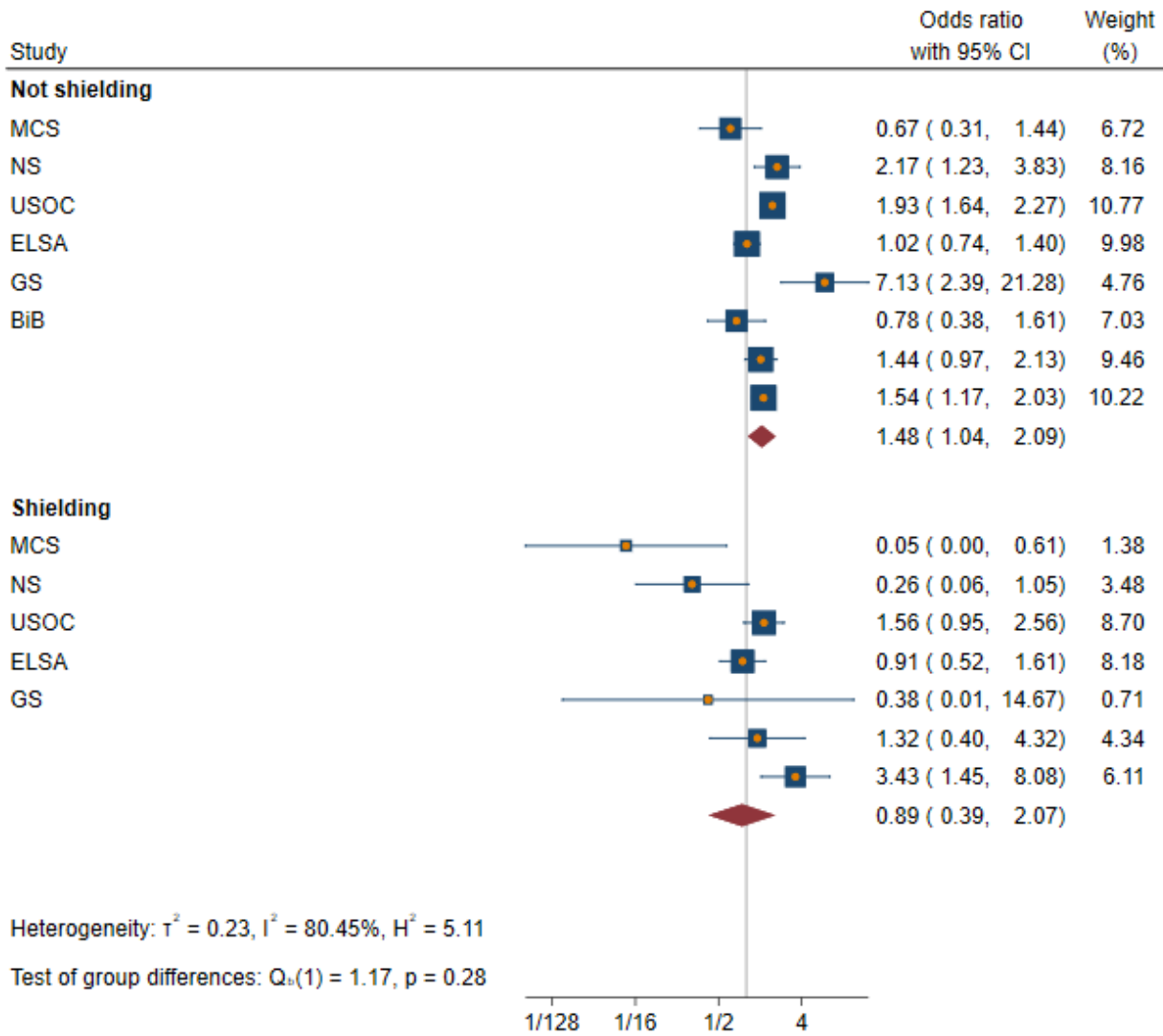


Random-effects REML model





Any healthcare disruption  
Other social class vs Managerial/Admin/Professional



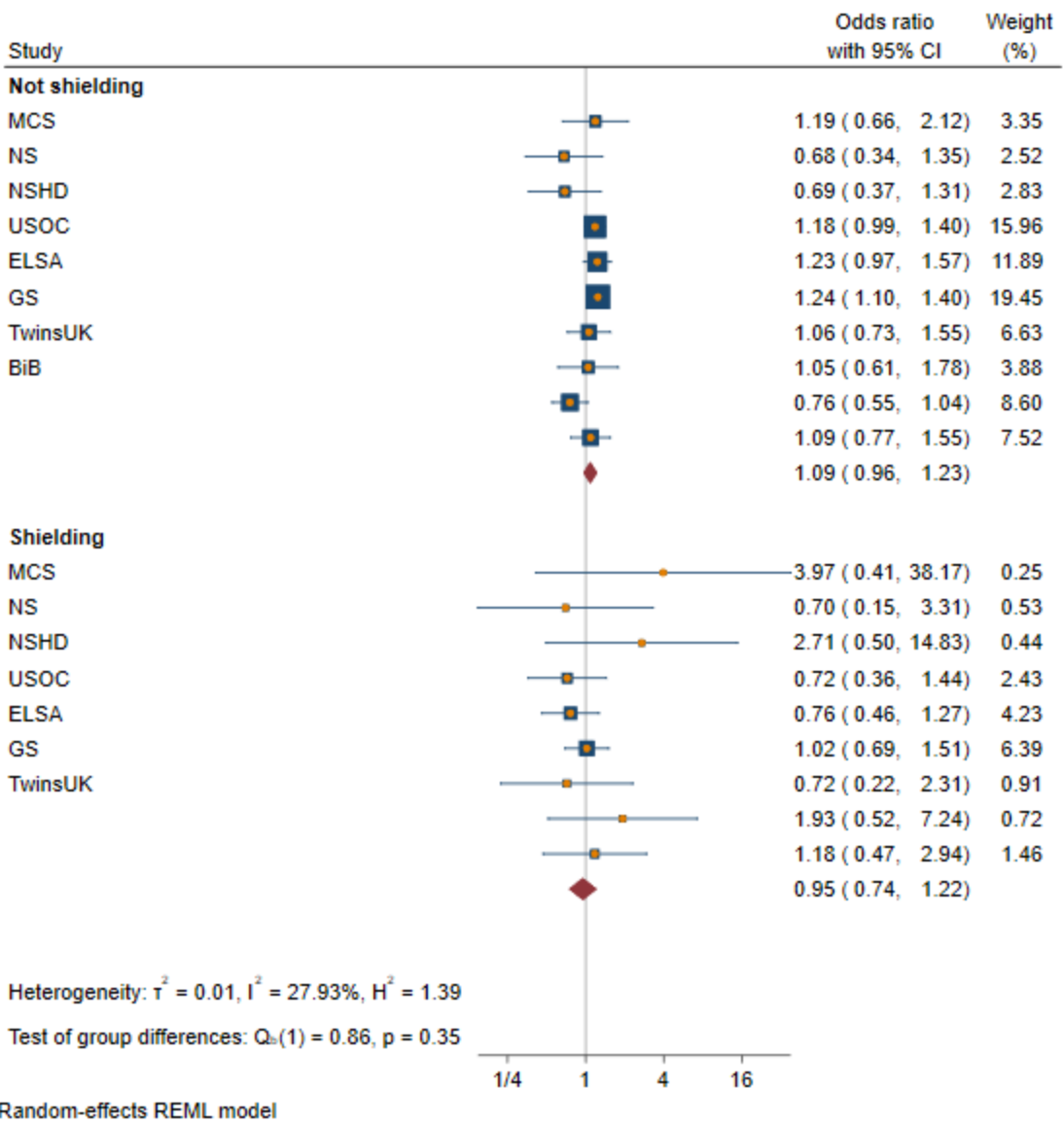
Random-effects REML model

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For peer review only

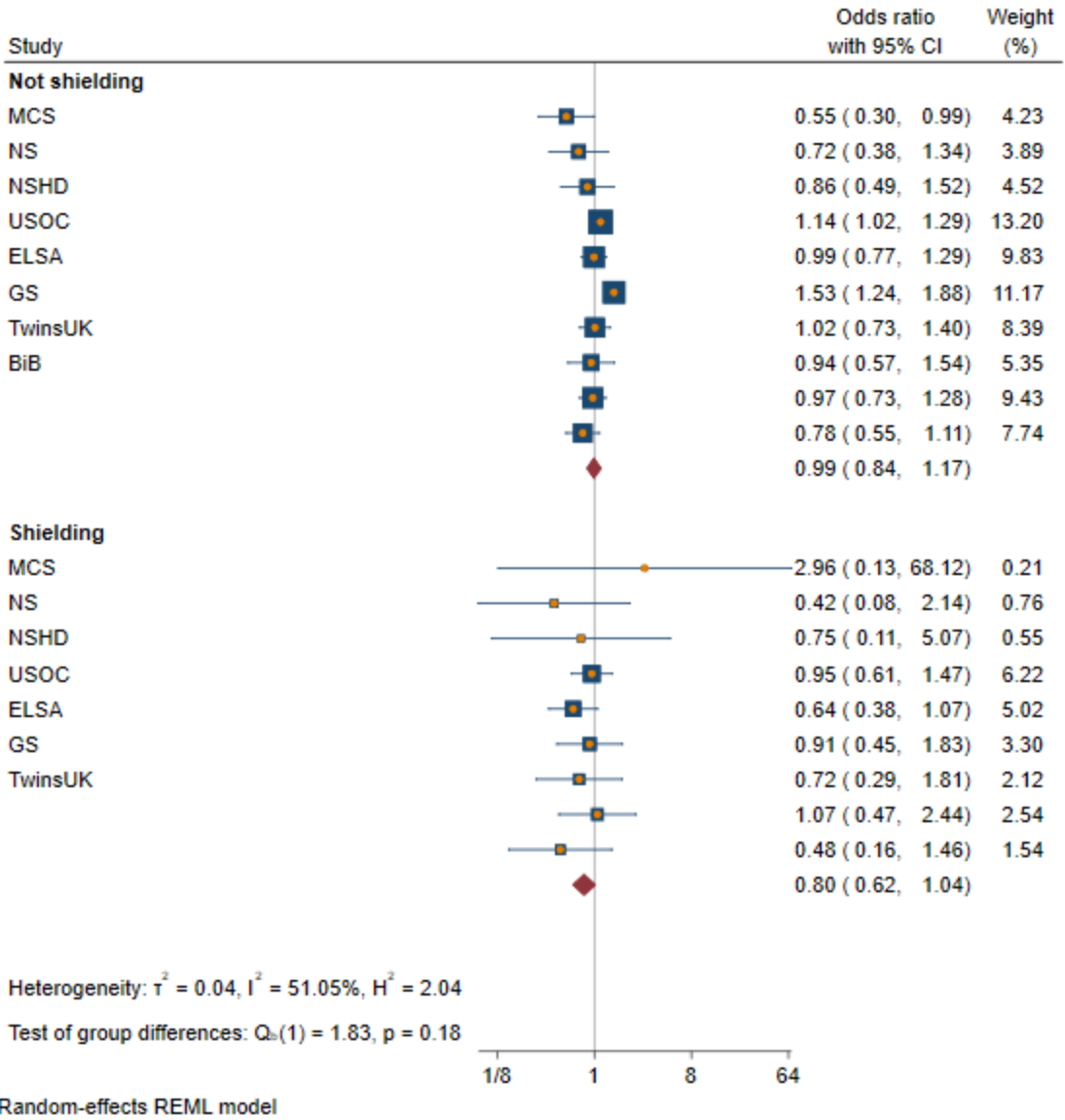
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Any healthcare disruption  
A-level/equivalent vs Higher education/Degree



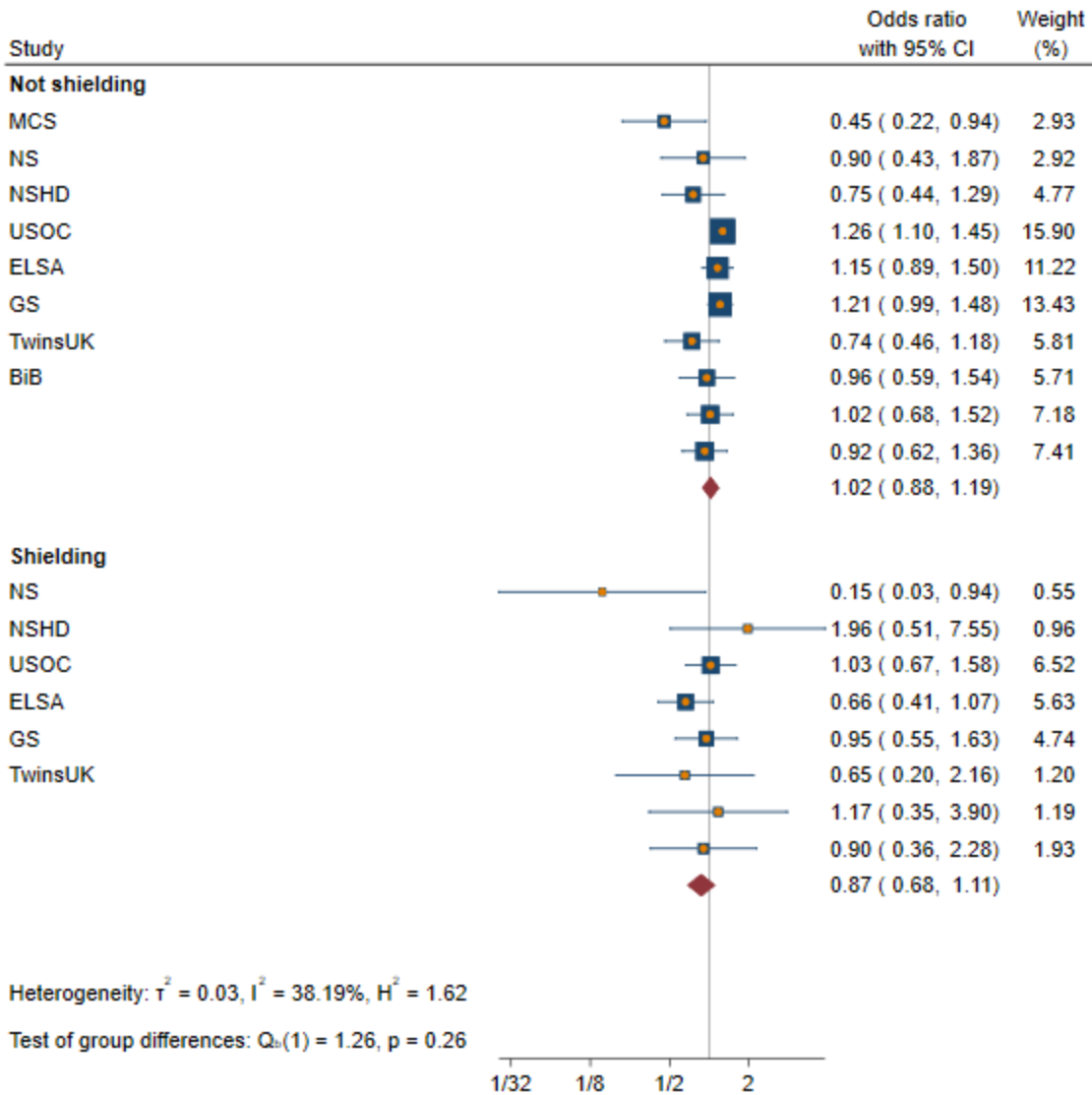
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Any healthcare disruption  
GCSE/equivalent vs Higher education/Degree

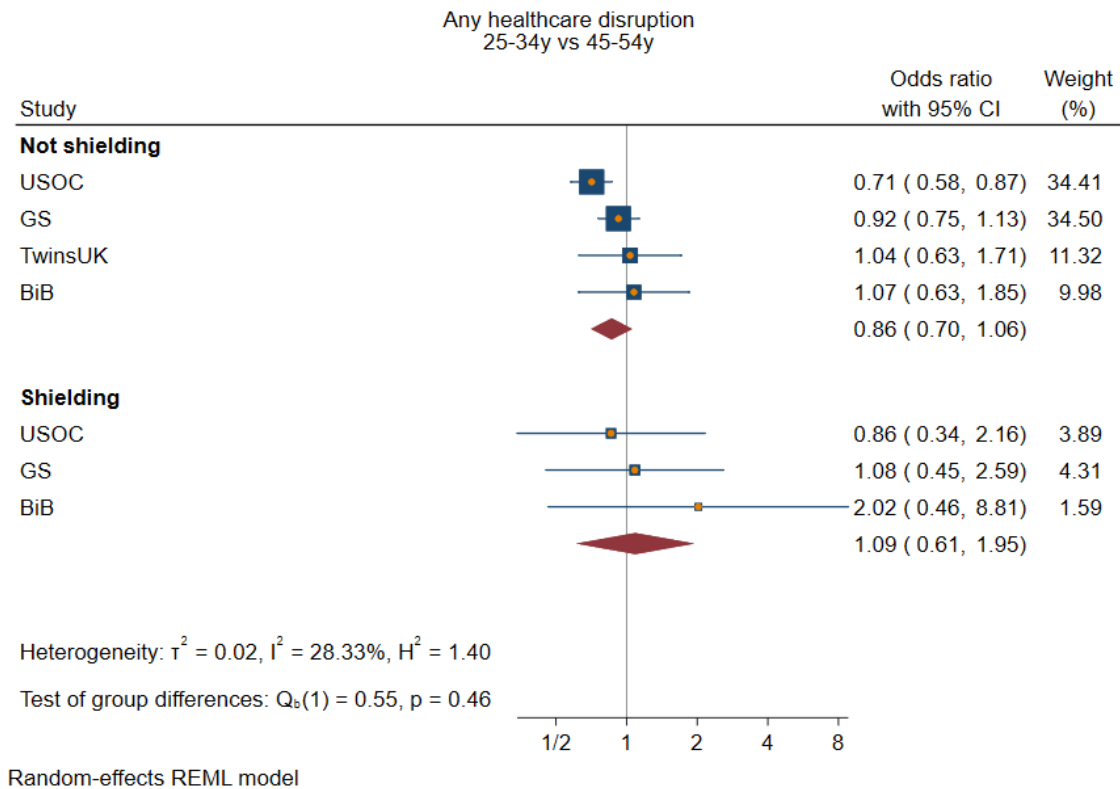
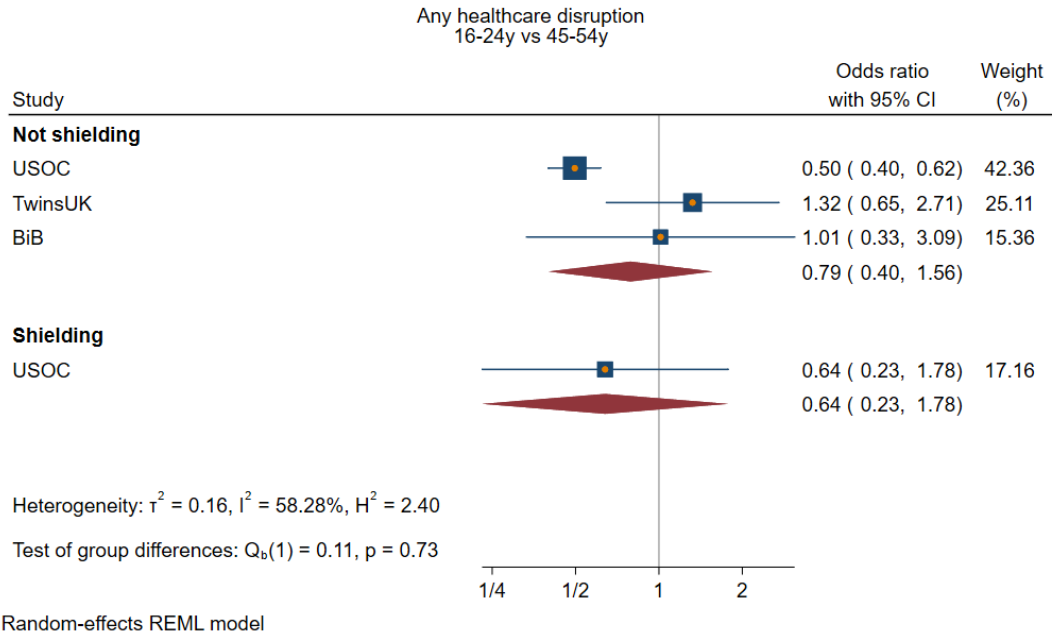


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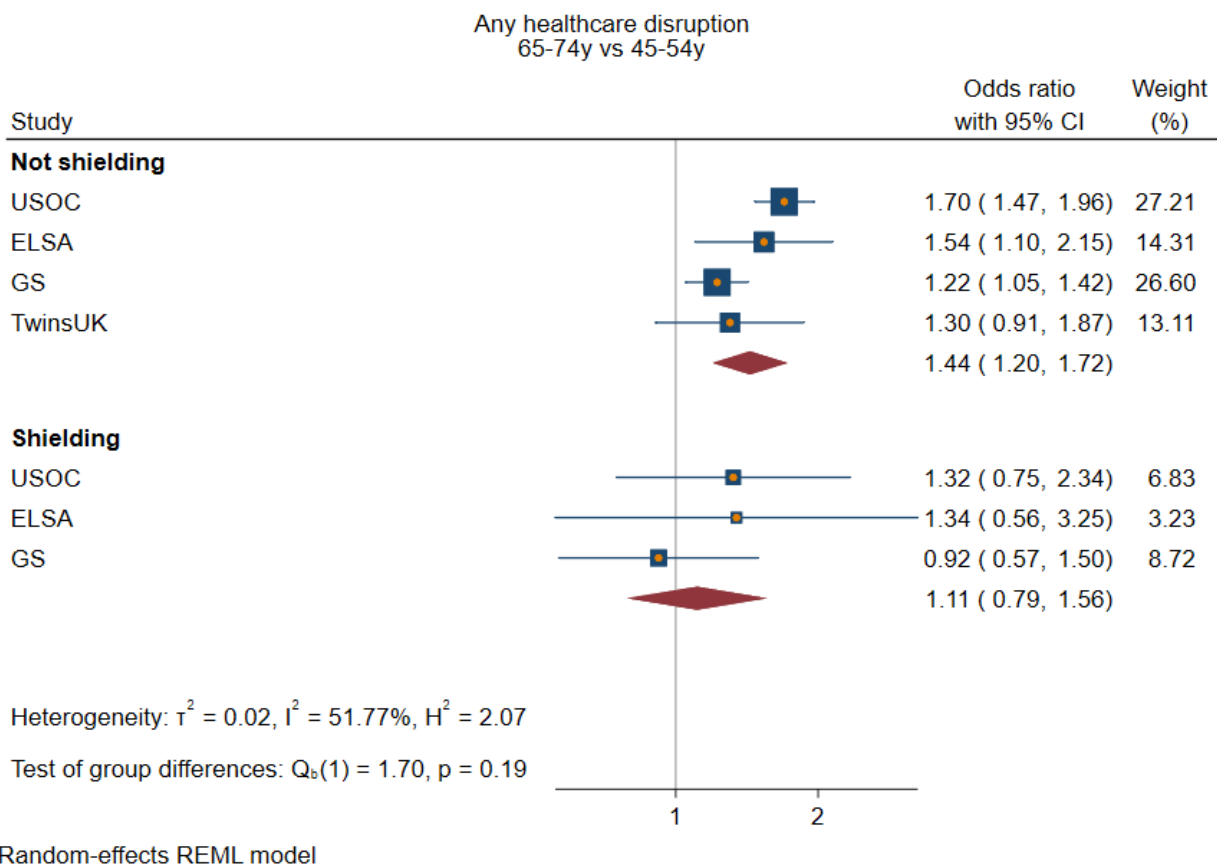
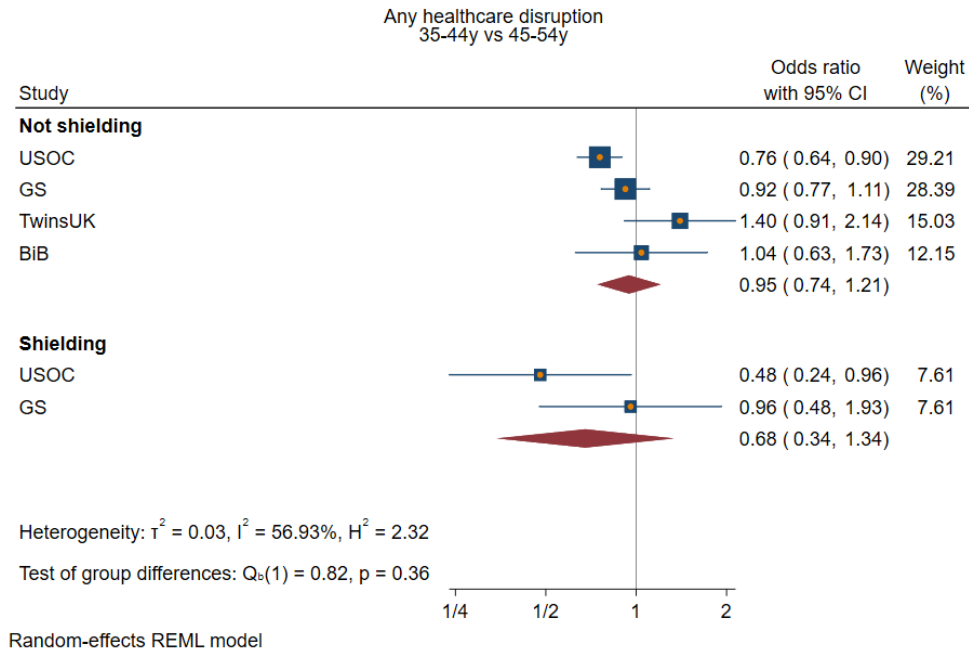
Any healthcare disruption  
<GCSE/equivalent vs Higher education/Degree



Age

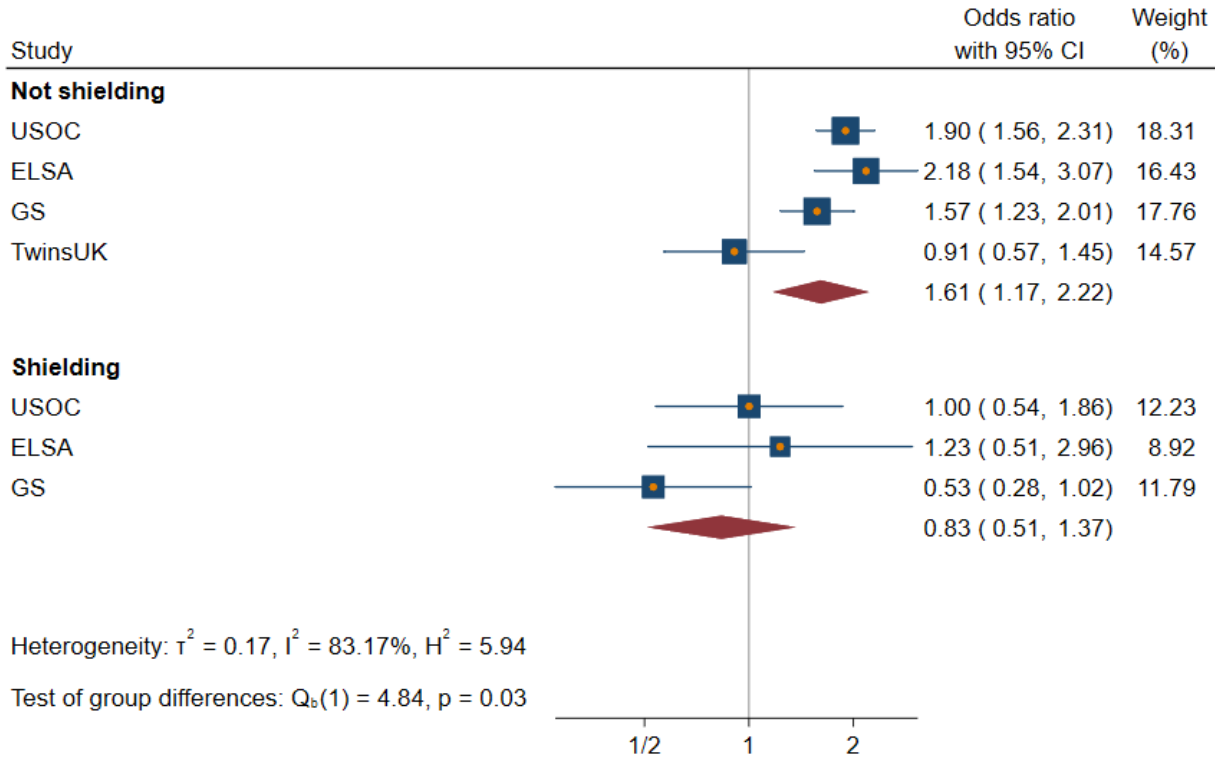


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Any healthcare disruption  
75y+ vs 45-54y



Random-effects REML model

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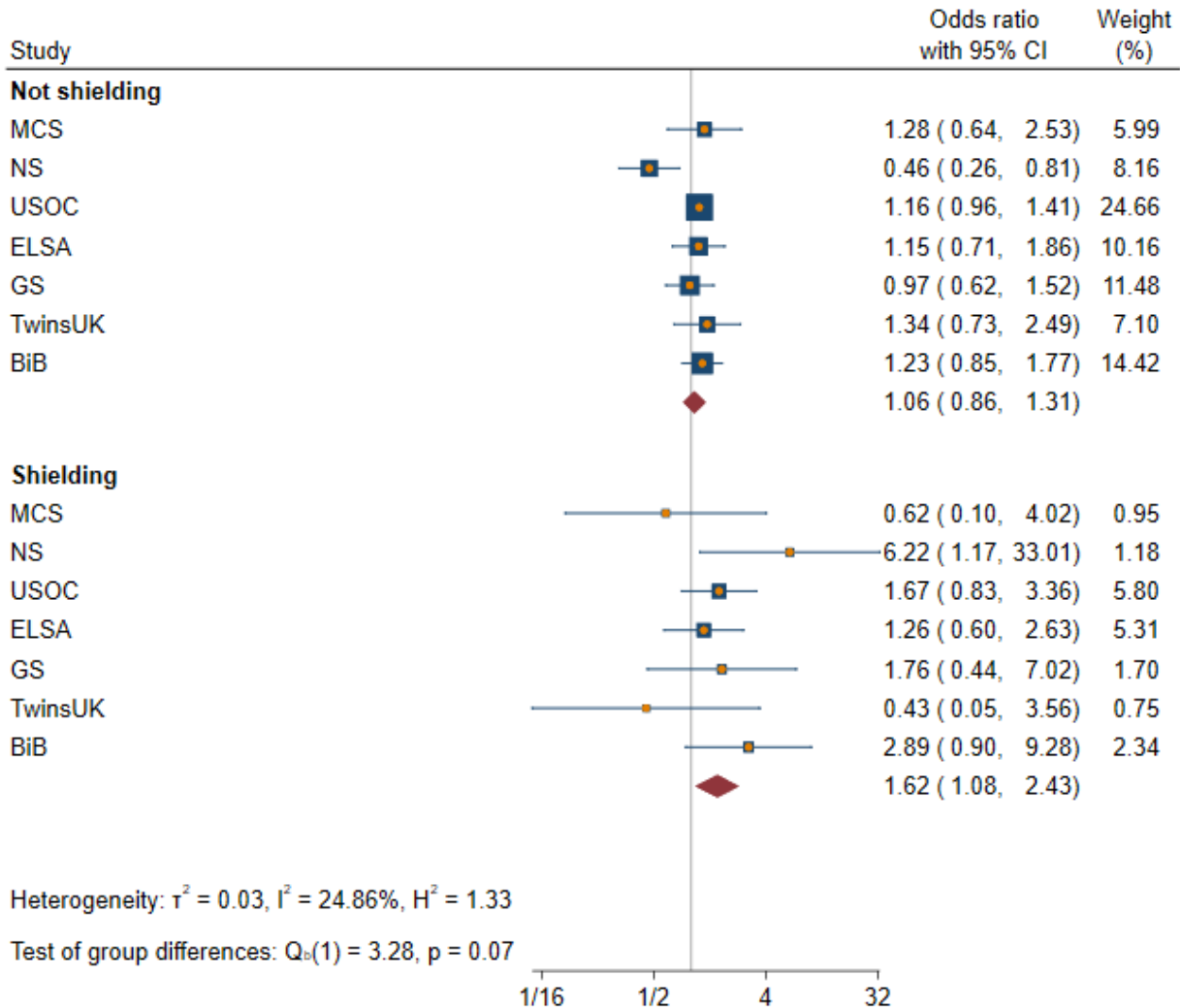
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*Ethnicity*

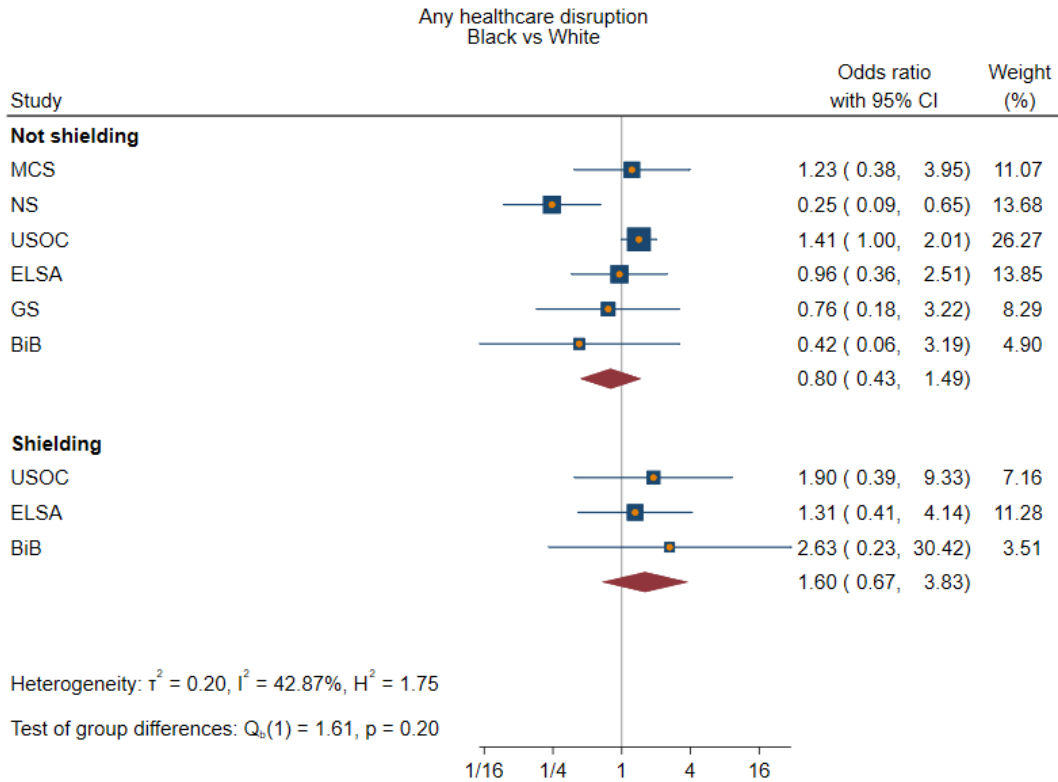
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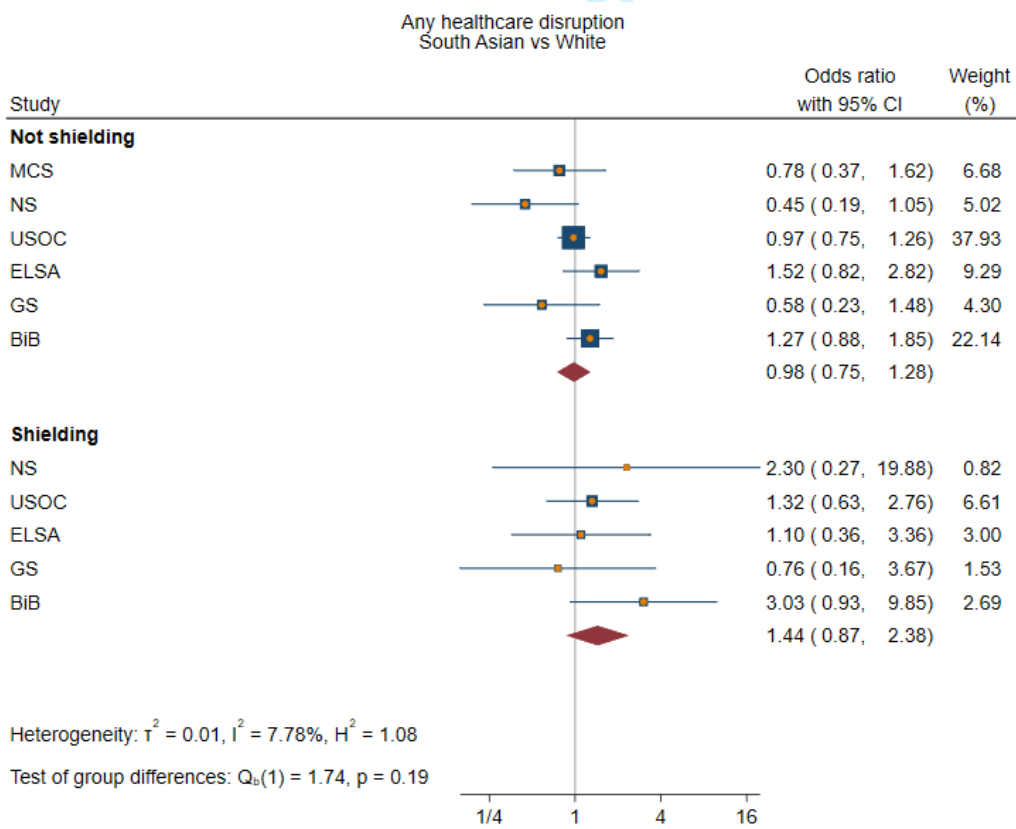
Any healthcare disruption  
Non-White vs White



Random-effects REML model

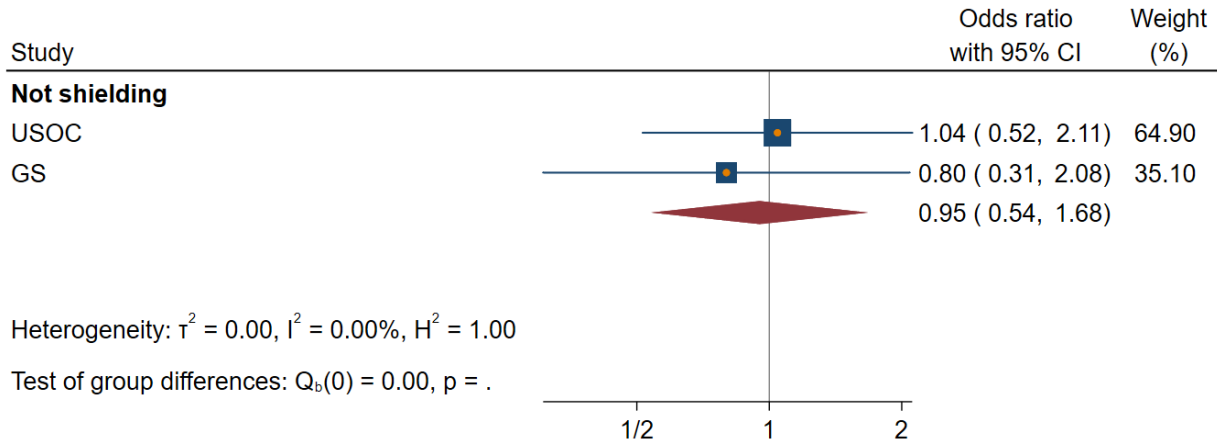


Random-effects REML model



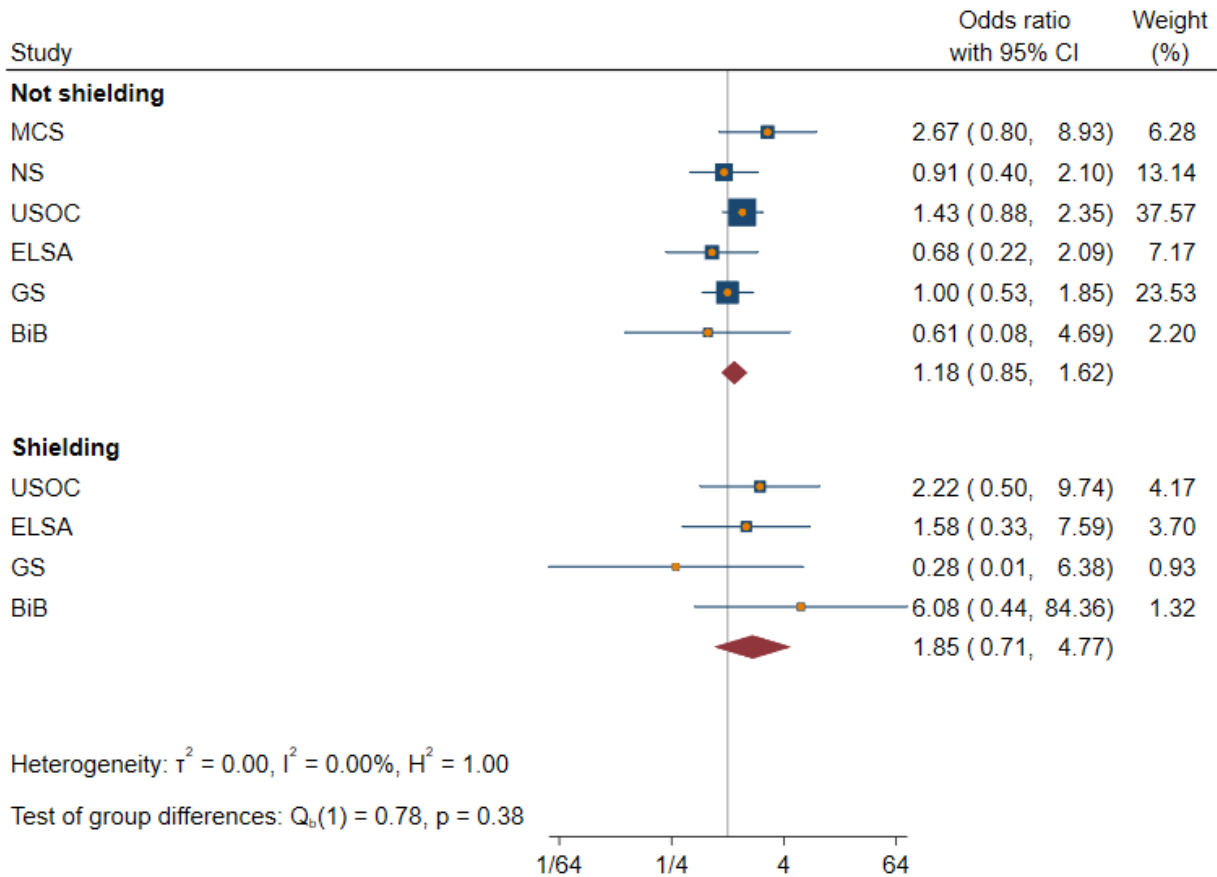
Random-effects REML model

Any healthcare disruption  
East Asian vs White



Random-effects REML model

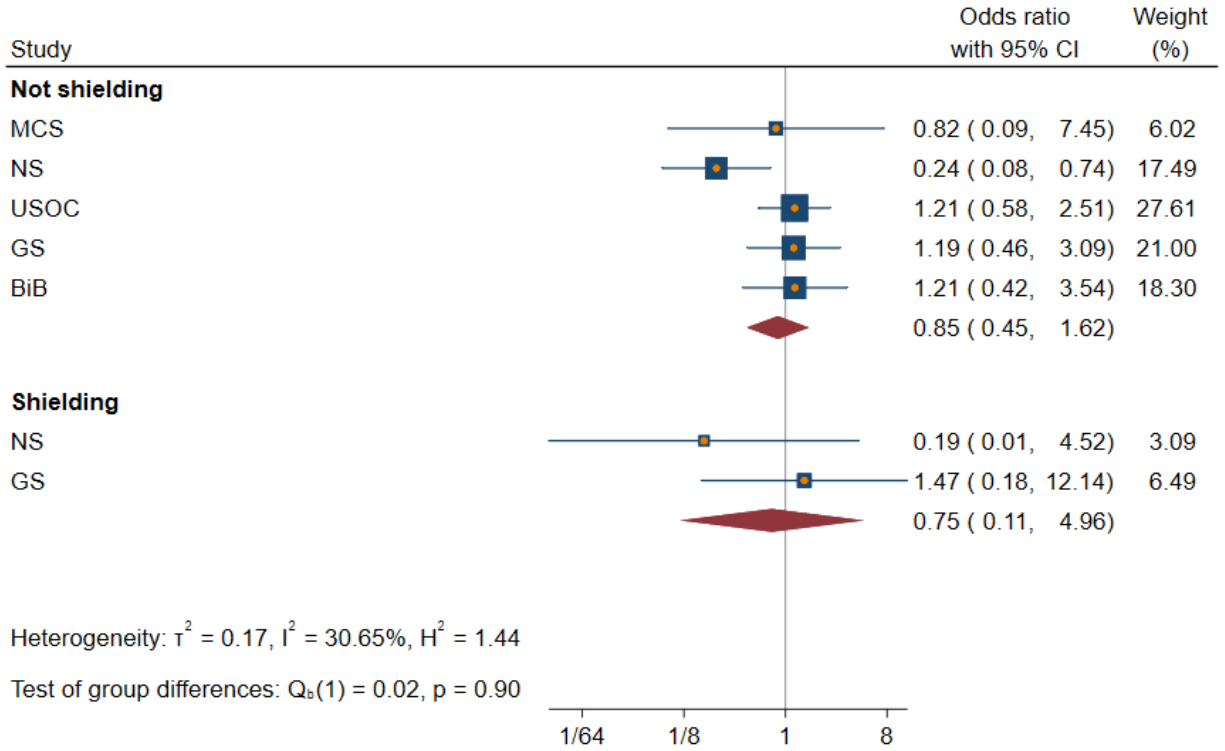
Any healthcare disruption  
Mixed vs White



Random-effects REML model

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Any healthcare disruption  
Other Ethnicity vs White

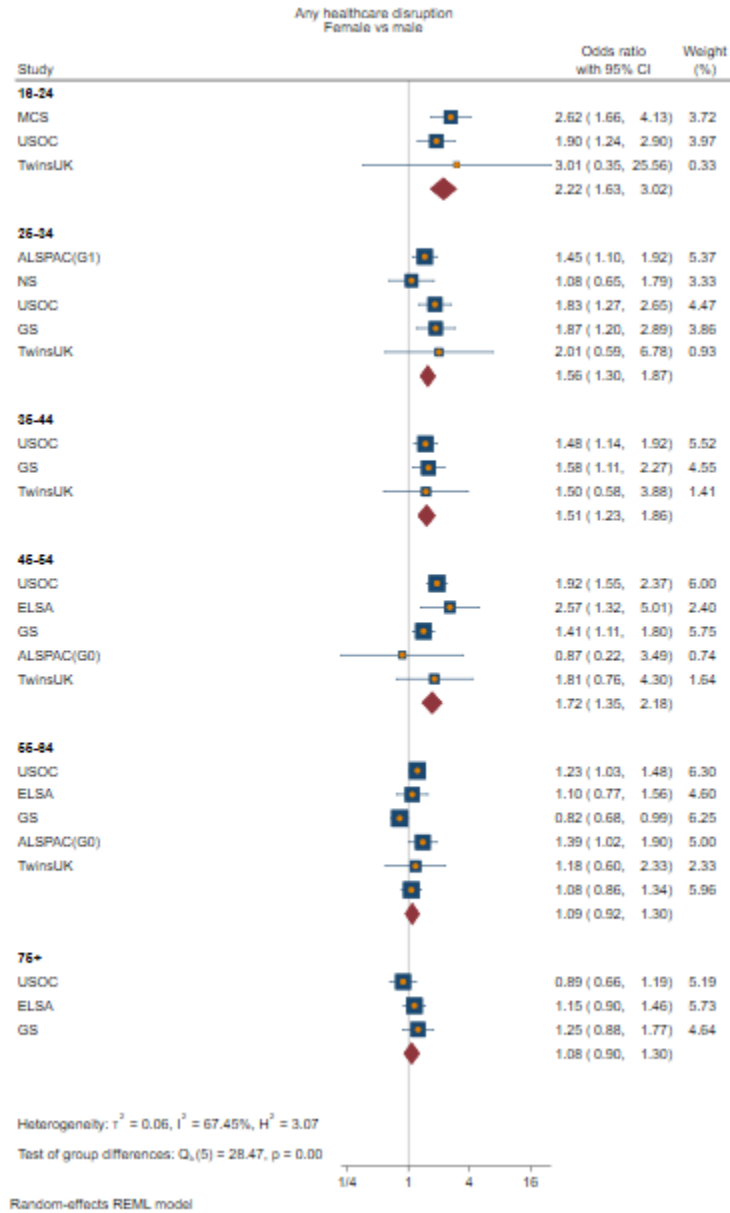


Random-effects REML model

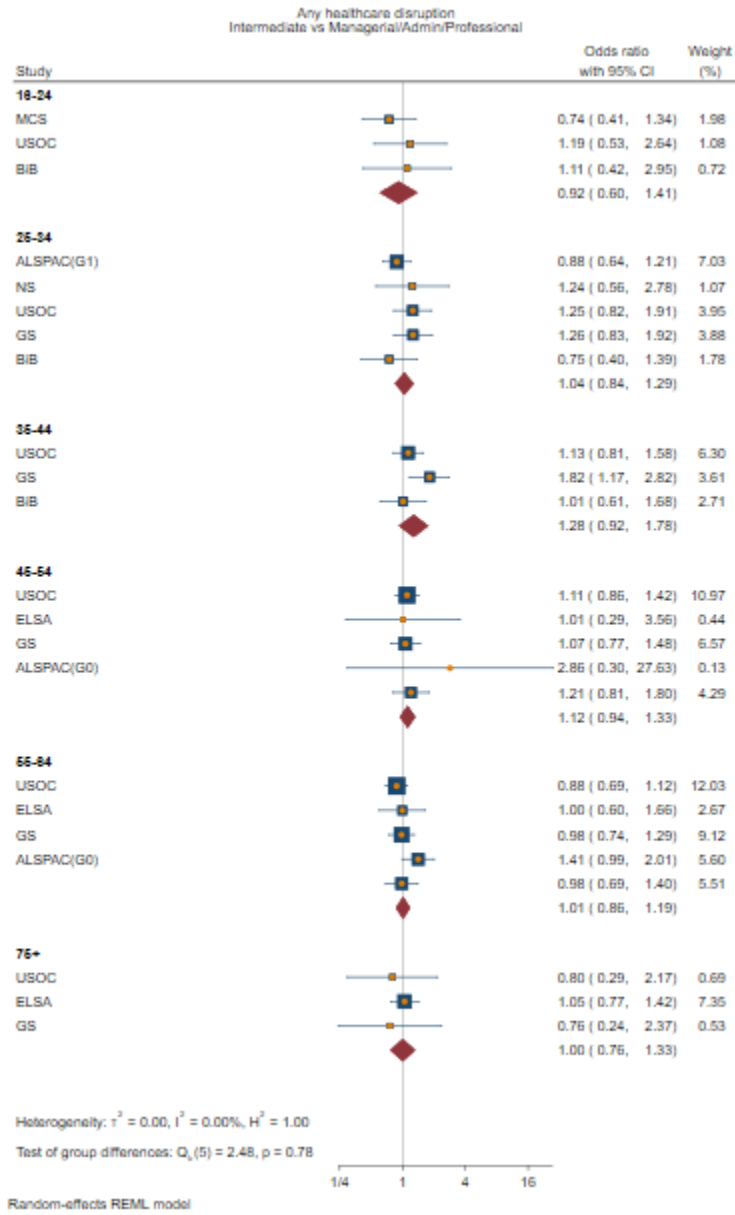
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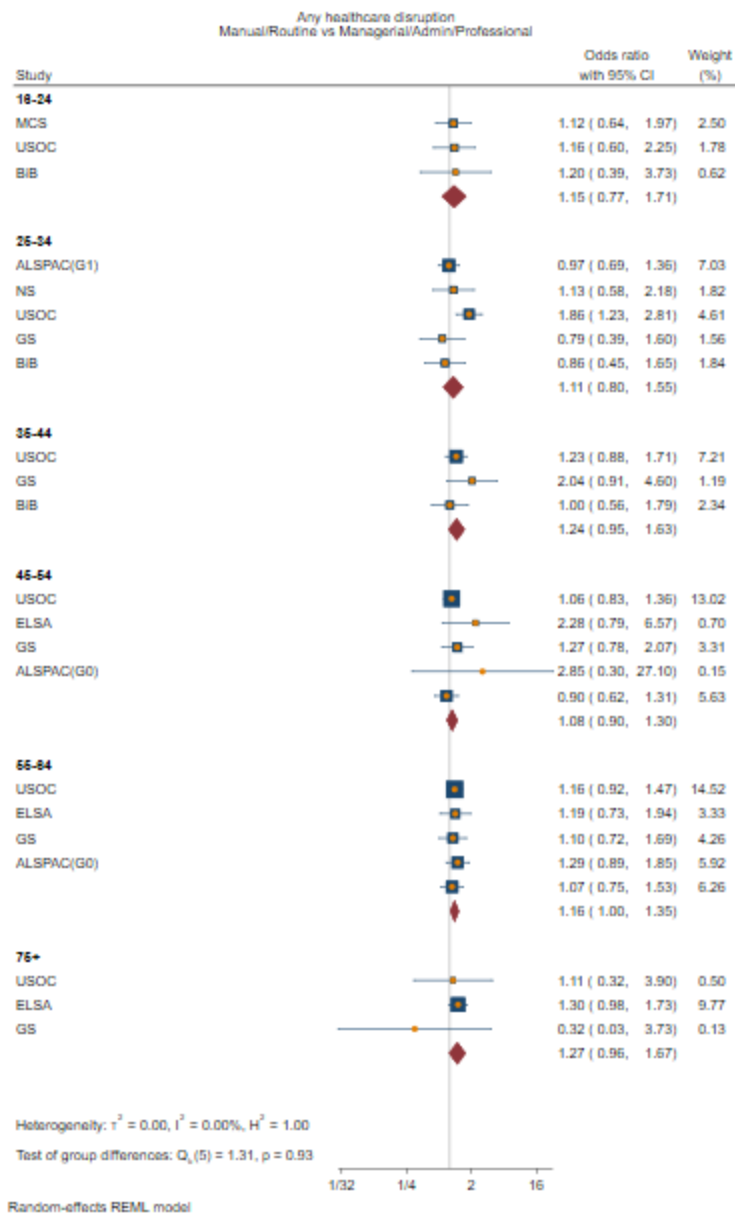
Any healthcare disruption stratified by age

Sex

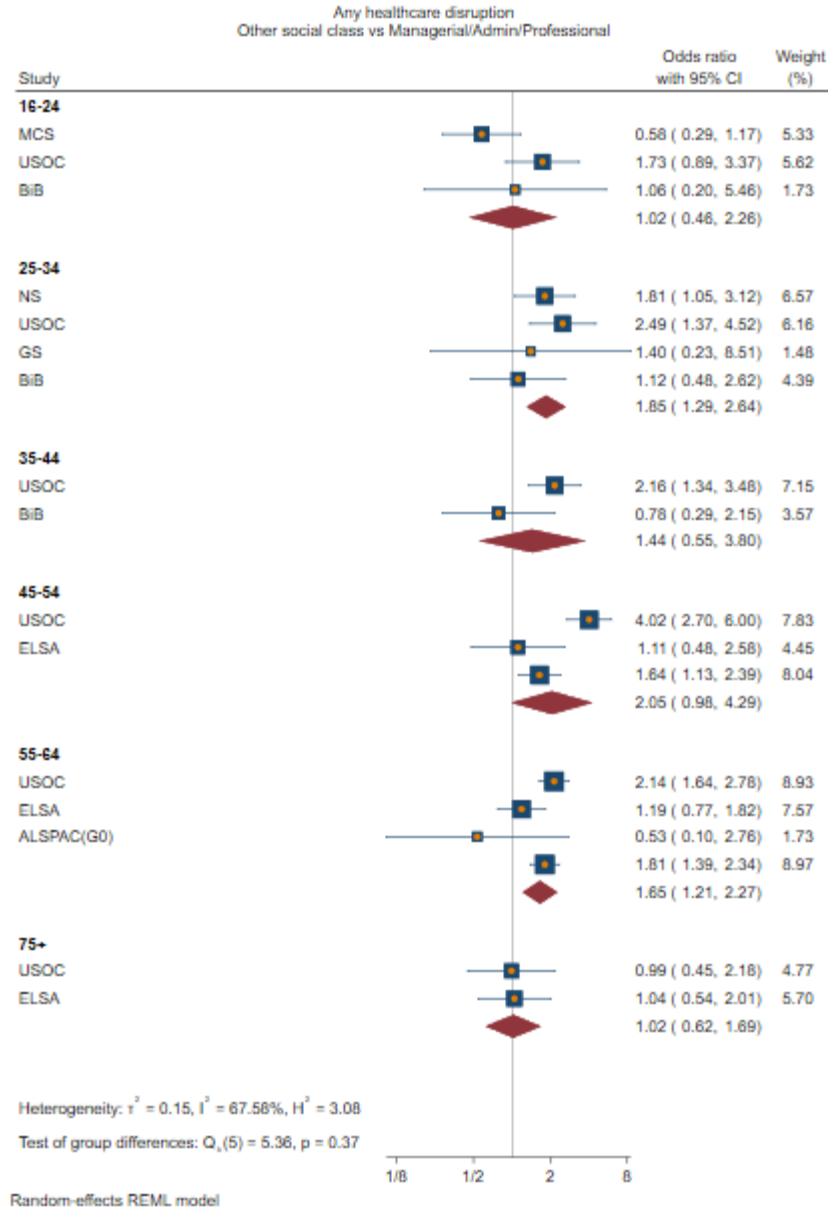


Occupational class

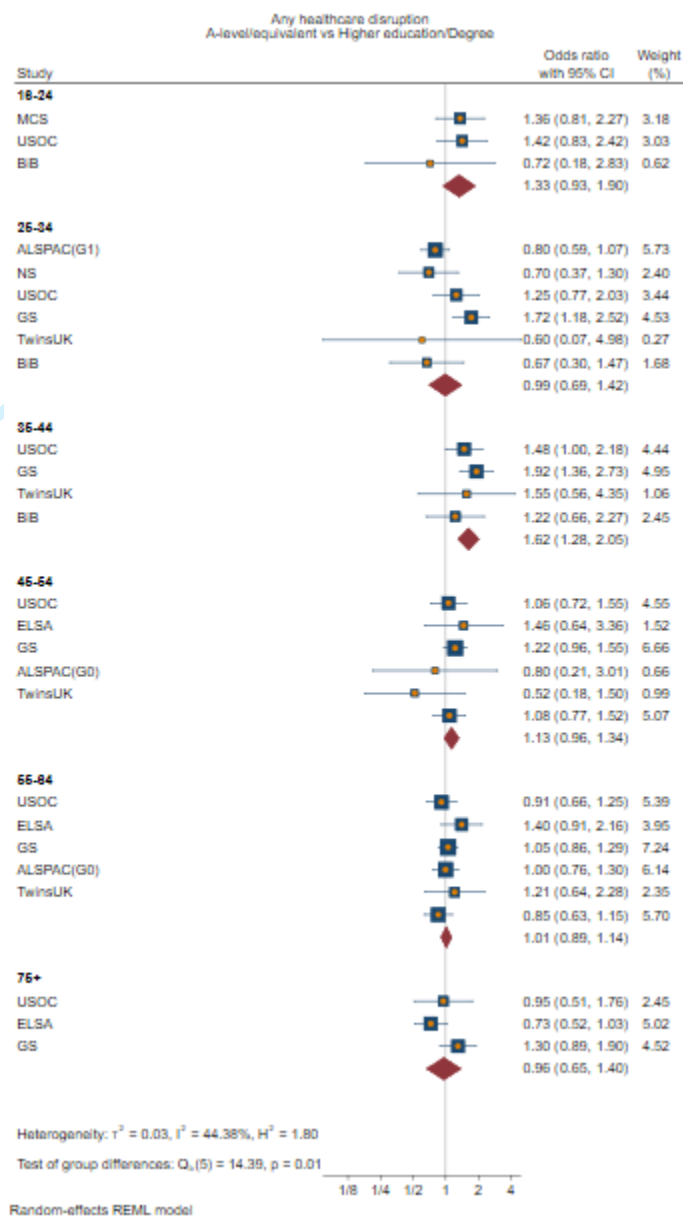


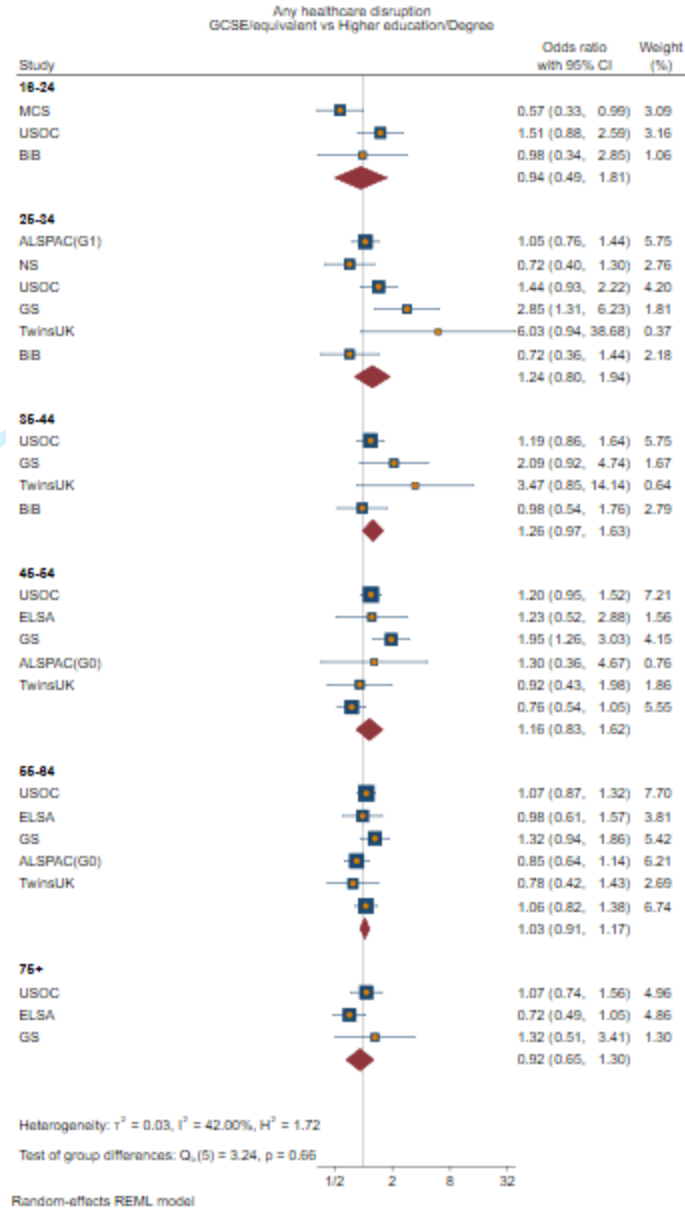


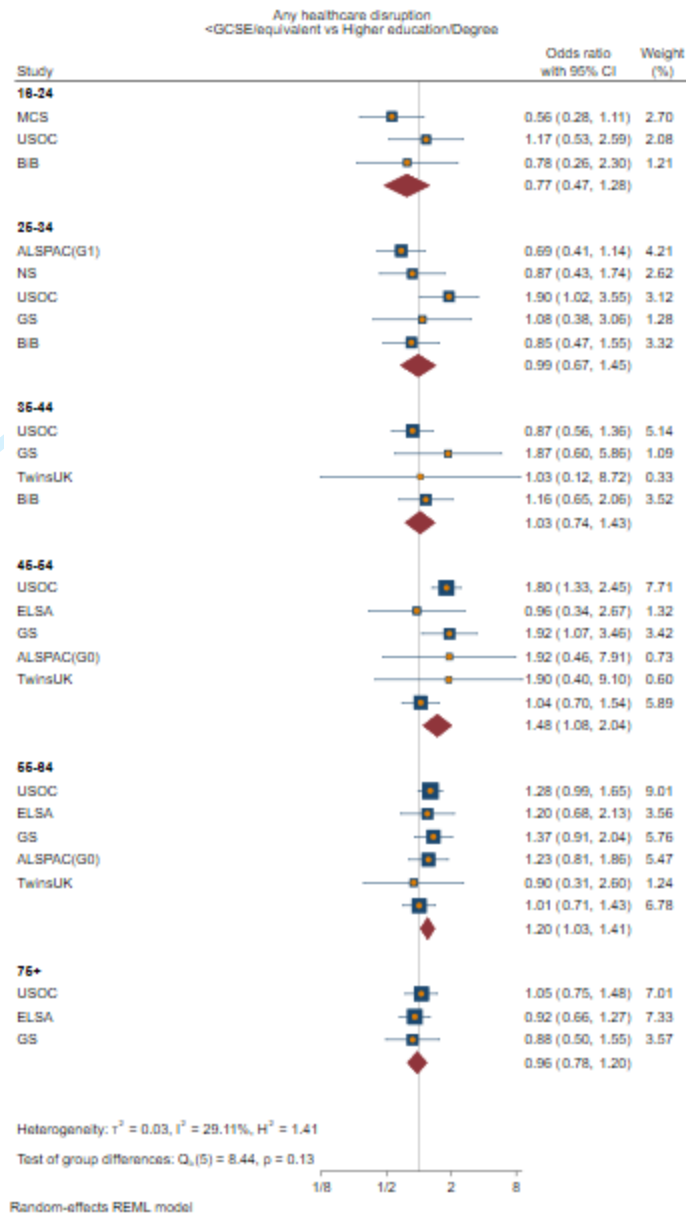




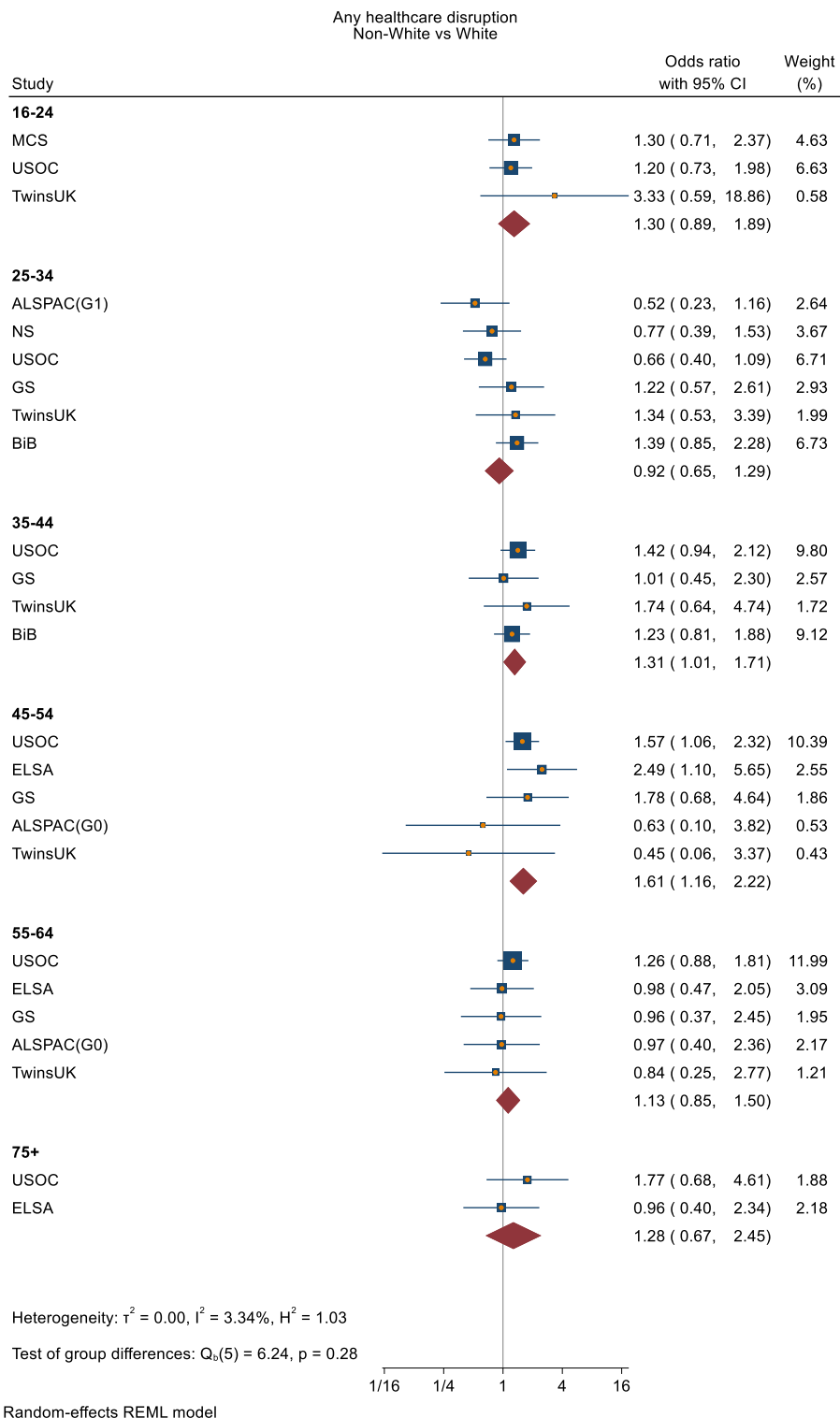
Education





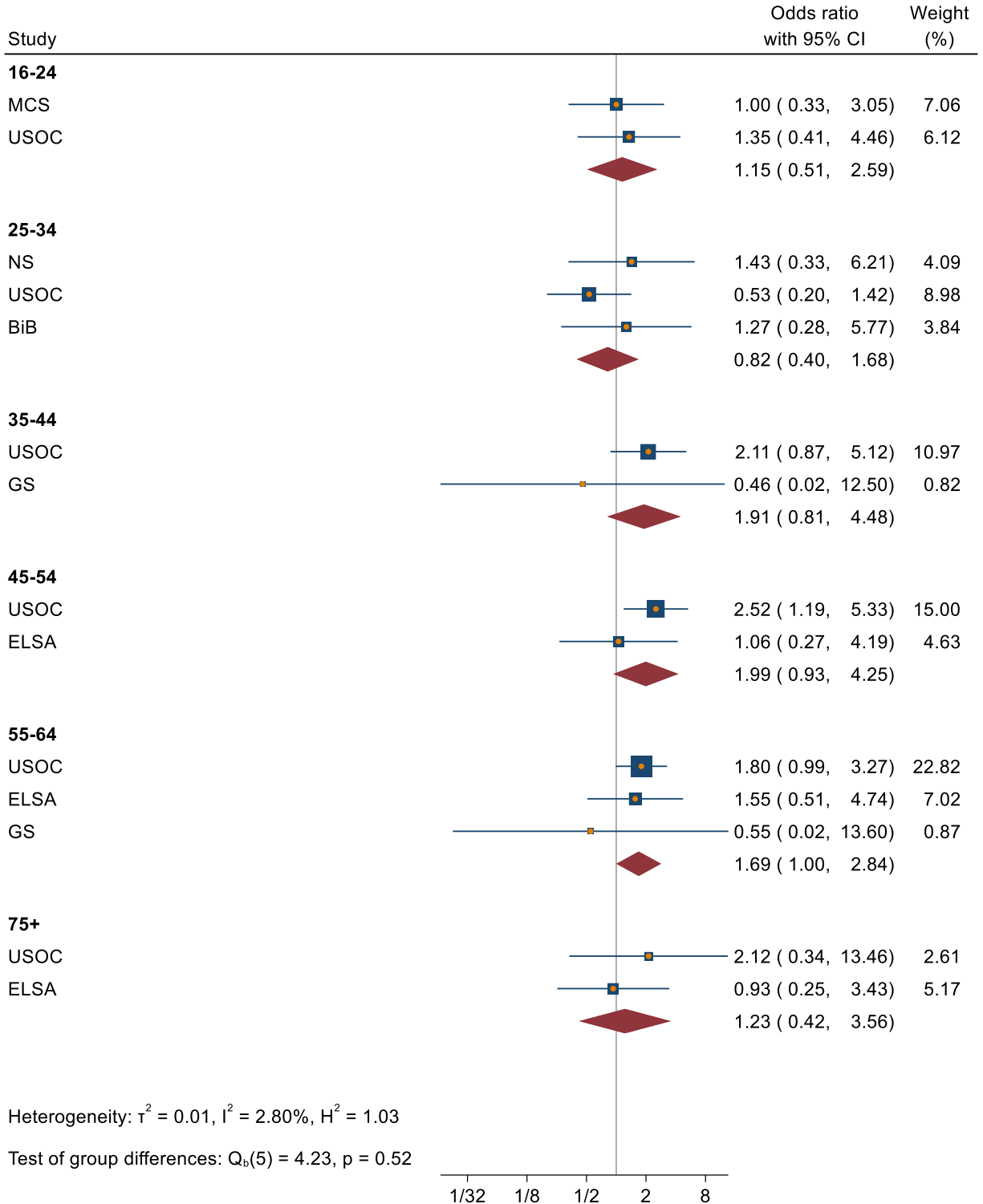


Ethnicity

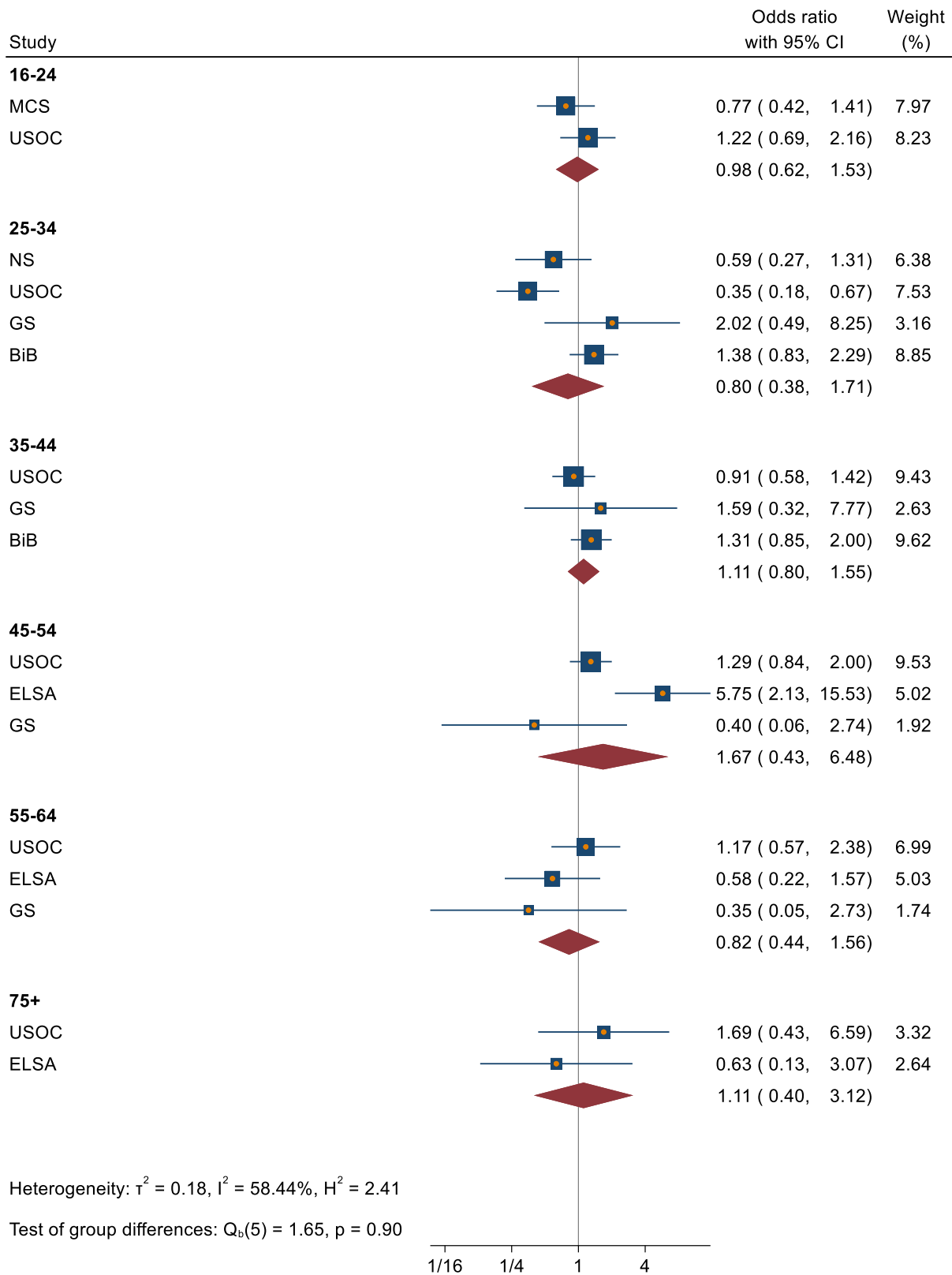


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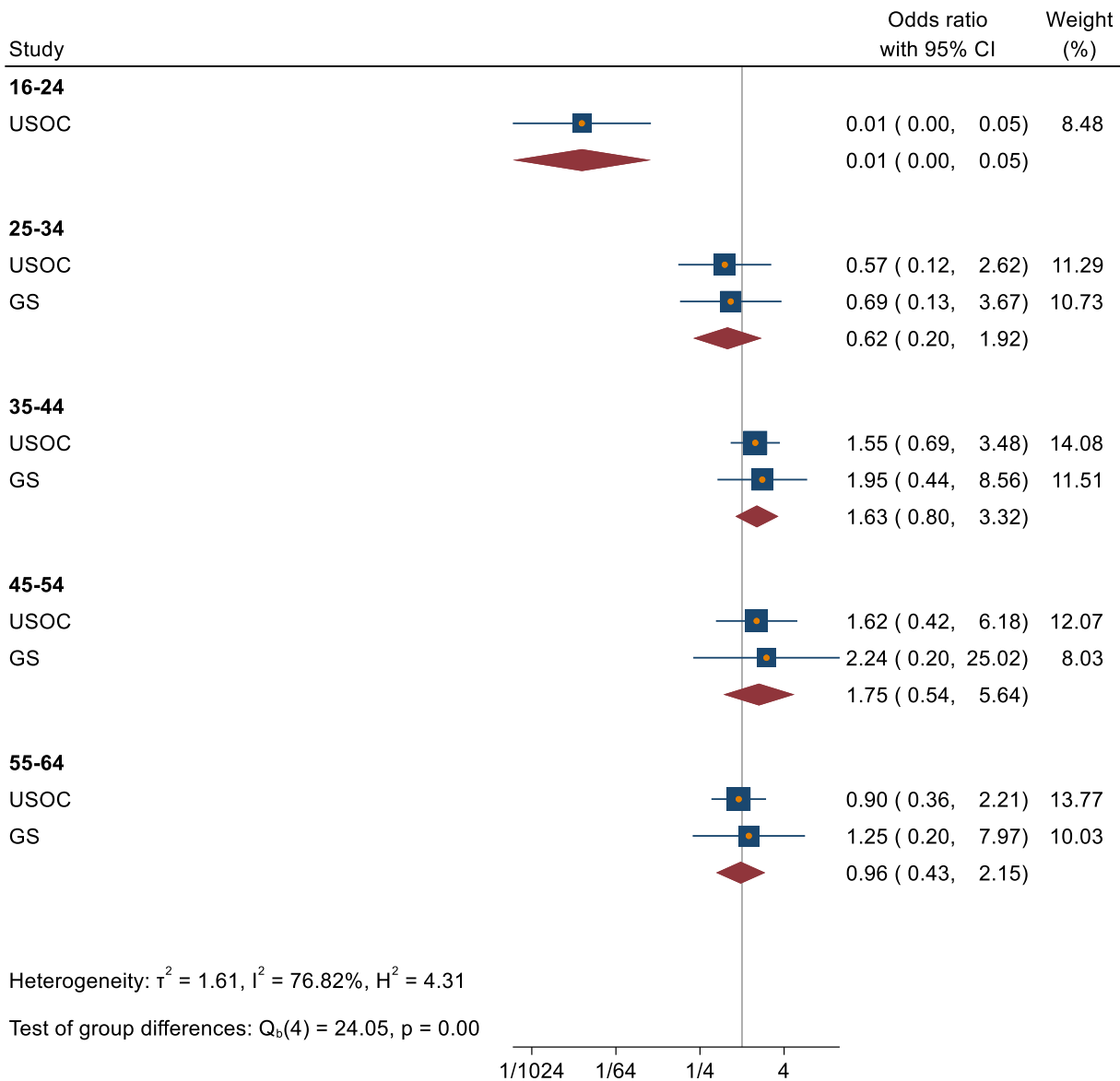
Any healthcare disruption  
Black vs White



Any healthcare disruption  
South Asian vs White



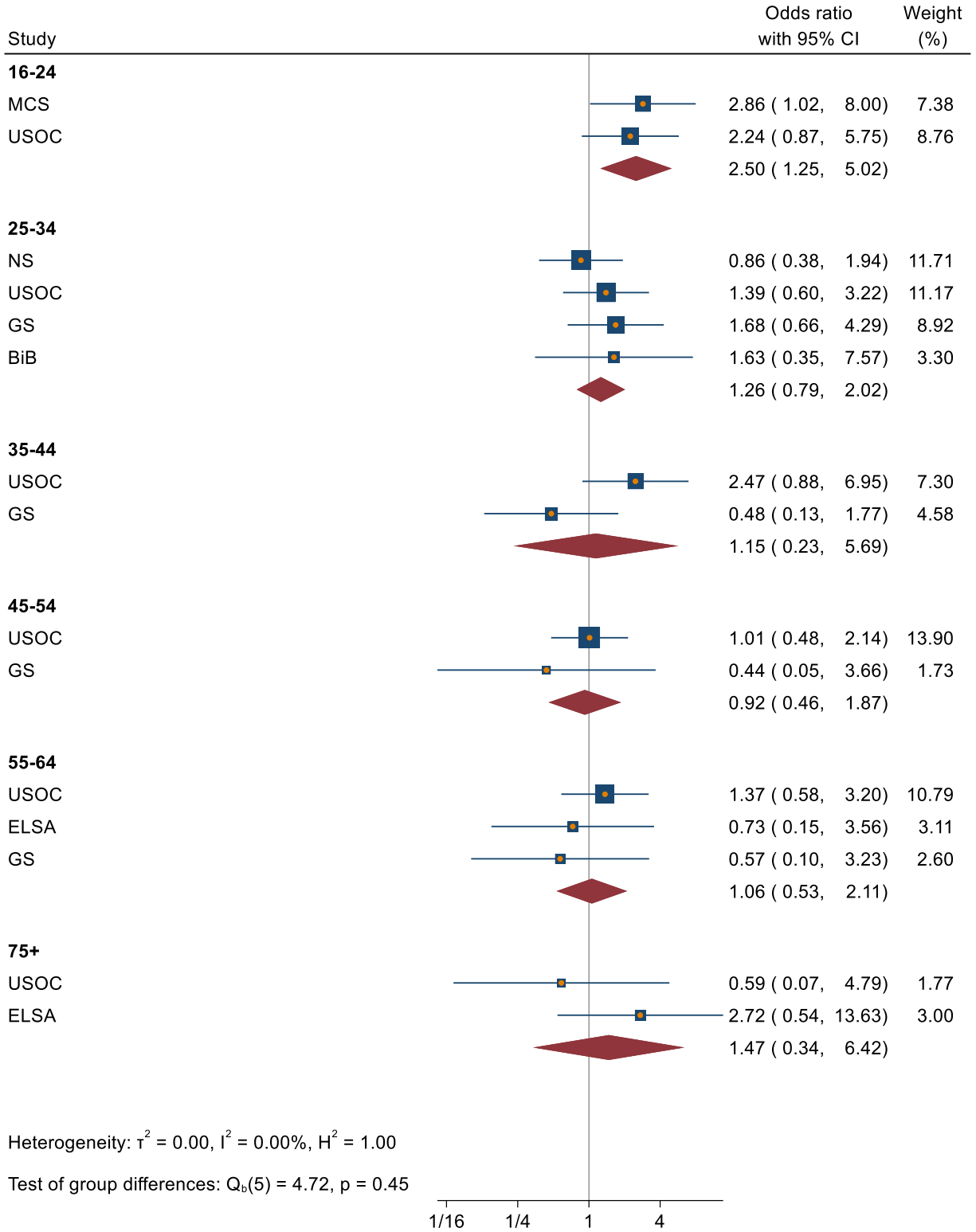
Any healthcare disruption  
East Asian vs White



Random-effects REML model



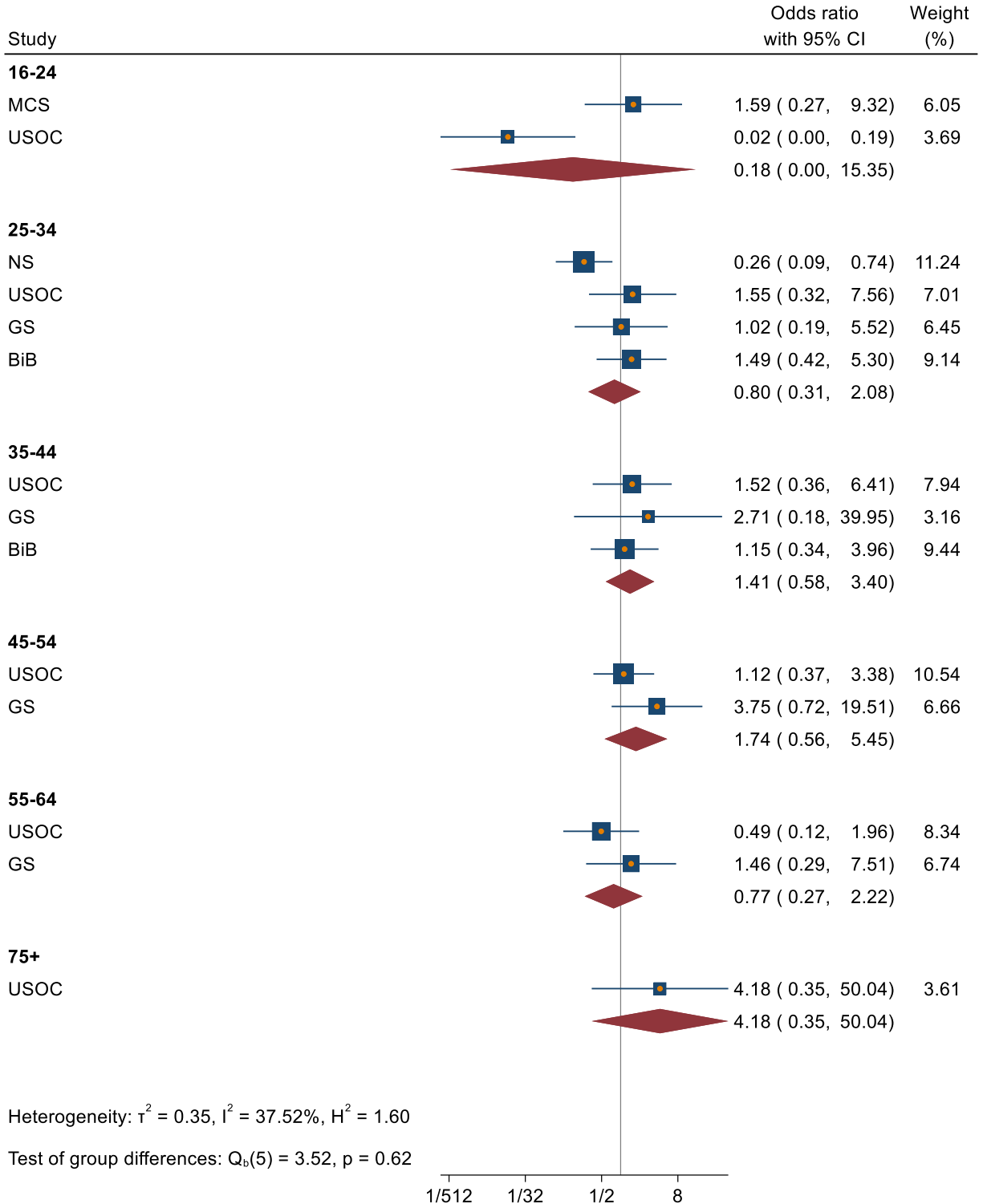
Any healthcare disruption  
Mixed vs White



Random-effects REML model

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Any healthcare disruption  
Other Ethnicity vs White



Random-effects REML model

### Supplementary file 3: Meta-analysis summary restricted to representative studies

Note: ASLPAC, GS, TwinsUK and BiB excluded.

#### Summary of results

		Any healthcare disruption				Appointments				Prescription/Medication				Procedures/surgery			
		OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %
<b>Sex</b>																	
Female vs. Male	Unadjusted <sup>†</sup>	1.27	1.19	1.36	0	1.29	1.18	1.42	5.66	1.39	0.90	2.14	73.3	1.24	1.13	1.37	0
	<b>Basic adjustment</b>	<b>1.34</b>	<b>1.15</b>	<b>1.57</b>	<b>65.33</b>	<b>1.36</b>	<b>1.25</b>	<b>1.47</b>	<b>0</b>	<b>1.37</b>	<b>0.86</b>	<b>2.16</b>	<b>74.9</b>	<b>1.27</b>	<b>1.12</b>	<b>1.43</b>	<b>11.85</b>
	Full adjustment	1.34	1.15	1.56	61.89	1.34	0.94	1.91		1.99	0.77	5.12		1.21	1.01	1.44	
<b>Age</b>																	
16-24y vs 45-54y	Unadjusted	0.50	0.41	0.62		0.43	0.34	0.54		0.65	0.42	1.02		0.48	0.34	0.68	
	<b>Basic adjustment</b>	<b>0.49</b>	<b>0.39</b>	<b>0.60</b>		<b>0.42</b>	<b>0.33</b>	<b>0.52</b>		<b>0.62</b>	<b>0.39</b>	<b>0.97</b>		<b>0.47</b>	<b>0.33</b>	<b>0.66</b>	
	Full adjustment	0.47	0.37	0.61		no information				no information				no information			
25-34y vs 45-54y	Unadjusted	0.71	0.58	0.86		0.65	0.53	0.80		0.97	0.66	1.44		0.78	0.57	1.07	
	<b>Basic adjustment</b>	<b>0.70</b>	<b>0.58</b>	<b>0.85</b>		<b>0.64</b>	<b>0.52</b>	<b>0.79</b>		<b>0.97</b>	<b>0.65</b>	<b>1.43</b>		<b>0.77</b>	<b>0.56</b>	<b>1.06</b>	
	Full adjustment	0.77	0.63	0.94		no information				no information				no information			
35-44y vs 45-54y	Unadjusted	0.74	0.63	0.88		0.70	0.58	0.83		0.83	0.58	1.18		0.88	0.69	1.12	
	<b>Basic adjustment</b>	<b>0.74</b>	<b>0.63</b>	<b>0.87</b>		<b>0.69</b>	<b>0.58</b>	<b>0.82</b>		<b>0.83</b>	<b>0.58</b>	<b>1.18</b>		<b>0.87</b>	<b>0.68</b>	<b>1.11</b>	
	Full adjustment	0.86	0.73	1.03		no information				no information				no information			
55-64y vs 45-54y	Unadjusted	1.40	1.23	1.59	0	1.37	1.19	1.58	0	0.75	0.27	2.07	67.1	1.51	1.26	1.80	0
	<b>Basic adjustment</b>	<b>1.42</b>	<b>1.25</b>	<b>1.61</b>	<b>0</b>	<b>1.39</b>	<b>1.21</b>	<b>1.60</b>	<b>0</b>	<b>0.80</b>	<b>0.30</b>	<b>2.09</b>	<b>64.1</b>	<b>1.52</b>	<b>1.28</b>	<b>1.80</b>	<b>0</b>
	Full adjustment	1.21	1.06	1.40	0	1.04	0.48	2.25		0.52	0.16	1.68		1.37	0.93	2.01	

65-74y vs 45-54y	Unadjusted	1.72	1.51	1.96	0	1.57	1.21	2.04	16.9	0.76	0.31	1.86	59.6	1.93	1.63	2.30	0
	<b>Basic adjustment</b>	<b>1.78</b>	<b>1.56</b>	<b>2.02</b>	<b>0</b>	<b>1.67</b>	<b>1.42</b>	<b>1.97</b>	<b>2.81</b>	<b>0.85</b>	<b>0.38</b>	<b>1.91</b>	<b>52.9</b>	<b>1.98</b>	<b>1.67</b>	<b>2.34</b>	<b>0</b>
	Full adjustment	1.35	1.14	1.58	0	1.01	0.42	2.43		1.41	0.34	5.89		1.55	1.05	2.30	
75y+ vs 45-54y	Unadjusted	1.97	1.68	2.31	1.58	1.87	1.56	2.24	0	0.89	0.59	1.35	6.53	2.10	1.46	3.02	66.45
	<b>Basic adjustment</b>	<b>2.06</b>	<b>1.76</b>	<b>2.41</b>	<b>0</b>	<b>1.97</b>	<b>1.64</b>	<b>2.35</b>	<b>0</b>	<b>0.98</b>	<b>0.68</b>	<b>1.42</b>	<b>0</b>	<b>2.14</b>	<b>1.57</b>	<b>2.91</b>	<b>55.32</b>
	Full adjustment	1.38	1.13	1.70	0.00	1.07	0.44	2.61		1.26	0.39	4.02		1.75	1.17	2.62	
<b>Ethnicity</b>																	
Non-White vs White*	Unadjusted	0.96	0.82	1.12	0	1.02	0.72	1.46	44.4	1.02	0.39	2.67	84.8	0.90	0.71	1.14	0
	<b>Basic adjustment</b>	<b>1.23</b>	<b>1.05</b>	<b>1.44</b>	<b>0</b>	<b>1.25</b>	<b>0.87</b>	<b>1.81</b>	<b>48.3</b>	<b>1.06</b>	<b>0.42</b>	<b>2.67</b>	<b>83.1</b>	<b>1.16</b>	<b>0.91</b>	<b>1.47</b>	<b>0</b>
	Full adjustment	1.10	0.94	1.29	0	1.39	0.61	3.20		2.04	0.70	5.98		0.96	0.63	1.48	
Black vs White	Unadjusted	1.22	0.91	1.65	0	1.02	0.53	1.94	48.5	0.49	0.07	3.52	85.4	0.87	0.58	1.31	0
	<b>Basic adjustment</b>	<b>1.47</b>	<b>1.08</b>	<b>1.98</b>	<b>0</b>	<b>1.18</b>	<b>0.57</b>	<b>2.44</b>	<b>59.3</b>	<b>0.50</b>	<b>0.08</b>	<b>3.36</b>	<b>84</b>	<b>1.03</b>	<b>0.68</b>	<b>1.55</b>	<b>0</b>
	Full adjustment	1.20	0.92	1.58	0	0.88	0.18	4.22		0.37	0.04	3.11		0.87	0.41	1.82	
East Asian vs White	Unadjusted	0.82	0.38	1.73		0.79	0.35	1.80		0.97	0.47	1.97		1.38	0.47	4.02	
	<b>Basic adjustment</b>	<b>1.04</b>	<b>0.53</b>	<b>2.06</b>		<b>1.03</b>	<b>0.49</b>	<b>2.16</b>		<b>1.04</b>	<b>0.52</b>	<b>2.09</b>		<b>1.80</b>	<b>0.65</b>	<b>4.99</b>	
	Full adjustment	1.01	0.60	1.68		no information				no information				no information			
Mixed vs White	Unadjusted	1.13	0.82	1.57	0	1.27	0.49	3.29	77.5	1.53	0.90	2.60	0	1.12	0.70	1.80	0
	<b>Basic adjustment</b>	<b>1.38</b>	<b>0.88</b>	<b>2.17</b>	<b>34.69</b>	<b>1.47</b>	<b>0.59</b>	<b>3.67</b>	<b>75.1</b>	<b>1.67</b>	<b>0.98</b>	<b>2.86</b>	<b>0</b>	<b>no information</b>			
	Full adjustment	1.36	0.88	2.11	24.01	no information				0.93	0.10	8.48		0.85	0.32	2.21	
South Asian vs White	Unadjusted	0.76	0.58	1.01	29.78	0.84	0.56	1.25	38.6	0.80	0.17	3.77	93.2	0.70	0.45	1.09	28.01
	<b>Basic adjustment</b>	<b>1.02</b>	<b>0.84</b>	<b>1.24</b>	<b>0</b>	<b>1.05</b>	<b>0.84</b>	<b>1.31</b>	<b>0</b>	<b>0.83</b>	<b>0.18</b>	<b>3.76</b>	<b>92.4</b>	<b>0.90</b>	<b>0.64</b>	<b>1.26</b>	<b>0</b>
	Full adjustment	0.95	0.72	1.25	21.29	2.65	1.03	6.82		4.47	1.38	14.50		1.11	0.62	1.99	

Other Ethnicity vs White	Unadjusted	0.56	0.25	1.25	40.34	0.82	0.45	1.49	0	0.70	0.14	3.54	63.29	0.81	0.11	6.21	67.17
	<b>Basic adjustment</b>	<b>0.72</b>	<b>0.25</b>	<b>2.07</b>	<b>64.12</b>	<b>1.02</b>	<b>0.41</b>	<b>2.51</b>	<b>48.38</b>	<b>0.96</b>	<b>0.17</b>	<b>5.25</b>	<b>66.68</b>	<b>0.82</b>	<b>0.08</b>	<b>8.51</b>	<b>74.76</b>
	Full adjustment	0.72	0.25	2.02	64.08	no information				no information				no information			
<b>Education</b>																	
A-level/equivalent vs Higher education/Degree	Unadjusted	1.02	0.85	1.22	53.07	1.02	0.84	1.25	39.4	0.94	0.68	1.30	26.88	0.68	0.37	1.28	90.63
	<b>Basic adjustment</b>	<b>1.11</b>	<b>0.99</b>	<b>1.25</b>	<b>8.05</b>	<b>1.13</b>	<b>0.99</b>	<b>1.29</b>	<b>1.31</b>	<b>0.92</b>	<b>0.71</b>	<b>1.19</b>	<b>0</b>	<b>0.73</b>	<b>0.38</b>	<b>1.39</b>	<b>91.07</b>
	Full adjustment	0.98	0.85	1.12	21.18	0.98	0.59	1.63		3.39	1.04	11.09		1.05	0.83	1.32	
GCSE/equivalent vs Higher education/Degree	Unadjusted	0.96	0.84	1.10	36.2	0.96	0.84	1.11	19.4	0.95	0.69	1.30	39.93	1.01	0.89	1.14	0
	<b>Basic adjustment</b>	<b>0.94</b>	<b>0.79</b>	<b>1.12</b>	<b>55.76</b>	<b>0.91</b>	<b>0.73</b>	<b>1.13</b>	<b>53.46</b>	<b>0.96</b>	<b>0.68</b>	<b>1.35</b>	<b>45.45</b>	<b>1.04</b>	<b>0.92</b>	<b>1.19</b>	<b>0</b>
	Full adjustment	0.84	0.73	0.95	24.18	0.63	0.36	1.10		1.96	0.59	6.47		0.81	0.62	1.04	
<GCSE/equivalent vs Higher education/Degree	Unadjusted	1.13	0.89	1.43	72.27	1.06	0.83	1.36	61.17	1.22	0.77	1.94	58.91	1.38	1.21	1.58	0
	<b>Basic adjustment</b>	<b>1.12</b>	<b>0.96</b>	<b>1.30</b>	<b>33.28</b>	<b>1.04</b>	<b>0.85</b>	<b>1.27</b>	<b>34.32</b>	<b>1.25</b>	<b>0.88</b>	<b>1.78</b>	<b>27.88</b>	<b>1.20</b>	<b>1.04</b>	<b>1.38</b>	<b>0</b>
	Full adjustment	0.85	0.76	0.96	3.24	0.70	0.42	1.17		3.22	1.01	10.27		0.86	0.66	1.12	
<b>Occupational class</b>																	
Intermediate vs Managerial/Admin/Professional	Unadjusted	1.07	0.97	1.18	0	1.04	0.93	1.17	0	0.99	0.74	1.35	17.14	1.15	1.00	1.32	0
	<b>Basic adjustment</b>	<b>1.04</b>	<b>0.94</b>	<b>1.15</b>	<b>0</b>	<b>1.02</b>	<b>0.91</b>	<b>1.15</b>	<b>0</b>	<b>0.96</b>	<b>0.68</b>	<b>1.37</b>	<b>29.88</b>	<b>1.12</b>	<b>0.98</b>	<b>1.28</b>	<b>0</b>
	Full adjustment	0.97	0.88	1.08	0	1.13	0.67	1.90		0.74	0.21	2.59		1.05	0.84	1.31	
Manual/Routine vs Managerial/Admin/Professional	Unadjusted	1.13	0.99	1.29	29.12	1.06	0.94	1.18	0	1.30	1.00	1.68	9.9	1.13	0.91	1.41	33.75
	<b>Basic adjustment</b>	<b>1.20</b>	<b>1.09</b>	<b>1.32</b>	<b>0</b>	<b>1.15</b>	<b>1.03</b>	<b>1.30</b>	<b>0</b>	<b>1.35</b>	<b>1.01</b>	<b>1.81</b>	<b>16.85</b>	<b>1.20</b>	<b>1.05</b>	<b>1.37</b>	<b>0</b>
	Full adjustment	1.03	0.93	1.15	0	1.29	0.81	2.06		0.75	0.27	2.13		1.07	0.85	1.35	
Other social class vs	Unadjusted	1.36	0.90	2.06	92.46	1.40	1.01	1.94	79.32	2.03	1.25	3.29	73.7	1.55	0.90	2.68	87.81

Managerial/ Admin/Professional	<b>Basic adjustment</b> Full adjustment	<b>1.48</b> 1.19	<b>1.10</b> 0.99	<b>2.00</b> 1.42	<b>81.34</b> 44.84	<b>1.51</b> 1.39	<b>1.18</b> 0.80	<b>1.93</b> 2.42	<b>56.4</b> 5	<b>2.44</b> 4.12	<b>1.71</b> 1.43	<b>3.49</b> 11.82	<b>45.4</b> 9	<b>1.64</b> 0.94	<b>1.10</b> 0.69	<b>2.46</b> 1.27	<b>72.22</b>
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Basic adjustment: sex, age, and ethnicity (where available)

Full adjustment: sex, age, and ethnicity (where available) , education, occupational class, UK Nation (where appropriate), household composition, and pre-pandemic self-reported health.

Empty I<sup>2</sup>% column indicates only one study included

\*Binary variable including Black, East Asian, Mixed, South Asian, and other ethnicity in 'non-White'

For peer review only

### Summary of stratified results

		Any healthcare disruption			
Sex		OR	Lower CI	Upper CI	I2%
	Overall	1.34	1.15	1.57	65.33
	Not shielding	1.32	1.09	1.61	75.25
	Shielding	1.48	1.20	1.83	0
Female vs. Male	16-24y	2.21	1.61	3.03	3.99
	25-34y	1.45	0.86	2.43	63.72
	35-44y	1.48	1.14	1.92	
	45-54	1.97	1.61	2.42	0
	55-64	1.16	1.02	1.32	0
	75+	1.03	0.80	1.32	42.24
Age		OR	Lower CI	Upper CI	I2%
16-24y vs 45-54y	Overall	0.49	0.39	0.60	
	Not shielding	0.50	0.40	0.62	
	Shielding	0.64	0.23	1.78	
25-34y vs 45-54y	Overall	0.70	0.58	0.85	
	Not shielding	0.71	0.58	0.87	
	Shielding	0.86	0.34	2.16	
35-44y vs 45-54y	Overall	0.74	0.63	0.87	
	Not shielding	0.76	0.64	0.90	
	Shielding	0.48	0.24	0.96	
55-64y vs 45-54y	Overall	1.42	1.25	1.61	0
	Not shielding	1.37	1.20	1.57	0
	Shielding	1.32	0.80	2.17	0
65-74y vs 45-54y	Overall	1.78	1.56	2.02	0
	Not shielding	1.67	1.46	1.91	0
	Shielding	1.33	0.82	2.15	0
75+ vs 45-54y	Overall	2.06	1.76	2.41	0
	Not shielding	1.96	1.66	2.33	0
	Shielding	1.07	0.65	1.78	0
Ethnicity		OR	Lower CI	Upper CI	I2%
Non-White vs White*	Overall	1.23	1.05	1.44	0

	Not shielding	0.96	0.62	1.48	73.47
	Shielding	1.56	0.97	2.49	0
	16-24y	1.24	0.84	1.82	0
	25-34y	0.70	0.47	1.04	0
	35-44y	1.42	0.94	2.12	
	45-54	1.71	1.20	2.44	0
	55-64	1.20	0.87	1.66	0
	75+	1.28	0.67	2.45	0
	Overall	1.47	1.08	1.98	0
Black vs White	Not shielding	0.84	0.38	1.83	72.85
	Shielding	1.49	0.59	3.78	0
	16-24y	1.15	0.51	2.59	0
	25-34y	0.74	0.30	1.86	16.69
	35-44y	2.11	0.87	5.12	
	45-54	1.99	0.93	4.25	15.25
	55-64	1.74	1.03	2.95	0
	75+	1.23	0.42	3.56	0
East Asian vs White	Overall	1.04	0.53	2.06	
	Not shielding	1.04	0.52	2.11	
	Shielding				
	16-24y	0.01	0.00	0.05	
	25-34y	0.57	0.12	2.62	
	35-44y	1.55	0.69	3.48	
	45-54	1.62	0.42	6.18	
	55-64	0.90	0.36	2.21	
Mixed vs White	75+				
	Overall	1.38	0.88	2.17	34.69
	Not shielding	1.28	0.88	1.86	0
	Shielding	1.89	0.64	5.55	0
	16-24y	2.50	1.25	5.02	0
	25-34y	1.09	0.61	1.95	0
	35-44y	2.47	0.88	6.95	
	45-54	1.01	0.48	2.14	
55-64	1.19	0.56	2.51	0	
South Asian vs White	75+	1.47	0.34	6.42	22.46
	Overall	1.02	0.84	1.24	0
	Not shielding	0.92	0.64	1.34	42.86
	Shielding	1.30	0.72	2.36	0
	16-24y	0.98	0.62	1.53	13.95



1						
2						
3		25-34y	0.43	0.26	0.72	2.58
4		35-44y	0.91	0.58	1.42	
5		45-54	2.55	0.59	10.92	86.27
6		55-64	0.90	0.47	1.74	19
7		75+	1.11	0.40	3.12	0
8						
9		Overall	0.72	0.25	2.07	64.12
10		Not				
11		shielding	0.63	0.20	1.95	62.21
12		Shielding	0.19	0.01	4.52	
13						
14		16-24y	0.18	0.00	15.35	88.56
15	Other Ethnicity vs White	25-34y	0.57	0.10	3.20	70.09
16		35-44y	1.52	0.36	6.41	
17		45-54	1.12	0.37	3.38	
18		55-64	0.49	0.12	1.96	
19		75+	4.18	0.35	50.04	
20						
21						
22						
23		Education	OR	Lower CI	Upper CI	I2%
24		Overall	1.11	0.99	1.25	8.05
25		Not				
26		shielding	1.02	0.85	1.23	47.74
27		Shielding	0.92	0.66	1.30	0
28						
29	A-level/equivalent vs Higher	16-24y	1.39	0.96	2.01	0
30	education/Degree	25-34y	0.97	0.55	1.71	52.33
31		35-44y	1.48	1.00	2.18	
32		45-54	1.10	0.86	1.40	0
33		55-64	0.99	0.76	1.29	44.12
34		75+	0.77	0.57	1.05	0
35						
36		Overall	0.94	0.79	1.12	55.76
37		Not				
38		shielding	0.93	0.79	1.10	47.54
39		Shielding	0.80	0.60	1.06	0
40						
41	GCSE/equivalent vs Higher	16-24y	0.93	0.36	2.40	83.45
42	education/Degree	25-34y	1.05	0.53	2.07	70.84
43		35-44y	1.19	0.86	1.64	
44		45-54	1.00	0.70	1.44	60.4
45		55-64	1.06	0.91	1.24	0
46		75+	0.88	0.59	1.31	54.52
47						
48		Overall	1.12	0.96	1.30	33.28
49		Not				
50		shielding	1.01	0.83	1.23	50.08
51	<GCSE/equivalent vs Higher	Shielding	0.86	0.63	1.18	8.77
52	education/Degree	16-24y	0.79	0.38	1.61	46.71
53		25-34y	1.31	0.61	2.81	62.99
54						
55						
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60						

	35-44y	0.87	0.56	1.36	
	45-54	1.32	0.85	2.06	61.45
	55-64	1.18	0.97	1.43	0
	75+	0.98	0.78	1.24	0
Occupational class		OR	Lower CI	Upper CI	I <sup>2</sup> %
	Overall	1.04	0.94	1.15	0
	Not shielding	1.04	0.94	1.15	0
	Shielding	0.86	0.59	1.25	13.43
Intermediate vs Managerial/Admin/Professional	16-24y	0.88	0.55	1.41	0
	25-34y	1.25	0.86	1.81	0
	35-44y	1.13	0.81	1.58	
	45-54	1.13	0.92	1.39	0
	55-64	0.92	0.77	1.11	0
	75+	1.02	0.76	1.37	0
	Overall	1.20	1.09	1.32	0
	Not shielding	1.20	1.08	1.33	0
	Shielding	0.94	0.71	1.24	0
Manual/Routine vs Managerial/Admin/Professional	16-24y	1.14	0.74	1.75	0
	25-34y	1.55	0.97	2.48	36.45
	35-44y	1.23	0.88	1.71	
	45-54	1.04	0.85	1.27	0
	55-64	1.14	0.95	1.37	0
	75+	1.29	0.98	1.70	0
	Overall	1.48	1.10	2.00	81.34
	Not shielding	1.44	1.10	1.89	73.49
	Shielding	0.92	0.38	2.22	82.67
Other social class vs Managerial/Admin/Professional	16-24y	1.01	0.34	2.95	79.64
	25-34y	2.09	1.40	3.13	0
	35-44y	2.16	1.34	3.48	
	45-54	2.05	0.98	4.29	85.15
	55-64	1.73	1.28	2.33	64.79
	75+	1.02	0.62	1.69	0

Adjusted for sex, age, and ethnicity (where available)

Empty I<sup>2</sup>% column indicates only one study included

\*Binary variable including Black, East Asian, Mixed, South Asian, and other ethnicity in 'non-White'

STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

	Item No	Recommendation	Page No
<b>Title and abstract</b>	1	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found	1-2
<b>Introduction</b>			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3-4
Objectives	3	State specific objectives, including any prespecified hypotheses	4
<b>Methods</b>			
Study design	4	Present key elements of study design early in the paper	4-5
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	4-5 & supplementary
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up (b) For matched studies, give matching criteria and number of exposed and unexposed	4 & supplementary
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	4-7 & supplementary
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	4-7 & supplementary
Bias	9	Describe any efforts to address potential sources of bias	4 & 8
Study size	10	Explain how the study size was arrived at	4 & supplementary
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	7-8 & supplementary
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) If applicable, explain how loss to follow-up was addressed (e) Describe any sensitivity analyses	7-8 & supplementary
<b>Results</b>			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	9 & supplementary
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) Summarise follow-up time (eg, average and total amount)	9 & supplementary
Outcome data	15*	Report numbers of outcome events or summary measures over time	9-12 & supplementary

1 2 3 4 5 6 7 8	Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included (b) Report category boundaries when continuous variables were categorized (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	9-12 & supplementary
9 10 11	Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	12 & supplementary
12	<b>Discussion</b>			
13	Key results	18	Summarise key results with reference to study objectives	13
14 15 16	Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	14-15
17 18 19 20	Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	15-16
21 22	Generalisability	21	Discuss the generalisability (external validity) of the study results	14-15
23	<b>Other information</b>			
24 25 26	Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	17

\*Give information separately for exposed and unexposed groups.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at <http://www.strobe-statement.org>.

# BMJ Open

## Inequalities in healthcare disruptions during the COVID-19 pandemic: evidence from 12 UK population-based longitudinal studies

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3 **1 Inequalities in healthcare disruptions during the COVID-19 pandemic: evidence from 12 UK**  
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5 **2 population-based longitudinal studies**  
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1  
2  
3 **24 Abstract**  
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6 **25 Objectives:** We investigated associations between multiple socio-demographic characteristics (sex,  
7  
8 **26** age, occupational social class, education, and ethnicity) and self-reported healthcare disruptions  
9  
10 **27** during the early stages of the COVID-19 pandemic.  
11

12  
13 **28 Design:** Co-ordinated analysis of prospective population surveys.  
14

15  
16 **29 Setting:** Community-dwelling participants in the United Kingdom between April 2020 up to January  
17  
18 **30** 2021.  
19

20  
21 **31 Participants:** Over 68,000 participants from 12 longitudinal studies.  
22

23  
24 **32 Outcomes:** Self-reported healthcare disruption to medication access, procedures, appointments.  
25

26  
27 **33 Results:** Prevalence of healthcare disruption varied substantially across studies: between 6% and 32%  
28  
29 reported any disruption, with 1% to 10% experiencing disruptions in medication, 1% to 17%  
30  
31 experiencing disruption in procedures and 4% to 28% experiencing disruption in clinical  
32  
33 appointments. Females (Odd Ratio (OR): 1.27 [95%CI: 1.15,1.40]; I<sup>2</sup>=54%), older persons (e.g., OR:  
34  
35 1.39 [1.13,1.72]; I<sup>2</sup>=77% for 65-75y vs 45-54y), and Ethnic minorities (excluding White minorities)  
36  
37 (OR: 1.19 [1.05,1.35]; I<sup>2</sup>=0% vs White) were more likely to report healthcare disruptions. Those in a  
38  
39 more disadvantaged social class were also more likely to report healthcare disruptions (e.g., OR: 1.17  
40  
41 [1.08, 1.27]; I<sup>2</sup>=0% for manual/routine vs managerial/professional), but no clear differences were  
42  
43 observed by education. We did not find evidence that these associations differed by shielding status or  
44  
45 age.  
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49 **43 Conclusions:** Healthcare disruptions during the COVID-19 pandemic could contribute to the  
50  
51 maintenance or widening of existing health inequalities.  
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55 **46 Keywords:** Healthcare Disparities; Health Services Accessibility; Longitudinal Studies; United  
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57 **47** Kingdom; Socioeconomic Factors; Ethnicity; Social Class  
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48

**Strengths and limitations of this study**

- We conducted co-ordinated primary analyses in 12 UK longitudinal population studies, and pooled results using a random effects meta-analysis.
- Use of multiple studies increased statistical power to look at subpopulations such as ethnic minority groups across cohorts and allowed for greater examination of how inequalities were patterned by age.
- Most studies were weighted to be representative of their target ages in the UK population, and findings were robust to excluding those that were not.
- We did not adjust for whether respondents needed healthcare, so the inequalities observed may be at least partly attributable to inequalities in needing healthcare.
- Data on pre-pandemic healthcare disruption was not available, so we could not tell if inequalities in healthcare disruption had widened or narrowed during the pandemic.

**Introduction**

The coronavirus disease 2019 (COVID-19) pandemic has affected all aspects of society. Health systems world-wide have faced major disruption as they respond to large increases in demand arising from the COVID-19 disease.[1–5] Furthermore, healthcare access has been reduced by governmental control measures and the public’s fear of contracting infection.[6] Disruptions may have both short and long-term health consequences as preventive treatments are foregone, disease surveillance is interrupted and disease diagnoses are delayed. While the disruption of health systems can impact the entire population, it has become apparent that not all groups have been affected equally. For example, recent evidence has demonstrated that both elective and emergency hospital admissions vary by socioeconomic deprivation and ethnic minority quintiles, with the more deprived areas showing a large fall in elective admissions, and areas with high ethnic minority populations showing larger falls in emergency admissions.[5] Understanding the impacts of the pandemic on health systems and on equity of healthcare access is therefore a major policy priority.

In the UK, the National Health Service (NHS) provides free healthcare and prioritises equity of delivery. However, the UK’s relatively high COVID-19 burden and associated repeated lockdown

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3 77 measures have raised concerns that the health system may not be providing accessible care to those who  
4  
5 78 need it most. Recent reports from NHS Digital indicate a large increase in those waiting 12 months or  
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7 79 more for elective treatments in February 2021 compared to March 2020.[7] Furthermore, despite  
8  
9 80 decreases in attendance at accident and emergency services,[4] the number of patients waiting  
10  
11 81 over 12 hours for admission was 34% higher in January 2021 than January 2020. Disruption to  
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13 82 pharmacological treatments has also been reported with delays in accessing medication.[8,9]  
14  
15 83 However, a comprehensive assessment of inequalities in healthcare disruption in the community is  
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17 84 lacking.

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21 85 It is well known that health systems do not meet the needs of all social groups equitably, with  
22  
23 86 marked health inequalities by sex, ethnicity, and socioeconomic position.[10,11] For example, the  
24  
25 87 inverse care law demonstrates that health service provision is often not allocated according to need,  
26  
27 88 with more socioeconomically deprived areas relatively under-served.[12] Given the barriers that some  
28  
29 89 social groups face in accessing high quality healthcare, there is considerable concern that disadvantaged  
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31 90 groups (e.g., ethnic minorities) will be disproportionately impacted by healthcare disruption during the  
32  
33 91 COVID-19 pandemic, as some emerging evidence suggests.[13,14]

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36 92 Harnessing multiple longitudinal studies allows inequalities to be studied in detail by improving  
37  
38 93 statistical power and allows consistency of findings to be investigated. We therefore aimed to  
39  
40 94 investigate inequalities in healthcare disruption during the COVID-19 pandemic in 12 population-based  
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42 95 longitudinal studies, to help inform targeting of policy responses as we move out of the acute phase of  
43  
44 96 the pandemic. We investigate healthcare disruptions (including prescription or medication access,  
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46 97 procedures or surgery, clinical appointments) by sex, age, ethnicity, education, and occupational social  
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48 98 class and we explore whether associations differ by age, or for those who have been recommended to  
49  
50 99 'shield' due to clinical vulnerability.

## 51 52 53 100 **Methods**

### 54 55 101 *Design*

56 102 The UK National Core Studies – Longitudinal Health and Wellbeing programme aims to draw together  
57  
58 103 data from multiple UK population-based longitudinal studies to answer questions relevant to the

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3 104 pandemic response. By coordinating analyses within each study and statistically pooling results in a  
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5 105 meta-analysis, we can provide robust evidence to understand healthcare disruptions during the  
6  
7 106 pandemic.  
8

### 9 107 *Participants*

10  
11 108 Data were from 12 UK population studies which had conducted surveys both before and during the  
12  
13 109 COVID-19 pandemic. Details of the design, sample frames, current age range, timing of the COVID-  
14  
15 110 19 surveys, response rates, and analytical sample size are available in Supplementary Table S1.  
16  
17

18  
19 111 Our population of interest is the current UK population aged 16 years or older. The following  
20  
21 112 studies are considered to be nationally representative samples of their target age-groups: the Millennium  
22  
23 113 Cohort Study (MCS);[15] Next Steps (NS);[16] the 1970 British Cohort Study (BCS);[17] the National  
24  
25 114 Child Development Study (NCDS);[18] the National Survey of Health and Development  
26  
27 115 (NSHD);[19,20] Understanding Society (USOC);[21] and the English Longitudinal Study of Ageing  
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29 116 (ELSA).[22] We also included the Avon Longitudinal Study of Parents and Children (ALSPAC-  
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31 117 G1);[23] the parents of the ALSPAC-G1 cohort which we refer to as ALSPAC-G0;[24] the Born in  
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33 118 Bradford study (BIB);[25,26] Generation Scotland: the Scottish Family Health Study (GS);[27] and the  
34  
35 119 UK Adult Twin Registry (TwinsUK).[28,29] We present results from all 12 studies in the main  
36  
37 120 manuscript and results restricted to representative samples in Supplementary File 1.  
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41 121 We can further categorise these studies into age homogenous birth cohorts (where all  
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43 122 individuals were of similar age within each cohort) and age heterogeneous studies (each covering a  
44  
45 123 range of age groups). The age homogenous studies include: MCS; ALSPAC-G1; NS; BCS; NCDS; and  
46  
47 124 NSHD. The age heterogenous studies include: BIB; USOC; GS; ALSPAC-G0; TwinsUK; and ELSA.  
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49 125 Analytical samples were defined within each study based on respondents who had no missing data on  
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51 126 at least one healthcare disruption outcome in a COVID-19 survey and on a minimum set of covariates  
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53 127 (sex, ethnicity, and age where relevant). Most studies were weighted to be representative of their target  
54  
55 128 populations accounting for differential non-response.[20,30,31] Weights were not available for BIB or  
56  
57 129 TwinsUK. Studies were ordered for presentation by age of sample (youngest to oldest), with the age  
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59 130 homogenous cohorts first, followed by the age heterogenous studies. Missing data within surveys was  
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3 131 generally low, especially for healthcare disruption variables, but approximately 5-10% of respondents  
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5 132 across studies were excluded due to missing baseline covariates.  
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### 8 133 *Ethical approval*

9  
10 134 Ethics statements and data access details for each study can be found in Supplementary Table S2.  
11

### 12 135 *Measures*

13  
14 136 Below we describe the overall approach to measuring each variable in the analysis.  
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16

### 17 137 *Outcomes*

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19 138 We assessed self-reported disruptions to prescriptions or medication access; procedures or surgery; and  
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21 139 appointments (e.g., with a GP or outpatient services); and a combined variable indicating disruptions to  
22  
23 140 any of the afore mentioned. Any deviation from planned or existing treatment was coded as a disruption,  
24  
25 141 regardless of the reason for the disruption. The wording of the questions was the same for MCS, NS,  
26  
27 142 BCS, NCDS and NSHD. There was variation in how the questions were asked in the other studies. Full  
28  
29 143 details of the questions and coding used within each study are available in Supplementary File 2.  
30  
31 144 ALSPAC did not have information about prescriptions or medication access. BIB did not have  
32  
33 145 information about procedures or surgery. TwinsUK did not have information about procedures or  
34  
35 146 surgery or appointments. Where multiple pandemic survey waves had been included, we coded for any  
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37 147 disruptions reported up to and including the most recent. This meant at least 7 months of follow-up for  
38  
39 148 most studies (GS had five and ELSA four, while ALSPAC had the longest follow-up period at nine  
40  
41 149 months). Supplementary Table S3 shows how the prevalence for any experience of each disruption  
42  
43 150 accumulated across the six USOC surveys. The majority of those who experienced each type of  
44  
45 151 healthcare disruption had already experienced it by the end of May 2020.  
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### 49 152 *Indicators of inequality*

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51 153 We assessed inequalities associated with key sociodemographic characteristics i.e., sex, age, ethnicity,  
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53 154 education, and occupational social class. For age, we considered age-groups categorised as: 16-24; 25-  
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55 155 34; 35-44; 45-54; 55-64; 65-74; and 75+ years. Depending on the level of detail of ethnicity available,  
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57 156 we examined both a binary (White [including White minorities] vs Ethnic minorities [excluding White  
58  
59 157 minorities]) and a finer categorisation of ethnicity (White, South Asian, Black, Mixed, Other Asian,  
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3 158 Other Ethnic Minority). For education we distinguished between degree or equivalent; A-level or  
4  
5 159 equivalent (i.e., post-compulsory schooling qualifications); GCSE or equivalent (i.e., qualifications for  
6  
7 160 completing compulsory schooling); and fewer or no qualifications. We also examined occupational  
8  
9 161 class with the following categories (based on different coding schemes in different studies):  
10  
11 162 Professional/Managerial; Intermediate; Routine/Manual; and Other (which included never/long-term  
12  
13 163 non-employed and, in some studies, respondents who could not be classified elsewhere). Respondents'  
14  
15 164 education and occupational class were not available in the MCS or ALSPAC-G1, so we considered  
16  
17 165 parental education or household social class. For full details, see Supplementary File 2.

### 18 166 ***Moderators***

19  
20  
21  
22 167 We decided *a priori* to examine modification by age and clinical vulnerability to COVID-19 to see  
23  
24 168 whether inequalities varied by life-stage or were particularly acute for those with higher healthcare  
25  
26 169 needs and at higher risk from COVID-19 harms. For moderation by age, the age-heterogeneous studies  
27  
28 170 split their samples into the age-bands covered, while age homogeneous cohorts were included within  
29  
30 171 the appropriate age bands (see above for banding). In the UK, clinically extremely vulnerable people  
31  
32 172 were advised to stay at home ('shield') during the pandemic. Respondents were directly asked whether  
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34 173 they had received a letter from the NHS advising them to stay at home and protect themselves. Specific  
35  
36 174 survey questions can be found in Supplementary File 2.

### 37 175 ***Other variables***

38  
39  
40  
41 176 The following covariates were also included where relevant and available within each study: UK Nation  
42  
43 177 (i.e., England, Scotland, Wales, or Northern Ireland); household composition (based on partnership  
44  
45 178 status and whether there were children in the household); and pre-pandemic self-reported health (good  
46  
47 179 vs poor).

### 48 180 ***Analysis***

49  
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51  
52 181 Within each study, distributions of sociodemographic characteristics and healthcare disruption were  
53  
54 182 examined. Then, each healthcare disruption outcome was regressed on each indicator of inequality (i.e.,  
55  
56 183 sex, age, ethnicity, education, and occupational class). Unadjusted associations are included in  
57  
58 184 Supplementary File 3. Since our aim was primarily to describe inequalities, we focus on presenting  
59  
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1  
2  
3 185 associations with minimal adjustment only for sex, age, and ethnicity when applicable. To assess  
4  
5 186 whether associations were independent of other related factors, we also provide results in  
6  
7 187 Supplementary File 3 for any healthcare disruption which additionally adjust for: education,  
8  
9 188 occupational class, UK Nation (where appropriate), household composition, and pre-pandemic self-  
10  
11 189 reported health. Moderation by age and shielding status was assessed using stratified models.

12  
13  
14 190 Results were then meta-analysed for each outcome for the full sample, and within age and  
15  
16 191 shielding strata. We used a random effects meta-analysis with restricted maximum likelihood. For  
17  
18 192 stratified results, a test of group differences was performed using the subgroup meta-analysis command.  
19  
20 193 We report heterogeneity using the  $I^2$  statistic (0% indicates low variation between estimates across  
21  
22 194 studies, while values closer to 100% indicate greater heterogeneity).

23  
24  
25 195 Finally, in sensitivity analyses we restricted meta-analyses to representative studies (MCS, NS,  
26  
27 196 BCS, NCDS and NSHD, USOC and ELSA). Meta-analyses were conducted in Stata 16 (V.16).[32]

### 28 197 *Patient and public involvement*

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31 198 None.

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35 199

## 36 37 200 **Results**

### 38 39 201 *Descriptive statistics*

40  
41  
42 202 The distribution of demographic and socio-economic characteristics within each study is presented in  
43  
44 203 Table 1. A total of 68,912 participants were included in the coordinated analysis. Due to study design,  
45  
46 204 participants from BIB were all female, as were the vast majority (89.4%) from TwinsUK. The age  
47  
48 205 ranged from 16 years in BIB and USOC to 90+ years in TwinsUK and ELSA.

49  
50  
51 206 Overall, the prevalence of any healthcare disruption ranged from 6.4% in TwinsUK to 31.8% in  
52  
53 207 USOC (Figure 1). Table 2 shows that disruptions to medical appointments were most common, ranging  
54  
55 208 from 3.5% (ELSA) to 28.4% (USOC). Disruptions in prescriptions or medication access varied from  
56  
57 209 1.2% (BIB) to 10.4% (GS). Disruptions to procedures or surgery were least common ranging from 0.7%  
58  
59 210 (MCS) to 16.8% (ELSA).



211 **Table 1. Percent (and N) distribution of demographic and socio-economic characteristics by study**

	<i>MCS</i>	<i>ALSPAC GI</i>	<i>NS</i>	<i>BCS70</i>	<i>NCDS</i>	<i>NSHD</i>	<i>BIB</i>	<i>USOC</i>	<i>GS</i>	<i>ALSPAC G0</i>	<i>TWINS UK</i>	<i>ELSA</i>	
<b>Total analytic N</b>	3,147	3,430	3,311	5,175	5,747	1,569	1,726	13,253	17,139	3,625	4,282	6,508	
<b>Female</b>	65.0 (2,045)	65.3 (2,240)	64.8 (2,145)	57.9 (2,994)	53.7 (3,086)	52.6 (825)	100.0 (1,726)	57.9 (7,668)	67.0 (11,476)	73.1 (2,651)	89.4 (3,830)	56.3 (3,663)	
<b>Mean Age in 2020 (range)</b>	19.5 (18.7-20.1)	28.4 (27-29)	30.6 (29.9-31.4)	50.5 (50.4-50.6)	62.6 (62.5-62.7)	74	37.5 (16-54)	51.1 (16-96.2)	57.0 (18-100)	59.4 (45-89)	61.2 (22-96)	69.3 (52-90+)	
<b>Ethnicity</b>	<i>White</i>	86.1 (2,708)	98.4 (3,330)	74.6 (2,470)	NA	NA	NA	37.8 (653)	98.3 (16,843)	87.2 (11,561)	98.4 (3,567)	97.1 (4,156)	95.9 (6,239)
	<i>South Asian</i>	7.6 (240)	NA	15.0 (496)	NA	NA	NA	56.1 (968)	0.4 (70)	6.7 (885)	NA	0.7 (28)	2.1 (135)
	<i>East Asian</i>	1.0 (30)	NA	NA	NA	NA	NA	NA	0.3 (51)	1.2 (155)	NA	0.1 (3)	NA
	<i>Black</i>	2.6 (83)	NA	3.8 (127)	NA	NA	NA	2.0 (34)	0.1 (21)	2.5 (334)	NA	1.1 (45)	1.2 (75)
	<i>Mixed</i>	2.4 (76)	NA	4.6 (152)	NA	NA	NA	1.4 (24)	0.6 (105)	1.8 (241)	NA	0.9 (38)	0.9 (59)
	<i>Other</i>	0.3 (10)	NA	2.0 (66)	NA	NA	NA	2.7 (47)	0.3 (49)	0.6 (77)	NA	0.3 (12)	NA
	<i>All ethnic minorities</i>	13.9 (439)	2.9 (100)	25.4 (841)	NA	NA	NA	62.2 (1,073)	1.3 (226)	12.8 (1692)	1.6 (58)	2.9 (126)	4.1 (269)
<b>Education</b>	<i>Higher Education or Degree</i>	55.9 (1,758)	29.0 (994)	48.9 (1,620)	46.6 (2,411)	46.0 (2,646)	29.0 (994)	35.1 (556)	50.7 (8,602)	47.1 (6,238)	29.7 (1,075)	55.7 (2,386)	25.6 (1,666)
	<i>A-level or equivalent</i>	15.0 (473)	35.1 (1,203)	23.4 (773)	14.2 (733)	18.0 (1,034)	35.1 (1,203)	17.2 (273)	35.9 (6,096)	11.6 (1,543)	29.7 (1,078)	11.6 (498)	27.6 (1,798)
	<i>GCSE or equivalent</i>	19.5 (615)	26.1 (896)	19.0 (628)	23.4 (1,209)	22.8 (1,311)	26.1 (896)	22.3 (354)	6.2 (1046)	25.2 (3,341)	30.3 (1,098)	20.5 (877)	22.3 (1,452)
	<i>&lt;GCSE or none</i>	9.6 (301)	9.83 (337)	8.8 (290)	15.9 (822)	13.2 (756)	9.8 (337)	25.5 (405)	7.2 (1,214)	16.1 (2,131)	10.3 (374)	12.2 (521)	24.5 (1,592)
<b>Social Class</b>	<i>Managerial, Admin, Professional</i>	51.3 (1,614)	18.0 (616)	47.6 (1,575)	42.7 (2,209)	23.0 (1,319)	18 (616)	31.2 (475)	81.0 (10,716)	35.0 (4,639)	13.4 (486)	NA	32.4 (2,111)
	<i>Intermediate</i>	15.4 (484)	46.2 (1,583)	18.9 (625)	21.1 (1,091)	14.9 (856)	46.1 (1,583)	35.7 (545)	14.4 (1,906)	17.1 (2,264)	41.2 (1,492)	NA	23.0 (1,497)
	<i>Manual/Routine</i>	18.9 (595)	35.3 (1,212)	15.0 (495)	19.5 (1,009)	16.5 (948)	35.3 (1,212)	25.3 (386)	4.4 (581)	20.1 (2,663)	44.6 (1,617)	NA	28.2 (1,834)
	<i>Other</i>	14.4 (454)	0.6 (19)	18.6 (616)	16.7 (866)	45.7 (2,624)	0.6 (19)	7.8 (119)	0.2 (27)	27.8 (3687)	0.8 (30)	NA	16.4 (1,066)
<b>Instructed to Shield</b>	2.5 (79)	NA	3.3 (110)	5.2 (267)	6.9 (393)	8.8 (101)	7.6 (131)	6.2 (825)	7.8 (1,332)	NA	5.9 (252)	16.3 (1,062)	



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6 213 Sources: MCS (Millennium Cohort Study); ALSPAC G1 (Children of the Avon Longitudinal Study of Parents and Children); NS (Next Steps); BCS 70 (1970  
7 214 British Cohort Study), NCDS (National Child Development Study); NSHD (National Survey of Health and Development); BIB (Born in Bradford); USOC  
8 215 (Understanding Society); GS (Generation Scotland: the Scottish Family Health Study); ALSPAC G0 (parents of ALSPAC); TWINS UK (UK Adult Twin  
9 216 Registry); ELSA (English Longitudinal Study of Ageing). Notes: Studies are ordered by age homogeneity/heterogeneity and mean age of respondents at the  
10 217 time of the interview. Samples for each study restricted to respondents with non-missing information on healthcare disruptions and valid information on sex,  
11 218 social class, education and (where applicable) age and ethnicity. All information about how data were collected and variables were coded is available in  
12 219 Supplementary File 2. NA = Not available/Info not collected. Unweighted data.

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233 **Table 2. Percent prevalence (and 95% confidence intervals) of healthcare disruptions during the pandemic, by study**

	<i>MCS</i>	<i>ALSPAC (G1)</i>	<i>NS</i>	<i>BCS70</i>	<i>NCDS</i>	<i>NSHD</i>	<i>BIB</i>	<i>USOC</i>	<i>GS</i>	<i>ALSPAC (G0)</i>	<i>TWINS UK</i>	<i>ELSA</i>
<b>Prescription/ medication access</b>	4.0 (2.3-5.5)	NA	3.8 (2.3-5.3)	3.4 (2.7-4.2)	2.4 (1.8-3.0)	2.2 (1.3-3.8)	1.2 (0.7-1.7)	5.5 (5.0-6.1)	10.4 (9.9-10.9)	NA	2.9 (2.5-3.3)	0.8 (0.6-1.2)
<b>Procedures or surgery</b>	0.7 (0.0-1.2)	1.6 (1.2-2.1)	2.1 (0.0-3.8)	1.0 (0.7-1.2)	2.8 (2.0-3.5)	2.5 (1.4-4.4)	NA	12.3 (11.6-13.0)	2.1 (1.9-2.4)	2.9 (2.1-3.9)	NA	16.8 (15.7-17.9)
<b>Appointments</b>	6.2 (4.9-7.6)	11.7 (10.3-13.2)	7.3 (5.6-9.0)	10.6 (9.2-12.1)	12.1 (10.9-13.3)	12.0 (9.3-15.6)	8.6 (7.4-10.1)	28.4 (27.4-29.4)	16.6 (16.0-17.1)	14.4 (12.8-16.2)	NA	3.5 (2.9-4.1)
<b>Any healthcare disruption</b>	10.1 (8.1-12.1)	15.9 (14.3-17.6)	12.8 (10.3-15.4)	14.3 (12.7-15.9)	16.7 (15.2-18.2)	16.4 (13.2-20.2)	9.4 (8.1-10.9)	31.8 (30.8-32.8)	25.3 (24.6-25.9)	19.9 (18.1-21.9)	6.35 (5.9-7.2)	19.5 (18.3-20.8)

234 Sources: MCS (Millennium Cohort Study); ALSPAC G1 (Children of the Avon Longitudinal Study of Parents and Children); NS (Next Steps); BCS 70 (1970  
 235 British Cohort Study), NCDS (National Child Development Study); NSHD (National Survey of Health and Development); BIB (Born in Bradford); USOC  
 236 (Understanding Society); GS (Generation Scotland: the Scottish Family Health Study); ALSPAC G0 (parents of ALSPAC); TWINS UK (UK Adult Twin  
 237 Registry); ELSA (English Longitudinal Study of Ageing). Notes: Studies are ordered by age homogeneity/heterogeneity and mean age of respondents at the  
 238 time of the interview. Samples for each study restricted to respondents with non-missing information on healthcare disruptions and valid information on sex,  
 239 social class, education and (where applicable) age and ethnicity. All information about how data were collected and variables were coded is available in  
 240 Supplementary File 2. TWINSUK had an additional question: "Have you experienced healthcare disruption as a result of the COVID-19 pandemic?" This  
 241 data was also used to derive the 'any healthcare disruption' variable for TWINSUK. NA = Not available/Info not collected. Weighted data where applicable

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3 242 The following sections describe results adjusted for sex, age, and ethnicity when applicable.  
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5 243 Unadjusted results and results adjusted for education, occupational class, UK Nation (where  
6  
7 244 appropriate), household composition, and pre-pandemic self-reported health can be found in  
8  
9 245 Supplementary File 3. The associations were largely robust to further adjustment.  
10

### 11 246 *Sex and healthcare disruptions*

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13  
14 247 Across all studies females were generally more likely to report any healthcare disruptions than males  
15  
16 248 (Supplementary Table S4 for details).

17  
18  
19 249 Pooled results from the meta-analysis demonstrate that females had increased odds of any  
20  
21 250 healthcare disruption compared with males (OR: 1.27 [95%CI: 1.15,1.40];  $I^2=54%$ , figure 2,  
22  
23 251 supplementary file 3). Similar associations were observed for disruptions to appointments (OR: 1.33  
24  
25 252 [95%CI: 1.17,1.52];  $I^2=60%$ ). The association between sex and the less prevalent disruptions to  
26  
27 253 procedures and medications crossed the null (Supplementary File 3 and Figure 2).

28  
29  
30 254 There were differences in the association between sex and healthcare disruption when stratified by  
31  
32 255 age ( $p<0.001$ , Supplementary File 3). The odds of having any healthcare disruption for females was  
33  
34 256 highest among 16–24-year-olds (OR: 2.22 [95% CI 1.63, 3.02];  $I^2=0%$ , and Supplementary File 3). An  
35  
36 257 association between sex and healthcare disruption was observed up to age 54 years but there were no  
37  
38 258 clear associations among those aged 55 years and above. There was no evidence that the association  
39  
40 259 between sex and healthcare disruption differed by shielding and non-shielding groups (Supplementary  
41  
42 260 File 3).

43  
44  
45 261 <Figure 1 and 2 about here>

### 46 47 262 *Age and healthcare disruptions*

48  
49  
50 263 A higher prevalence of having any healthcare disruption was observed among older participants of the  
51  
52 264 national birth cohorts where the same questionnaire was used (Figure 1). This age difference was also  
53  
54 265 observed among the ALSPAC studies and for other age-heterogenous studies as seen in Supplementary  
55  
56 266 Table S4.  
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3 267 The meta-analysis including age-heterogenous studies were supportive of age differences for  
4  
5 268 any healthcare disruptions e.g., OR: 1.39 [1.13,1.72];  $I^2=77\%$  for 65-75y vs 45-54y (Figure 3,  
6  
7 269 Supplementary File 3). Disruptions seemed less likely in younger age groups and more likely among  
8  
9 270 older age groups, though some estimates cross the null and had high heterogeneity, which may be  
10  
11 271 because of few studies in specific age categories (Figure 3, Supplementary File 3). Associations for  
12  
13 272 disruptions to medical appointments and procedures or surgery showed these age differences more  
14  
15 273 clearly (Figure 3, Supplementary File 3).

16  
17  
18 274 There were no clear differences in the association with age and any healthcare disruption by  
19  
20 275 shielding status. However, for those who were shielding, confidence intervals were wide  
21  
22 276 (Supplementary File 3). The magnitude for the association of healthcare disruption among 75-year-olds  
23  
24 277 and above vs 45–54-year-olds was higher among the non-shielding group (OR: 1.61 [95%CI:  
25  
26 278 1.17,2.22];  $I^2=79\%$ ) compared with the shielding group (OR: 0.83 [95%CI:0.51,1.37];  $I^2=83\%$ ,  
27  
28 279 Supplementary File3).

30  
31 280 <Figure 3 about here>

### 32 33 34 281 ***Ethnicity and healthcare disruptions***

35  
36 282 Among the studies that had data on ethnicity, between 7.8% (BIB) and 31.9% (USOC) of the White  
37  
38 283 groups reported healthcare disruption. Between 8.3% (TWINsUK) and 23.6% (GS) of Ethnic minority  
39  
40 284 groups reported having any healthcare disruption (Supplementary Table S4).

41  
42  
43 285 In meta-analysis, Ethnic minorities compared to White groups had increased odds of any healthcare  
44  
45 286 disruption (OR: 1.19 [1.05,1.35];  $I^2=0\%$ , Figure 4 and Supplementary File 3). This association was less  
46  
47 287 clear for specific domains of healthcare disruption (Figure 4, Supplementary File 3). Among the studies  
48  
49 288 that had a finer categorisation of ethnicity, only the Black ethnic groups had clearly raised odds for any  
50  
51 289 healthcare disruption compared with White groups (OR: 1.38 [1.03,1.84];  $I^2=0\%$ ). Associations with  
52  
53 290 healthcare disruption were less evident for other ethnic groups but were imprecisely estimated (Figure  
54  
55 291 4, Supplementary File 3).

1  
2  
3 292 There were no major differences in associations between ethnicity and any healthcare  
4  
5 293 disruption by age, though this may simply be due to low power as confidence intervals were wide  
6  
7 294 (Supplementary File 3). The clearest associations with Ethnic minority groups were within the 35-44-  
8  
9 295 and 45-74-year age ranges (OR:1.31 [1.01,1.71];  $I^2=0\%$  and OR:1.61 [1.16,2.22];  $I^2=0\%$ ). The mixed  
10  
11 296 ethnicity group were also at particular risk for disruption in the 16–24-year age range too (OR:2.50  
12  
13 297 [1.25,5.02];  $I^2=0\%$ ). The magnitude for the association between any healthcare disruption among Ethnic  
14  
15 298 minority groups vs. White groups was higher among those who were shielding (OR: 1.56[1.01 to 2.39];  
16  
17 299 compared to OR: 1.06[0.86 to 1.31] for non-shielding). This observation was consistent across more  
18  
19 300 granular ethnicity categories, but confidence intervals were wide (Supplementary File 3).

21  
22 301 <Figure 4 about here>

### 23 24 25 302 26 27 303 ***Education and healthcare disruptions***

28  
29 304 There was no clear pattern in the prevalence of healthcare disruption across education levels. For  
30  
31 305 example, in USOC 29.7% of those with any healthcare disruption had a degree or equivalent and 39%  
32  
33 306 had no school-leaving qualifications. In TWINSUK 9.9% of those with any healthcare disruption had a  
34  
35 307 degree or equivalent and 6.1% had no school-leaving (Supplementary Table S4).

36  
37 308 In meta-analysis, we did not observe clear associations between education level and healthcare  
38  
39 309 disruption, other than that those without school-leaving qualifications had raised odds of disruptions to  
40  
41 310 procedures or surgery (OR: 1.26 [1.11,1.44];  $I^2=0\%$ ; Supplementary File 3 and Figure 5). We did not  
42  
43 311 observe differences by age or shielding status (Supplementary File 3).

44  
45 312 <Figure 5 about here>

### 46 47 313 ***Occupational class and healthcare disruptions***

48  
49 314 The prevalence of any healthcare disruption ranged between 9.7% (BIB) and 25.7% (USOC) among  
50  
51 315 the Professional/Managerial social class and between 9.3% (BIB) and 27.6% (USOC) for the  
52  
53 316 Manual/Routine social class (Supplementary Table S4).

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3 317 Results from meta-analysis show that those in a more disadvantaged occupational class were  
4  
5 318 more likely to report any healthcare disruptions (e.g., OR: 1.17 [95%CI: 1.08, 1.27];  $I^2=0%$  for  
6  
7 319 Manual/Routine compared with Professional/Managerial, Figure 6, Supplementary File 3). The OR was  
8  
9 320 greatest for the non-employed occupational class category (OR: 1.51 [95%CI: 1.12,2.04]), however the  
10  
11 321  $I^2$  was also large (80%). This implies considerable between study heterogeneity, though two of the four  
12  
13 322 individual studies (MCS and ELSA) that did not show clear associations for this category were at the  
14  
15 323 extremes of the age range considered. Similar associations were seen for domains of healthcare  
16  
17 324 disruption, with the largest inequalities seen for access to medications. We did not observe differences  
18  
19 325 by age or shielding status (Supplementary File 3).  
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25 326  
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27 327 <Figure 6 about here>  
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### 30 329 ***Sensitivity analysis***

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32 330 There were no major differences in the results after restricting to representative samples (Supplementary  
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34 331 File 1).  
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5 333 **Discussion**

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7 334 Our study demonstrates marked inequalities in healthcare disruption during the COVID-19 pandemic  
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9 335 by harnessing data from 12 UK longitudinal studies. Females were more likely to report healthcare  
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11 336 disruptions than males, especially at younger ages (<55 years). This inequality was observed for each  
12  
13 337 healthcare disruption type including prescription medication, procedures or surgery, and appointments  
14  
15 338 as well as a combined measure for any of these disruptions. Older adults were especially likely to report  
16  
17 339 disruptions to medical appointments and procedures and surgeries compared to their younger  
18  
19 340 counterparts. Ethnic minority (excluding White minorities) groups were more likely to report healthcare  
20  
21 341 disruption compared to White (including White minorities) groups. Furthermore, when stratifying  
22  
23 342 results by shielding status, the magnitude for the association between any healthcare disruption among  
24  
25 343 Ethnic minority groups (compared to White groups) was higher among those who were shielding. In  
26  
27 344 studies where a finer breakdown of ethnicity was possible, Black ethnic minority groups had the most  
28  
29 345 clearly increased odds of disruption compared to White ethnic groups. Occupational class was also  
30  
31 346 found to be associated with healthcare disruption with those in a routine/manual occupation or other  
32  
33 347 (which included never/long-term non-employed) being more likely to experience healthcare disruption  
34  
35 348 than those in a managerial/professional occupation. No clear association between education and  
36  
37 349 healthcare disruption was found in the main, age or shielding status stratified analyses.

40  
41 350 The direct burden of COVID-19 on health services across the globe has been colossal and  
42  
43 351 remains so in some countries, with prioritisation of COVID-19 patients, leaving less capacity and  
44  
45 352 resources for non-COVID-19 healthcare. Furthermore, associated repeated lockdown measures are  
46  
47 353 also likely to decrease healthcare access and availability with a decrease in the number of people  
48  
49 354 attending A&E services,[4] and reports of difficulties accessing medication.[9]

51  
52 355 Our findings are consistent with current evidence from a smaller sub-set of the studies examined  
53  
54 356 here suggesting that females are more likely to experience disruption to planned surgery, medical  
55  
56 357 procedures, or other medical appointments during lockdown.[13] Furthermore, our results show that  
57  
58 358 older adults were more likely to report healthcare disruption as compared to their younger counterparts,  
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3 359 especially disruptions to medical appointments and planned procedures or surgeries. This finding is  
4  
5 360 consistent with current UK evidence indicating that older adults experience more delays and disruption  
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7 361 to health services.[33–36] Black ethnic minority groups were also found to be at increased risk of  
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9 362 healthcare disruption compared to white ethnic groups – an issue of particular concern given pre-  
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11 363 pandemic ethnic inequalities in healthcare.[37] The inequalities by occupational class we found are  
12  
13 364 consistent with prior evidence of socioeconomic healthcare inequalities reported in the UK in the past  
14  
15 365 decade,[38] and highlight that these have still been present in the COVID-19 pandemic. Associations  
16  
17 366 with occupational class were clearer than those for education, which is also an indicator of  
18  
19 367 socioeconomic position but may have been a more distal influence.

22 368 The sex inequalities observed in this study could partially be explained by a disproportional  
23  
24 369 increase in childcare responsibilities for women,[39] which may have made it more difficult to access  
25  
26 370 healthcare. However, in this study we adjusted for household composition and associations for sex were  
27  
28 371 robust to further adjustment on this variable.

30 372 Our result also show that older adults were more likely to report healthcare disruption than  
31  
32 373 younger adults. There are many reasons why older people may have experienced an increase in  
33  
34 374 healthcare disruption during the COVID-19 pandemic compared to younger people, including fear of  
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36 375 becoming infected while visiting a care facility, difficulties engaging in telemedicine (using technology  
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38 376 to deliver care),[33–35] and greater frailty, resulting in more healthcare utilisation and subsequent  
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40 377 disruption.[36]

43 378 One explanation for the inequality in healthcare disruption among black ethnic minority group  
44  
45 379 may be due to adverse effects of loss of income, unstable housing, increased psychological distress and  
46  
47 380 reduced community support brought about by lockdown restrictions. Another explanation could stem  
48  
49 381 from a disproportionate representation of ethnic minority populations among keyworkers, who are  
50  
51 382 subjected to increased and antisocial working hours.

53 383 Further, those in routine/manual occupations were more likely to experience healthcare  
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55 384 disruption than those in managerial/professional occupations. This finding is consistent with prior  
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57 385 evidence of socioeconomic healthcare inequalities reported in the UK in the past decade.[38]

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3 387 ***Strengths and limitations***  
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5 388 The analysis brings together data from 12 longitudinal studies with rich and sensitive information on  
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7 389 healthcare disruption. This study is strengthened by the coordinated investigation in multiple  
8  
9 390 longitudinal studies with differing study designs, different target populations, and varying selection and  
10  
11 391 attrition processes. Our combined approach provides the largest sample size available to prospectively  
12  
13 392 investigate differences between ethnic groups, within representative population-based samples. What's  
14  
15 393 more, though utilising non-response weights available, the proportion of ethnic minority groups within  
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17 394 most studies is representative of the UK population. Moreover, the use of multiple studies increased  
18  
19 395 statistical power to look at subpopulations such as ethnic minority groups across cohorts and allowed  
20  
21 396 for greater examination of how inequalities were patterned by age. While not all 12 studies were  
22  
23 397 representative of the population of interest, removing them in sensitivity analyses did not change our  
24  
25 398 conclusions. Our novel approach to coordinated analyses harnessing multiple datasets therefore allowed  
26  
27 399 research questions to be addressed which would not otherwise be possible.  
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30 400 Differences between studies in a range of factors including measurement of healthcare  
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32 401 disruption, timing of surveys, design, response rates, and differential selection into the COVID-19  
33  
34 402 sweeps are potentially responsible for heterogeneity in estimates. However, despite this heterogeneity,  
35  
36 403 the key findings were consistent across most datasets. Furthermore, this heterogeneity can be  
37  
38 404 informative, for example, by virtue of mixing age-specific and age range studies, we identified that sex  
39  
40 405 inequalities were stronger at younger ages, and inequalities by occupational class were concentrated  
41  
42 406 within working ages. The definition of healthcare disruption used may also have contained a range of  
43  
44 407 disruptions of greater or lesser severity, and there may have been further inequalities in the severity of  
45  
46 408 disruptions experienced, however we were not able to assess this using the available data. We also could  
47  
48 409 not assess pre-pandemic inequalities in healthcare disruption, though other studies have indicated  
49  
50 410 massive increases in the prevalence of healthcare disruption (at least in part from the supply side with  
51  
52 411 non-urgent procedures cancelled to reduce risk of infection transmission), and that inequalities related  
53  
54 412 to geographic measures of deprivation (rather than individual-level measures as used here) have  
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56 413 widened during the pandemic.[5,40,41]  
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3 414 We have focused on our aim of identifying who experienced greater disruptions in healthcare,  
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5 415 rather than on adjustment for confounders to estimate causal effects of the exposures in question.[42]  
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7 416 Nevertheless, many of the associations we observed were robust to adjustment for a wider range of  
8  
9 417 related variables, but bias due to residual confounding cannot be ruled out. Importantly, we did not  
10  
11 418 condition our analyses on healthcare need. Many of the inequalities we observed for healthcare  
12  
13 419 disruptions may be due to inequalities in health, with those who have greater health needs being more  
14  
15 420 likely to require healthcare that could be disrupted. Accounting for differences in need could have  
16  
17 421 masked inequalities in healthcare disruptions that are caused by inequalities in health and could have  
18  
19 422 made it less clear which groups have been more likely to experience disruption during the pandemic.  
20  
21 423 Restricting analyses to those who needed care could also induce bias if there were unmeasured  
22  
23 424 determinants of both need and disruption.[43] Nevertheless, another study of the USOC data analysed  
24  
25 425 here that did restrict analyses to those needing care still found income-related inequalities in healthcare  
26  
27 426 disruption, and most of the associations we observed were robust to adjustment for pre-pandemic self-  
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29 427 assessed health.[44]

### 32 428 ***Impact of healthcare disruption***

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35 429 Disadvantaged groups such as females, older adults, Black ethnic minority groups, and those in  
36  
37 430 routine/manual occupations have had elevated odds of healthcare disruption in the first 8-10 months of  
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39 431 the COVID-19 pandemic.

41 432 Delays and disruptions to treatment could have ongoing implications for patients' physical and  
42  
43 433 mental health.[45] Action is needed to remedy these inequalities, and efforts to ensure continuity of  
44  
45 434 care during pandemic-related disruptions may need to be more clearly targeted to those who most need  
46  
47 435 that care. Actions to alleviate healthcare disruption inequalities critically rely on better understanding  
48  
49 436 the causes. For example, barriers to accessing care such as working hours or fear of infection, may  
50  
51 437 require measures to make care more accessible outside of working hours, or to increase public  
52  
53 438 confidence that patients can attend safely.

55  
56 439 As healthcare access resumes, given the forgone delays in treatments and the subsequent  
57  
58 440 backlog of postponed surgeries,[46] these groups may require prioritised support to address unmet  
59  
60 441 needs experienced during the pandemic.

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3 442 **Conclusion**  
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5 443 There have been clear inequalities in disruptions to healthcare during the COVID-19 pandemic in the  
6  
7 444 UK. Females (especially those aged 54 or younger), older adults, ethnic minorities, and those in  
8  
9 445 disadvantaged occupational classes have been more likely to experience healthcare disruptions. These  
10  
11 446 are groups who usually experience worse health, so considering the massive increases in the  
12  
13 447 prevalence of healthcare disruptions related to COVID-19, these inequalities in disruption have clear  
14  
15 448 potential to maintain or even exacerbate existing health inequalities.  
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## Contributors

Katikireddi, Ploubidis, Maddock, Parsons, Di Gessa, Green and Thompson conceptualised the study and design. Katikireddi, Ploubidis, Maddock Parsons, Di Gessa, Green, Thompson, Silverwood designed the methodology, Maddock, Parsons, Di Gessa, Green, Thompson, Stevenson, Kwong, McElroy and Santorelli conducted the formal analysis. Maddock, Parsons, Di Gessa, Green, Thompson drafted the manuscript. Captur, Steves and Steptoe and all authors contributed to critical revision and provided final approval of the manuscript. The project was supervised by Ploubidis and Katikireddi. Funding was acquired by Patalay, Katikireddi, Ploubidis, Silverwood, and Chaturvedi.

## Competing interests

No conflicts of interest were declared by JM, SP, GDG, MJG, EJT, AJS, GS, RJS, GC, NC, AS, ASFK, CJS, PP, GBP. SVK is a member of the Scientific Advisory Group on Emergencies subgroup on ethnicity and COVID-19 and is co-chair of the Scottish Government's Ethnicity Reference Group on COVID-19. NC serves on a data safety monitoring board for trials sponsored by Astra-Zeneca.

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11  
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18

19 Please note that the study website contains details of all the data that is available through a fully  
20 searchable data dictionary and variable search tool" and reference the following webpage:  
21

22 <http://www.bristol.ac.uk/alspac/researchers/our-data/>. Ethical approval for the study was obtained  
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24

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## 36 **Ethics approval**

37  
38 The most recent sweeps of the **NSHD**, **NCDS**, **BCS70**, **Next Steps** and **MCS** have all been granted  
39 ethical approval by the National Health Service (NHS) Research Ethics Committee and all  
40 participants have given informed consent. Data for NCDS (SN 6137), BCS70 (SN 8547), Next Steps  
41 (SN 5545), MCS (SN 8682) and all four COVID-19 surveys (SN 8658) are available through the UK  
42 Data Service. Ethical approval was obtained from the **ALSPAC** Ethics and Law Committee and the  
43 Local Research Ethics Committees. Ethical approval for **Born in Bradford** was granted by the  
44 National Health Service Health Research Authority Yorkshire and the Humber (Bradford Leeds)  
45 Research Ethics Committee (reference: 16/YH/0320). The University of Essex Ethics Committee has  
46 approved all data collection for the **Understanding Society** main study and COVID-19 waves. No  
47 additional ethical approval was necessary for this secondary data analysis. Waves 1-9 of **ELSA** were  
48 approved through the National Research Ethics Service, while the COVID-19 Sub-study was  
49 approved by the UCL Research Ethics Committee. All participants provided informed consent.  
50  
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57 **Generation Scotland** obtained ethical approval from the East of Scotland Committee on Medical  
58 Research Ethics (on behalf of the National Health Service). Reference number 20/ES/0021. All waves  
59 of **TwinsUK** have received ethical approval associated with TwinsUK Biobank (19/NW/0187),  
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3 TwinsUK (EC04/015) or Healthy Ageing Twin Study (H.A.T.S) (07/H0802/84) studies from NHS  
4 Research Ethics Committees at the Department of Twin Research and Genetic Epidemiology, King's  
5 College London.  
6  
7

### 8 **Data availability statement** 9

10 Data for NCDS (SN 6137), BCS70 (SN 8547), Next Steps (SN 5545), MCS (SN 8682) and all four  
11 COVID-19 surveys (SN 8658) are available through the UK Data Service. NSHD data are available  
12 on request to the NSHD Data Sharing Committee. Interested researchers can apply to access the  
13 NSHD data via a standard application procedure. Data requests should be submitted to  
14 [mrelha.swiftinfo@ucl.ac.uk](mailto:mrelha.swiftinfo@ucl.ac.uk); further details can be found at <http://www.nshd.mrc.ac.uk/data.aspx>.  
15 doi:10.5522/NSHD/Q101; doi:10.5522/NSHD/Q10. The ALSPAC study website contains details of  
16 all the data that is available through a fully searchable data dictionary and variable search tool:  
17 <http://www.bristol.ac.uk/alspac/researchers/our-data>. ALSPAC data is available to researchers  
18 through an online proposal system. Information regarding access can be found on the ALSPAC  
19 website ([http://www.bristol.ac.uk/media-library/sites/alspac/documents/researchers/data-  
20 access/ALSPAC\\_Access\\_Policy.pdf](http://www.bristol.ac.uk/media-library/sites/alspac/documents/researchers/data-access/ALSPAC_Access_Policy.pdf)). Data from the various BiB family studies are available to  
21 researchers; see the study website for information on how to access data  
22 (<https://borninbradford.nhs.uk/research/how-to-access-data/>). All USOC data are available through  
23 the UK Data Service (SN 6614 and SN 8644). All ELSA data are available through the UK Data  
24 Service (SN 8688 and 5050). Access to data from GS is approved by the Generation Scotland Access  
25 Committee. See <https://www.ed.ac.uk/generation-scotland/for-researchers/access> or email  
26 [access@generationscotland.org](mailto:access@generationscotland.org) for further details. The TwinsUK Resource Executive Committee  
27 (TREC) oversees management, data sharing and collaborations involving the TwinsUK registry (for  
28 further details see <https://twinsuk.ac.uk/resources-for-researchers/access-our-data/>).  
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5 **Figure titles and legends:**

6 **Figure 1. Prevalence (and 95% CIs) of any healthcare disruption by study**

7 Sources: MCS (Millennium Cohort Study); ALSPAC G1 (Children of the Avon Longitudinal Study  
8 of Parents and Children); NS (Next Steps); BCS 70 (1970 British Cohort Study), NCDS (National  
9 Child Development Study); NSHD (National Survey of Health and Development); BIB (Born in  
10 Bradford); USOC (Understanding Society); GS (Generation Scotland: the Scottish Family Health  
11 Study); ALSPAC G0 (parents of ALSPAC); TWINS UK (UK Adult Twin Registry); ELSA (English  
12 Longitudinal Study of Ageing). Notes: Studies are ordered by age homogeneity/heterogeneity and  
13 mean age of respondents at the time of the interview. Samples for each study restricted to respondents  
14 with non-missing information on healthcare disruptions and valid information on sex, social class,  
15 education and (where applicable) age and ethnicity. All information about how data were collected  
16 and variables were coded is available in Supplementary File 2.  
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19 **Figure 2. Associations between female (compared to male) sex and healthcare disruption**

20 Notes: Adjusted for age and ethnicity where applicable.  
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22 **Figure 3. Associations between age (compared to 45-54-year-olds) and healthcare disruption**

23 Notes: Adjusted for sex and ethnicity where applicable.  
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26 **Figure 4. Associations between Ethnicity (compared to White groups) and healthcare disruption**

27 Notes: Panels illustrate findings for some larger ethnic groups separately and the final panel presents  
28 results for all non-White ethnic minorities combined. Adjusted for age and sex where applicable.  
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31 **Figure 5. Associations between education (compared to degree level) and healthcare disruption**

32 Notes: Adjusted for age, sex and ethnicity where applicable.  
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35 **Figure 6. Associations between occupational social class (compared to Professional/Managerial)  
36 and healthcare disruption**

37 Notes: Adjusted for age, sex and ethnicity where applicable.  
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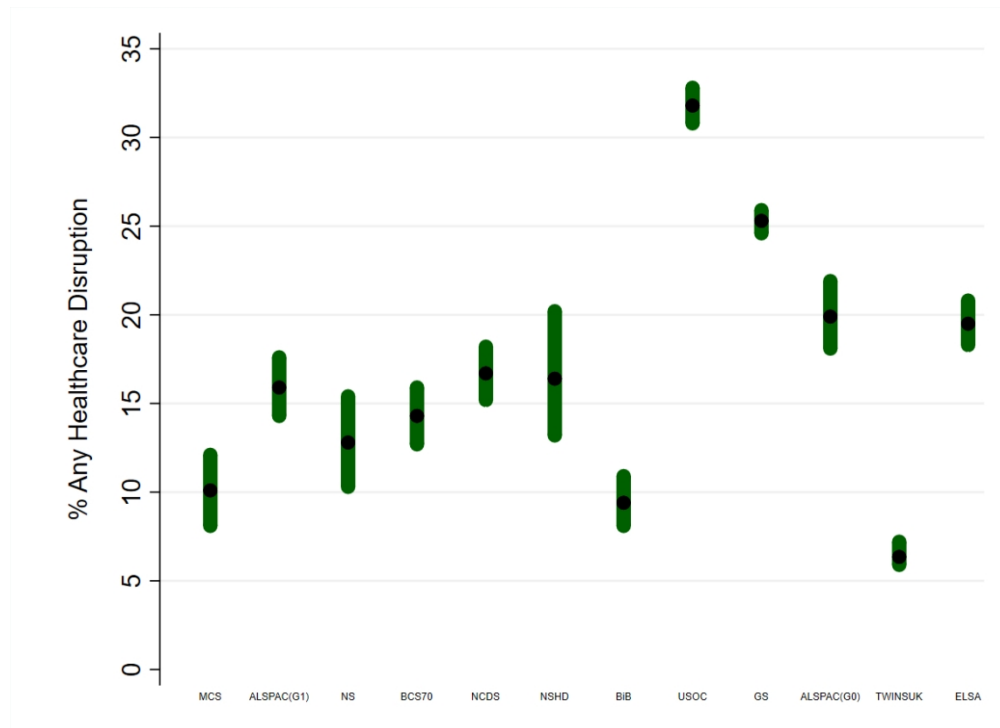
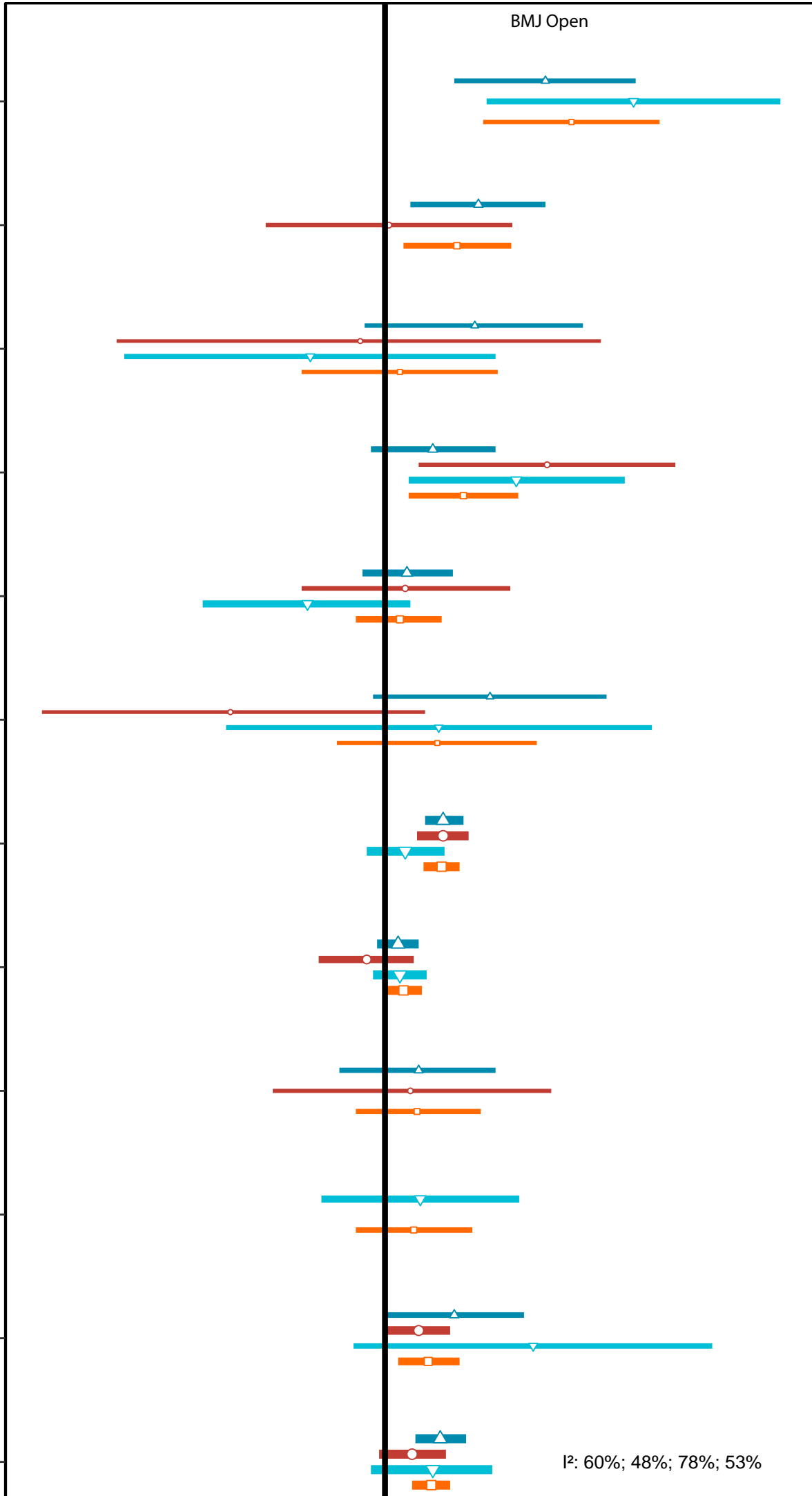


Figure 1. Prevalence (and 95% CIs) of any healthcare disruption by study

Sources: MCS (Millennium Cohort Study); ALSPAC G1 (Children of the Avon Longitudinal Study of Parents and Children); NS (Next Steps); BCS 70 (1970 British Cohort Study), NCDS (National Child Development Study); NSHD (National Survey of Health and Development); BIB (Born in Bradford); USOC (Understanding Society); GS (Generation Scotland: the Scottish Family Health Study); ALSPAC G0 (parents of ALSPAC); TWINS UK (UK Adult Twin Registry); ELSA (English Longitudinal Study of Ageing). Notes: Studies are ordered by age homogeneity/heterogeneity and mean age of respondents at the time of the interview. Samples for each study restricted to respondents with non-missing information on healthcare disruptions and valid information on sex, social class, education and (where applicable) age and ethnicity. All information about how data were collected and variables were coded is available in Supplementary File 1.

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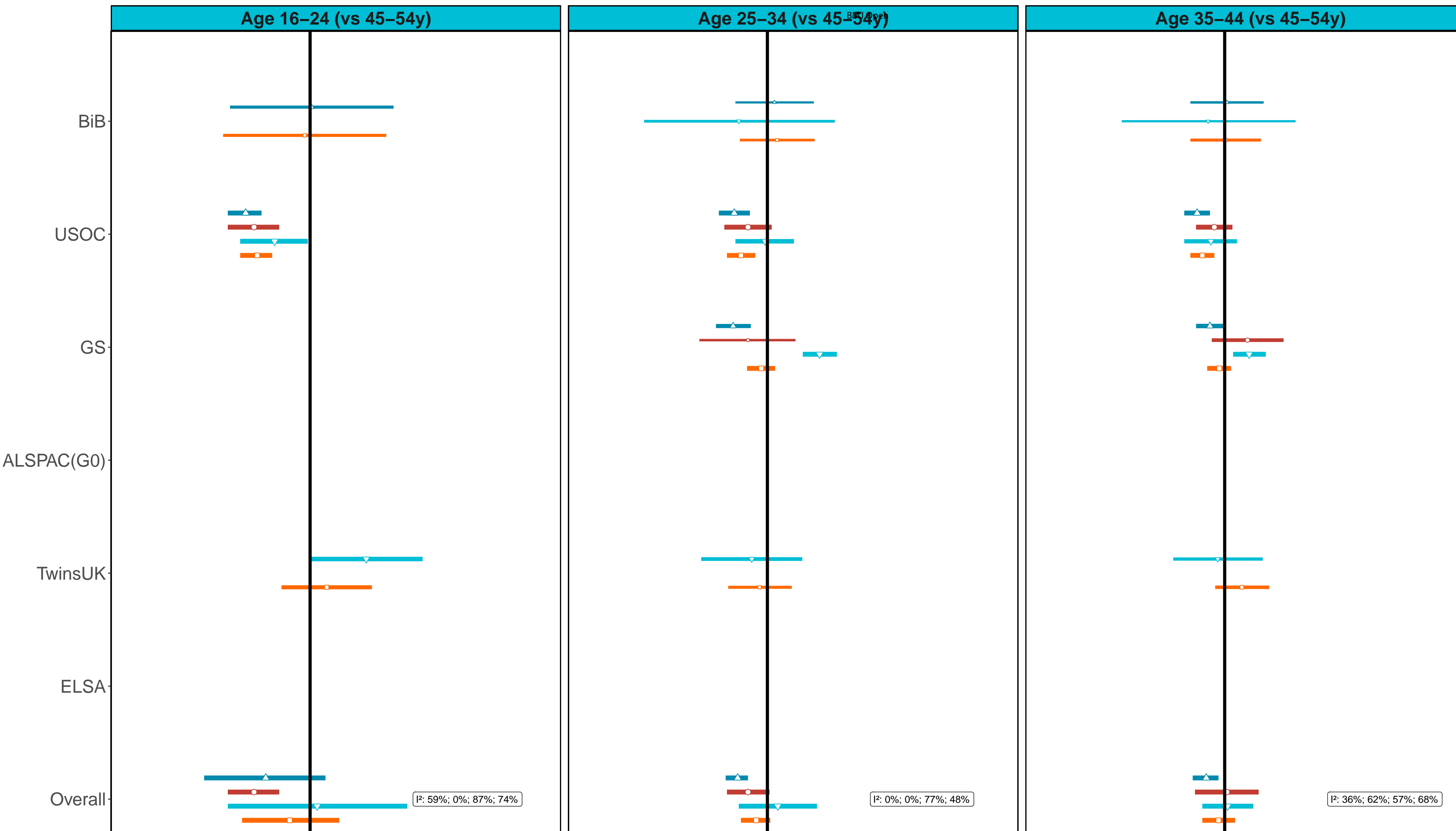
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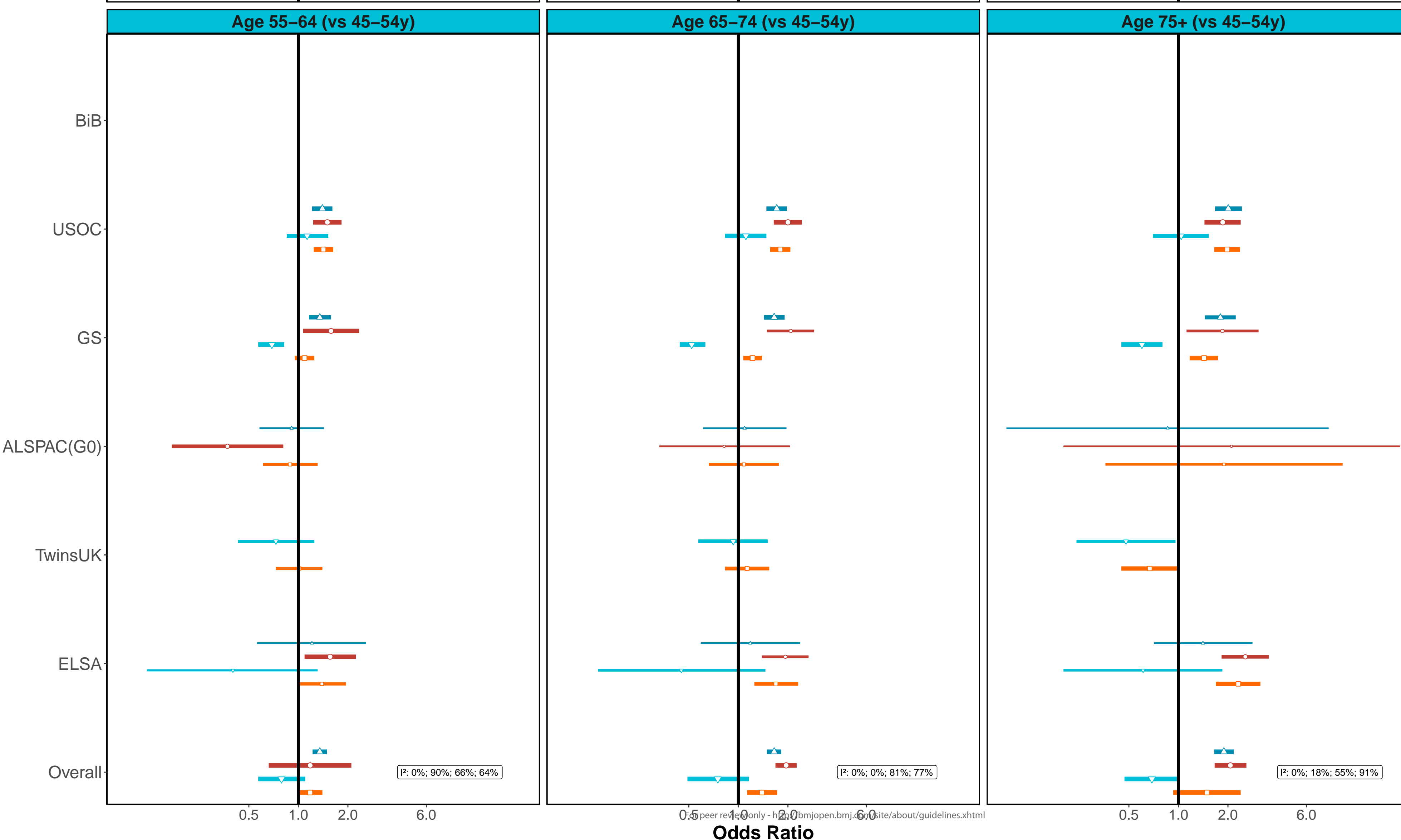
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**Disruption Type**

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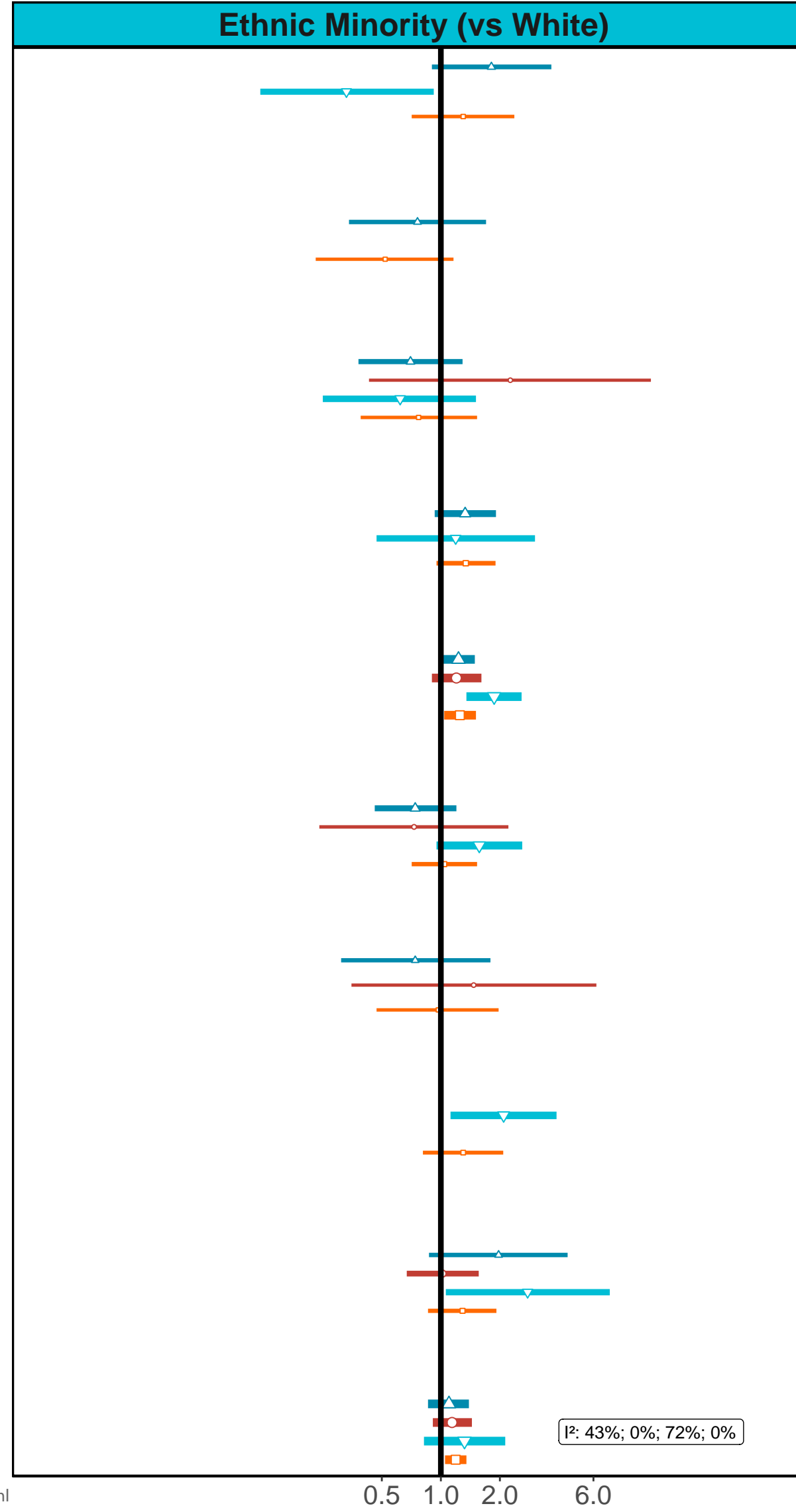
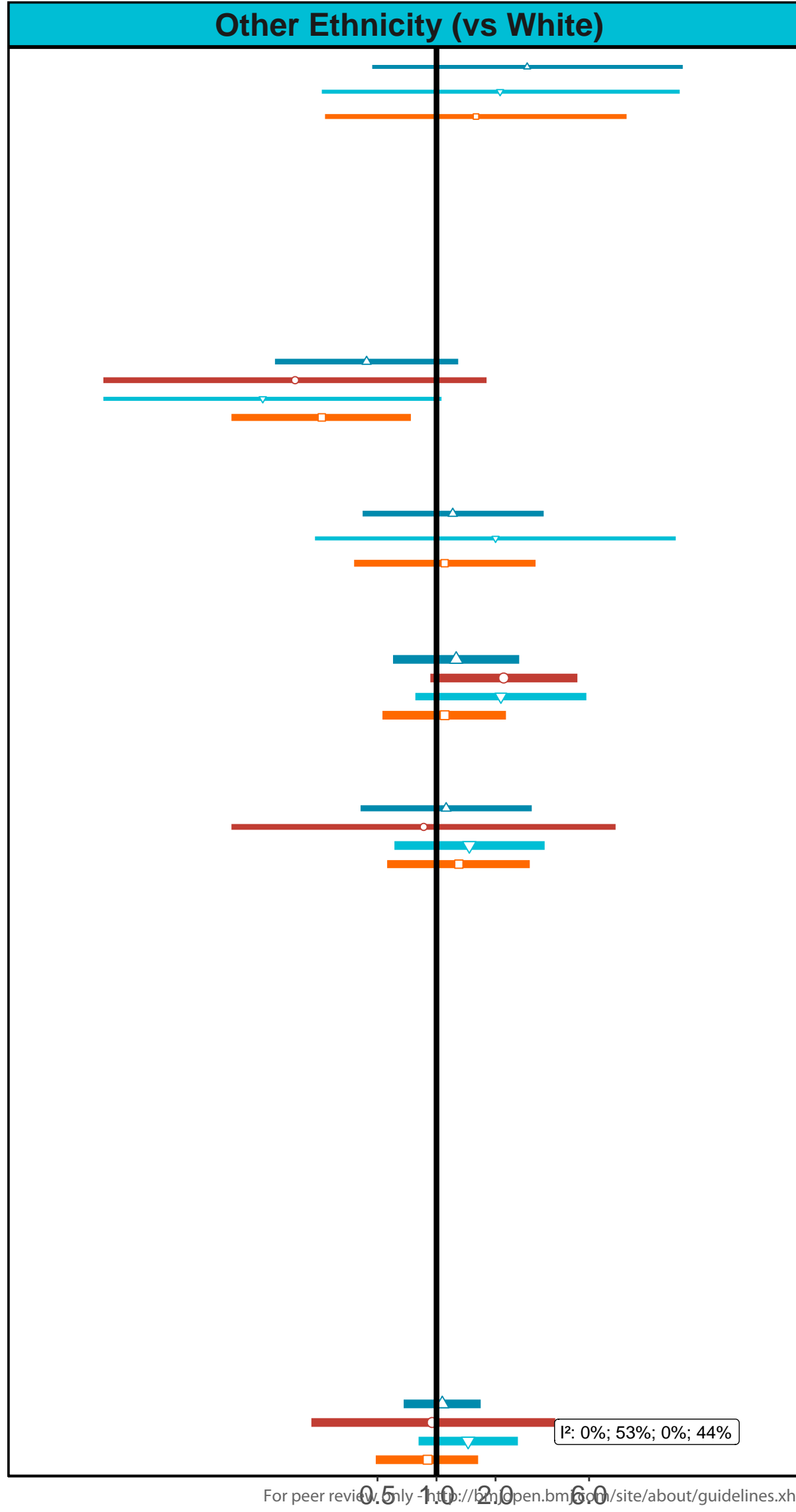
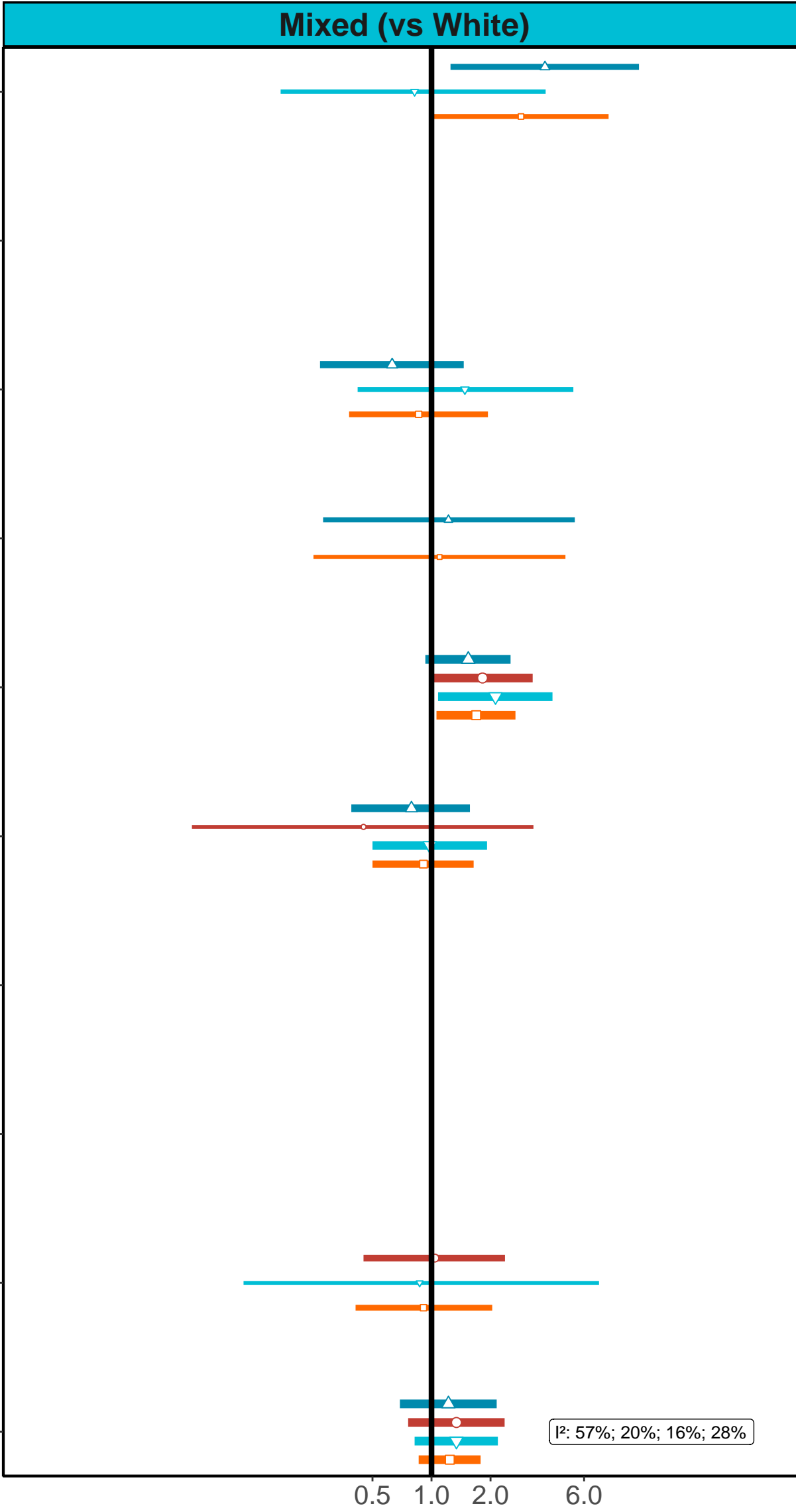
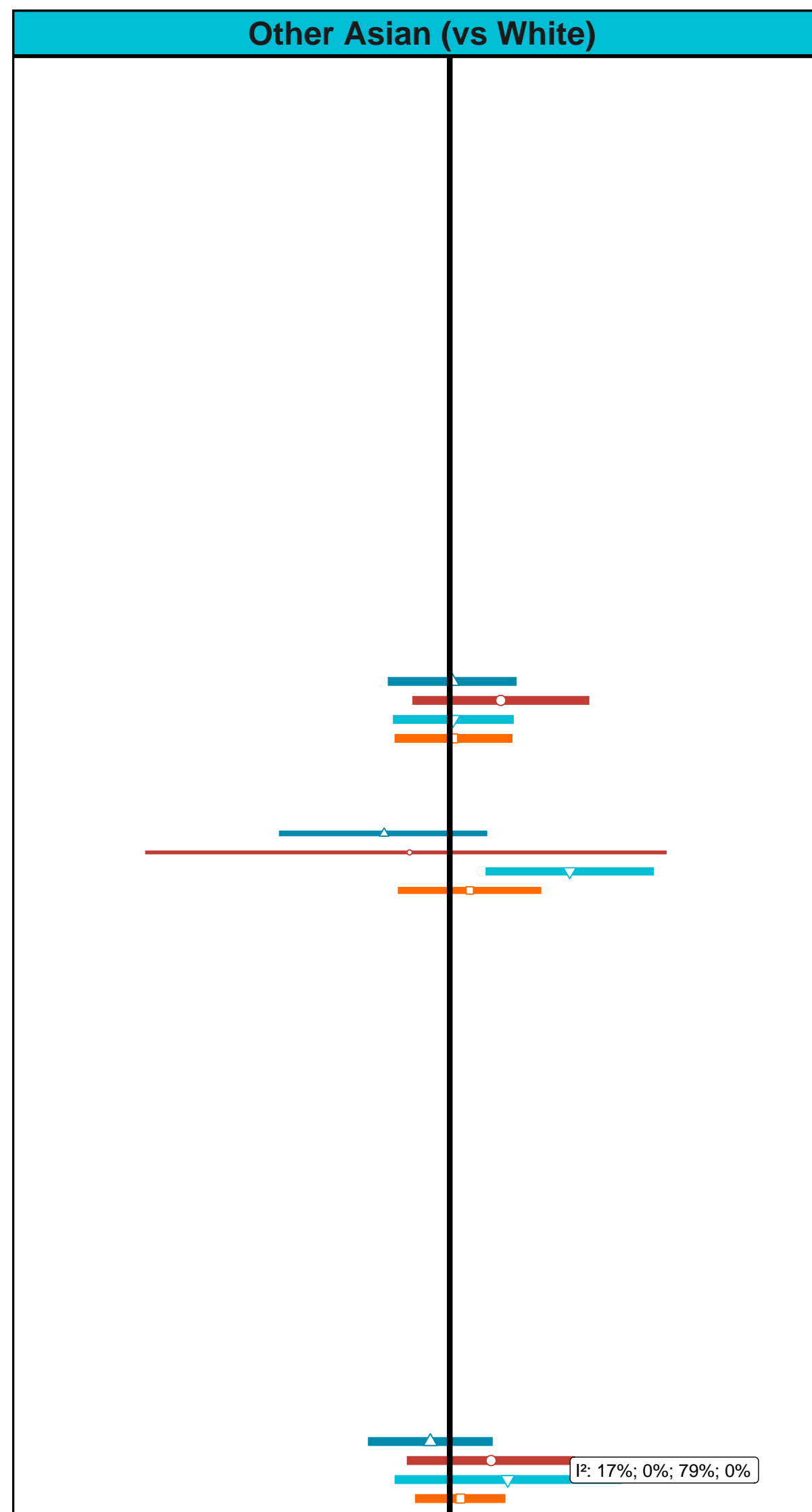
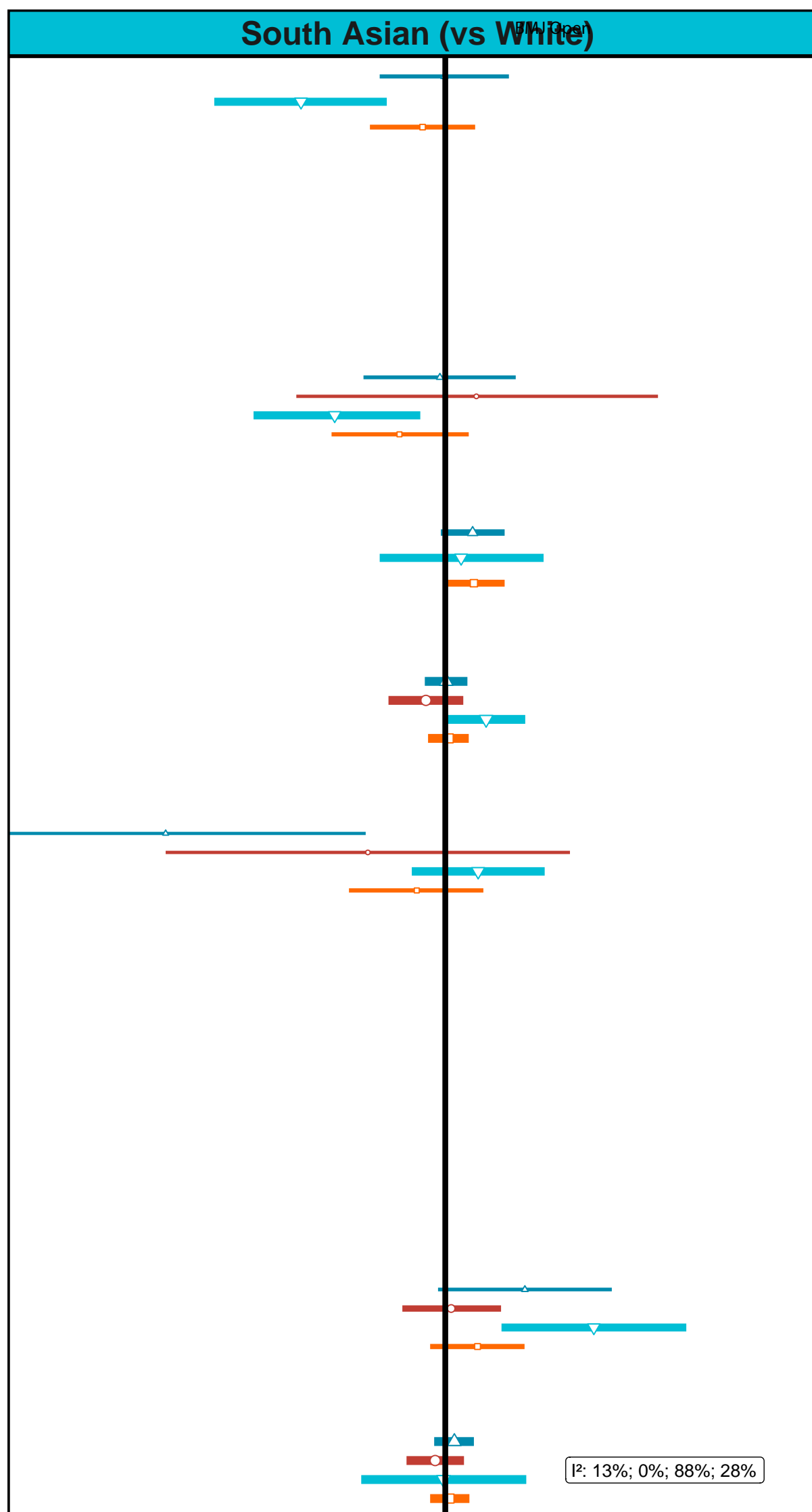
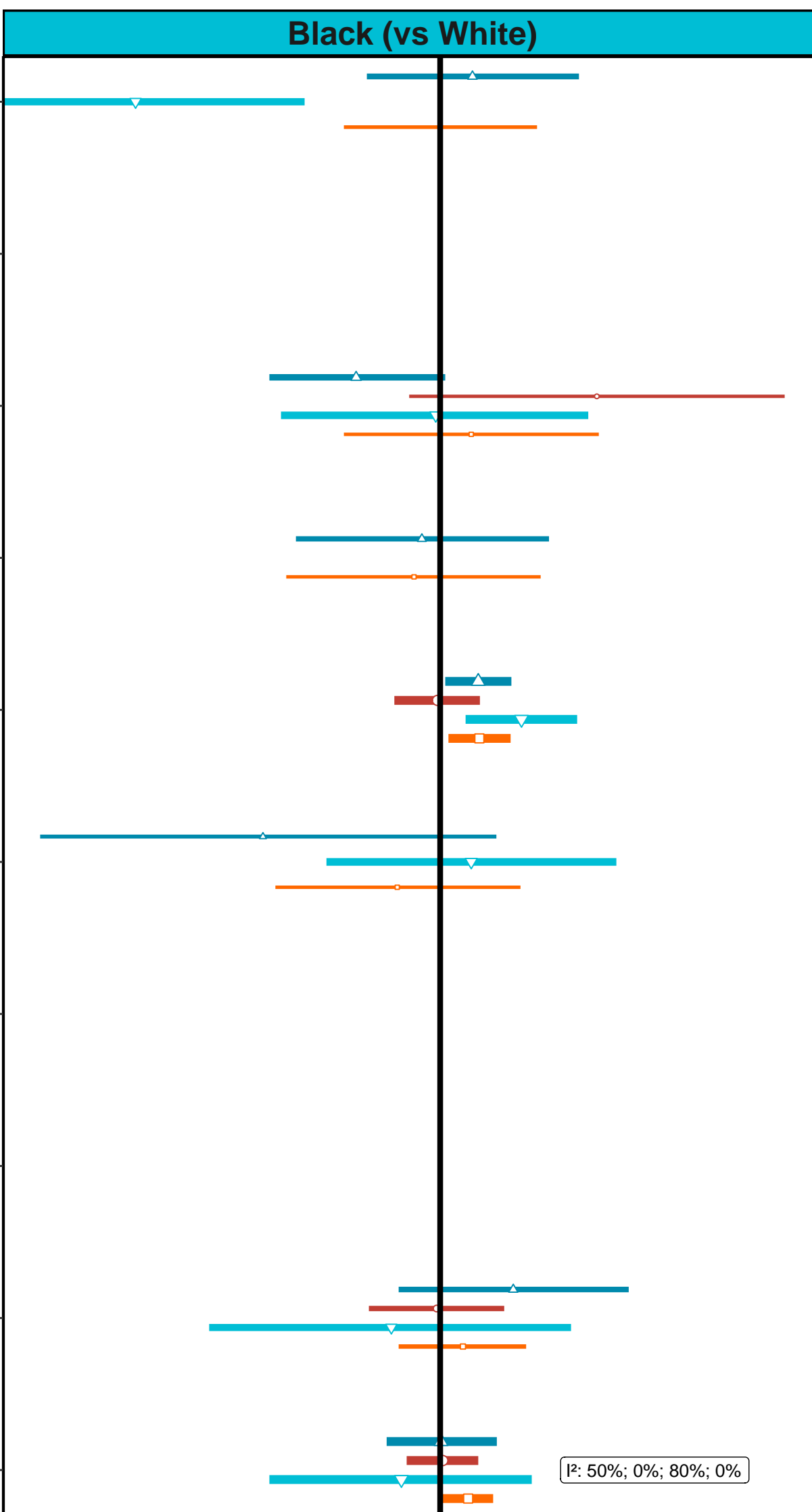
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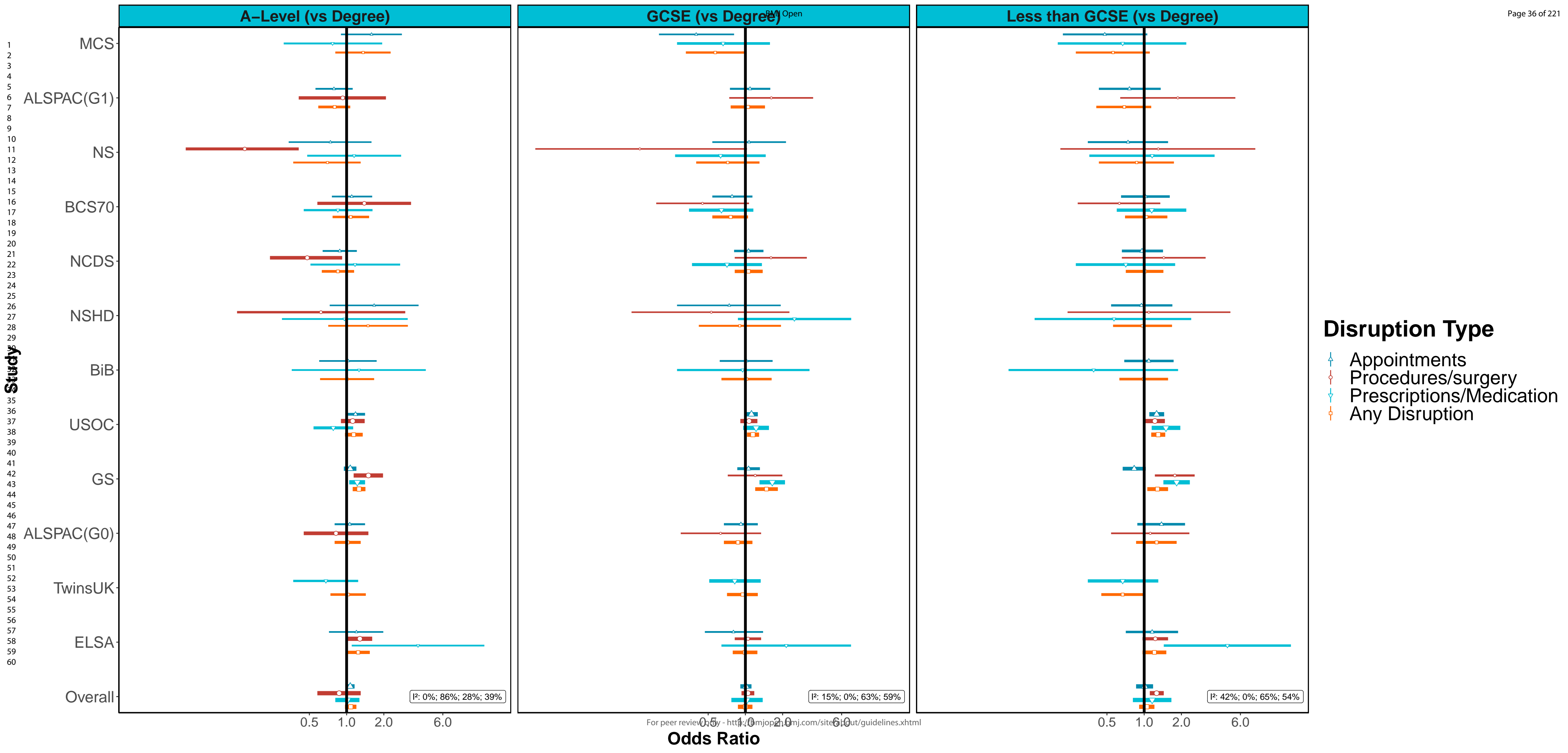
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**Disruption Type**

- Appointments
- Procedures/surgery
- Prescription/Medication
- Any Disruption





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### Intermediate (vs Professional)

### Routine (vs Professional)

### Other (vs Professional)

MCS

ALSPAC(G1)

NS

BCS70

NCDS

NSHD

BiB

USOC

GS

ALSPAC(G0)

ELSA

Overall

### Disruption Type

- Appointments
- Procedures/surgery
- Prescription/Medication
- Any Disruption

I<sup>2</sup>: 0%; 0%; 26%; 0%

I<sup>2</sup>: 28%; 0%; 9%; 0%

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# Inequalities in healthcare disruptions during Covid-19 in the UK: Evidence from 12 population-based longitudinal studies

## List of Supplementary Tables

**Supplementary Table S1.** Details of each study

**Supplementary Table S2.** Ethics and data access statements for each study

**Supplementary Table S3.** Percentage of USOC respondents who had reported specific disruptions at any point April – November 2020

**Supplementary Table S4.** Percent prevalence of any healthcare disruptions by selected characteristics and study

## Supplementary Table S1. Details of each study

Study Population	Design and Sample Frame	2020 Age Range	Pre-pandemic Survey	Details of Covid surveys (response rate)	Analytic N
<i>Age Homogenous Cohorts</i>					
MCS: Millennium Cohort Study	Cohort of UK children born between Sept 2000 and Jan 2002 with regular follow-up surveys from birth.	18-20	2018	Two surveys: May (26.6%) & Sep-Oct (24.2%)	3147
ALSPAC (G1): Avon Longitudinal Study of Parents and Children- Generation 1	Cohort of children born in the South-West of England between April 1991 and Dec 1992, with regular follow-up surveys from birth. (original young people)	27-29	2017-2018	Three questionnaires: April (19%), June (17.4%), December (26.4%)	3430
NS: Next Steps, formerly known as Longitudinal Study of Young People in England	Sample recruited via secondary schools in England at around age 13 with regular follow-up surveys thereafter.	29-31	2015	Two surveys: May (20.3%) & Sep-Oct (31.8%)	3311
BCS70: British Cohort Study 1970	Cohort of all children born in Great Britain (i.e. England, Wales & Scotland) in one week in 1970, with regular follow-up surveys from birth.	50	2016	Two surveys: May (40.4%) & Sep-Oct (43.9%)	5175
NCDS: National Child Development Study	Cohort of all children born in Great Britain (i.e. England, Wales & Scotland) in one week in 1958, with regular follow-up surveys from birth.	62	2013	Two surveys: May (57.9%) & Sep-Oct (53.9%)	5747
NSHD: National Survey of Health and Development	Cohort of all children born in Great Britain (i.e. England, Wales & Scotland) in one week in 1946, with regular follow-up surveys from birth.	74	2015	Two surveys: May (68.2%) & Sep-Oct (61.5%)	1569
<i>Age Heterogeneous Studies</i>					
BIB: Born in Bradford	Birth cohort recruiting pregnant women and their children between 2007 and 2010; and pregnant women and their children in three deprived areas of Bradford between 2016 and 2020	17-54	2016-2020	Two surveys: April-Jun (28%) & Oct-Nov (24%)	1726
USOC: Understanding Society: the UK Household Longitudinal Survey	A nationally representative longitudinal household panel study, based on a clustered-stratified probability sample of UK households, with all adults aged 16+ in chosen households surveyed annually.	16-96	2018-2019	Six: surveys: April (40.3%); May (33.6%); Jun (32.0%); July (31.2%); Sep (29.2%) & Nov (27.3%)	13253
ELSA: English Longitudinal Study of Aging	A nationally-representative population study of individuals aged 50+ living in England, with biennial surveys since 2002/03.	52-90+	2018-2019	First Covid-19 sub-study: Jun-July (75%)	6508
GS: Generation Scotland: the Scottish Family Health Study	A family-structured, population-based Scottish cohort, with participants aged 18-99 recruited between 2006-2011	27-100	2006-2011	Two surveys: April-Jun (21.6%) & Jul-Aug (15.6%)	17139
ALSPAC(G0): Avon Longitudinal Study of Parents and Children- Generation 0	Parents of the ALSPAC(G1) cohort described above, treated as a separate age-heterogeneous study population. (original parents)	45-81	2011-2013	Three questionnaires: April (12.4%), June (12.2%), December (14.3%)	3625
TWINSUK: the UK Adult Twin Registry	A cohort of UK volunteer adult twins (55% monozygotic and 43% dizygotic) who were sampled between 18-101 years of age.	22-96	2017-2018	Three surveys: April (64.3%), July (77.6%) & November (76.1%)	4282

## Supplementary Table S2. Ethics and data access statements for each study

<b>NSHD, NCDS, BCS70, NS and MCS</b>	The most recent sweeps of the <b>NSHD, NCDS, BCS70, Next Steps</b> and <b>MCS</b> have all been granted ethical approval by the National Health Service (NHS) Research Ethics Committee and all participants have given informed consent. Data for NCDS (SN 6137), BCS70 (SN 8547), Next Steps (SN 5545), MCS (SN 8682) and all four COVID-19 surveys (SN 8658) are available through the UK Data Service. NSHD data are available on request to the NSHD Data Sharing Committee. Interested researchers can apply to access the NSHD data via a standard application procedure. Data requests should be submitted to <a href="mailto:mrelha.swiftinfo@ucl.ac.uk">mrelha.swiftinfo@ucl.ac.uk</a> ; further details can be found at <a href="http://www.nshd.mrc.ac.uk/data.aspx">http://www.nshd.mrc.ac.uk/data.aspx</a> . doi:10.5522/NSHD/Q101; doi:10.5522/NSHD/Q10.
<b>ALSPAC</b>	Ethical approval was obtained from the <b>ALSPAC</b> Ethics and Law Committee and the Local Research Ethics Committees. The study website contains details of all the data that is available through a fully searchable data dictionary and variable search tool: <a href="http://www.bristol.ac.uk/alspac/researchers/our-data">http://www.bristol.ac.uk/alspac/researchers/our-data</a> . ALSPAC data is available to researchers through an online proposal system. Information regarding access can be found on the ALSPAC website ( <a href="http://www.bristol.ac.uk/media-library/sites/alspac/documents/researchers/data-access/ALSPAC_Access_Policy.pdf">http://www.bristol.ac.uk/media-library/sites/alspac/documents/researchers/data-access/ALSPAC_Access_Policy.pdf</a> ).
<b>BIB</b>	Ethical approval for <b>Born in Bradford</b> was granted by the National Health Service Health Research Authority Yorkshire and the Humber (Bradford Leeds) Research Ethics Committee (reference: 16/YH/0320). Data from the various BiB family studies are available to researchers; see the study website for information on how to access data ( <a href="https://borninbradford.nhs.uk/research/how-to-access-data/">https://borninbradford.nhs.uk/research/how-to-access-data/</a> ).
<b>USOC</b>	The University of Essex Ethics Committee has approved all data collection for the <b>Understanding Society</b> main study and COVID-19 waves. No additional ethical approval was necessary for this secondary data analysis. All data are available through the UK Data Service (SN 6614 and SN 8644).
<b>ELSA</b>	Waves 1-9 of <b>ELSA</b> were approved through the National Research Ethics Service, while the COVID-19 Sub-study was approved by the UCL Research Ethics Committee. All participants provided informed consent. All data are available through the UK Data Service (SN 8688 and 5050).
<b>GS</b>	<b>Generation Scotland</b> obtained ethical approval from the East of Scotland Committee on Medical Research Ethics (on behalf of the National Health Service). Reference number 20/ES/0021. Access to data is approved by the Generation Scotland Access Committee. See <a href="https://www.ed.ac.uk/generation-scotland/for-researchers/access">https://www.ed.ac.uk/generation-scotland/for-researchers/access</a> or email <a href="mailto:access@generationscotland.org">access@generationscotland.org</a> for further details.
<b>TWINSUK</b>	All wave of <b>TwinsUK</b> have received ethical approval associated with TwinsUK Biobank (19/NW/0187), TwinsUK (EC04/015) or Healthy Ageing Twin Study (H.A.T.S) (07/H0802/84) studies from NHS Research Ethics Committees at the Department of Twin Research and Genetic Epidemiology, King's College London. The TwinsUK Resource Executive Committee (TREC) oversees management, data sharing and collaborations involving the TwinsUK registry (for further details see <a href="https://twinsuk.ac.uk/resources-for-researchers/access-our-data/">https://twinsuk.ac.uk/resources-for-researchers/access-our-data/</a> ).

**Supplementary Table S3. Percentage of USOC respondents who had reported specific disruptions at any point April – November 2020**

Percentage of USOC respondents who had reported specific disruptions at any point up to and including the survey in...

	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>September</b>	<b>November</b>
<b>Prescription/ medication access</b>	2.4	3.3	3.9	4.4	4.7	5.5
<b>Procedures or surgery</b>	7.1	9.1	10.1	11.0	11.6	12.3
<b>Appointments</b>	18.5	22.2	24.0	25.1	26.3	28.4

**Supplementary Table S4.** Percent prevalence of any healthcare disruptions by selected characteristics and study

		<i>MCS</i>	<i>ALSPAC (G1)</i>	<i>NS</i>	<i>BCS70</i>	<i>NCDS</i>	<i>NSHD</i>	<i>BIB</i>	<i>USOC</i>	<i>GS</i>	<i>ALSPAC (G0)</i>	<i>TWINS UK</i>	<i>ELSA</i>
<b>Sex</b>	<i>Male</i>	6.1	12.8	12.1	11.7	15.6	14.5	NA	29.4	24.9	18.1	7.4	17.5
	<i>Female</i>	14.1	17.5	13.8	16.9	17.4	18.2	9.4	34.0	25.5	20.5	8.5	21.3
<b>Age</b>	<i>16-24</i>	10.1						8.2	18.3	NA	NA	10	NA
	<i>25-34</i>		15.9	12.8				10.4	24.0	22.9	NA	7.7	NA
	<i>35-44</i>							9.1	24.9	23.0	NA	13.2	NA
	<i>45-54</i>				14.3			8.7	30.9	24.2	21.3	13.9	13.0
	<i>55-64</i>					16.7		--	38.6	25.2	19.2	21.6	17.2
	<i>65-74</i>						16.4	--	43.6	26.8	21.8	31.4	20.0
	<i>75+</i>							--	45.6	29.2	30.6	9.2	25.5
<b>Ethnicity</b>	<i>White</i>	10.0	16.1	13.3	--	--	--	7.8	31.9	25.4	19.9	8.3	19.5
	<i>South Asian</i>	6.6	NA	8.4	--	--	--	10.6	25.4	20.0	NA	5.1	22.9
	<i>Other Asian</i>	NA	NA	NA	--	--	--	NA	37.5	27.4	NA	11.1	NA
	<i>Black</i>	7.7	NA	18.8	--	--	--	5.9	35.8	19.0	NA	11.5	21.7
	<i>Mixed</i>	23.5	NA	11.1	--	--	--	8.3	27.7	22.9	NA	10	15.5
	<i>Other</i>	11.1	NA	4.2	--	--	--	8.5	30.2	28.6	NA	9.1	NA
	<i>All ethnic Minorities</i>	10.6	9.0	10.7	--	--	--	10.3	30.4	23.6	19.6	8.3	21.1
<b>Education</b>	<i>Higher Ed</i>	11.2	16.9	14.0	14.5	16.8	16.03	9.0	29.7	23.3	19.4	9.9	16.9
	<i>A-level</i>	14.8	14.4	10.5	15.5	14.0	22.67	9.2	27.0	26.7	20.0	10.3	20.5
	<i>GCSE</i>	6.3	18.1	11.3	12.0	17.6	15.6	9.0	31.3	29.3	17.8	9.2	17.4
	<i>&lt;GCSE/ None</i>	6.2	12.4	14.5	15.5	17.2	16.3	9.1	39.0	27.8	23.9	6.1	22.4
<b>Social Class</b>	<i>Managerial/ Admin/ Professional</i>	11.6	16.4	11.1	12.6	12.7	17.0	9.7	25.7	24.3	16.4	-	18.3
	<i>Intermediate</i>	8.5	15.2	12.7	15.3	12.6	15.5	9.0	27.2	25.7	21.3	-	19.5
	<i>Manual/Routine</i>	11.2	16.7	11.6	11.6	13.6	18.6	9.3	27.6	25.6	19.6	-	23.4
	<i>Other</i>	6.0	0	18.0	19.3	21.1	0	11.8	42.6	51.9	20.0	-	16.6
<b>Not Instructed to Shield</b>		9.0	--	12.0	12.4	14.6	16.7	--	29.6	23.9	--	8.9	16.2
<b>Instructed to Shield</b>		47.5	--	44.3	49.4	41.9	28.4	--	61.0	42.0	--	15.3	35.5

Sources: MCS (Millennium Cohort Study); ALSPAC G1 (Children of the Avon Longitudinal Study of Parents and Children); NS (Next Steps); BCS 70 (1970 British Cohort Study), NCDS (National Child Development Study); NSHD (National Survey of Health and Development); BIB (Born in Bradford); ; USOC (Understanding Society); GS (Generation Scotland: the Scottish Family Health Study); ALSPAC G0 (parents of ALSPAC); TWINS UK (UK Adult Twin Registry); ELSA (English Longitudinal Study of Ageing). Notes: Samples for each study restricted to respondents with non-missing information on healthcare disruptions and valid information on sex, social class, education and (where applicable) age and ethnicity. All information about how information was collected and variables were coded is available in Supplementary File 1. NA= Not available; (--)= Info not collected. Weighted data where applicable

# Supplementary File 1: Meta-analysis summary restricted to representative studies

Note: ALSPAC, GS, TwinsUK and BiB

## excluded. Summary of results

		Any healthcare disruption				Appointments				Prescription/Medication				Procedures/surgery			
		OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %
<b>Sex</b>																	
Female vs. Male	Unadjusted <sup>†</sup>	1.27	1.19	1.36	0	1.29	1.18	1.42	5.66	1.39	0.90	2.14	73.3	1.24	1.13	1.37	0
	<b>Basic adjustment</b>	<b>1.34</b>	<b>1.15</b>	<b>1.57</b>	<b>65.33</b>	<b>1.36</b>	<b>1.25</b>	<b>1.47</b>	<b>0</b>	<b>1.37</b>	<b>0.86</b>	<b>2.16</b>	<b>74.9</b>	<b>1.27</b>	<b>1.12</b>	<b>1.43</b>	<b>11.85</b>
	Full adjustment	1.34	1.15	1.56	61.89	1.34	0.94	1.91		1.99	0.77	5.12		1.21	1.01	1.44	
<b>Age</b>																	
16-24y vs 45-54y	Unadjusted	0.50	0.41	0.62		0.43	0.34	0.54		0.65	0.42	1.02		0.48	0.34	0.68	
	<b>Basic adjustment</b>	<b>0.49</b>	<b>0.39</b>	<b>0.60</b>		<b>0.42</b>	<b>0.33</b>	<b>0.52</b>		<b>0.62</b>	<b>0.39</b>	<b>0.97</b>		<b>0.47</b>	<b>0.33</b>	<b>0.66</b>	
	Full adjustment	0.47	0.37	0.61		no information				no information				no information			
25-34y vs 45-54y	Unadjusted	0.71	0.58	0.86		0.65	0.53	0.80		0.97	0.66	1.44		0.78	0.57	1.07	
	<b>Basic adjustment</b>	<b>0.70</b>	<b>0.58</b>	<b>0.85</b>		<b>0.64</b>	<b>0.52</b>	<b>0.79</b>		<b>0.97</b>	<b>0.65</b>	<b>1.43</b>		<b>0.77</b>	<b>0.56</b>	<b>1.06</b>	
	Full adjustment	0.77	0.63	0.94		no information				no information				no information			
35-44y vs 45-54y	Unadjusted	0.74	0.63	0.88		0.70	0.58	0.83		0.83	0.58	1.18		0.88	0.69	1.12	
	<b>Basic adjustment</b>	<b>0.74</b>	<b>0.63</b>	<b>0.87</b>		<b>0.69</b>	<b>0.58</b>	<b>0.82</b>		<b>0.83</b>	<b>0.58</b>	<b>1.18</b>		<b>0.87</b>	<b>0.68</b>	<b>1.11</b>	
	Full adjustment	0.86	0.73	1.03		no information				no information				no information			
55-64y vs 45-54y	Unadjusted	1.40	1.23	1.59	0	1.37	1.19	1.58	0	0.75	0.27	2.07	67.1	1.51	1.26	1.80	0
	<b>Basic adjustment</b>	<b>1.42</b>	<b>1.25</b>	<b>1.61</b>	<b>0</b>	<b>1.39</b>	<b>1.21</b>	<b>1.60</b>	<b>0</b>	<b>0.80</b>	<b>0.30</b>	<b>2.09</b>	<b>64.1</b>	<b>1.52</b>	<b>1.28</b>	<b>1.80</b>	<b>0</b>
	Full adjustment	1.21	1.06	1.40	0	1.04	0.48	2.25		0.52	0.16	1.68		1.37	0.93	2.01	



65-74y vs 45-54y	Unadjusted	1.72	1.51	1.96	0	1.57	1.21	2.04	16.9	0.76	0.31	1.86	59.6	1.93	1.63	2.30	0
	<b>Basic adjustment</b>	<b>1.78</b>	<b>1.56</b>	<b>2.02</b>	<b>0</b>	<b>1.67</b>	<b>1.42</b>	<b>1.97</b>	<b>2.81</b>	<b>0.85</b>	<b>0.38</b>	<b>1.91</b>	<b>52.9</b>	<b>1.98</b>	<b>1.67</b>	<b>2.34</b>	<b>0</b>
	Full adjustment	1.35	1.14	1.58	0	1.01	0.42	2.43		1.41	0.34	5.89		1.55	1.05	2.30	
75y+ vs 45-54y	Unadjusted	1.97	1.68	2.31	1.58	1.87	1.56	2.24	0	0.89	0.59	1.35	6.53	2.10	1.46	3.02	66.45
	<b>Basic adjustment</b>	<b>2.06</b>	<b>1.76</b>	<b>2.41</b>	<b>0</b>	<b>1.97</b>	<b>1.64</b>	<b>2.35</b>	<b>0</b>	<b>0.98</b>	<b>0.68</b>	<b>1.42</b>	<b>0</b>	<b>2.14</b>	<b>1.57</b>	<b>2.91</b>	<b>55.32</b>
	Full adjustment	1.38	1.13	1.70	0.00	1.07	0.44	2.61		1.26	0.39	4.02		1.75	1.17	2.62	
<b>Ethnicity</b>																	
Non-White vs White*	Unadjusted	0.96	0.82	1.12	0	1.02	0.72	1.46	44.4	1.02	0.39	2.67	84.8	0.90	0.71	1.14	0
	<b>Basic adjustment</b>	<b>1.23</b>	<b>1.05</b>	<b>1.44</b>	<b>0</b>	<b>1.25</b>	<b>0.87</b>	<b>1.81</b>	<b>48.3</b>	<b>1.06</b>	<b>0.42</b>	<b>2.67</b>	<b>83.1</b>	<b>1.16</b>	<b>0.91</b>	<b>1.47</b>	<b>0</b>
	Full adjustment	1.10	0.94	1.29	0	1.39	0.61	3.20		2.04	0.70	5.98		0.96	0.63	1.48	
Black vs White	Unadjusted	1.22	0.91	1.65	0	1.02	0.53	1.94	48.5	0.49	0.07	3.52	85.4	0.87	0.58	1.31	0
	<b>Basic adjustment</b>	<b>1.47</b>	<b>1.08</b>	<b>1.98</b>	<b>0</b>	<b>1.18</b>	<b>0.57</b>	<b>2.44</b>	<b>59.3</b>	<b>0.50</b>	<b>0.08</b>	<b>3.36</b>	<b>84</b>	<b>1.03</b>	<b>0.68</b>	<b>1.55</b>	<b>0</b>
	Full adjustment	1.20	0.92	1.58	0	0.88	0.18	4.22		0.37	0.04	3.11		0.87	0.41	1.82	
East Asian vs White	Unadjusted	0.82	0.38	1.73		0.79	0.35	1.80		0.97	0.47	1.97		1.38	0.47	4.02	
	<b>Basic adjustment</b>	<b>1.04</b>	<b>0.53</b>	<b>2.06</b>		<b>1.03</b>	<b>0.49</b>	<b>2.16</b>		<b>1.04</b>	<b>0.52</b>	<b>2.09</b>		<b>1.80</b>	<b>0.65</b>	<b>4.99</b>	
	Full adjustment	1.01	0.60	1.68		no information				no information				no information			
Mixed vs White	Unadjusted	1.13	0.82	1.57	0	1.27	0.49	3.29	77.5	1.53	0.90	2.60	0	1.12	0.70	1.80	0
	<b>Basic adjustment</b>	<b>1.38</b>	<b>0.88</b>	<b>2.17</b>	<b>34.69</b>	<b>1.47</b>	<b>0.59</b>	<b>3.67</b>	<b>75.1</b>	<b>1.67</b>	<b>0.98</b>	<b>2.86</b>	<b>0</b>	<b>no information</b>			
	Full adjustment	1.36	0.88	2.11	24.01	no information				0.93	0.10	8.48		0.85	0.32	2.21	
South Asian vs White	Unadjusted	0.76	0.58	1.01	29.78	0.84	0.56	1.25	38.6	0.80	0.17	3.77	93.2	0.70	0.45	1.09	28.01
	<b>Basic adjustment</b>	<b>1.02</b>	<b>0.84</b>	<b>1.24</b>	<b>0</b>	<b>1.05</b>	<b>0.84</b>	<b>1.31</b>	<b>0</b>	<b>0.83</b>	<b>0.18</b>	<b>3.76</b>	<b>92.4</b>	<b>0.90</b>	<b>0.64</b>	<b>1.26</b>	<b>0</b>
	Full adjustment	0.95	0.72	1.25	21.29	2.65	1.03	6.82		4.47	1.38	14.50		1.11	0.62	1.99	

Other Ethnicity vs White	Unadjusted	0.56	0.25	1.25	40.34	0.82	0.45	1.49	0	0.70	0.14	3.54	63.29	0.81	0.11	6.21	67.17	
	<b>Basic adjustment</b>	<b>0.72</b>	<b>0.25</b>	<b>2.07</b>	<b>64.12</b>	<b>1.02</b>	<b>0.41</b>	<b>2.51</b>	<b>48.38</b>	<b>0.96</b>	<b>0.17</b>	<b>5.25</b>	<b>66.68</b>	<b>0.82</b>	<b>0.08</b>	<b>8.51</b>	<b>74.76</b>	
	Full adjustment	0.72	0.25	2.02	64.08	no information				no information				no information				
<b>Education</b>																		
A-level/equivalent vs Higher education/Degree	Unadjusted	1.02	0.85	1.22	53.07	1.02	0.84	1.25	39.4	0.94	0.68	1.30	26.88	0.68	0.37	1.28	90.63	
	<b>Basic adjustment</b>	<b>1.11</b>	<b>0.99</b>	<b>1.25</b>	<b>8.05</b>	<b>1.13</b>	<b>0.99</b>	<b>1.29</b>	<b>1.31</b>	<b>0.92</b>	<b>0.71</b>	<b>1.19</b>	<b>0</b>	<b>0.73</b>	<b>0.38</b>	<b>1.39</b>	<b>91.07</b>	
	Full adjustment	0.98	0.85	1.12	21.18	0.98	0.59	1.63		3.39	1.04	11.09		1.05	0.83	1.32		
GCSE/equivalent vs Higher education/Degree	Unadjusted	0.96	0.84	1.10	36.2	0.96	0.84	1.11	19.4	0.95	0.69	1.30	39.93	1.01	0.89	1.14	0	
	<b>Basic adjustment</b>	<b>0.94</b>	<b>0.79</b>	<b>1.12</b>	<b>55.76</b>	<b>0.91</b>	<b>0.73</b>	<b>1.13</b>	<b>53.46</b>	<b>0.96</b>	<b>0.68</b>	<b>1.35</b>	<b>45.45</b>	<b>1.04</b>	<b>0.92</b>	<b>1.19</b>	<b>0</b>	
	Full adjustment	0.84	0.73	0.95	24.18	0.63	0.36	1.10		1.96	0.59	6.47		0.81	0.62	1.04		
<GCSE/equivalent vs Higher education/Degree	Unadjusted	1.13	0.89	1.43	72.27	1.06	0.83	1.36	61.17	1.22	0.77	1.94	58.91	1.38	1.21	1.58	0	
	<b>Basic adjustment</b>	<b>1.12</b>	<b>0.96</b>	<b>1.30</b>	<b>33.28</b>	<b>1.04</b>	<b>0.85</b>	<b>1.27</b>	<b>34.32</b>	<b>1.25</b>	<b>0.88</b>	<b>1.78</b>	<b>27.88</b>	<b>1.20</b>	<b>1.04</b>	<b>1.38</b>	<b>0</b>	
	Full adjustment	0.85	0.76	0.96	3.24	0.70	0.42	1.17		3.22	1.01	10.27		0.86	0.66	1.12		
<b>Occupational class</b>																		
Intermediate vs Managerial/Admin/Professional	Unadjusted	1.07	0.97	1.18	0	1.04	0.93	1.17	0	0.99	0.74	1.35	17.14	1.15	1.00	1.32	0	
	<b>Basic adjustment</b>	<b>1.04</b>	<b>0.94</b>	<b>1.15</b>	<b>0</b>	<b>1.02</b>	<b>0.91</b>	<b>1.15</b>	<b>0</b>	<b>0.96</b>	<b>0.68</b>	<b>1.37</b>	<b>29.88</b>	<b>1.12</b>	<b>0.98</b>	<b>1.28</b>	<b>0</b>	
	Full adjustment	0.97	0.88	1.08	0	1.13	0.67	1.90		0.74	0.21	2.59		1.05	0.84	1.31		
Manual/Routine vs Managerial/Admin/Professional	Unadjusted	1.13	0.99	1.29	29.12	1.06	0.94	1.18	0	1.30	1.00	1.68	9.9	1.13	0.91	1.41	33.75	
	<b>Basic adjustment</b>	<b>1.20</b>	<b>1.09</b>	<b>1.32</b>	<b>0</b>	<b>1.15</b>	<b>1.03</b>	<b>1.30</b>	<b>0</b>	<b>1.35</b>	<b>1.01</b>	<b>1.81</b>	<b>16.85</b>	<b>1.20</b>	<b>1.05</b>	<b>1.37</b>	<b>0</b>	
	Full adjustment	1.03	0.93	1.15	0	1.29	0.81	2.06		0.75	0.27	2.13		1.07	0.85	1.35		
Other social class vs	Unadjusted	1.36	0.90	2.06	92.46	1.40	1.01	1.94	79.32	2.03	1.25	3.29	73.7	1.55	0.90	2.68	87.81	

1																			
2																			
3																			
4	Managerial/ Admin/Profes- sional	<b>Basic adjustment</b> Full adjustment	<b>1.48</b>	<b>1.10</b>	<b>2.00</b>	<b>81.34</b>			<b>56.4</b> <b>5</b>	<b>2.44</b>	<b>1.71</b>	<b>3.49</b>	<b>45.4</b> <b>9</b>	<b>1.64</b>	<b>1.10</b>	<b>2.46</b>	<b>72.22</b>		
5			1.19	0.99	1.42	44.84			1.39	0.80	2.42		4.12	1.43	11.82		0.94	0.69	1.27
6																			

7 Basic adjustment: sex, age, and ethnicity (where available)

8 Full adjustment: sex, age, and ethnicity (where available) , education, occupational class, UK Nation (where appropriate), household composition, and pre-pandemic self-  
9 reported health.

10 Empty I<sup>2</sup>% column indicates only one study included

11 \*Binary variable including Black, East Asian, Mixed, South Asian, and other ethnicity in 'non-White'

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### Summary of stratified results

		Any healthcare disruption			
Sex		OR	Lower CI	Upper CI	I2%
	Overall	1.34	1.15	1.57	65.33
	Not shielding	1.32	1.09	1.61	75.25
	Shielding	1.48	1.20	1.83	0
Female vs. Male	16-24y	2.21	1.61	3.03	3.99
	25-34y	1.45	0.86	2.43	63.72
	35-44y	1.48	1.14	1.92	
	45-54	1.97	1.61	2.42	0
	55-64	1.16	1.02	1.32	0
	75+	1.03	0.80	1.32	42.24
Age		OR	Lower CI	Upper CI	I2%
16-24y vs 45-54y	Overall	0.49	0.39	0.60	
	Not shielding	0.50	0.40	0.62	
	Shielding	0.64	0.23	1.78	
25-34y vs 45-54y	Overall	0.70	0.58	0.85	
	Not shielding	0.71	0.58	0.87	
	Shielding	0.86	0.34	2.16	
35-44y vs 45-54y	Overall	0.74	0.63	0.87	
	Not shielding	0.76	0.64	0.90	
	Shielding	0.48	0.24	0.96	
55-64y vs 45-54y	Overall	1.42	1.25	1.61	0
	Not shielding	1.37	1.20	1.57	0
	Shielding	1.32	0.80	2.17	0
65-74y vs 45-54y	Overall	1.78	1.56	2.02	0
	Not shielding	1.67	1.46	1.91	0
	Shielding	1.33	0.82	2.15	0
75y+ vs 45-54y	Overall	2.06	1.76	2.41	0
	Not shielding	1.96	1.66	2.33	0
	Shielding	1.07	0.65	1.78	0
Ethnicity		OR	Lower CI	Upper CI	I2%
Non-White vs White*	Overall	1.23	1.05	1.44	0

	Not shielding	0.96	0.62	1.48	73.47
	Shielding	1.56	0.97	2.49	0
	16-24y	1.24	0.84	1.82	0
	25-34y	0.70	0.47	1.04	0
	35-44y	1.42	0.94	2.12	
	45-54	1.71	1.20	2.44	0
	55-64	1.20	0.87	1.66	0
	75+	1.28	0.67	2.45	0
	Overall	1.47	1.08	1.98	0
	Not shielding	0.84	0.38	1.83	72.85
	Shielding	1.49	0.59	3.78	0
	16-24y	1.15	0.51	2.59	0
	25-34y	0.74	0.30	1.86	16.69
	35-44y	2.11	0.87	5.12	
	45-54	1.99	0.93	4.25	15.25
	55-64	1.74	1.03	2.95	0
	75+	1.23	0.42	3.56	0
	Overall	1.04	0.53	2.06	
	Not shielding	1.04	0.52	2.11	
	Shielding				
	16-24y	0.01	0.00	0.05	
	25-34y	0.57	0.12	2.62	
	35-44y	1.55	0.69	3.48	
	45-54	1.62	0.42	6.18	
	55-64	0.90	0.36	2.21	
	75+				
	Overall	1.38	0.88	2.17	34.69
	Not shielding	1.28	0.88	1.86	0
	Shielding	1.89	0.64	5.55	0
	16-24y	2.50	1.25	5.02	0
	25-34y	1.09	0.61	1.95	0
	35-44y	2.47	0.88	6.95	
	45-54	1.01	0.48	2.14	
	55-64	1.19	0.56	2.51	0
	75+	1.47	0.34	6.42	22.46
	Overall	1.02	0.84	1.24	0
	Not shielding	0.92	0.64	1.34	42.86
	Shielding	1.30	0.72	2.36	0
	16-24y	0.98	0.62	1.53	13.95

1						
2						
3		25-34y	0.43	0.26	0.72	2.58
4		35-44y	0.91	0.58	1.42	
5		45-54	2.55	0.59	10.92	86.27
6		55-64	0.90	0.47	1.74	19
7		75+	1.11	0.40	3.12	0
8						
9		Overall	0.72	0.25	2.07	64.12
10		Not				
11		shielding	0.63	0.20	1.95	62.21
12		Shielding	0.19	0.01	4.52	
13						
14		16-24y	0.18	0.00	15.35	88.56
15	Other Ethnicity vs White	25-34y	0.57	0.10	3.20	70.09
16		35-44y	1.52	0.36	6.41	
17		45-54	1.12	0.37	3.38	
18		55-64	0.49	0.12	1.96	
19		75+	4.18	0.35	50.04	
20						
21						
22						
23		<b>Education</b>	<b>OR</b>	<b>Lower CI</b>	<b>Upper CI</b>	<b>I2%</b>
24						
25		Overall	1.11	0.99	1.25	8.05
26		Not				
27		shielding	1.02	0.85	1.23	47.74
28		Shielding	0.92	0.66	1.30	0
29						
30	A-level/equivalent vs Higher	16-24y	1.39	0.96	2.01	0
31	education/Degree	25-34y	0.97	0.55	1.71	52.33
32		35-44y	1.48	1.00	2.18	
33		45-54	1.10	0.86	1.40	0
34		55-64	0.99	0.76	1.29	44.12
35		75+	0.77	0.57	1.05	0
36						
37		Overall	0.94	0.79	1.12	55.76
38		Not				
39		shielding	0.93	0.79	1.10	47.54
40		Shielding	0.80	0.60	1.06	0
41						
42	GCSE/equivalent vs Higher	16-24y	0.93	0.36	2.40	83.45
43	education/Degree	25-34y	1.05	0.53	2.07	70.84
44		35-44y	1.19	0.86	1.64	
45		45-54	1.00	0.70	1.44	60.4
46		55-64	1.06	0.91	1.24	0
47		75+	0.88	0.59	1.31	54.52
48						
49		Overall	1.12	0.96	1.30	33.28
50		Not				
51	<GCSE/equivalent vs Higher	shielding	1.01	0.83	1.23	50.08
52	education/Degree	Shielding	0.86	0.63	1.18	8.77
53						
54		16-24y	0.79	0.38	1.61	46.71
55		25-34y	1.31	0.61	2.81	62.99
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	35-44y	0.87	0.56	1.36	
	45-54	1.32	0.85	2.06	61.45
	55-64	1.18	0.97	1.43	0
	75+	0.98	0.78	1.24	0
<b>Occupational class</b>		<b>OR</b>	<b>Lower CI</b>	<b>Upper CI</b>	<b>I<sup>2</sup>%</b>
	Overall	1.04	0.94	1.15	0
	Not shielding	1.04	0.94	1.15	0
	Shielding	0.86	0.59	1.25	13.43
Intermediate vs Managerial/Admin/Professional	16-24y	0.88	0.55	1.41	0
	25-34y	1.25	0.86	1.81	0
	35-44y	1.13	0.81	1.58	
	45-54	1.13	0.92	1.39	0
	55-64	0.92	0.77	1.11	0
	75+	1.02	0.76	1.37	0
	Overall	1.20	1.09	1.32	0
	Not shielding	1.20	1.08	1.33	0
	Shielding	0.94	0.71	1.24	0
Manual/Routine vs Managerial/Admin/Professional	16-24y	1.14	0.74	1.75	0
	25-34y	1.55	0.97	2.48	36.45
	35-44y	1.23	0.88	1.71	
	45-54	1.04	0.85	1.27	0
	55-64	1.14	0.95	1.37	0
	75+	1.29	0.98	1.70	0
	Overall	1.48	1.10	2.00	81.34
	Not shielding	1.44	1.10	1.89	73.49
	Shielding	0.92	0.38	2.22	82.67
Other social class vs Managerial/Admin/Professional	16-24y	1.01	0.34	2.95	79.64
	25-34y	2.09	1.40	3.13	0
	35-44y	2.16	1.34	3.48	
	45-54	2.05	0.98	4.29	85.15
	55-64	1.73	1.28	2.33	64.79
	75+	1.02	0.62	1.69	0

Adjusted for sex, age, and ethnicity (where available)

Empty I<sup>2</sup>% column indicates only one study included

\*Binary variable including Black, East Asian, Mixed, South Asian, and other ethnicity in 'non-White'

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### Supplementary File 2: Variable coding

#### Contents

Healthcare disruptions ..... 2

Covariates ..... 6

A note about shielding ..... 11

For peer review only



**Healthcare disruptions**

<i>Study</i>	<i>Question (exact wording)</i>	<i>Possible Answers</i>	<i>Recoding if needed</i>
<b>* PRESCRIPTION or MEDICATION ACCESS *</b>			
<b>MCS NS BCS 70 NCDS NSHD</b>	Since the Coronavirus outbreak in March, have you had any difficulty obtaining any of your prescribed medication?	1=Yes; 2=No/Not applicable	= 1
<b>ALSPAC</b>	Not Available		
<b>USOC</b>	Q1: Still thinking about your situation now, have you been able to access the NHS services you need: Prescription medicine? Q2: Still thinking about your situation now, have you been able to access the community health and social care services and support you need... Over the counter medications?	For both Q1 and Q2: 1=Yes; 2=No; 3=Not required	Q1=2 OR Q2=2
<b>ELSA</b>	Since the coronavirus outbreak, have you been able to get access to your regular medications?	1=Yes; 2=No; 3=No need	= 2
<b>GS</b>	How strongly do you agree with the following statements: Accessing and remembering to take my medication has become more difficult during the COVID-19 pandemic	From 1 (do not agree at all) to 10 (agree very strongly)	=6/10
<b>TWINS UK</b>	Have you experienced any of the following as a result of COVID-19? Unable to access required medication	0= No; 1 = Yes	= 1
<b>BIB</b>	Q1: Have you or a member of your household needed to access pharmacy services since lockdown began? Q2: If yes, did you receive the support you needed?	Q1. 0=No; 1=Yes Q2. 0= No; 1=Yes; 2=Haven't tried	Q1=1 & Q2=0
<b>* PROCEDURES or SURGERIES *</b>			
<b>MCS NS BCS 70 NCDS NSHD</b>	Q1: At the time of the Coronavirus outbreak in March, did you have an in-patient or out-patient appointment booked at a hospital for a consultation, investigation, treatment or surgery? Q2: Have you now had your surgery? Q3: Did your (last) surgery take place on the planned date or was it delayed? Q4: Why has your surgery not taken place?	Q1. 1=Yes - for a consultation investigation or treatment; 2=Yes - for surgery; 3=No. Q2. 1=Yes; 2=No. Q3. 1=Surgery took place on the planned date; 2=Surgery was delayed. Q4. 1=My surgery was postponed and	Q1=2 & Q2=1 & Q3=2 OR Q1=2 & Q2=2 & Q4=(1 OR 3)

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		has not yet happened; 2=My surgery was not postponed, but it hasn't happened yet; 3=My surgery was cancelled	
<b>ALSPAC GS</b>	Q1: Have you had any medical treatments or appointments that have had to be cancelled or postponed during the COVID-19 pandemic? For example, hospital referral, non-emergency surgery, cancer, treatment, etc. Q2: What types of medical treatments or appointments were cancelled or postponed?	Q1. 1=Yes; 2=No. Q2. a -- surgery: 1=Yes; -9=Not applicable b -- cancer treatment: 1=Yes; -9=Not applicable c -- dialysis: 1=Yes; -9=Not applicable	Q1=1 & Q2 (a OR b OR c)=1
<b>USOC</b>	Q1: [since previous survey] have you had or been waiting for NHS treatment? Please select all that apply. Q2: Has your treatment plan(s) been changed in any way?	Q1. 1=Yes, tests/consultations planned or in progress; 2=Yes, operation or procedure planned; 3=Yes, targeted therapy, chemotherapy or radiotherapy planned or in progress; 4=Yes, other treatment planned; 5=No Q2. 1=Yes, consultations/treatments cancelled or postponed by NHS; 2=Yes, alternative treatment provided; 3=Yes, I cancelled or postponed treatment; 4=No, treatment continuing as planned	Q1=2/4 & Q2=1/3
<b>ELSA</b>	Since the coronavirus outbreak, have you had a hospital operation or treatment cancelled?	1.Yes; 2.No	=1
<b>TWINS UK</b>	Not Available		
<b>BIB</b>	Not Available		
<b>* APPOINTMENTS *</b>			
<b>MCS NS BCS 70 NCDS NSHD</b>	Q1: At the time of the Coronavirus outbreak in March, did you have an in-patient or out-patient appointment booked at a hospital for a consultation, investigation, treatment or surgery? Q2: Have you now had your in/ out-patient hospital appointment for a consultation, investigation or treatment? Q3: Did your (last) appointment take place on the planned date or was it delayed? Q4: Why has your in-/out-patient hospital appointment for a consultation, investigation or treatment not taken place?	Q1. 1=Yes - for a consultation investigation or treatment; 2=Yes - for surgery; 3=No. Q2. 1=Yes; 2=No. Q3. 1=Appointment took place on the planned date; 2=Appointment was delayed. Q4. 1=My appointment was postponed	Q1=1 & Q2=1 & Q3=2 OR Q1=1 & Q2=2 & Q4=(1 OR 3)

		and has not yet happened; 2=My appointment was not postponed, but it hasn't happened yet; 3=My appointment was cancelled	
<b>ALSPAC GS</b>	<p>Q1. Have you had any medical treatments or appointments that have had to be cancelled or postponed during the COVID-19 pandemic? For example, hospital referral, non-emergency surgery, cancer, treatment, etc.</p> <p>Q2. What types of medical treatments or appointments were cancelled or postponed?</p>	<p>Q1. 1=Yes; 2=No.</p> <p>Q2= d -- GP referral: 1=Yes; -9=Not applicable</p> <p>e -- Hospital referral: 1=Yes; -9=Not applicable</p> <p>f -- Routine clinical appointment: 1=Yes; -9=Not applicable</p> <p>g -- Cancer testing: 1=Yes; -9=Not applicable</p> <p>h -- Cancer screening: 1=Yes; -9=Not applicable</p>	<p>Q1=1 &amp; Q2(d OR e OR f OR g OR h)=1</p>
<b>USOC</b>	<p>Thinking about your situation now, have you been able to access the NHS services you need to help manage your condition(s) over the last 4 weeks?</p> <p>Q1: GP or primary care practice staff?</p> <p>Q2: Hospital or clinic outpatient?</p> <p>Q3: Hospital or clinic inpatient?</p> <p>Q4: [since previous survey] have you had or been waiting for NHS treatment? Please select all that apply.</p> <p>Q5: Has your treatment plan(s) been changed in any way?</p>	<p>Q1-3. 1=Yes, in person; 2=(Q1 &amp; Q2 only) Yes, online or by phone only; 3=No, not able to access; 4=No, decided not to seek help at this time/cancelled; 5=Alternative treatment provided; 6=Not required</p> <p>Q4. 1=Yes, tests/consultations planned or in progress; 2=Yes, operation or procedure planned; 3=Yes, targeted therapy, chemotherapy or radiotherapy planned or in progress; 4=Yes, other treatment planned; 5=No</p> <p>Q5. 1=Yes, consultations/treatments cancelled or postponed by NHS; 2=Yes, alternative treatment provided; 3=Yes, I cancelled or postponed treatment; 4=No, treatment continuing as planned</p>	<p>Q1 Q2 Q3=(3 OR 4 OR 5) OR Q4=1 AND Q5=(1 OR 2 OR 3)</p>
<b>ELSA</b>	<p>Q1: Since the coronavirus outbreak, have you wanted to see or talk to a GP?</p> <p>Q2: Have you been able to see or talk to a GP?</p>	<p>Q1: 1=Yes; 2=No</p> <p>Q2: 1=Yes; 2=No; 3=I did not attempt to contact them 4.I did not need to contact them</p>	<p>Q1= &amp; Q2=2</p>
<b>TWINS UK</b>	Not Available		

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<b>BIB</b>	Q1: Have you or a member of your household needed to access		
	-- (1) your doctor (GP) or nurse		
	-- (2) NHS111		
	-- (3) Health emergency services (A&E)	Q1. 0=No; 1=Yes	Q1= & Q2=0
	-- (4) A specialist (consultant) doctor or specialist clinic (hospital outpatient) appointment since lockdown began?	Q2. 0= No; 1=Yes; 2=Haven't tried	
Q2: If yes, were you able to access (1, 2, 3, or 4)?			

For peer review only

Covariates

<i>Variables</i>	<i>Study</i>	<i>Options</i>	<i>Recoding if needed</i>
<b>* Sex * 0=Male; 1=Female</b>			
	<b>All</b>	0=Male; 1=Female	
<b>* Ethnicity * 0=White; 1=South East Asian; 2=Other Asian; 3=Black; 4=Mixed; 5=Other Non-White</b>			
	<b>MCS</b>	1=White; 2=Mixed; 3=Indian; 4=Pakistani; 5=Bangladeshi; 6=Other Asian; 7=Black Caribbean; 8=Black African; 9=Other Black; 10=Chinese; 11=Other ethnic group	1=0, 2=4, 3-5=1, 6 & 10=2, 7-9=3, 11=5
	<b>NS</b>	1=White; 2=Mixed; 3=Indian; 4=Pakistani; 5=Bangladeshi; 6=Black Caribbean; 7=Black African; 8=Other	1=0, 2=4, 3-5=1, 6-7=3, 8=5
	<b>BCS70</b>	Not Available	
	<b>NCDS</b>	Not Available	
	<b>NSHD</b>	Not Available	
	<b>ALSPAC</b>	G0 (Parents) 1=White; 2=Black Caribbean; 3=Black African; 4=Other black; 5=Indian; 6=Pakistani; 7=Bangladeshi; 8=Chinese; 9=Other G1 (Children) 1=White; 2=Mixed/Multiple Ethnic group; 3=Asian; 4=Black/African/Caribbean/Black British; 5=Arab or Other	G0: 1=0; 5/7=1, 8=2, 2/4=3, 9=5 G1: 1=0; 3=2, 4=3, 2=4
	<b>USOC</b>	1=White British; 2=Irish (White); 3=Gypsy or Irish Traveller (white); 4=Any other white background; 5=White and black Caribbean (mixed); 6=White and black African (mixed); 7=White and Asian (mixed); 8=Any other mixed background; 9=Indian (Asian or Asian British); 10=Pakistani (Asian or Asian British); 11=Bangladeshi (Asian or Asian British); 12=Chinese (Asian or Asian British); 13=Any other Asian background (Asian or Asian British); 14=Caribbean (Black or Black British); 15=African (Black or Black British); 16=Any other Black background (Black or Black British); 17=Arab (other Ethnic group); 97=Any other ethnic group	1-4=0, 5-8=4, 9-11=1, 12-13=2, 14-16=3, 17-97=5
	<b>ELSA</b>	1.White; 2=Mixed ethnic group; 3=Black; 4=Black British; 5=Asian; 6=Asian British	1=0; 2=4; 3/4=3; 5/6=1
	<b>GS</b>	1=White Scottish; 2=White English; 3=White Welsh; 4=White N. Irish; 5=White Irish; 6=White Gypsy/Irish traveller; 7=White Polish; 8=Any other white; 9=Asian/British Asian - Indian; 10=Asian/British Asian - Pakistani; 11=Asian/British Asian - Bangladeshi; 12=Asian/British Asian - Chinese; 13=Any other Asian background; 14=Black or Black British - African; 15=Black or Black British - Caribbean; 16=Any other Black/African/Caribbean background; 17=Arab or Arab British; 18=Mixed - White and Black Caribbean; 19=Mixed - White and Black African; 20=Mixed - White and Asian; 21=Any other Mixed/Multiple ethnic background; 22=Any other ethnic group	1/8=0, 9/11=1, 12/13=2, 14/16=3, 18/21=4, 17&22=5

<b>TWINS UK</b>	1=White- English, Welsh, Scottish, Northern Irish, Irish; 2=White- Other white background; 3=Mixed/multiple ethnic groups - White and Black Caribbean; 4=Mixed/multiple ethnic groups - White and Black African; 5=Mixed/multiple ethnic groups - White and Asian; 6=Mixed/multiple ethnic groups - Other mixed/ multiple ethnic background; 7=Asian/Asian British- Indian; 8=Asian/Asian British - Pakistani; 9=Asian/Asian British - Bangladeshi; 10=Asian/Asian British - Chinese; 11=Asian/Asian British - Other Asian background; 12=Black/Black British - African; 13=Black/Black British - Caribbean; 14=Black/Black British - Other Black Background; 15=Middle-Eastern; 16=Other ethnic group	1/2=0; 10=1; 7/9 11=2; 12/14=3; 3/6=4; 15/16=5
<b>BIB</b>	BiB: 1=White British; 2=White other; 3=Mixed-White and Black; 4=Mixed-White and South Asian; 5=Black; 6=Indian; 7=Pakistani; 8=Bangladeshi; 9=Other BIBBS: 1=White British; 2=White Irish; 3=Pakistani; 4=Indian; 5=Bangladeshi; 6=White Polish; 7=White Slovakian; 8=White Romanian; 9=White Czech; 10=Other White; 11=White Gypsy/Roma/Irish traveller; 12=Chinese; 13=African; 14=Caribbean; 15=Mixed White/Black Caribbean; 16=Mixed White/Black African; 17=Mixed White/Asian; 18=Do not wish to answer; 19=Other	BiB: 1/2=0; 6/8=1; 5=3; 3/4=4; 9=5 BiBBs: 1/2=0; 6/11=0; 3/5=1; 13/14=3; 15/18=4; all other options=5

**\* Education \* 0= Degree; 1=A-Level; 2=GCSE; 3=Low or None**

<b>MCS</b>	0=None; 1=Nvq1; 2=Nvq2; 3=Nvq3; 4=Nvq4; 5=Nvq5	
<b>NS</b>	*parent's education for MCS	0/1 = 0 2=1 3=2 4/5=3
<b>BCS 70</b>		
<b>NCDS</b>		
<b>NSHD</b>	0=None attempted; 1.=Vocational course, proficiency only; 2=Sub GCE or sub Burnham C; 3=GCE 'O' level or Burnham C; 4=GCE 'A' Level or Burnham B; 5=Burnham A2; 6= 1st Degree or graduate equivalent; 7= Higher degree, Masters; 8= Higher degree, doctorate; 9=Unknown	6 7 8=0; 4 5=1; 3=2; 0 1 2 9=3
<b>ALSPAC</b>	1=Degree; 2=A levels/AS levels or equivalent; 3=O levels; 4=Vocational; 5=CSE *parent's education for G1 (Children)	1=0; 2=1; 3=2; 4/5=3
<b>USOC</b>	1.Higher degree 2. 1st degree or equivalent 3. Diploma in Higher Education 4. Teaching qualification (not PGCE) 5. Nursing or other medical qualification 6. Other higher degree 7. A-Level 8. Welsh baccalaureate 9. International baccalaureate 10. AS Level 11. Scottish Highers 12. Certificate of 6th year studies 13. GCSE/O-Level 14. Certificate of secondary education 15. Standard or lower 16. Other school certificate 96. No qualifications	1-6=0, 7-12=1, 13-16=2, 96=3
<b>ELSA</b>	1=Nvq4/nvq5/degree or equivalent; 2=Higher Education below degree; 3=Nvq3/GCE A level equivalent; 4=Nvq2/GCE O level equivalent; 5=Nvq1/CSE other grade equivalent; 6=Foreign/other; 7=No qualification	1=0; 2/3=1; 4=2; 5/7=3
<b>GS</b>	1=No qualifications; 2=Other (please specify); 3=School leavers certificate; 4=CSEs or equivalent; 5=Standard grade, National 4 or 5, O levels, GCSEs or equivalent; 6=Higher grade, A levels, AS levels or equivalent; 7=NVQ or HND or HNC or equivalent; 8=Other professional or technical qualification; 9=Undergraduate degree; 10=Postgraduate degree	9 10=0; 6 7 8 =1; 5=2; <5=3

<b>TWINS UK</b>	1=No qualification; 2=NVQ1/SVQ1; 3=O-level/GCSE/NVQ2/SVQ2/Scottish intermediate; 4=Scottish Higher, NVQ3, City and Guilds, Pitman; 5=A-level, Scottish Advanced Higher; 6=Higher vocational training (e.g. Diploma, NVQ4, SVQ4); 7=Undergraduate degree; 8=Postgraduate degree (e.g. Masters or PhD), NVQ5, SVQ5	6/8=0; 4/5=1; 3=2; 1/2=3
<b>BIB</b>	1=<5 GCSE equivalent; 2=5 GCSE equivalent; 3=A-level equivalent; 4=Higher than A-level; 5=Other; 6=Don't know; 7=Foreign unknown	4=0; 3=1; 5/7=2; 1=3; missing=1

**\* Occupational Social Class \* 1=Managerial/Admin/Professional; 2=Intermediate; 3=Manual/routine; 4=Other**

NS-SEC: National Statistics Socioeconomic Classification. RGSC: Registrar General's Social Class. ONS SOC: Office of National Statistics Standard Occupational Classification

<b>MCS NS BCS 70 NCDS</b>	[NS-SEC] 1=Higher managerial and professional; 2=Lower managerial and professional; 3=Intermediate occupations; 4=Small employers and own account workers; 5=Lower supervisory and technical; 6=Semi-routine occupations; 7=Routine occupations; 8=Never worked and long-term unemployed *parent's occupational social class for MCS	2=1; 3-4=2; 5-7=3; 8=4
<b>NSHD</b>	[RGSC] 1=I Professional; 2=II Managerial and Technical; 3=IIINM Skilled non-manual; 4=IIIM Skilled manual; 5=IV Partly skilled; 6=V Unskilled;	2=1; 3/5=2; 6=3;
<b>ALSPAC</b>	[RGSC] 1=I Professional; 2=II Managerial and Technical; 3=IIINM Skilled non-manual; 4=IIIM Skilled manual; 5=IV Partly skilled; 6=V Unskilled; 7=Armed Forces *parent's occupational social class for G1 (Children)	2=1; 3/5=2; 6=3; 7=4
<b>USOC</b>	[NS-SEC] 1=Higher managerial and professional; 2=Lower managerial and professional; 3=Intermediate occupations; 4=Small employers and own account workers; 5=Lower supervisory and technical; 6=Semi-routine occupations; 7=Routine occupations; 8=Never worked and long-term unemployed	2=1; 3-4=2; 5-7=3; 8=4
<b>ELSA</b>	[NS-SEC] -3=Incomplete/No job info; 1=Higher and Lower managerial/ professional; 2=Intermediate occupations; 3=Routine and manual occupations; 99=Other	99=4; -3=4
<b>GS</b>	[ONS SOC] 1=Managers, directors, senior officials; 2=Associate professional and technical occupations; 3=Administrative and secretarial occupations; 4=Skilled trades occupations; 5=Sales and customer service occupations; 6=Process, plant and machine operatives; 7=Elementary (unskilled) occupations; 8=Never worked	1/3=1; 4/5=2; 6/7=3; 8=4
<b>TWINS UK</b>	Not Available	
<b>BIB</b>	1=Modern professional occupations; 2=Clerical and intermediate occupations; 3=Senior managers or administrators; 4=Technical and craft occupations; 5=Semi-routine manual and service occupations; 6=Routine manual and service occupations; 7=Middle or junior managers; 8=Traditional professional occupations; 9=Self-employed; 10=Student/in training; 11=Does not work-long term unemployed/sick; 12=Don't know *Based on either own class (80.7%) or partner's (19.3%)	3=1; 8=1; 4=2; 7=2; 5/6=3; all other options=4

**\* Living Arrangement \* 1=Alone; 2=With partner/spouse only; 3=With partner/spouse and child(ren); 4=With child(ren), without partner/spouse; 5=Any other living arrangement**

**OR \* Partnership Status \* 1=Married/Partnered; 0=Not married/partnered**

<b>MCS NS BCS 70 NCDS</b>	Who do you currently live with? 1. Husband/Wife/Cohabiting Partner 2. Children (including adult children, step-children, adopted children, foster children or any other children you consider yourself parent to) 3. Parent or Parent-in-law (including step-parent or adoptive parent) 4. Grandparent 5. Grandchild 6. Sibling 7. Other relative 8. Friend / unrelated sharer 9. Other	1 = Husband/Wife/Cohabiting Partner; 0 = Other
<b>NSHD</b>	Who do you currently live with? (Options include Husband/Wife/Cohabiting Partner)	1= Partner in HH 0= No partner in household
<b>ALSPAC</b>	NA	NA
<b>USOC</b>	Derived from Household Grid	0=partner present; 1=Single
<b>ELSA</b>	IF respondents live with other people, they are asked for each person "what is this person's relationship to you". Options include "1. Husband/wife/partner"	1=Partner in HH 0=No partner in HH
<b>GS</b>	1. Married/ Civil partnership 2. In a relationship, living together 3. In a relationship, not living together 4. Single 5. Separated 6. Divorced 7. Widowed 8. Other	1-3=1 4-8 = 0
<b>TWINS UK</b>	Single, never married (1); Single, divorced or widowed (2); In a relationship/married but living apart (3); In a relationship/married and cohabiting (4)	1, 2 = 0; 3, 4 = 1
<b>BIB</b>	What is your current relationship status? 0=do not wish to answer; 1=single; 2=married; 3=not married but in a relationship	1=0; 2/3=1

**\* Shielding Status \* 1=Advised to Shield; 0=Not advised to shield**

<b>MCS NS BCS 70 NCDS NSHD</b>	Did you at any time receive a letter or text message from the NHS or Chief Medical Officer saying that you have been identified as someone at risk of severe illness if you catch Coronavirus, because you have an underlying disease or health condition? 1=Yes; 2=No	2=0
<b>ALSPAC</b>	Not Available	



<b>USOC</b>	Have you received a letter, text or email from the NHS or Chief Medical Officer saying that you have been identified as someone at risk of severe illness if you catch coronavirus, because you have an underlying disease or health condition? 1=Yes; 2=No	2=0
<b>ELSA</b>	Have you been contacted by the NHS or your GP and advised that you are vulnerable and at risk of severe illness if you catch coronavirus (Covid-19), and should stay at home at all times and avoid any face-to-face contact? 1=Yes; 2=No	2=0
<b>GS</b>	Have you been contacted by letter or text message to say you are at sever risk from COVID-19 due to and underlying health condition and should be shielding? 1=Yes; 2=No	2=0
<b>TWINS UK</b>	Have you received a letter or text message over the past few months to say you are at high risk from COVID-19 due to an underlying health condition, and should be 'shielding'? 1=Yes; 2=No	2=0
<b>BIB</b>	Have you been advised by a health professional that you are high risk or vulnerable and should self-isolate for 12 weeks to protect yourself from coronavirus? 0=No; 1=Yes	

**\* Pre-Pandemic Self-Assessed Health \* 1=Good/Very Good/Excellent; 0=Fair/Poor**

<b>MCS NS BCS 70 NCDS NSHD</b>	In general, in the 3 months before the Coronavirus outbreak would you say your health was ... 1=Excellent; 2=Very Good; 3=Good; 4=Fair; 5=Poor	1/3=1; 4/5=0
<b>ALSPAC (G0 &amp; G1)</b>	(2020) Do you have a history of diabetes (A), obesity (B) or asthma (C)?	1 if A & B & C==0 0 if A   B   C==1
<b>USOC</b>	(2018/19) In general, would you say your health is... 1=Excellent; 2=Very Good; 3=Good; 4=Fair; 5=Poor	1/3=1; 4/5=0
<b>ELSA</b>	(2018/19) Would you say your health is... 1=Excellent; 2=Very Good; 3=Good; 4=Fair; 5=Poor	1/3=1; 4/5=0
<b>GS</b>	NA	
<b>TWINS UK</b>	(2020) In general, would you say your health is... 1=Excellent; 2=Very Good; 3=Good; 4=Fair; 5=Poor	1/3=1; 4/5=0
<b>BIB</b>	(2016 - 2020) In general, would you say your health is... 1=Excellent; 2=Very Good; 3=Good; 4=Fair; 5=Poor	1/3=1; 4/5=0

## A note about shielding

### Who had to shield?

Initially 1.5 million, increasing to 2.2 million, people in the UK were identified as clinically extremely vulnerable (CEV) by their GP. They were sent a letter asking them to shield – not go out – for at least 12 weeks until the end of June. This timeframe was extended, and on 1st August, CEV individuals in England, Scotland and Northern Ireland were told that shielding had been paused. In Wales shielding continued until 16th August.

### Who was classed as clinically extremely vulnerable?

People falling into the clinically extremely vulnerable group include:

- Solid organ transplant recipients
- People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
- People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- People having immunotherapy or other continuing antibody treatments for cancer
- People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors (which prevent cancer cells from repairing)
- People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD)
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections such as Severe combined immunodeficiency (SCID) or homozygous sickle cell
- People on immunosuppression therapies sufficient to significantly increase risk of infection
- Women who are pregnant with significant heart disease, congenital or acquired.

Source:

<https://web.archive.org/web/20200330181117/https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

## Supplementary File 3: Meta-analysis results

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### Contents

Summary of results.....	3
Summary of stratified results .....	6
Any healthcare disruption.....	10
Sex .....	10
Unadjusted.....	10
Basic adjustment.....	11
Full adjustment .....	12
Occupational class.....	13
Unadjusted.....	13
Basic adjustment.....	15
Full adjustment .....	17
Education.....	19
Unadjusted.....	19
Basic adjustment.....	21
Full adjustment .....	23
Age.....	25
Unadjusted.....	25
Basic adjustment.....	27
Full adjustment .....	29
Ethnicity .....	31
Unadjusted.....	31
Basic adjustment.....	34
Full adjustment .....	38
Appointments.....	41
Sex .....	41
Unadjusted.....	41
Basic adjustment.....	42
Full adjustment .....	43
Occupational class.....	44
Unadjusted.....	44
Basic adjustment.....	46
Full adjustment .....	48
Education.....	50
Unadjusted.....	50
Basic adjustment.....	52
Full Adjustment .....	54
Age.....	56
Unadjusted.....	56
Basic adjustment.....	58
Full adjustment .....	60
Ethnicity .....	62
Unadjusted.....	62
Basic adjustment.....	65
Full adjustment .....	68
Prescription/Medication access .....	71
Sex .....	71
Unadjusted.....	71
Basic adjustment.....	72
Full adjustment .....	73
Occupational class.....	74

1  
2  
3  
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56  
57  
58  
59  
60

Unadjusted.....	74
Basic adjustment.....	76
Full adjustment.....	78
Education.....	80
Unadjusted.....	80
Basic adjustment.....	82
Full adjustment.....	84
Age.....	86
Unadjusted.....	86
Basic adjustment.....	89
Full adjustment.....	91
Ethnicity.....	93
Unadjusted.....	93
Basic adjustment.....	96
Full adjustment.....	99
Procedures/surgery.....	102
Sex.....	102
Unadjusted.....	102
Basic adjustment.....	103
Full adjustment.....	104
Occupational class.....	105
Unadjusted.....	105
Basic adjustment.....	107
Full adjustment.....	109
Education.....	111
unadjusted.....	111
Basic adjustment.....	113
Full adjustment.....	115
Age.....	117
Unadjusted.....	117
Basic adjustment.....	120
Full adjustment.....	122
Ethnicity.....	123
Unadjusted.....	123
Basic adjustment.....	126
Full adjustment.....	129
Any healthcare disruption stratified by shielding status.....	131
Sex.....	131
Occupational class.....	132
Education.....	136
Age.....	140
Ethnicity.....	143
Any healthcare disruption stratified by age.....	148
Sex.....	148
Occupational class.....	149
Education.....	152
Ethnicity.....	155

Summary of results

	Any healthcare disruption				Appointments				Prescription/Medication				Procedures/surgery				
	OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %	OR	Lower CI	Upper CI	I <sup>2</sup> %	
<b>Sex</b>																	
Female vs. Male	Unadjusted	1.26	1.14	1.39	58.51	1.30	1.12	1.52	73.54	1.33	1.00	1.77	75.15	1.12	0.93	1.36	60.28
	<b>Basic adjustment</b>	<b>1.27</b>	<b>1.15</b>	<b>1.40</b>	<b>53.11</b>	<b>1.33</b>	<b>1.17</b>	<b>1.52</b>	<b>60</b>	<b>1.27</b>	<b>0.94</b>	<b>1.74</b>	<b>77.98</b>	<b>1.15</b>	<b>0.97</b>	<b>1.37</b>	<b>47.79</b>
	Full adjustment	1.30	1.15	1.46	44.89	1.41	1.10	1.82	0.00	1.18	0.50	2.77	59.02	1.09	0.77	1.55	18.15
<b>Age</b>																	
16-24y vs 45-54y	Unadjusted	0.77	0.41	1.47	71.12	0.55	0.26	1.20	55.5	1.17	0.34	4.05	86.43	0.48	0.34	0.68	
	<b>Basic adjustment</b>	<b>0.76</b>	<b>0.39</b>	<b>1.46</b>	<b>71.95</b>	<b>0.55</b>	<b>0.24</b>	<b>1.23</b>	<b>58.53</b>	<b>1.09</b>	<b>0.33</b>	<b>3.67</b>	<b>85.53</b>	<b>0.47</b>	<b>0.33</b>	<b>0.66</b>	
	Full adjustment	0.85	0.32	2.24	70.28	0.89	0.18	4.36		4.71	1.40	15.86		no information			
25-34y vs 45-54y	Unadjusted	0.87	0.71	1.07	51.9	0.71	0.53	0.96	72.25	1.23	0.75	2.03	74.54	0.78	0.59	1.02	0
	<b>Basic adjustment</b>	<b>0.85</b>	<b>0.70</b>	<b>1.04</b>	<b>47.62</b>	<b>0.67</b>	<b>0.57</b>	<b>0.77</b>	<b>0</b>	<b>1.16</b>	<b>0.68</b>	<b>1.96</b>	<b>76.95</b>	<b>0.77</b>	<b>0.58</b>	<b>1.03</b>	<b>0</b>
	Full adjustment	0.92	0.74	1.15	43.99	1.21	0.66	2.22		1.18	0.52	2.67	0	no information			
35-44y vs 45-54y	Unadjusted	0.93	0.74	1.16	67.57	0.77	0.66	0.89	23.09	1.06	0.75	1.51	57.05	0.99	0.71	1.36	42.96
	<b>Basic adjustment</b>	<b>0.92</b>	<b>0.74</b>	<b>1.15</b>	<b>68.24</b>	<b>0.78</b>	<b>0.65</b>	<b>0.92</b>	<b>35.96</b>	<b>1.04</b>	<b>0.74</b>	<b>1.47</b>	<b>56.72</b>	<b>1.03</b>	<b>0.67</b>	<b>1.58</b>	<b>61.87</b>
	Full adjustment	1.03	0.81	1.29	59.88	1.03	0.59	1.78		1.25	0.62	2.52	0	1.36	0.93	2.00	0
55-64y vs 45-54y	Unadjusted	1.16	0.98	1.38	63.54	1.33	1.21	1.47	0	0.79	0.57	1.08	61.08	1.17	0.65	2.10	91.47
	<b>Basic adjustment</b>	<b>1.18</b>	<b>0.99</b>	<b>1.39</b>	<b>64.04</b>	<b>1.35</b>	<b>1.22</b>	<b>1.49</b>	<b>0</b>	<b>0.79</b>	<b>0.57</b>	<b>1.10</b>	<b>65.97</b>	<b>1.18</b>	<b>0.66</b>	<b>2.10</b>	<b>89.83</b>
	Full adjustment	1.17	1.05	1.29	0	1.55	0.62	3.91	49.89	0.85	0.48	1.52	0	no information			
65-74y vs 45-54y	Unadjusted	1.36	1.11	1.67	75.24	1.61	1.46	1.78	0	0.73	0.48	1.11	79.59	1.93	1.67	2.23	0
	<b>Basic adjustment</b>	<b>1.39</b>	<b>1.13</b>	<b>1.72</b>	<b>77.16</b>	<b>1.65</b>	<b>1.49</b>	<b>1.82</b>	<b>0</b>	<b>0.75</b>	<b>0.49</b>	<b>1.16</b>	<b>80.63</b>	<b>1.95</b>	<b>1.68</b>	<b>2.26</b>	<b>0</b>
	Full adjustment	1.33	1.19	1.49	0	1.98	0.48	8.10	73.94	1.15	0.65	2.04	0	1.57	1.07	2.31	0
75y+ vs 45-54y	Unadjusted	1.45	0.92	2.29	90.02	1.83	1.59	2.12	0	0.66	0.46	0.94	47.94	2.05	1.59	2.64	28.83
	<b>Basic adjustment</b>	<b>1.50</b>	<b>0.93</b>	<b>2.39</b>	<b>91.23</b>	<b>1.89</b>	<b>1.65</b>	<b>2.17</b>	<b>0</b>	<b>0.69</b>	<b>0.47</b>	<b>1.01</b>	<b>53.79</b>	<b>2.07</b>	<b>1.66</b>	<b>2.59</b>	<b>17.97</b>
	Full adjustment	1.16	0.86	1.58	62.75	1.07	0.44	2.61		0.78	0.39	1.57	1.68	1.75	1.17	2.62	
<b>Ethnicity</b>																	

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Non-White vs White*	Unadjusted	1.02	0.89	1.18	10.29	0.95	0.72	1.25	56.69	1.36	0.79	2.33	79.57	0.89	0.71	1.12	0
	<b>Basic adjustment</b>	<b>1.19</b>	<b>1.05</b>	<b>1.35</b>	<b>0</b>	<b>1.10</b>	<b>0.86</b>	<b>1.39</b>	<b>42.54</b>	<b>1.32</b>	<b>0.82</b>	<b>2.12</b>	<b>71.12</b>	<b>1.14</b>	<b>0.91</b>	<b>1.44</b>	<b>0</b>
	Full adjustment	1.09	0.96	1.25	0	1.15	0.83	1.61	0	1.97	1.08	3.62	0	1.68	0.36	7.76	62.98
Black vs White	Unadjusted	1.16	0.87	1.55	0	0.95	0.54	1.64	33.95	0.63	0.13	3.06	81.71	0.87	0.58	1.29	0
	<b>Basic adjustment</b>	<b>1.38</b>	<b>1.03</b>	<b>1.84</b>	<b>0</b>	<b>1.01</b>	<b>0.54</b>	<b>1.92</b>	<b>49.83</b>	<b>0.64</b>	<b>0.14</b>	<b>2.87</b>	<b>80</b>	<b>1.03</b>	<b>0.68</b>	<b>1.55</b>	<b>0</b>
	Full adjustment	1.15	0.86	1.53	4.01	0.81	0.23	2.83	0	0.37	0.04	3.11		0.87	0.41	1.82	
East Asian vs White	Unadjusted	0.97	0.56	1.68	0	0.61	0.28	1.30	12.51	2.34	0.39	14.15	88.19	1.23	0.48	3.15	0
	<b>Basic adjustment</b>	<b>1.13</b>	<b>0.67</b>	<b>1.90</b>	<b>0</b>	<b>0.80</b>	<b>0.39</b>	<b>1.64</b>	<b>17.46</b>	<b>1.95</b>	<b>0.53</b>	<b>7.24</b>	<b>79.39</b>	<b>1.61</b>	<b>0.61</b>	<b>4.22</b>	<b>0</b>
	Full adjustment	0.96	0.60	1.51	0	1.19	0.26	5.51		no information				no information			
Mixed vs White	Unadjusted	1.05	0.79	1.38	0	1.02	0.55	1.89	64.07	1.51	0.99	2.30	0	1.05	0.66	1.67	0
	<b>Basic adjustment</b>	<b>1.24</b>	<b>0.86</b>	<b>1.78</b>	<b>27.61</b>	<b>1.22</b>	<b>0.69</b>	<b>2.15</b>	<b>56.82</b>	<b>1.34</b>	<b>0.82</b>	<b>2.18</b>	<b>16.29</b>	<b>1.34</b>	<b>0.76</b>	<b>2.36</b>	<b>20.19</b>
	Full adjustment	1.25	0.88	1.77	15.86	1.61	0.80	3.22	51.21	0.93	0.10	8.48		0.85	0.32	2.21	
South Asian vs White	Unadjusted	0.85	0.61	1.18	64.69	0.92	0.59	1.42	67.42	0.99	0.36	2.72	89.3	0.68	0.45	1.04	18
	<b>Basic adjustment</b>	<b>1.05</b>	<b>0.84</b>	<b>1.32</b>	<b>28.25</b>	<b>1.11</b>	<b>0.88</b>	<b>1.39</b>	<b>12.68</b>	<b>0.98</b>	<b>0.38</b>	<b>2.54</b>	<b>87.94</b>	<b>0.89</b>	<b>0.64</b>	<b>1.24</b>	<b>0</b>
	Full adjustment	0.93	0.67	1.30	57.84	1.03	0.29	3.63		2.81	1.19	6.63	11.86	1.11	0.62	1.99	
Other Ethnicity vs White	Unadjusted	0.79	0.46	1.34	28.89	0.91	0.58	1.45	0	1.23	0.56	2.67	25.72	0.84	0.20	3.48	44.62
	<b>Basic adjustment</b>	<b>0.90</b>	<b>0.49</b>	<b>1.63</b>	<b>44.27</b>	<b>1.07</b>	<b>0.68</b>	<b>1.68</b>	<b>0</b>	<b>1.45</b>	<b>0.81</b>	<b>2.60</b>	<b>0</b>	<b>0.95</b>	<b>0.23</b>	<b>4.03</b>	<b>52.56</b>
	Full adjustment	0.82	0.45	1.50	35.18	1.97	1.08	3.62	0.00	3.74	0.39	35.91		no information			
<b>Education</b>																	
A-level/equivalent vs Higher education/Degree	Unadjusted	1.04	0.91	1.17	58.16	1.03	0.91	1.17	42.88	0.94	0.77	1.15	21.54	0.84	0.55	1.29	88.56
	<b>Basic adjustment</b>	<b>1.08</b>	<b>0.97</b>	<b>1.20</b>	<b>38.7</b>	<b>1.07</b>	<b>0.99</b>	<b>1.16</b>	<b>0</b>	<b>1.02</b>	<b>0.82</b>	<b>1.28</b>	<b>27.13</b>	<b>0.87</b>	<b>0.58</b>	<b>1.30</b>	<b>85.92</b>
	Full adjustment	1.01	0.92	1.11	0	0.97	0.76	1.25	0	1.61	0.63	4.12	59.22	1.03	0.82	1.29	0
GCSE/equivalent vs Higher education/Degree	Unadjusted	0.99	0.87	1.14	62.23	1.03	0.95	1.12	0	0.98	0.75	1.27	53.81	1.03	0.91	1.16	0
	<b>Basic adjustment</b>	<b>1.00</b>	<b>0.87</b>	<b>1.14</b>	<b>59.18</b>	<b>1.01</b>	<b>0.91</b>	<b>1.12</b>	<b>15.22</b>	<b>1.04</b>	<b>0.77</b>	<b>1.39</b>	<b>62.34</b>	<b>1.05</b>	<b>0.93</b>	<b>1.18</b>	<b>0</b>
	Full adjustment	0.91	0.81	1.02	48.6	0.86	0.66	1.12	0	1.01	0.63	1.61	1.57	0.82	0.64	1.05	0
<GCSE/equivalent vs Higher education/Degree	Unadjusted	1.06	0.88	1.28	76.55	1.09	0.92	1.29	52.88	1.07	0.74	1.54	69.78	1.45	1.28	1.64	0
	<b>Basic adjustment</b>	<b>1.05</b>	<b>0.91</b>	<b>1.21</b>	<b>53.17</b>	<b>1.01</b>	<b>0.86</b>	<b>1.18</b>	<b>42.42</b>	<b>1.17</b>	<b>0.82</b>	<b>1.67</b>	<b>63.42</b>	<b>1.26</b>	<b>1.11</b>	<b>1.44</b>	<b>0</b>
	Full adjustment	0.87	0.75	1.00	34.17	0.90	0.54	1.50	58.54	1.17	0.39	3.49	60.69	1.53	0.34	6.85	71.25
<b>Occupational class</b>																	

Intermediate vs Managerial/Admin/Professional	Unadjusted	1.08	1.00	1.16	0	1.01	0.91	1.14	22.79	1.09	0.83	1.42	41.19	1.19	1.05	1.34	0
	<b>Basic adjustment</b>	<b>1.07</b>	<b>0.99</b>	<b>1.15</b>	<b>0</b>	<b>1.01</b>	<b>0.93</b>	<b>1.10</b>	<b>0</b>	<b>1.10</b>	<b>0.88</b>	<b>1.38</b>	<b>26.19</b>	<b>1.16</b>	<b>1.03</b>	<b>1.31</b>	<b>0</b>
	Full adjustment	1.00	0.92	1.08	0	1.01	0.78	1.30	0	0.73	0.34	1.61	0	0.78	0.42	1.47	48.08
Manual/Routine vs Managerial/Admin/Professional	Unadjusted	1.13	1.03	1.23	12.12	1.04	0.90	1.20	36.16	1.38	1.16	1.64	0	1.11	0.91	1.35	25.25
	<b>Basic adjustment</b>	<b>1.17</b>	<b>1.08</b>	<b>1.27</b>	<b>0</b>	<b>1.07</b>	<b>0.93</b>	<b>1.23</b>	<b>28.46</b>	<b>1.36</b>	<b>1.11</b>	<b>1.67</b>	<b>8.93</b>	<b>1.17</b>	<b>1.03</b>	<b>1.33</b>	<b>0</b>
	Full adjustment	1.02	0.93	1.12	0	1.10	0.84	1.44	6.05	0.51	0.18	1.43	23.27	0.92	0.56	1.50	20.63
Other social class vs Managerial/Admin/Professional	Unadjusted	1.47	1.02	2.13	89.12	1.41	1.08	1.84	66.23	2.16	1.30	3.57	76.1	1.71	0.94	3.10	87.16
	<b>Basic adjustment</b>	<b>1.51</b>	<b>1.12</b>	<b>2.04</b>	<b>79.69</b>	<b>1.46</b>	<b>1.16</b>	<b>1.84</b>	<b>47.81</b>	<b>2.45</b>	<b>1.72</b>	<b>3.50</b>	<b>45.5</b>	<b>1.81</b>	<b>1.17</b>	<b>2.80</b>	<b>73.85</b>
	Full adjustment	1.19	1.00	1.43	39.12	1.30	0.85	1.99	0.00	1.42	0.13	15.78	76.18	0.94	0.69	1.27	

Basic adjustment: sex, age, and ethnicity (where available)

Full adjustment: sex, age, and ethnicity (where available) education, occupational class, UK Nation (where appropriate), household composition, and pre-pandemic self-reported health.

Empty I<sup>2</sup>% column indicates only one study included

\*Binary variable including Black, East Asian, Mixed, South Asian, and other ethnicity in 'non-White'

## Summary of stratified results

		Any healthcare disruption			
Sex		OR	Lower CI	Upper CI	I2%
	Overall	1.27	1.15	1.40	53.11
	Not shielding	1.26	1.12	1.43	61.12
	Shielding	1.37	1.15	1.63	0
Female vs. Male	16-24y	2.22	1.63	3.02	0
	25-34y	1.56	1.30	1.87	0
	35-44y	1.51	1.23	1.86	0
	45-54	1.72	1.35	2.18	36.61
	55-64	1.09	0.92	1.30	59.58
	75+	1.08	0.90	1.30	20
Age		OR	Lower CI	Upper CI	I2%
16-24y vs 45-54y	Overall	0.76	0.39	1.46	71.95
	Not shielding	0.79	0.40	1.56	70.32
	Shielding	0.64	0.23	1.78	
25-34y vs 45-54y	Overall	0.85	0.70	1.04	47.62
	Not shielding	0.86	0.70	1.06	43.4
	Shielding	1.09	0.61	1.95	0
35-44y vs 45-54y	Overall	0.92	0.74	1.15	68.24
	Not shielding	0.95	0.74	1.21	68.26
	Shielding	0.68	0.34	1.34	47.41
55-64y vs 45-54y	Overall	1.18	0.99	1.39	64.04
	Not shielding	1.21	1.02	1.43	53.82
	Shielding	1.24	0.87	1.77	0
65-74y vs 45-54y	Overall	1.39	1.13	1.72	77.16
	Not shielding	1.44	1.20	1.72	64.1
	Shielding	1.11	0.79	1.56	0
75y+ vs 45-54y	Overall	1.50	0.93	2.39	91.23
	Not shielding	1.61	1.17	2.22	79.38
	Shielding	0.83	0.51	1.37	32.84
Ethnicity		OR	Lower CI	Upper CI	I2%
Non-White vs White*	Overall	1.19	1.05	1.35	0
	Not shielding	1.06	0.86	1.31	41.46
	Shielding	1.62	1.08	2.43	0
	16-24y	1.30	0.89	1.89	0
	25-34y	0.92	0.65	1.29	36.48
	35-44y	1.31	1.01	1.71	0
	45-54	1.61	1.16	2.22	0
	55-64	1.13	0.85	1.50	0



	75+	1.28	0.67	2.45	0
	Overall	1.38	1.03	1.84	0
	Not shielding	0.80	0.43	1.49	58.06
	Shielding	1.60	0.67	3.83	0
Black vs White	16-24y	1.15	0.51	2.59	0
	25-34y	0.82	0.40	1.68	0
	35-44y	1.91	0.81	4.48	0
	45-54	1.99	0.93	4.25	15.25
	55-64	1.69	1.00	2.84	0
	75+	1.23	0.42	3.56	0
		Overall	1.13	0.67	1.90
	Not shielding	0.95	0.54	1.68	0
	Shielding		no information		
East Asian vs White	16-24y	0.01	0.00	0.05	
	25-34y	0.62	0.20	1.92	0
	35-44y	1.63	0.80	3.32	0
	45-54	1.75	0.54	5.64	0
	55-64	0.96	0.43	2.15	0
	75+		no information		
		Overall	1.24	0.86	1.78
	Not shielding	1.18	0.85	1.62	0
	Shielding	1.85	0.71	4.77	0
Mixed vs White	16-24y	2.50	1.25	5.02	0
	25-34y	1.26	0.79	2.02	0
	35-44y	1.15	0.23	5.69	73.12
	45-54	0.92	0.46	1.87	0
	55-64	1.06	0.53	2.11	0
	75+	1.47	0.34	6.42	22.46
		Overall	1.05	0.84	1.32
	Not shielding	0.98	0.75	1.28	35.03
	Shielding	1.44	0.87	2.38	0
South Asian vs White	16-24y	0.98	0.62	1.53	13.95
	25-34y	0.80	0.38	1.71	74.73
	35-44y	1.11	0.80	1.55	10.1
	45-54	1.67	0.43	6.48	82
	55-64	0.82	0.44	1.56	14.81
	75+	1.11	0.40	3.12	0
		Overall	0.90	0.49	1.63
	Not shielding	0.85	0.45	1.62	43.11
	Shielding	0.75	0.11	4.96	10.15
Other Ethnicity vs White	16-24y	0.18	0.00	15.35	88.56
	25-34y	0.80	0.31	2.08	49.28

	35-44y	1.41	0.58	3.40	0
	45-54	1.74	0.56	5.45	29.75
	55-64	0.77	0.27	2.22	0
	75+	4.18	0.35	50.04	
<b>Education</b>		<b>OR</b>	<b>Lower CI</b>	<b>Upper CI</b>	<b>I2%</b>
	Overall	1.08	0.97	1.20	38.7
	Not shielding	1.09	0.96	1.23	39.28
	Shielding	0.95	0.74	1.22	0
A-level/equivalent vs Higher education/Degree	16-24y	1.33	0.93	1.90	0
	25-34y	0.99	0.69	1.42	62.16
	35-44y	1.62	1.28	2.05	0
	45-54	1.13	0.96	1.34	0
	55-64	1.01	0.89	1.14	0
	75+	0.96	0.65	1.40	57.49
GCSE/equivalent vs Higher education/Degree	Overall	1.00	0.87	1.14	59.18
	Not shielding	0.99	0.84	1.17	64.95
	Shielding	0.80	0.62	1.04	0
	16-24y	0.94	0.49	1.81	64.06
	25-34y	1.24	0.80	1.94	69.1
	35-44y	1.26	0.97	1.63	0
	45-54	1.16	0.83	1.62	62.52
	55-64	1.03	0.91	1.17	0
75+	0.92	0.65	1.30	35.17	
<GCSE/equivalent vs Higher education/Degree	Overall	1.05	0.91	1.21	53.17
	Not shielding	1.02	0.88	1.19	46.14
	Shielding	0.87	0.68	1.11	0
	16-24y	0.77	0.47	1.28	11.51
	25-34y	0.99	0.67	1.45	42.2
	35-44y	1.03	0.74	1.43	0
	45-54	1.48	1.08	2.04	34.96
	55-64	1.20	1.03	1.41	0
75+	0.96	0.78	1.20	0	
<b>Occupational class</b>		<b>OR</b>	<b>Lower CI</b>	<b>Upper CI</b>	<b>I2%</b>
	Overall	1.07	0.99	1.15	0
	Not shielding	1.07	0.98	1.16	0
	Shielding	0.87	0.65	1.16	7.88
Intermediate vs Managerial/Admin/P rofessional	16-24y	0.92	0.60	1.41	0
	25-34y	1.04	0.84	1.29	10.79
	35-44y	1.28	0.92	1.78	46.81
	45-54	1.12	0.94	1.33	0
	55-64	1.01	0.86	1.19	22.02

	75+	1.00	0.76	1.33	0
	Overall	1.17	1.08	1.27	0
	Not shielding	1.18	1.07	1.29	0
	Shielding	0.93	0.71	1.21	0
Manual/Routine vs Managerial/Admin/P rofessional	16-24y	1.15	0.77	1.71	0
	25-34y	1.11	0.80	1.55	50.55
	35-44y	1.24	0.95	1.63	0
	45-54	1.08	0.90	1.30	0
	55-64	1.16	1.00	1.35	0
	75+	1.27	0.96	1.67	0
Other social class vs Managerial/Admin/P rofessional	Overall	1.51	1.12	2.04	79.69
	Not shielding	1.48	1.04	2.09	83.37
	Shielding	0.89	0.39	2.07	78.87
	16-24y	1.02	0.46	2.26	58.35
	25-34y	1.85	1.29	2.64	0
	35-44y	1.44	0.55	3.80	68.27
	45-54	2.05	0.98	4.29	85.15
55-64	1.65	1.21	2.27	60.63	
	75+	1.02	0.62	1.69	0

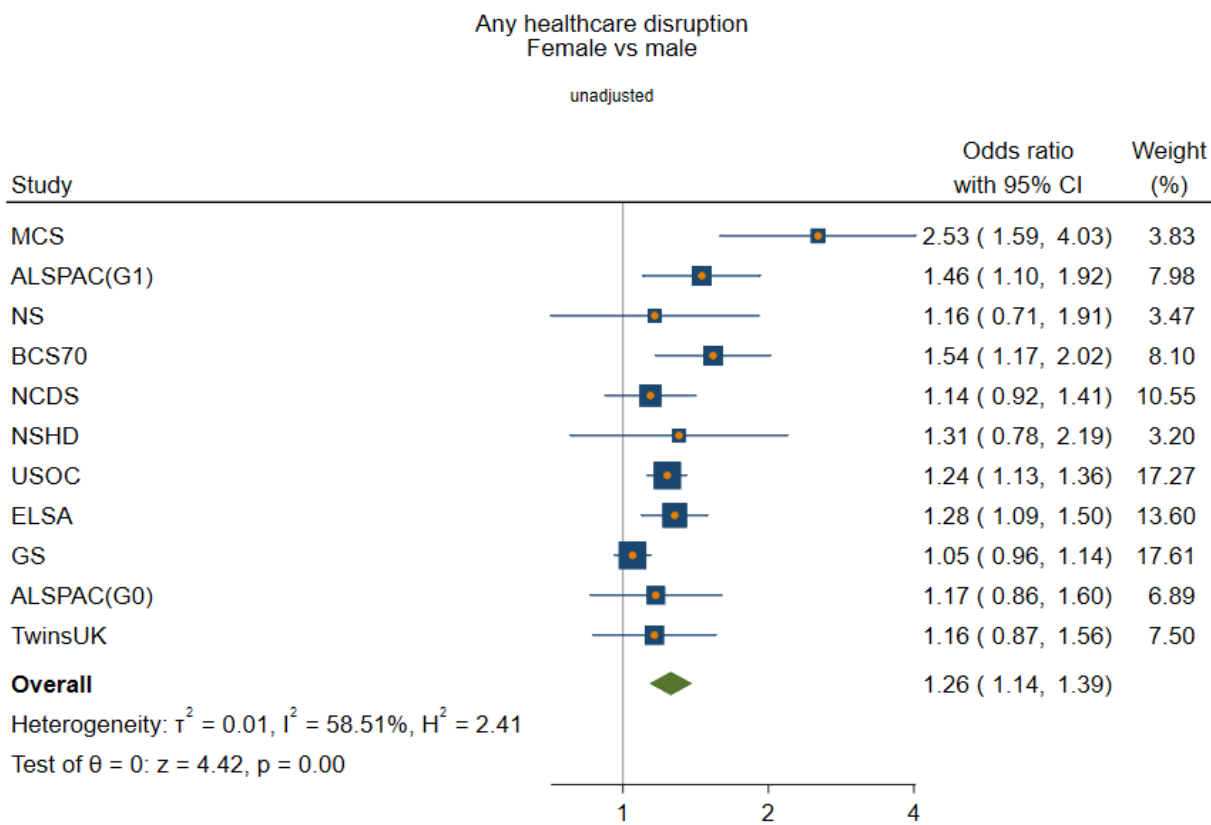
Adjusted for sex, age, and ethnicity (where available)

Empty I<sup>2</sup>% column indicates only one study included

\*Binary variable including Black, East Asian, Mixed, South Asian, and other ethnicity in 'non-White'

### Any healthcare disruption

Sex  
Unadjusted



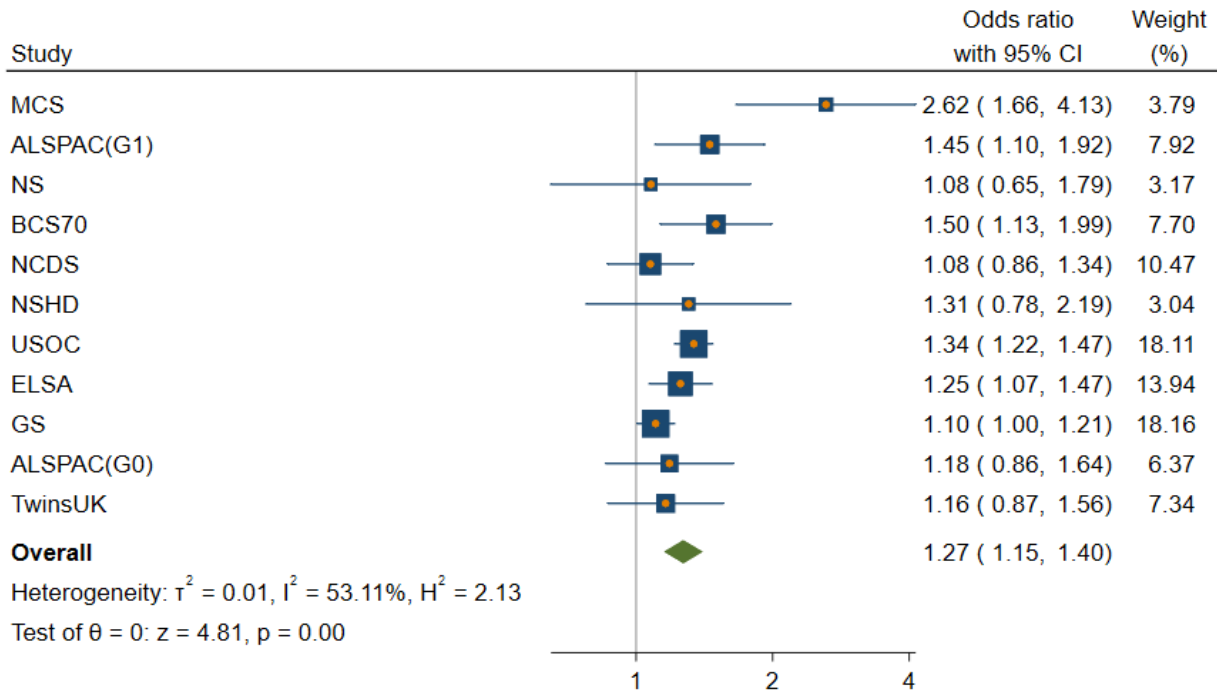
Random-effects REML model

Only

Basic adjustment

Any healthcare disruption  
Female vs male

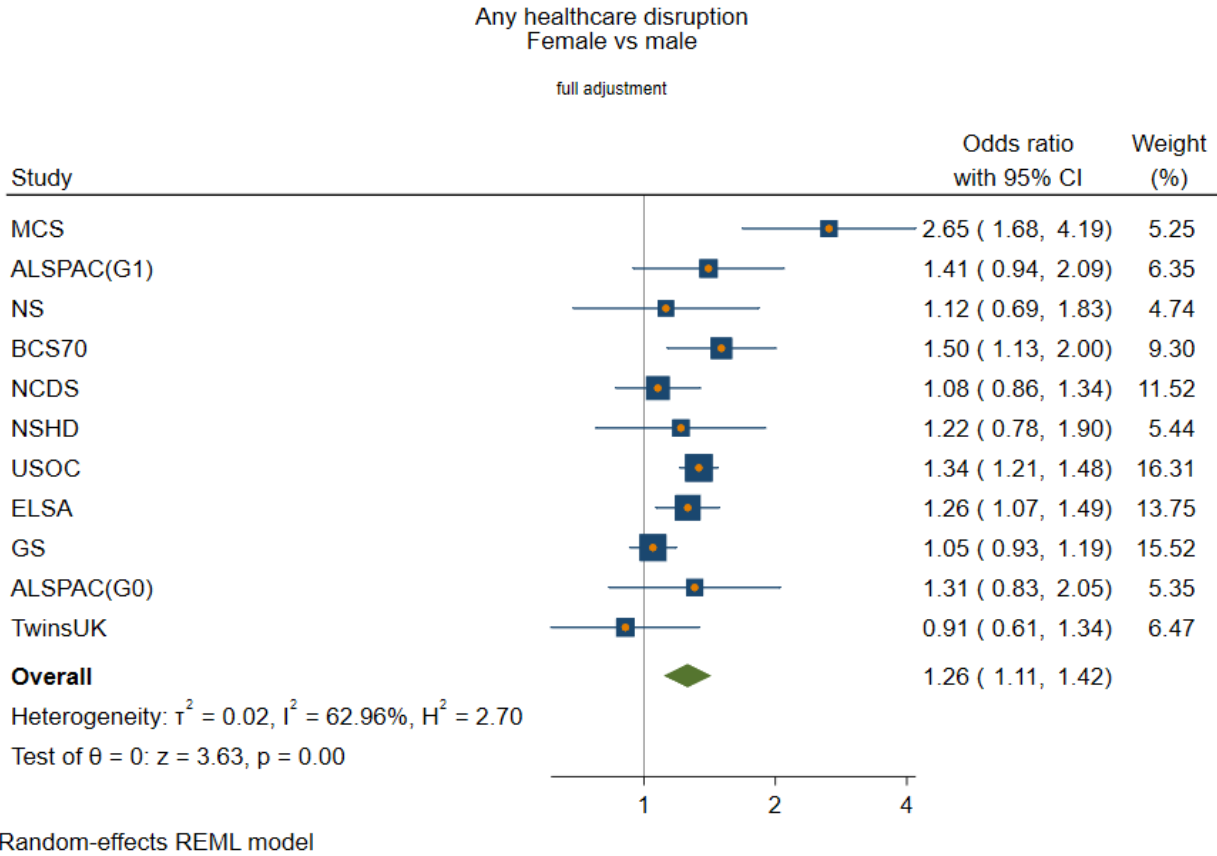
basic adjustment



Random-effects REML model

view only

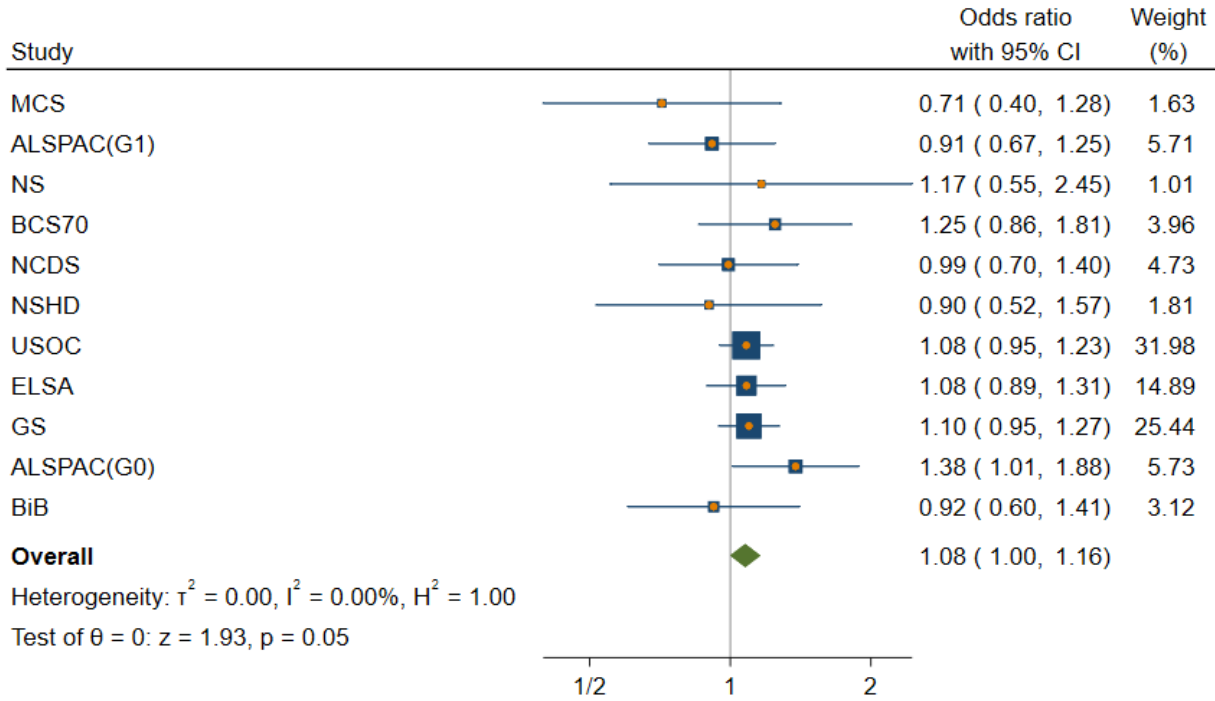
Full adjustment



Occupational class  
Unadjusted

Any healthcare disruption  
Intermediate vs Managerial/Admin/Professional

unadjusted

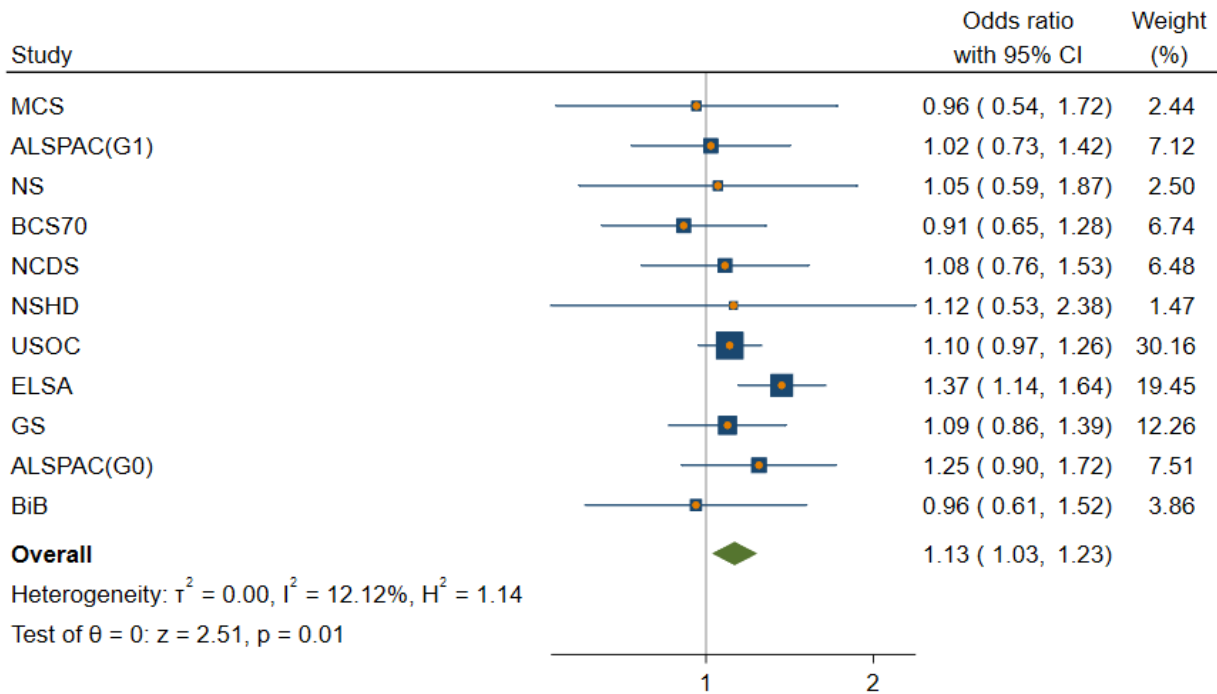


Random-effects REML model

Only

Any healthcare disruption  
Manual/Routine vs Managerial/Admin/Professional

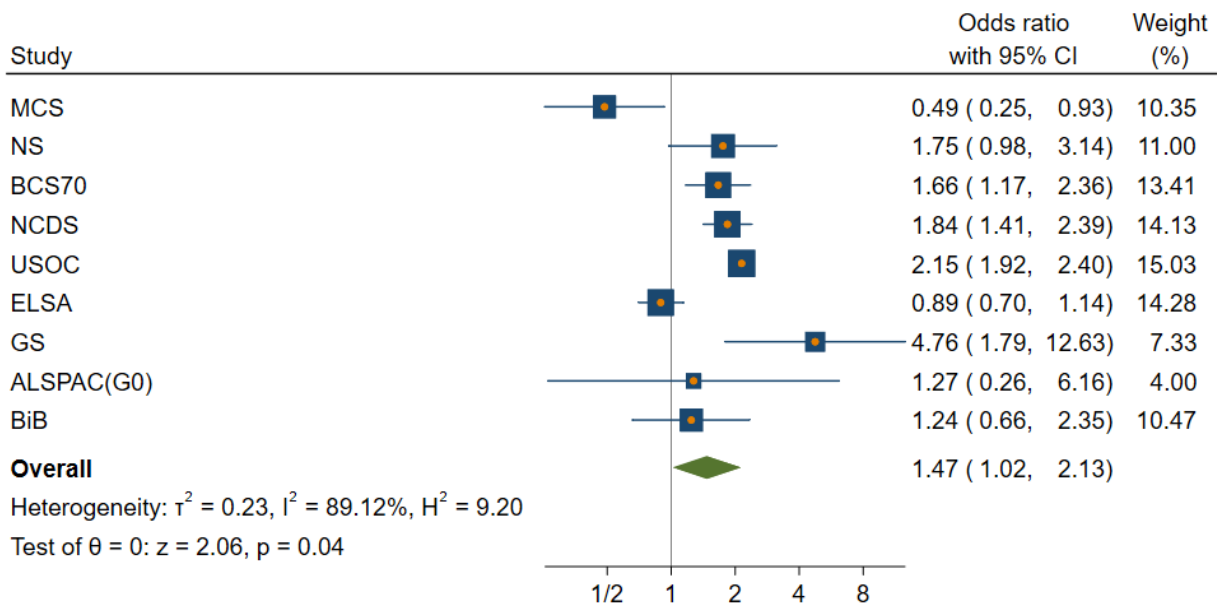
unadjusted



Random-effects REML model

Any healthcare disruption  
Other social class vs Managerial/Admin/Professional

unadjusted



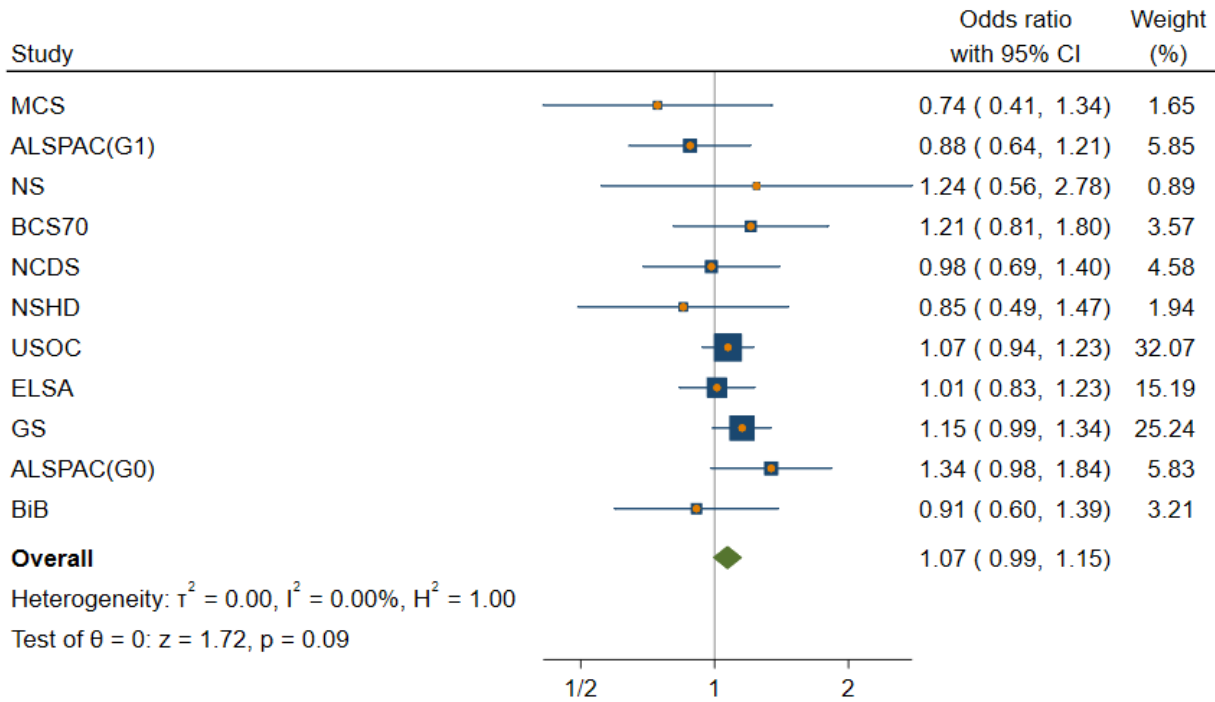
Random-effects REML model



Basic adjustment

Any healthcare disruption  
Intermediate vs Managerial/Admin/Professional

basic adjustment

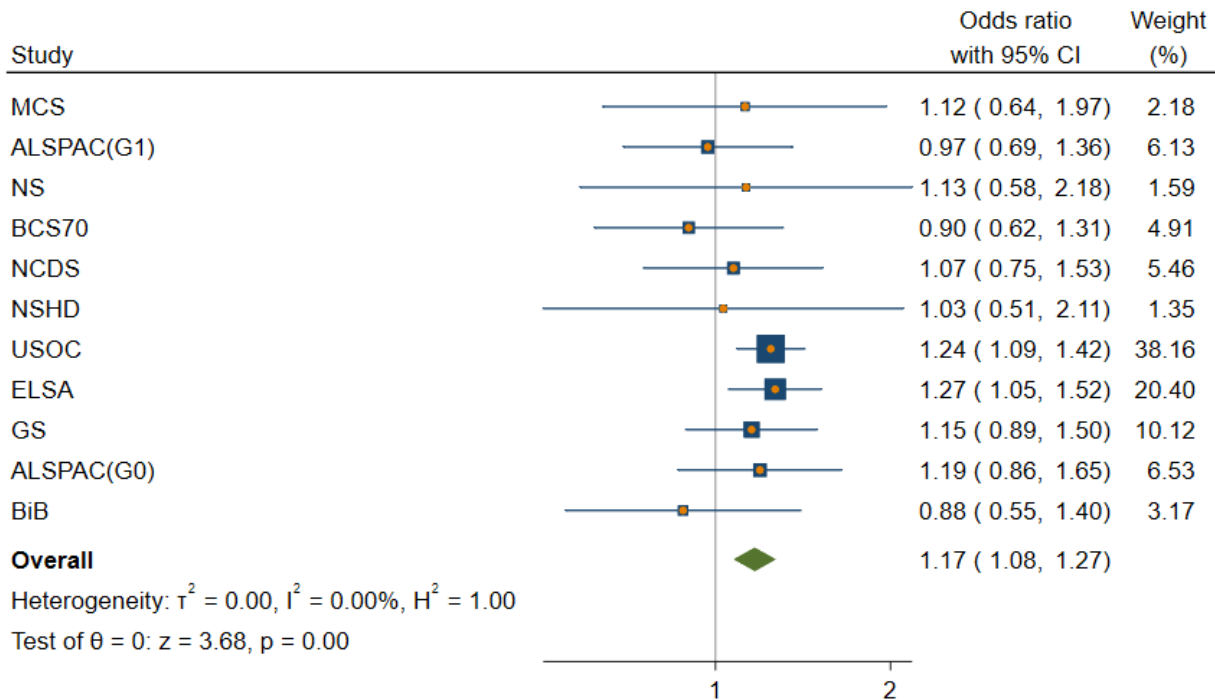


Random-effects REML model

only

Any healthcare disruption  
Manual/Routine vs Managerial/Admin/Professional

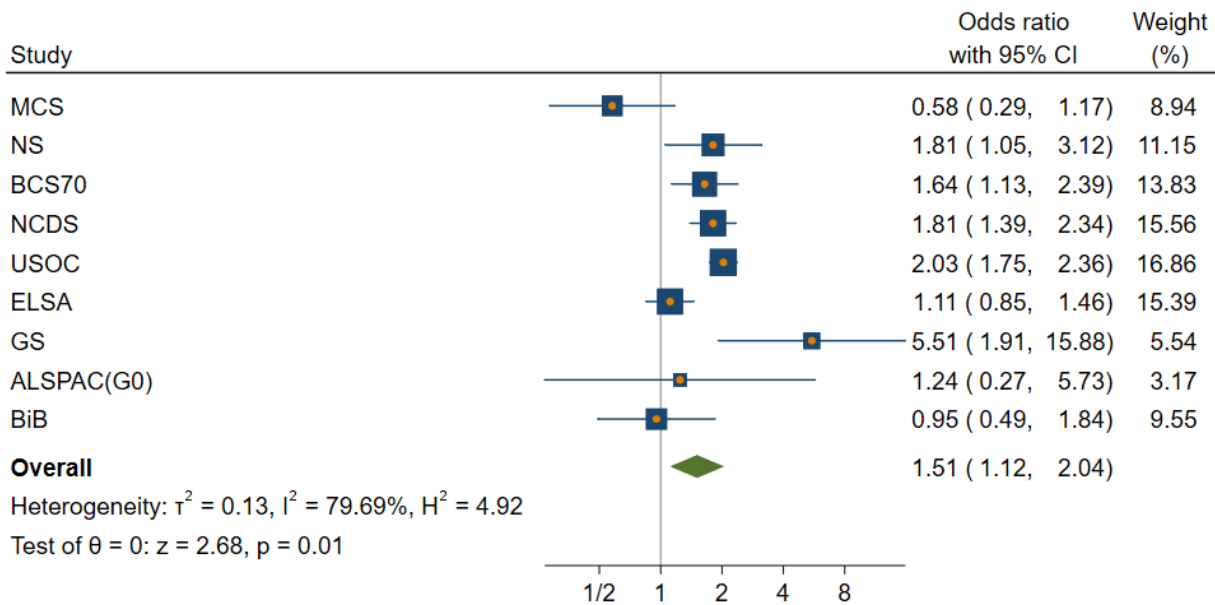
basic adjustment



Random-effects REML model

Any healthcare disruption  
Other social class vs Managerial/Admin/Professional

basic adjustment

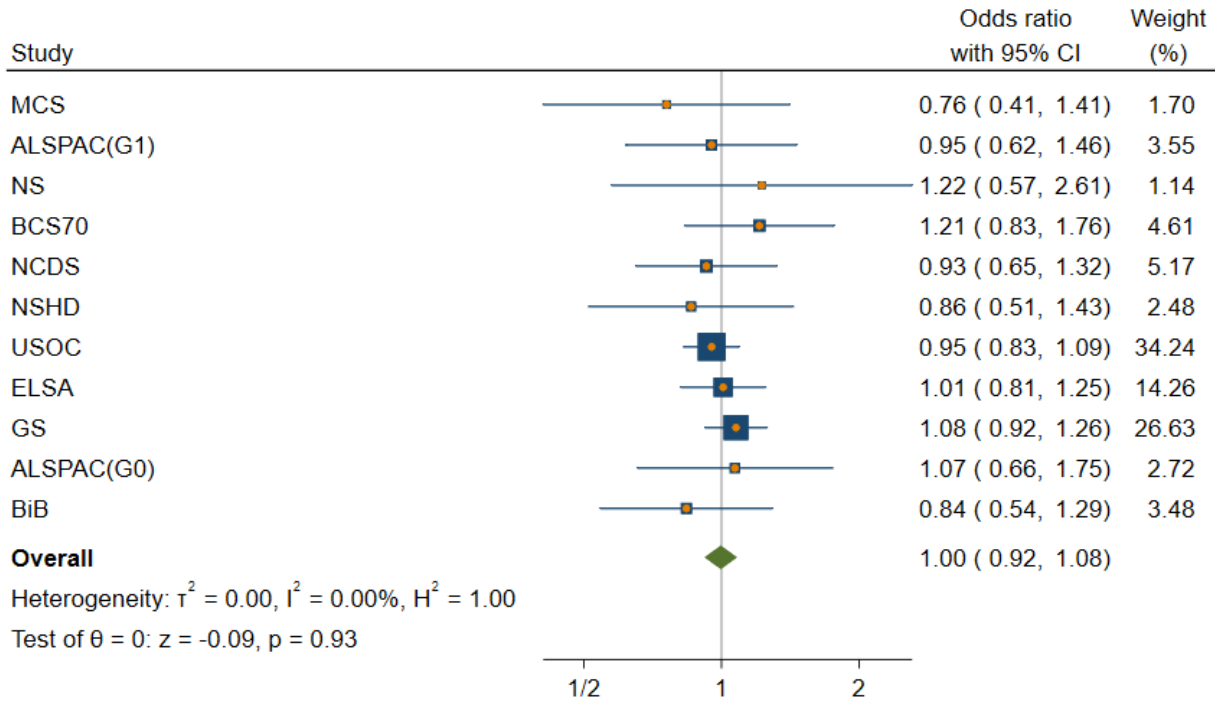


Random-effects REML model

Full adjustment

Any healthcare disruption  
Intermediate vs Managerial/Admin/Professional

full adjustment

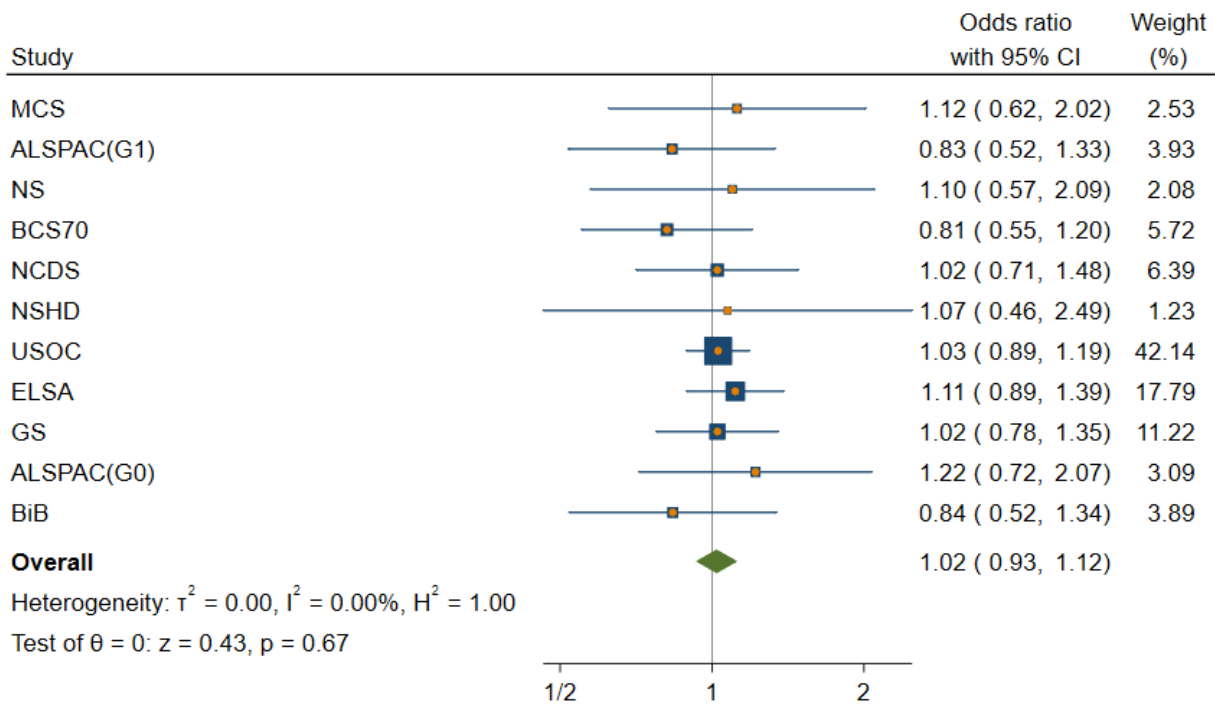


Random-effects REML model

view only

Any healthcare disruption  
Manual/Routine vs Managerial/Admin/Professional

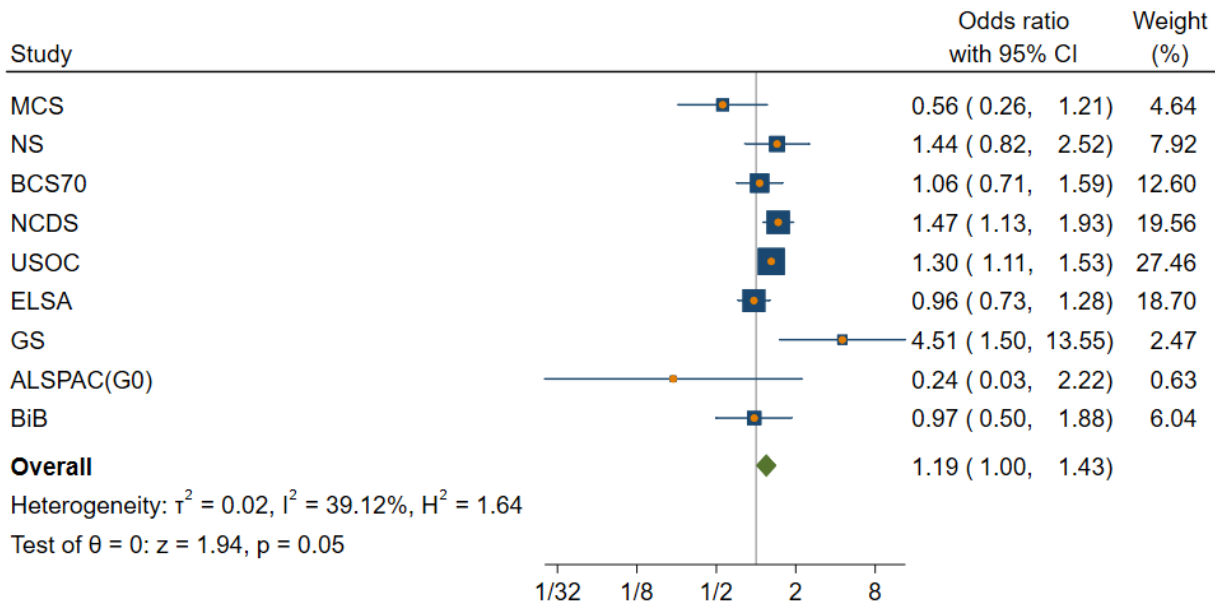
full adjustment



Random-effects REML model

Any healthcare disruption  
Other social class vs Managerial/Admin/Professional

full adjustment

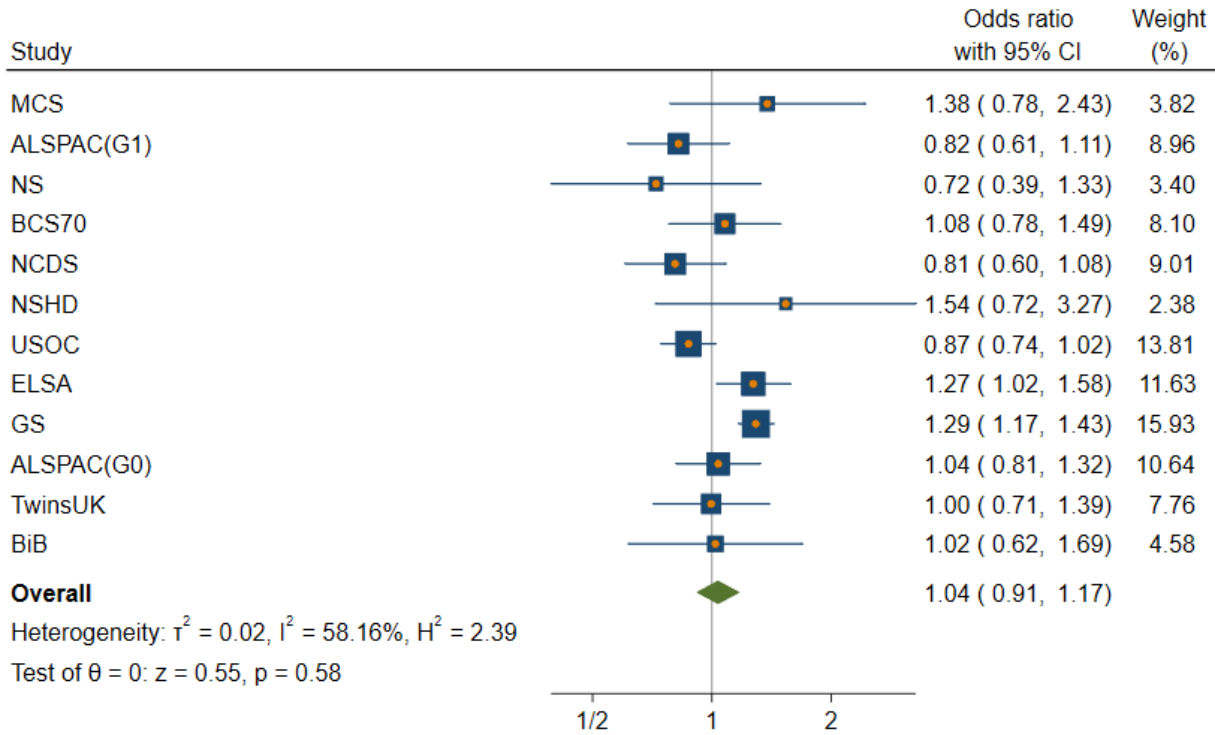


Random-effects REML model

Education  
Unadjusted

Any healthcare disruption  
A-level/equivalent vs Higher education/Degree

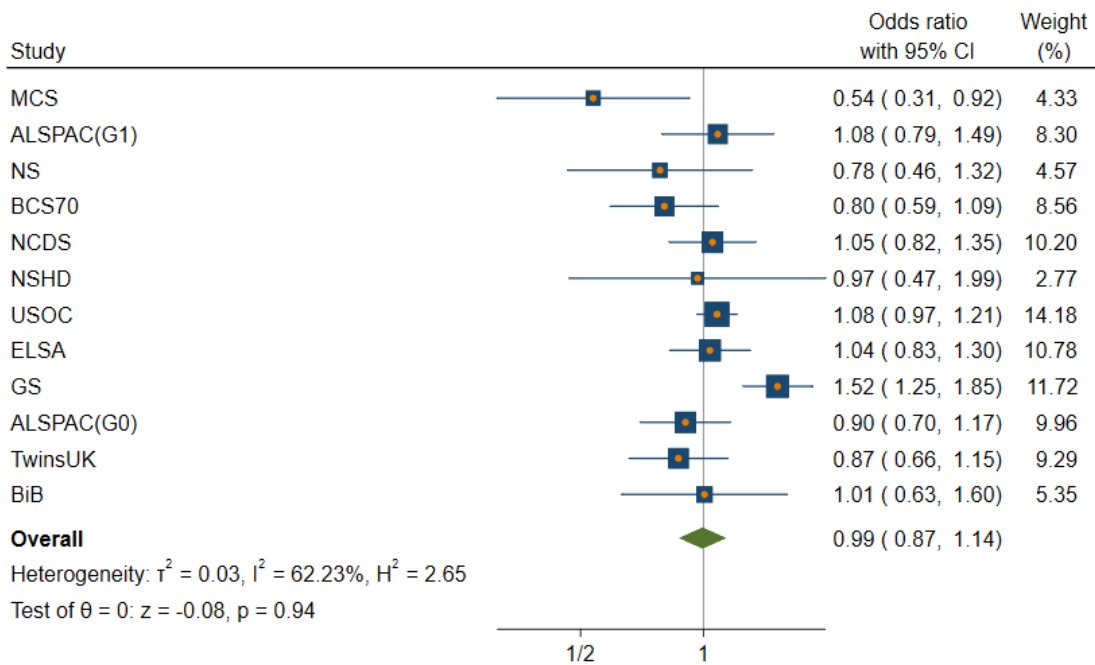
unadjusted



Random-effects REML model

Any healthcare disruption  
GCSE/equivalent vs Higher education/Degree

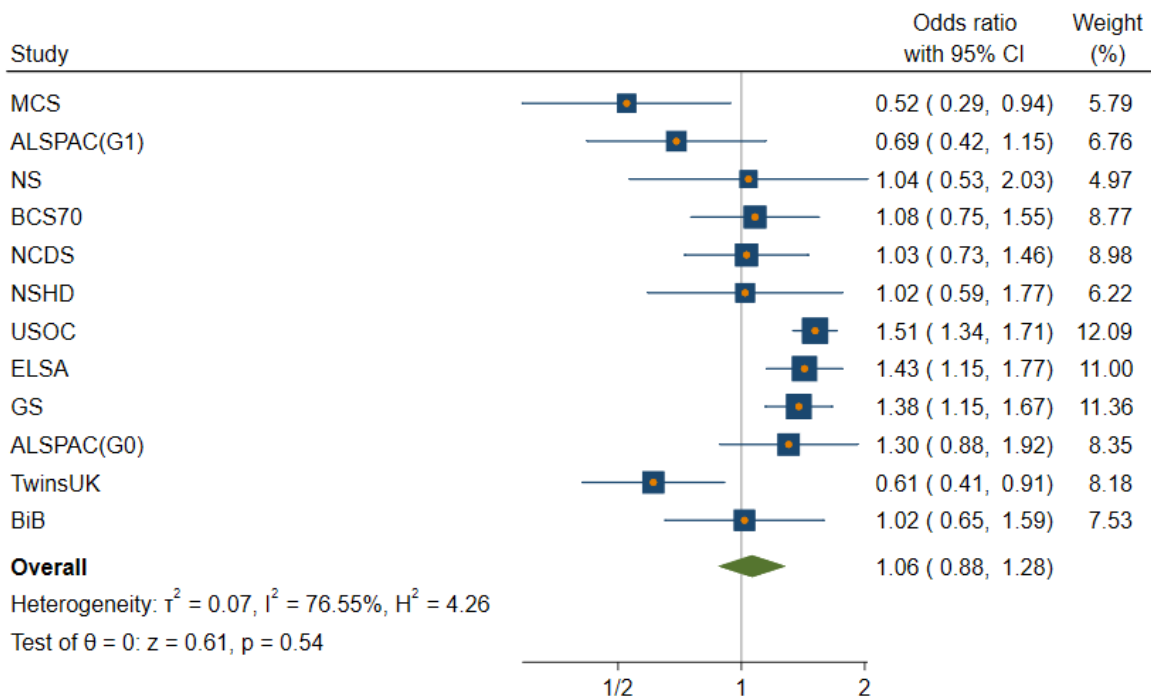
unadjusted



Random-effects REML model

Any healthcare disruption  
<GCSE/equivalent vs Higher education/Degree

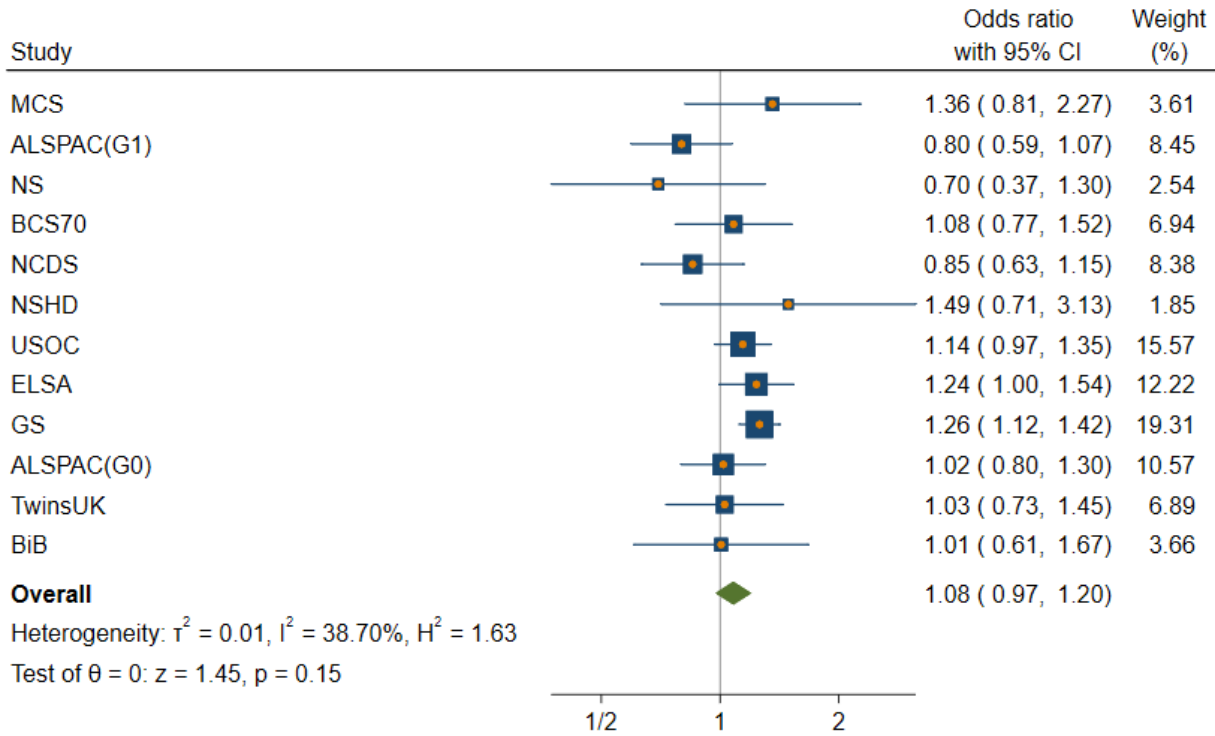
unadjusted



Random-effects REML model

Basic adjustment

Any healthcare disruption  
A-level/equivalent vs Higher education/Degree  
basic adjustment

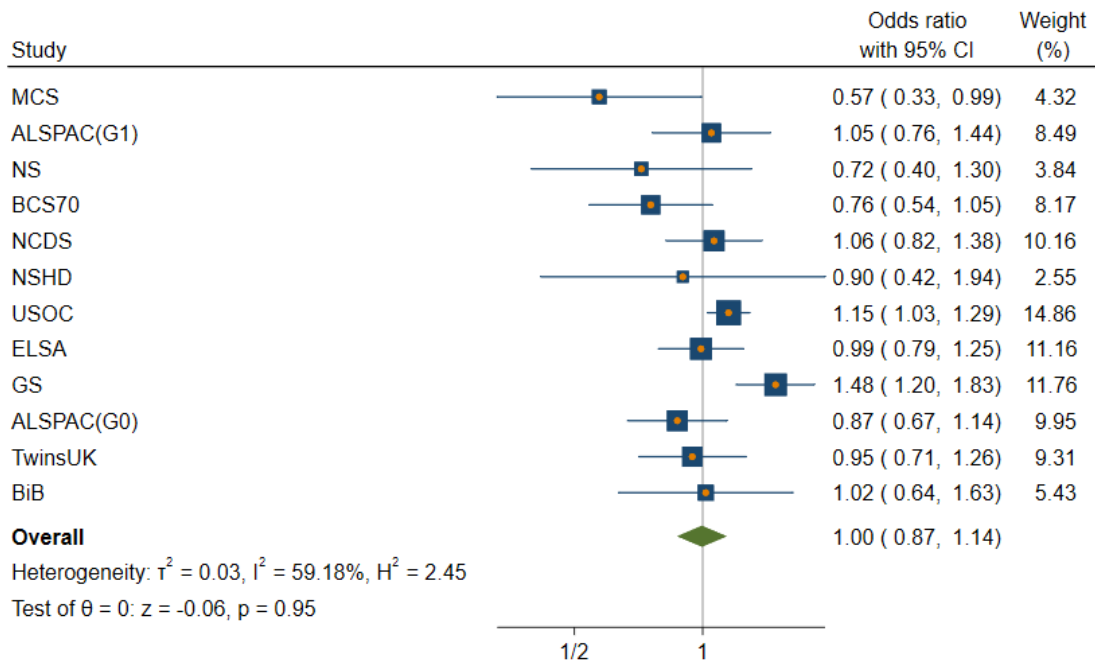


Random-effects REML model

view only

Any healthcare disruption  
GCSE/equivalent vs Higher education/Degree

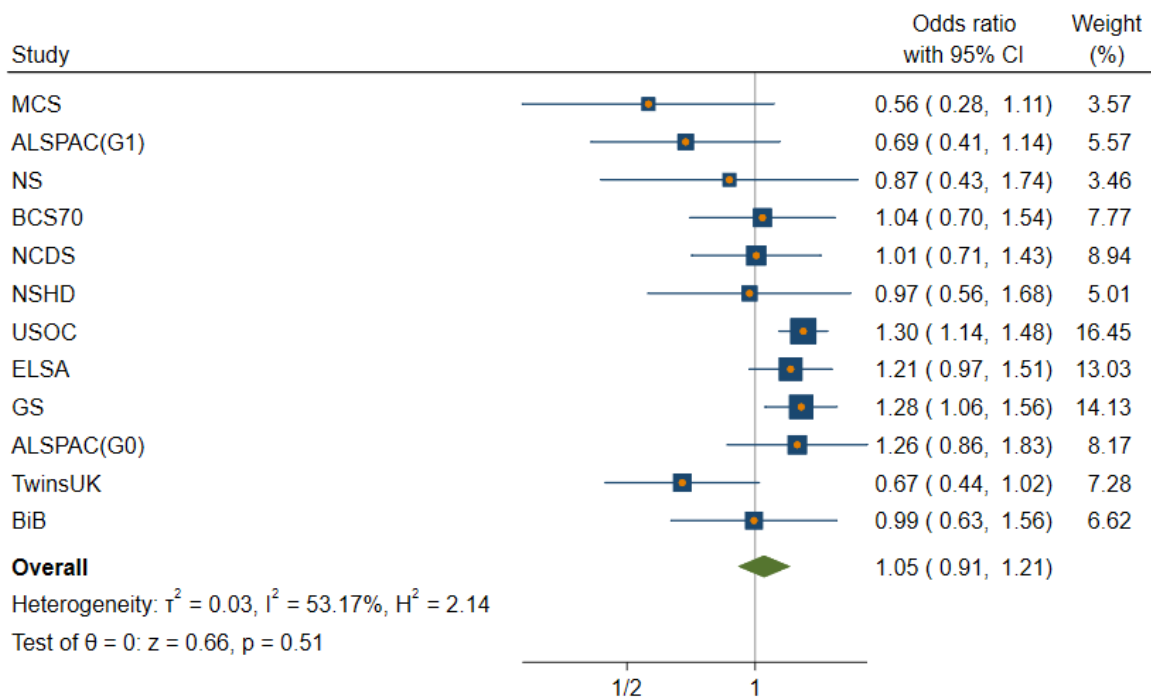
basic adjustment



Random-effects REML model

Any healthcare disruption  
<GCSE/equivalent vs Higher education/Degree

basic adjustment



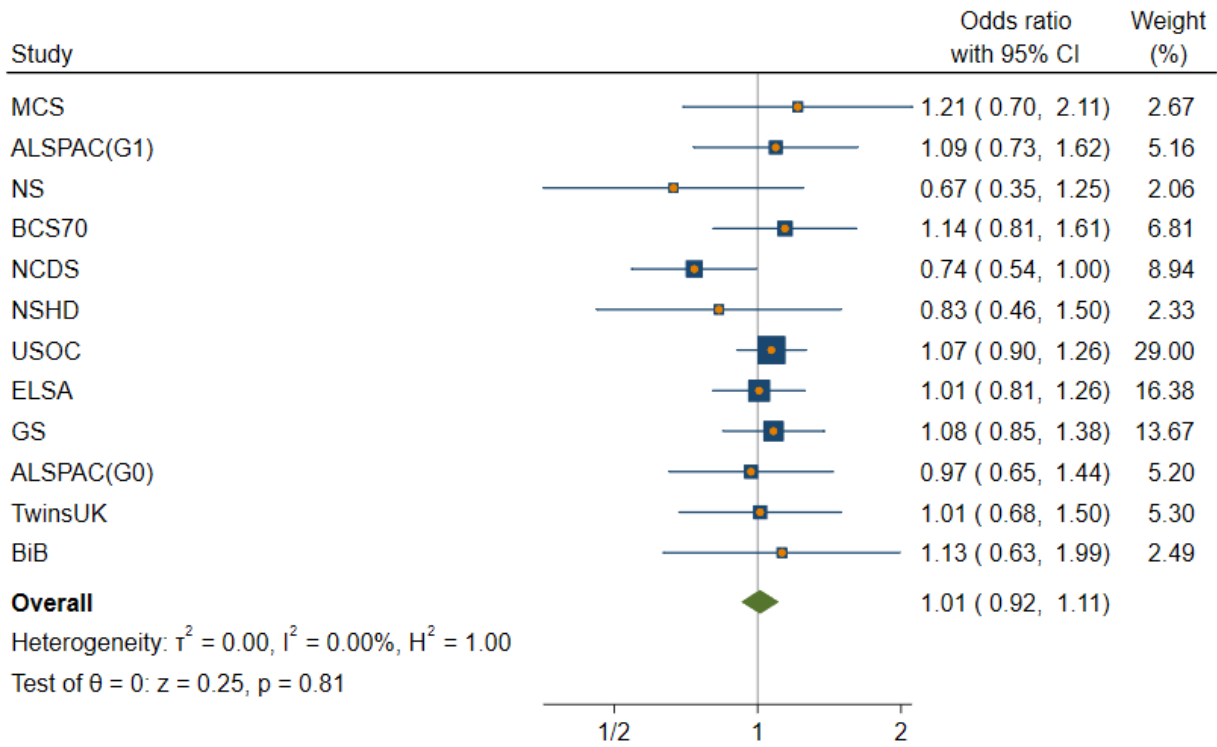
Random-effects REML model



Full adjustment

Any healthcare disruption  
A-level/equivalent vs Higher education/Degree

full adjustment

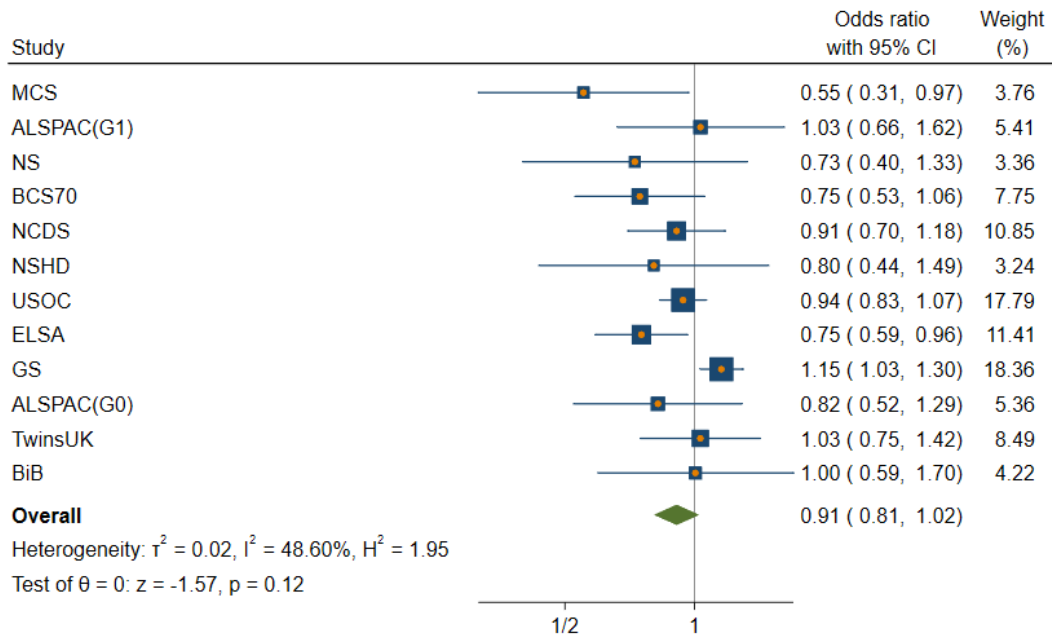


Random-effects REML model

Only

Any healthcare disruption  
GCSE/equivalent vs Higher education/Degree

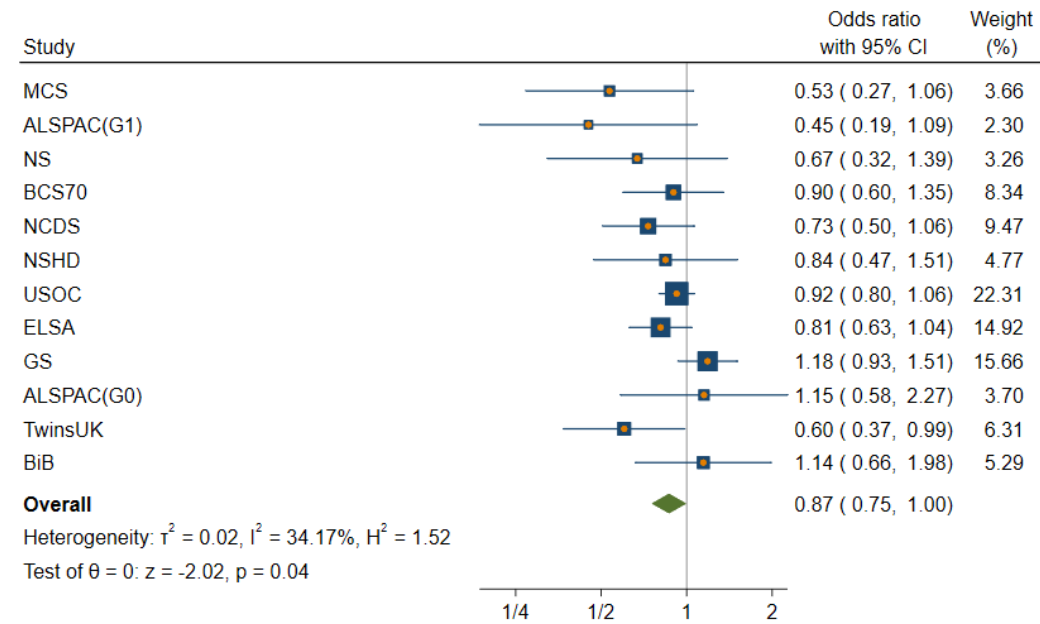
full adjustment



Random-effects REML model

Any healthcare disruption  
<GCSE/equivalent vs Higher education/Degree

full adjustment

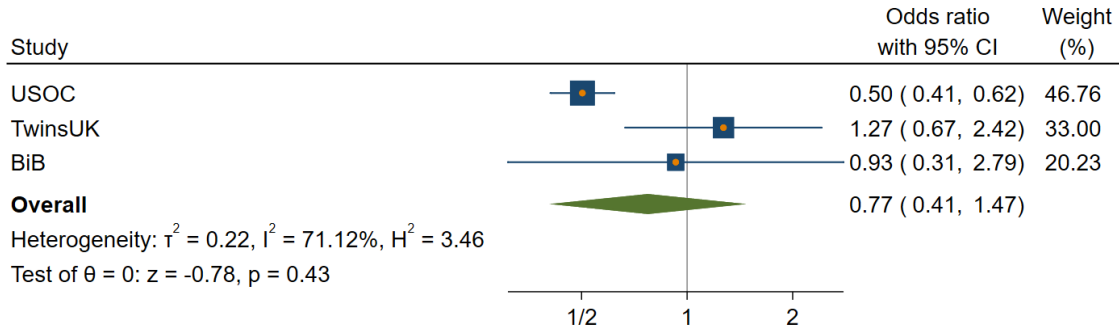


Random-effects REML model

Age  
Unadjusted

Any healthcare disruption  
16-24y vs 45-54y

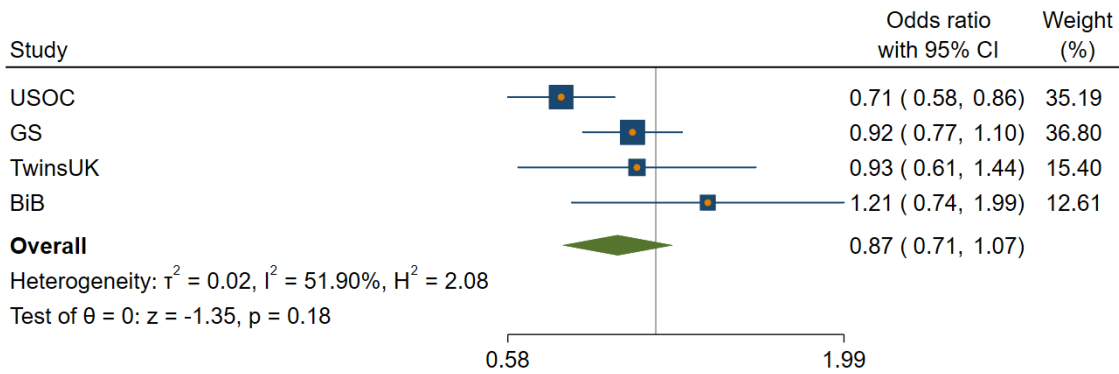
unadjusted



Random-effects REML model

Any healthcare disruption  
25-34y vs 45-54y

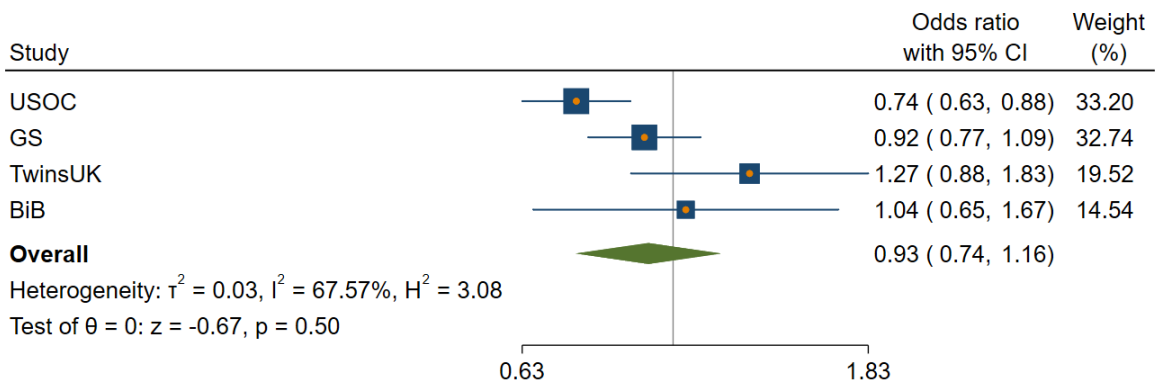
unadjusted



Random-effects REML model

Any healthcare disruption  
35-44y vs 45-54y

unadjusted

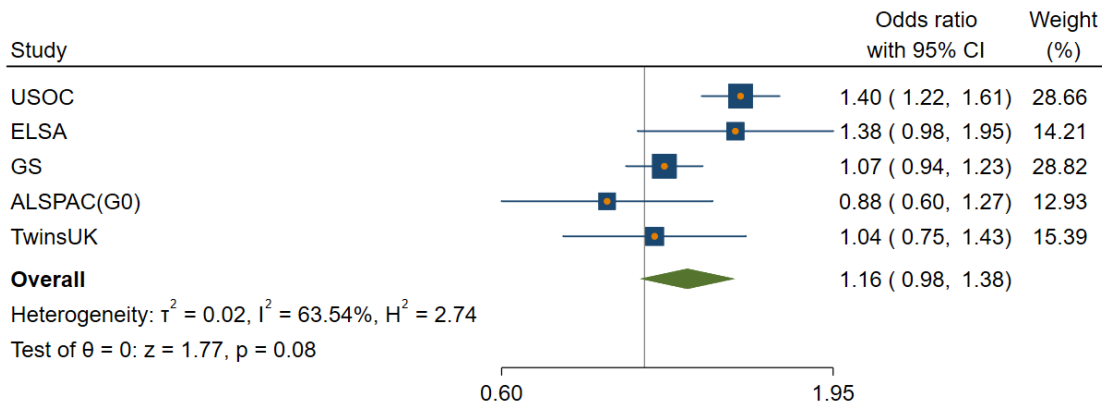


Random-effects REML model

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Any healthcare disruption  
55-64y vs 45-54y

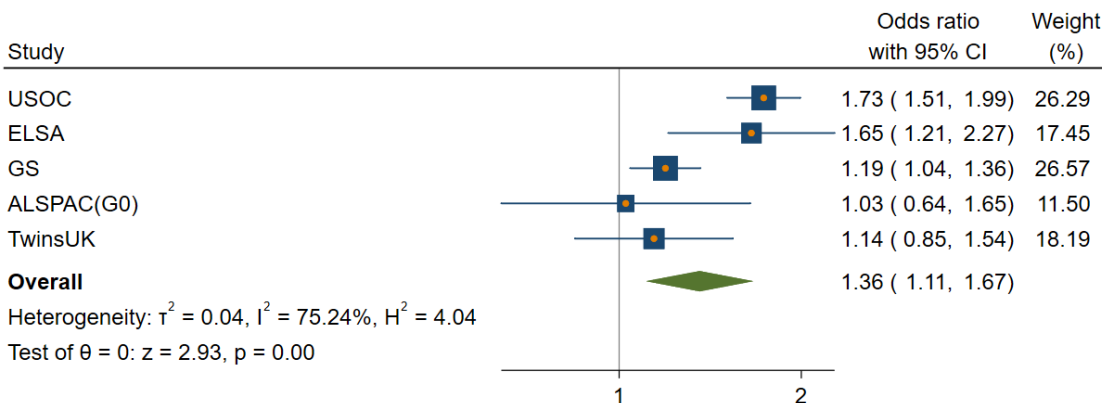
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Random-effects REML model

Any healthcare disruption  
65-74y vs 45-54y

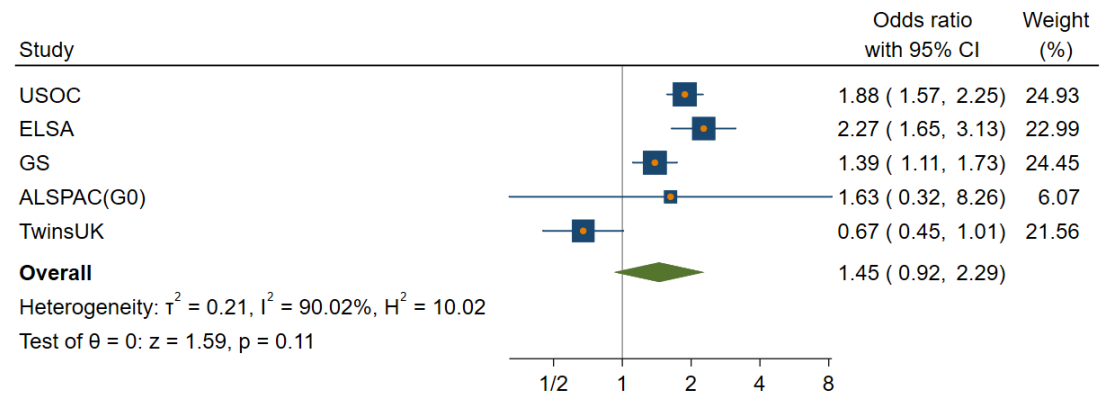
unadjusted



Random-effects REML model

Any healthcare disruption  
75y+ vs 45-54y

unadjusted

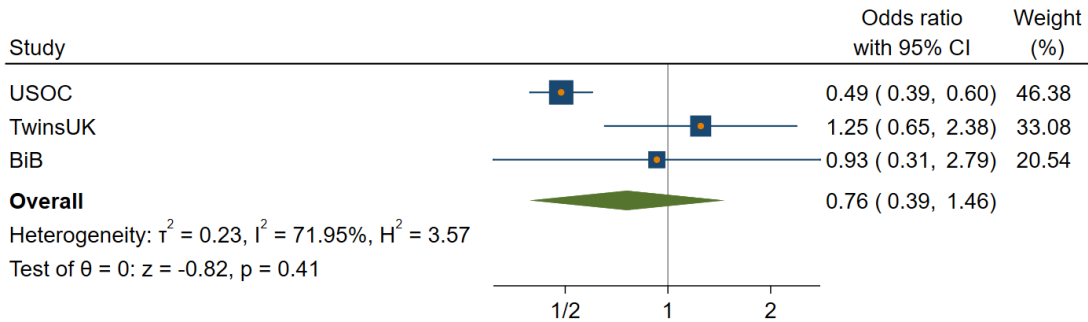


Random-effects REML model

Basic adjustment

Any healthcare disruption  
16-24y vs 45-54y

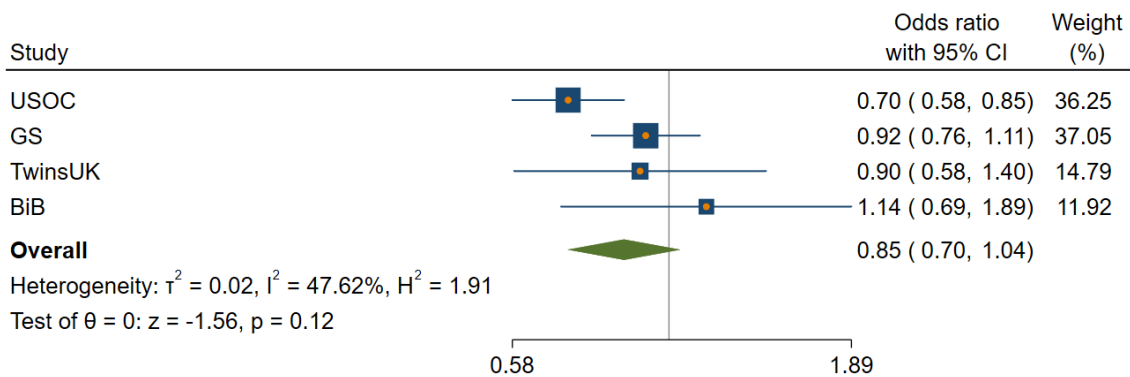
basic adjustment



Random-effects REML model

Any healthcare disruption  
25-34y vs 45-54y

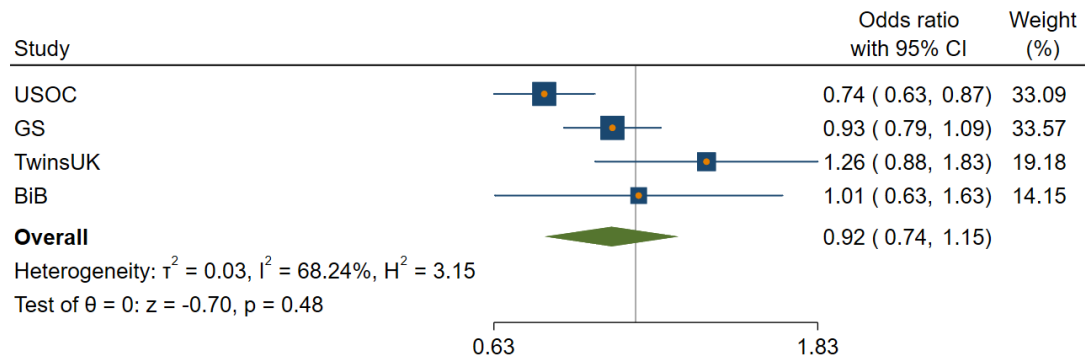
basic adjustment



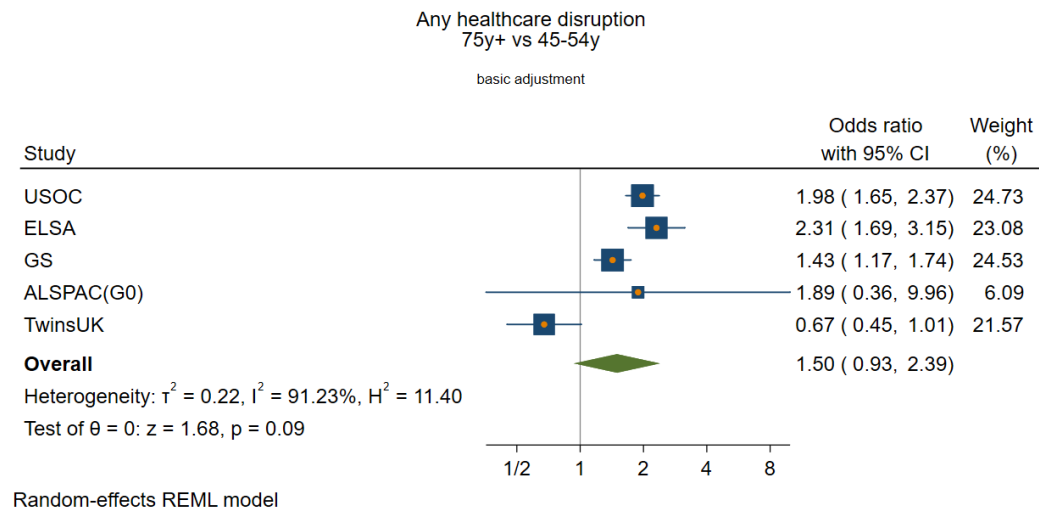
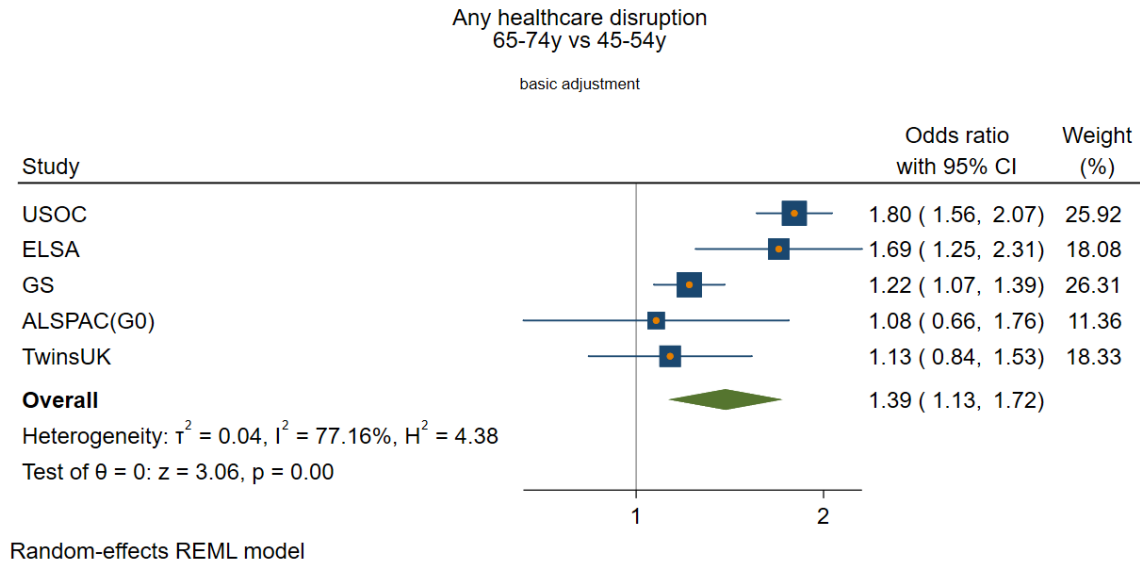
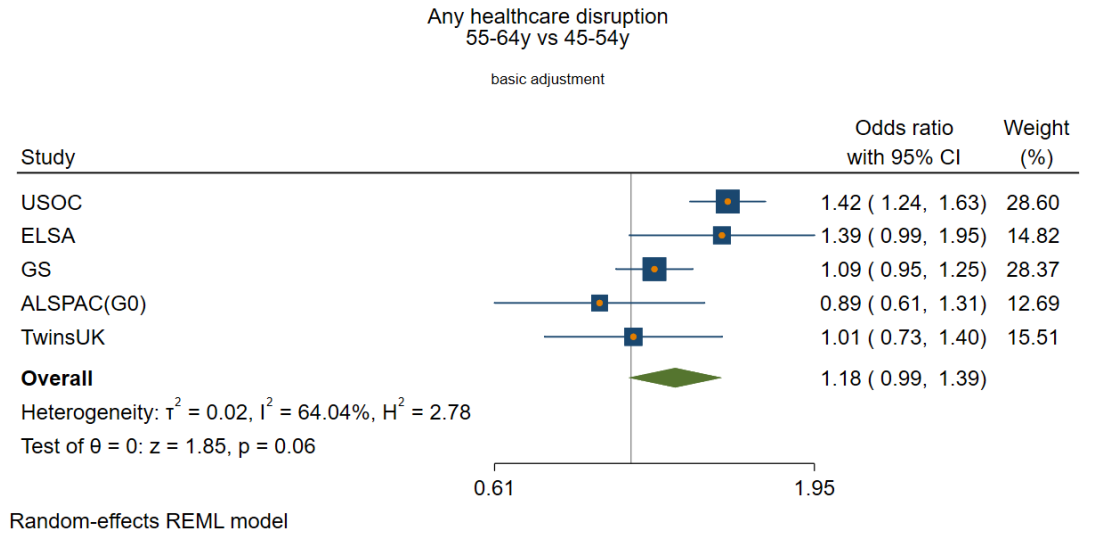
Random-effects REML model

Any healthcare disruption  
35-44y vs 45-54y

basic adjustment



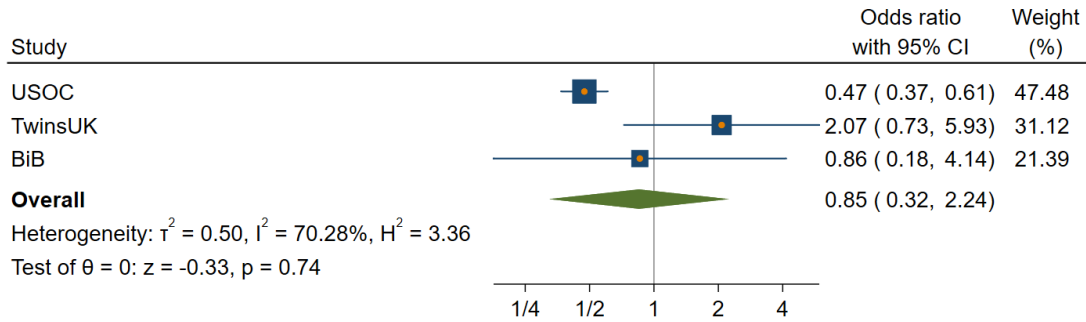
Random-effects REML model



Full adjustment

Any healthcare disruption  
16-24y vs 45-54y

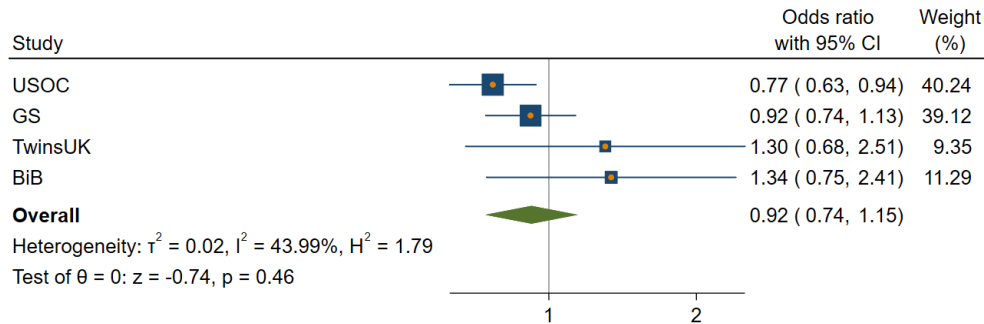
full adjustment



Random-effects REML model

Any healthcare disruption  
25-34y vs 45-54y

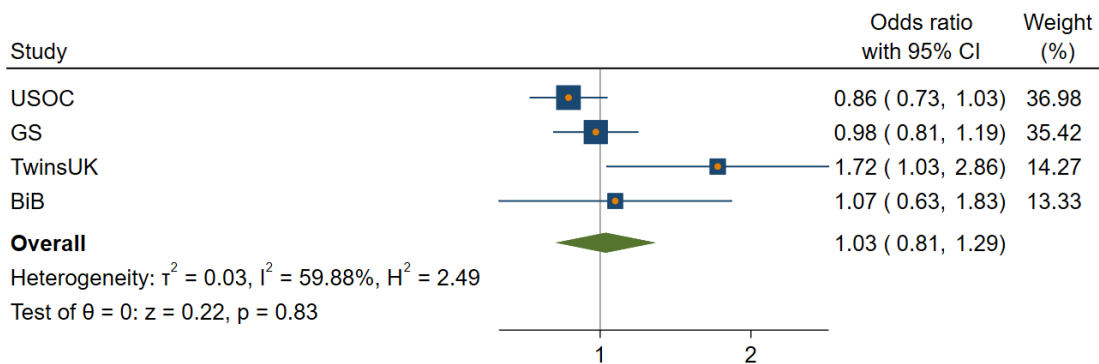
full adjustment



Random-effects REML model

Any healthcare disruption  
35-44y vs 45-54y

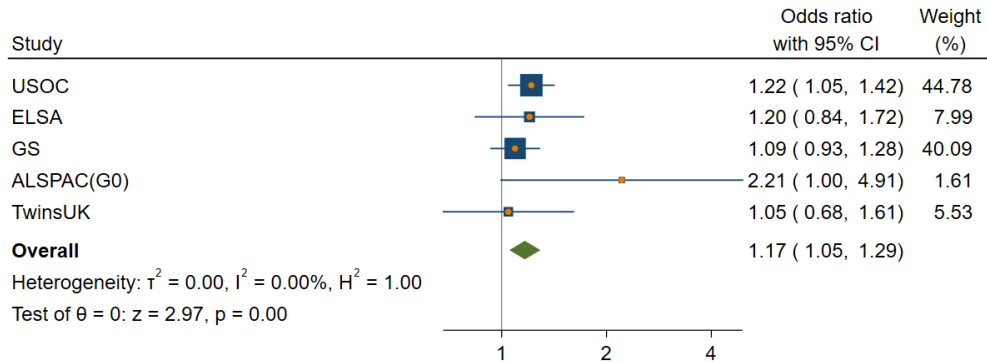
full adjustment



Random-effects REML model

Any healthcare disruption  
55-64y vs 45-54y

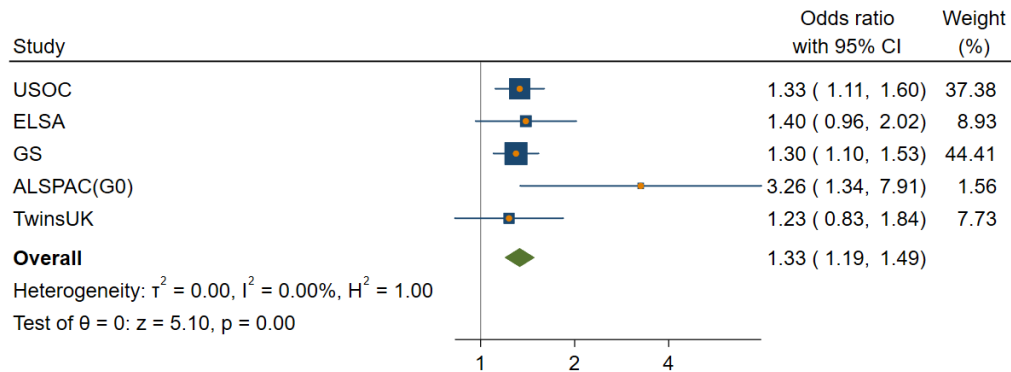
full adjustment



Random-effects REML model

Any healthcare disruption  
65-74y vs 45-54y

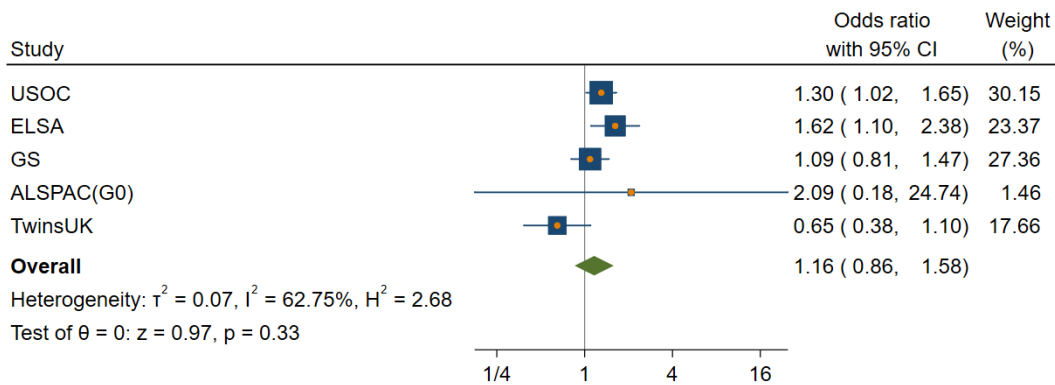
full adjustment



Random-effects REML model

Any healthcare disruption  
75y+ vs 45-54y

full adjustment



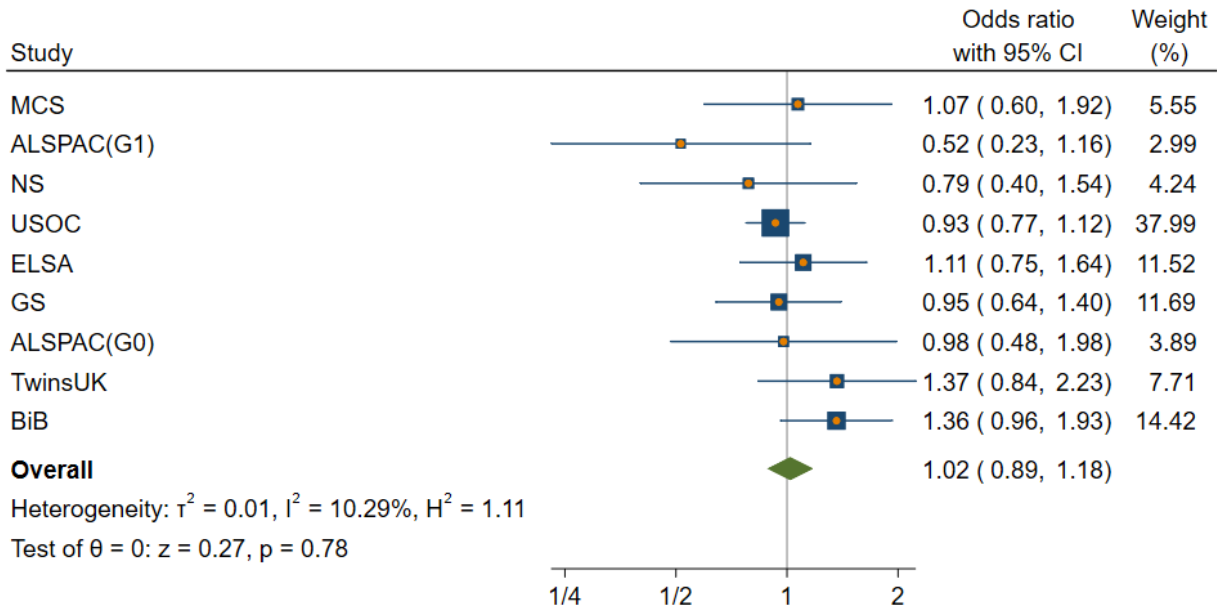
Random-effects REML model



*Ethnicity*  
Unadjusted

Any healthcare disruption  
Non-White vs White

unadjusted

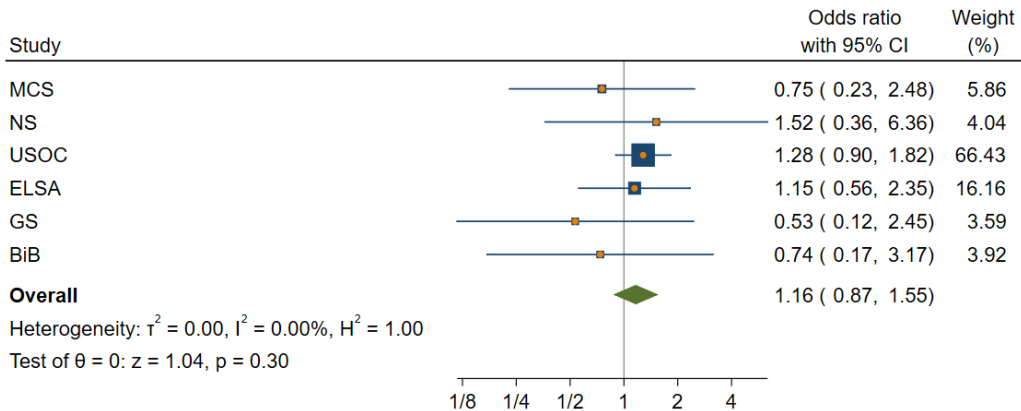


Random-effects REML model

iew only

Any healthcare disruption  
Black vs White

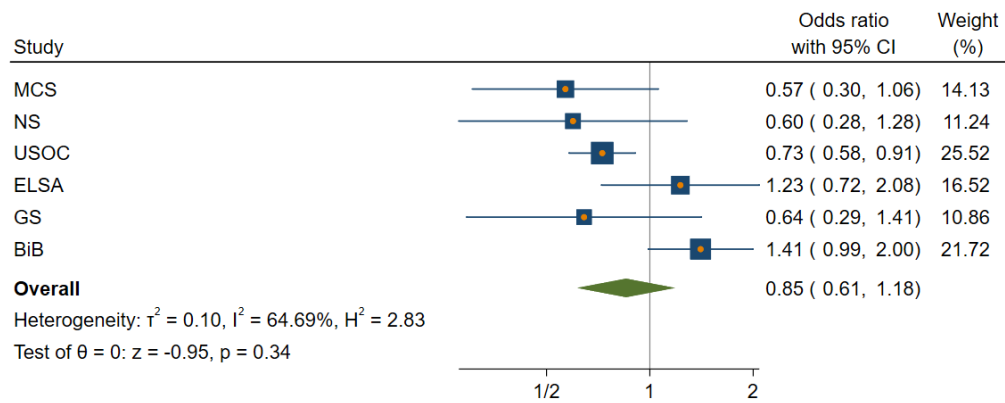
unadjusted



Random-effects REML model

Any healthcare disruption  
South Asian vs White

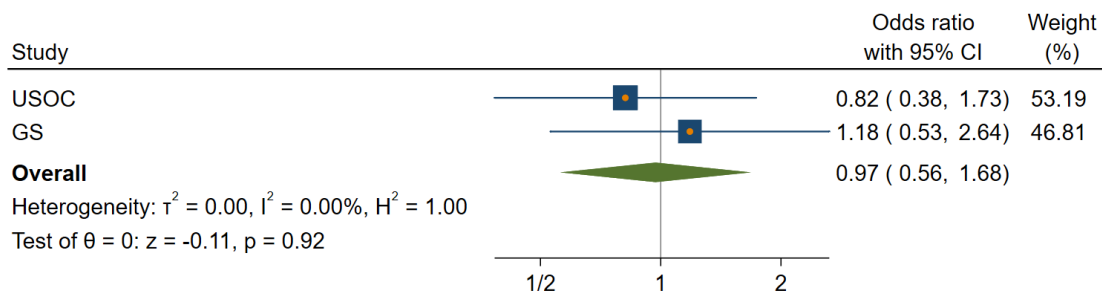
unadjusted



Random-effects REML model

Any healthcare disruption  
East Asian vs White

unadjusted

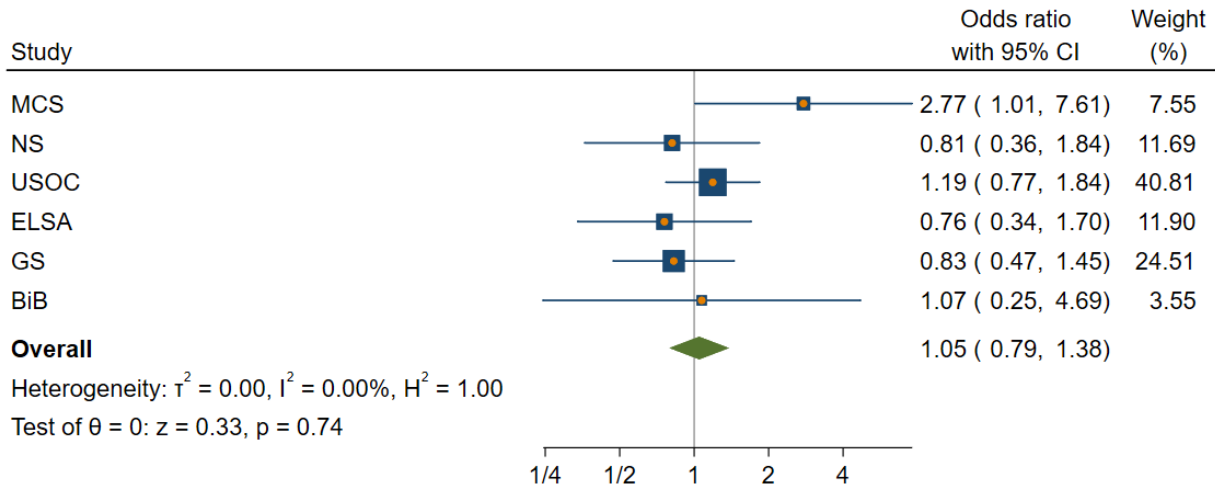


Random-effects REML model

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Any healthcare disruption  
Mixed vs White

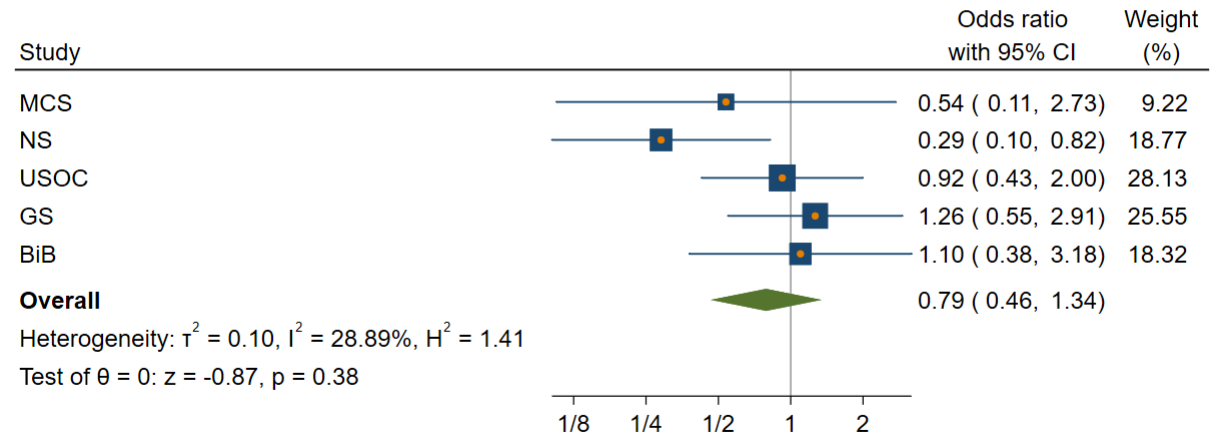
unadjusted



Random-effects REML model

Any healthcare disruption  
Other Ethnicity vs White

unadjusted

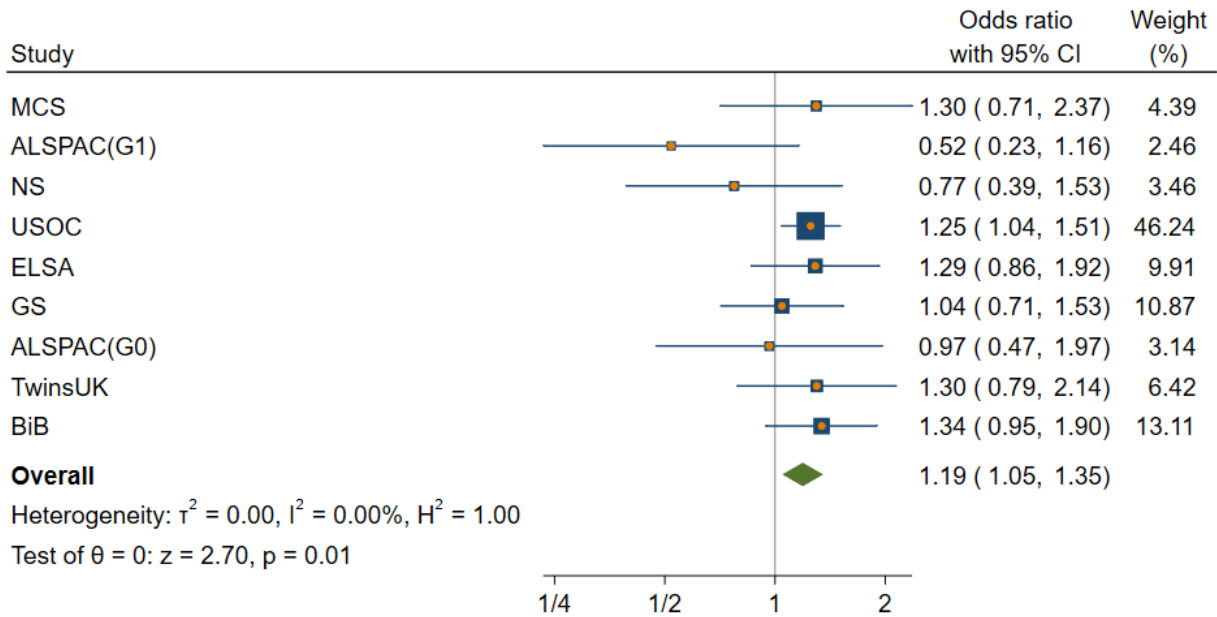


Random-effects REML model

Basic adjustment

Any healthcare disruption  
Non-White vs White

basic adjustment



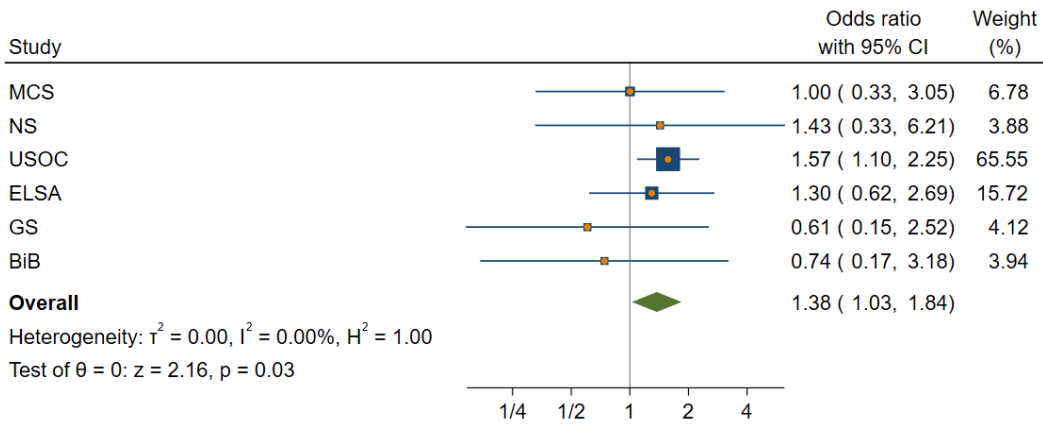
Random-effects REML model

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Any healthcare disruption  
Black vs White

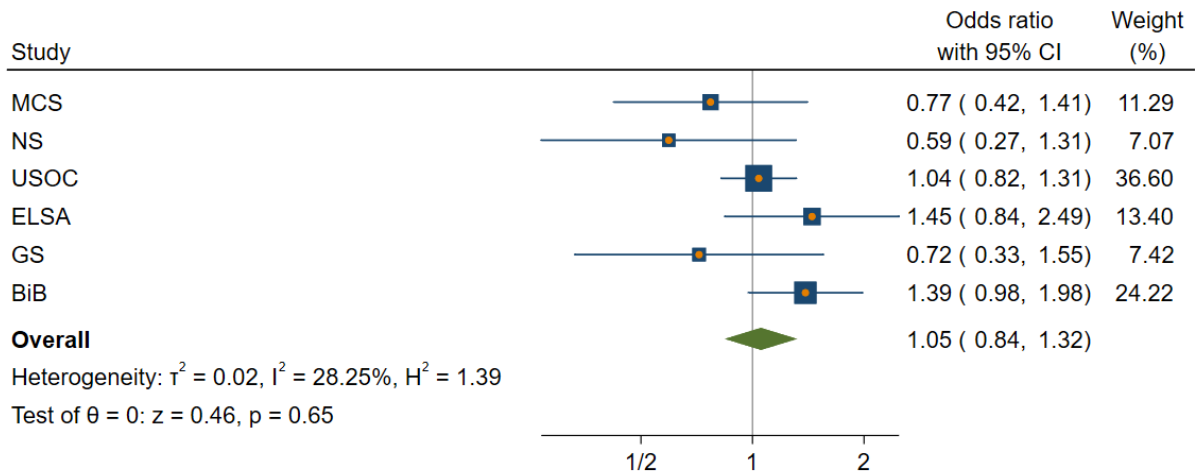
basic adjustment



Random-effects REML model

Any healthcare disruption  
South Asian vs White

basic adjustment

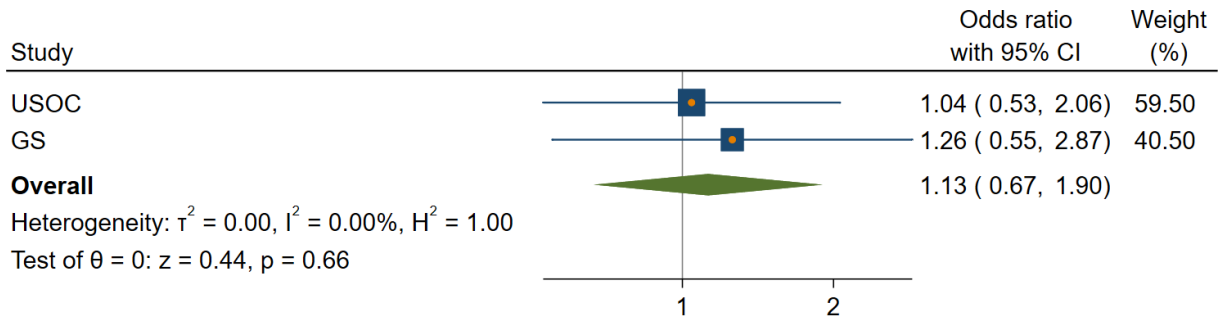


Random-effects REML model

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Any healthcare disruption  
East Asian vs White

basic adjustment



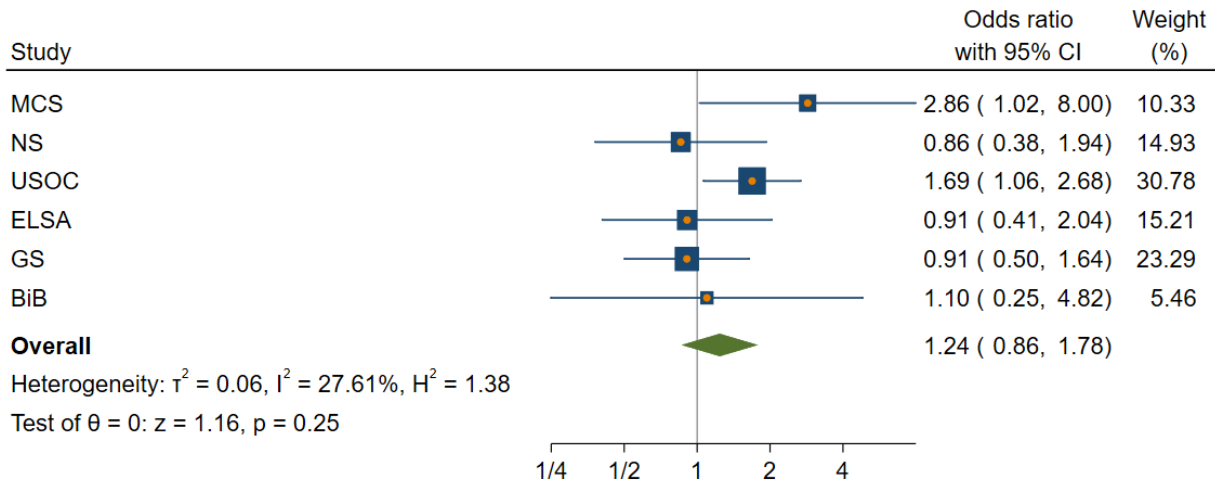
Random-effects REML model

For peer review only

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Any healthcare disruption  
Mixed vs White

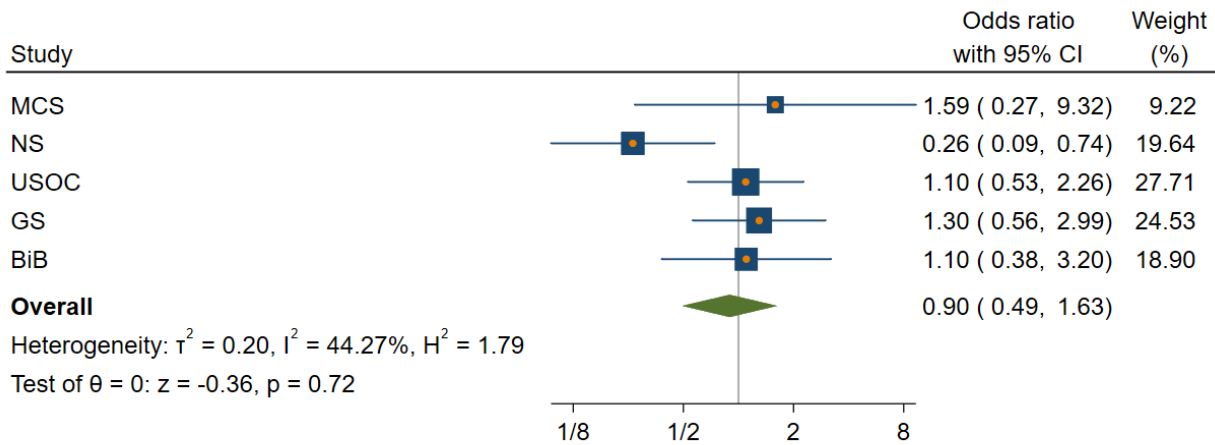
basic adjustment



Random-effects REML model

Any healthcare disruption  
Other Ethnicity vs White

basic adjustment

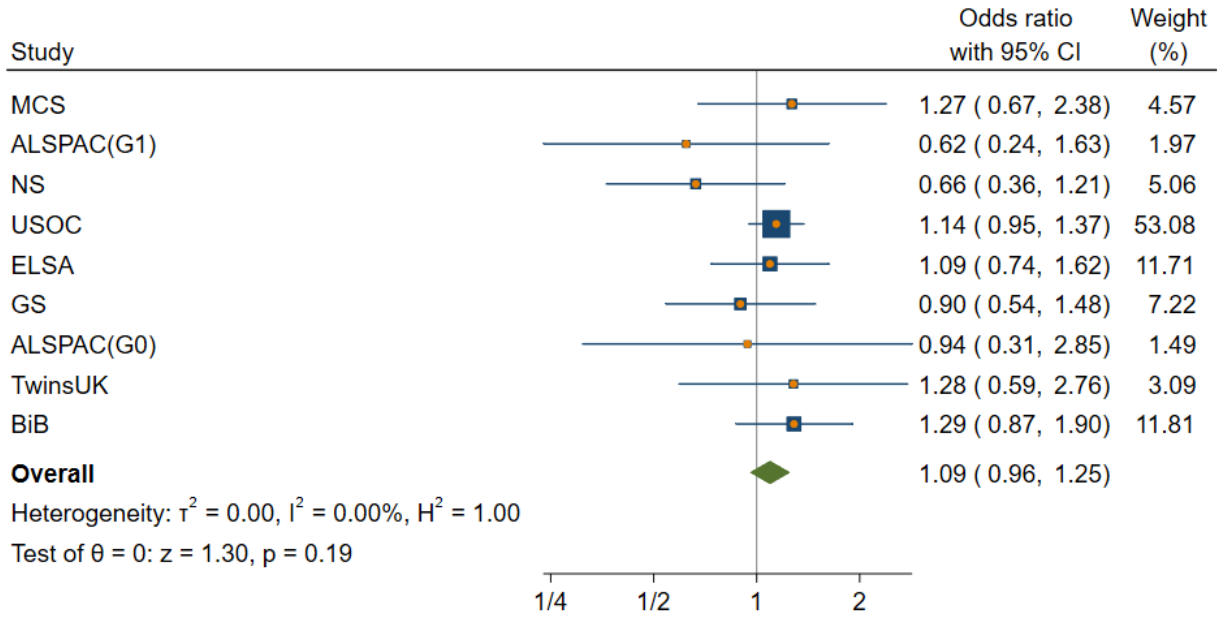


Random-effects REML model

Full adjustment

Any healthcare disruption  
Non-White vs White

full adjustment



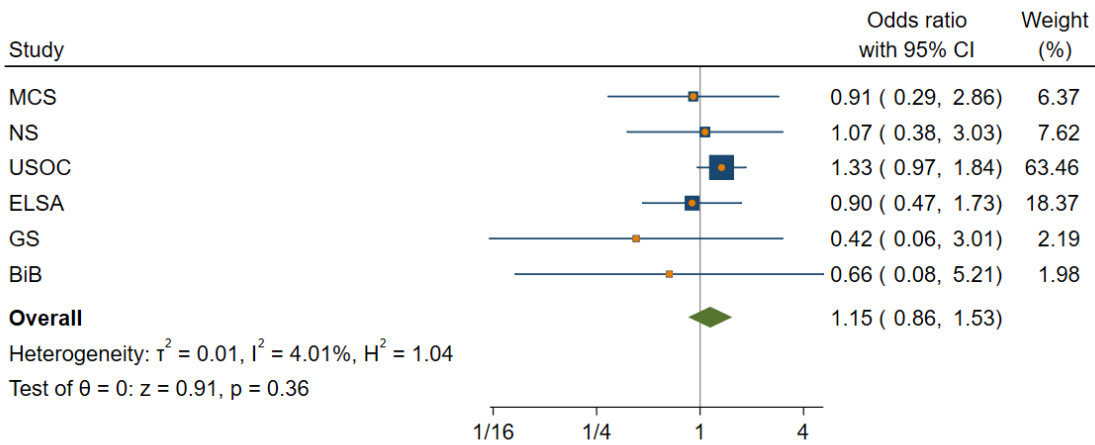
Random-effects REML model

view only



Any healthcare disruption  
Black vs White

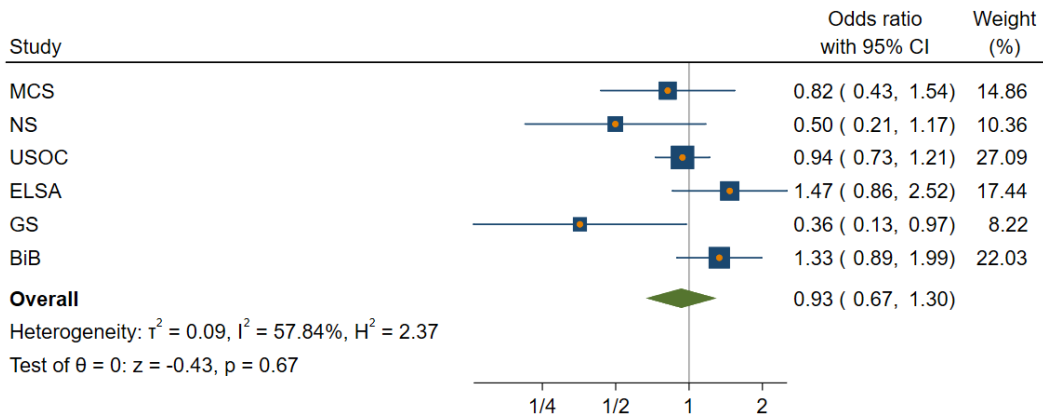
full adjustment



Random-effects REML model

Any healthcare disruption  
South Asian vs White

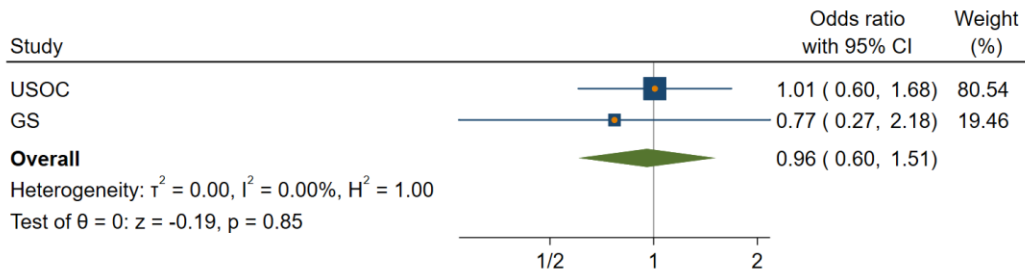
full adjustment



Random-effects REML model

Any healthcare disruption  
East Asian vs White

full adjustment

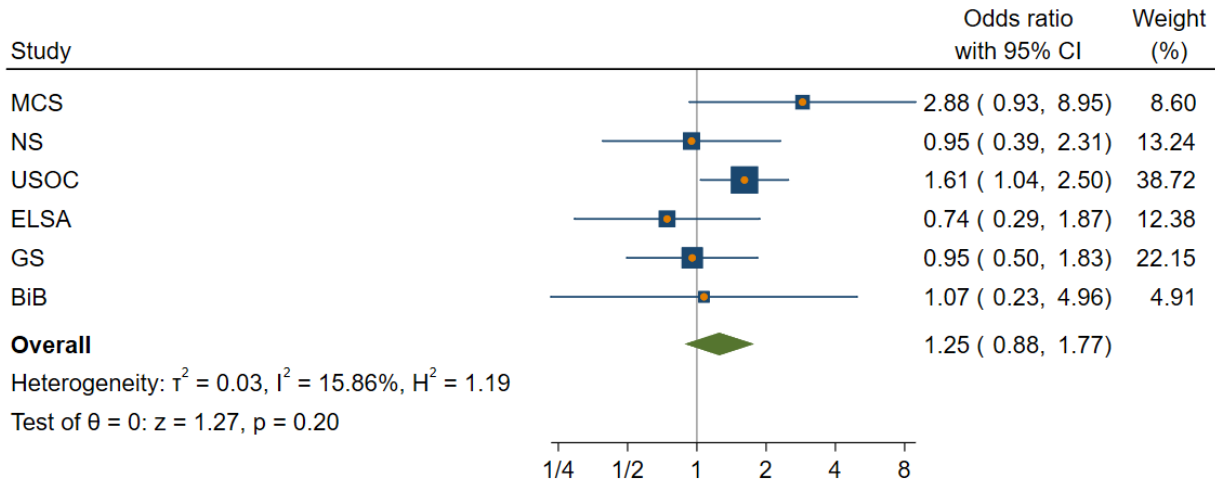


Random-effects REML model

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Any healthcare disruption  
Mixed vs White

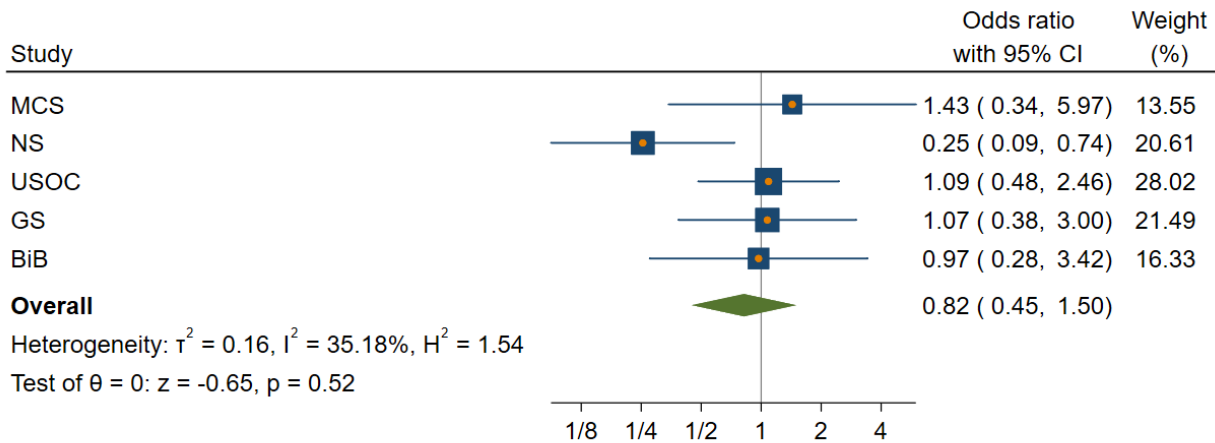
full adjustment



Random-effects REML model

Any healthcare disruption  
Other Ethnicity vs White

full adjustment

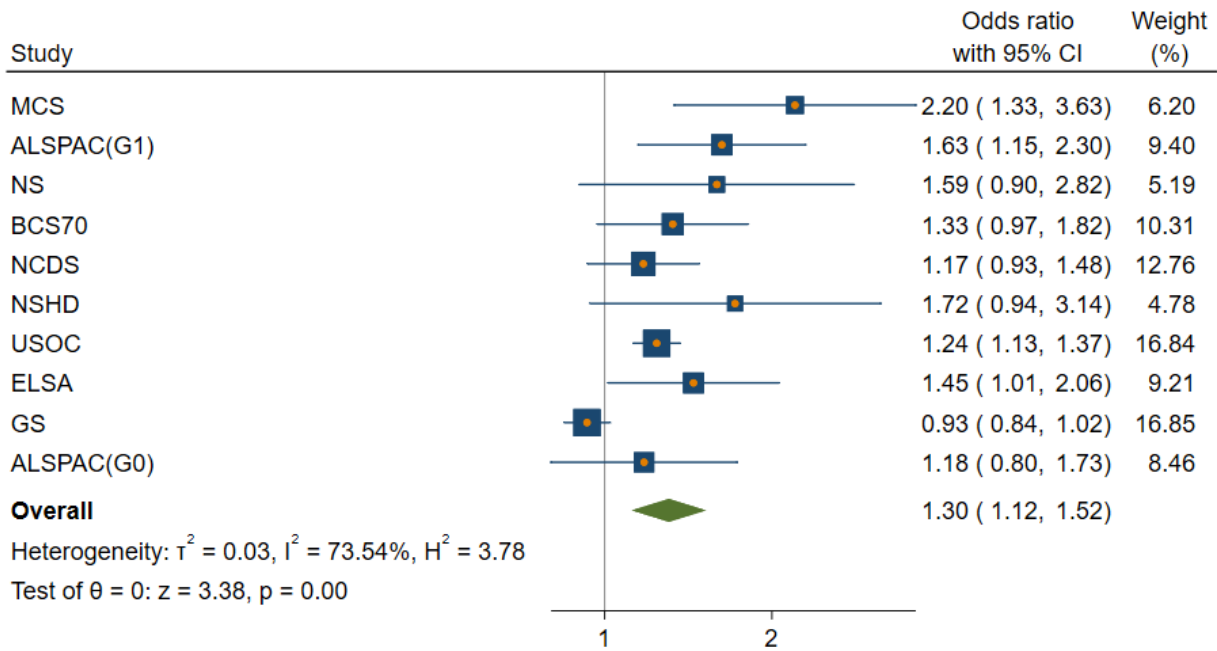


Random-effects REML model

### Appointments

Sex  
Unadjusted

Appointments  
Female vs male  
unadjusted



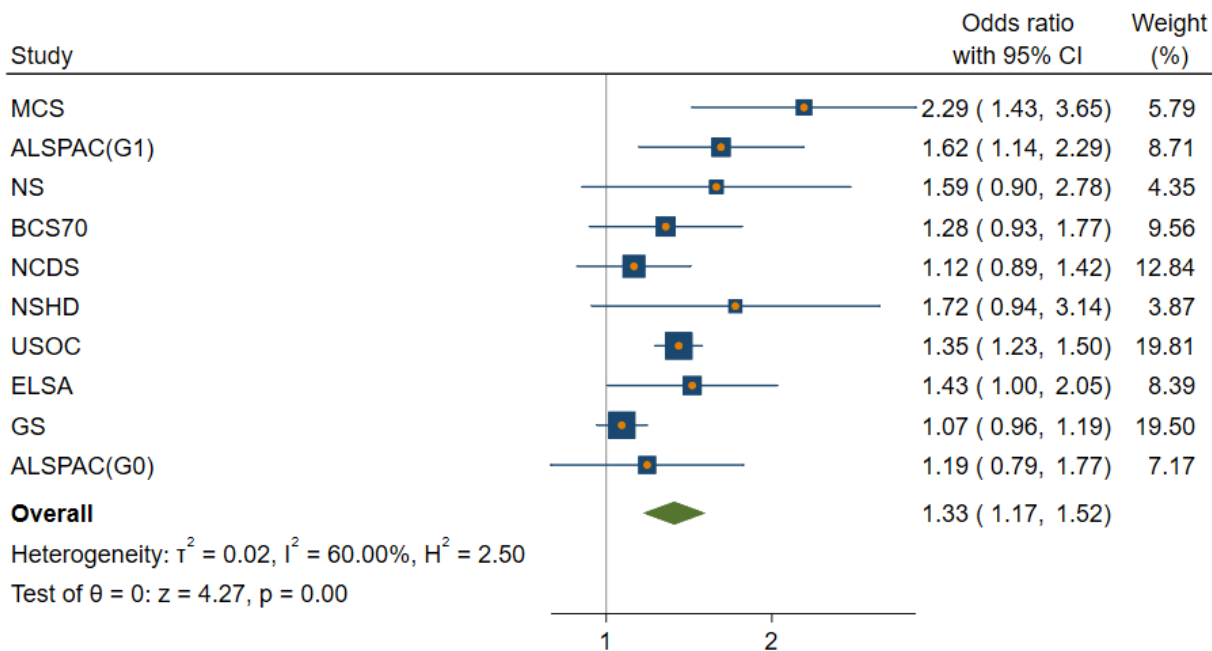
Random-effects REML model

view only

Basic adjustment

Appointments  
Female vs male

basic adjustment



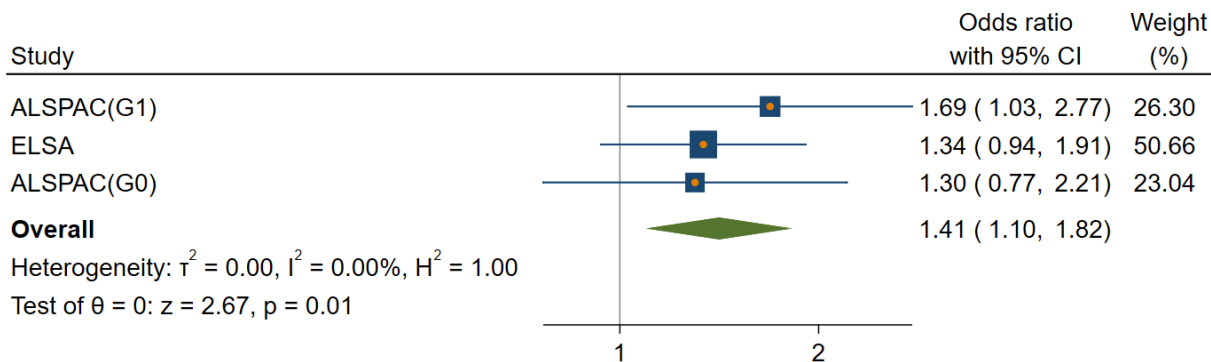
Random-effects REML model

view only

Full adjustment

Appointments  
Female vs male

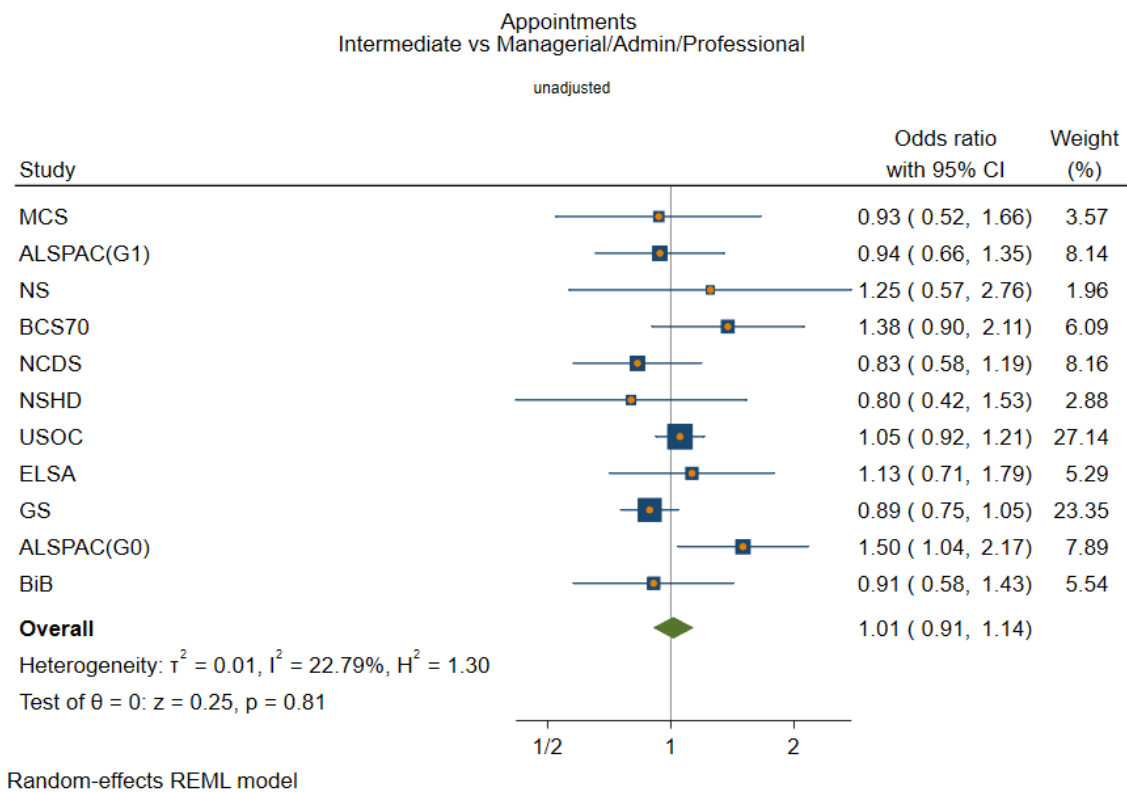
full adjustment



Random-effects REML model

Peer review only

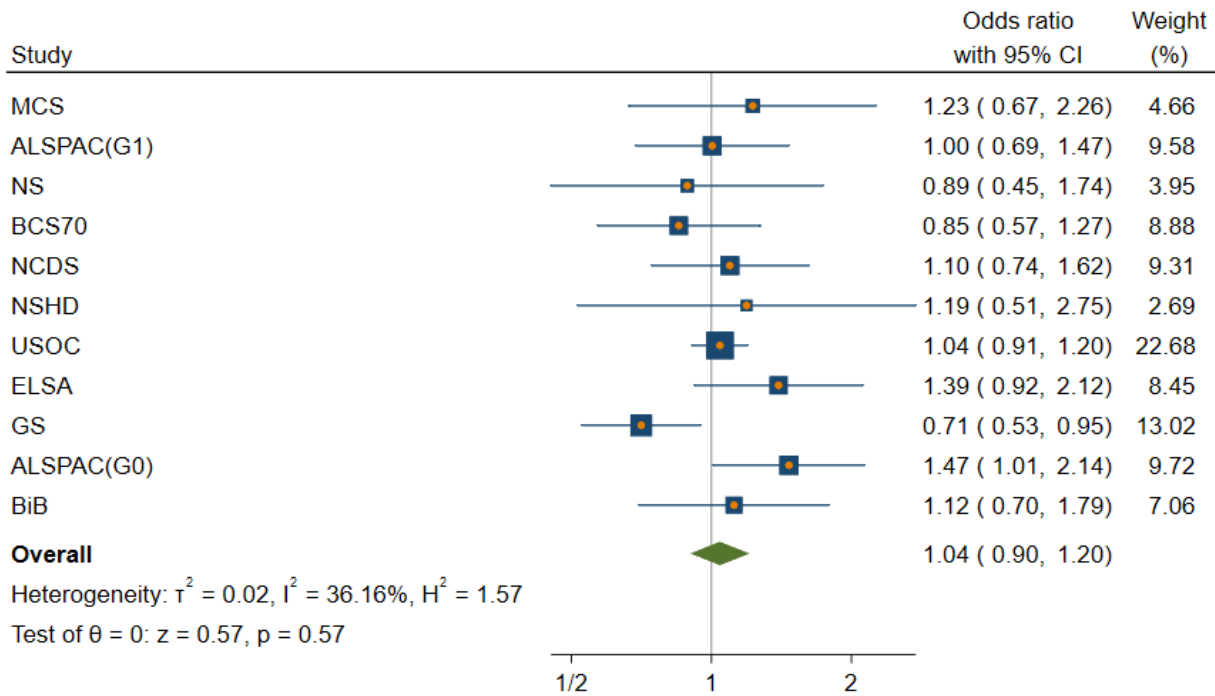
*Occupational class*  
Unadjusted



new only

Appointments  
Manual/Routine vs Managerial/Admin/Professional

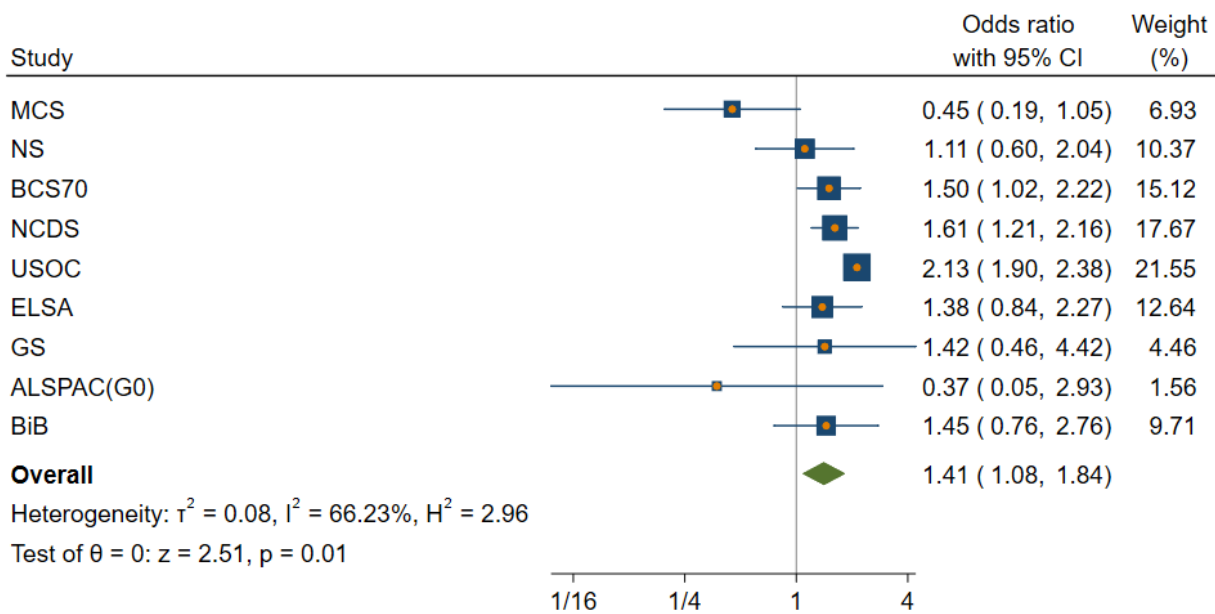
unadjusted



Random-effects REML model

Appointments  
Other social class vs Managerial/Admin/Professional

unadjusted

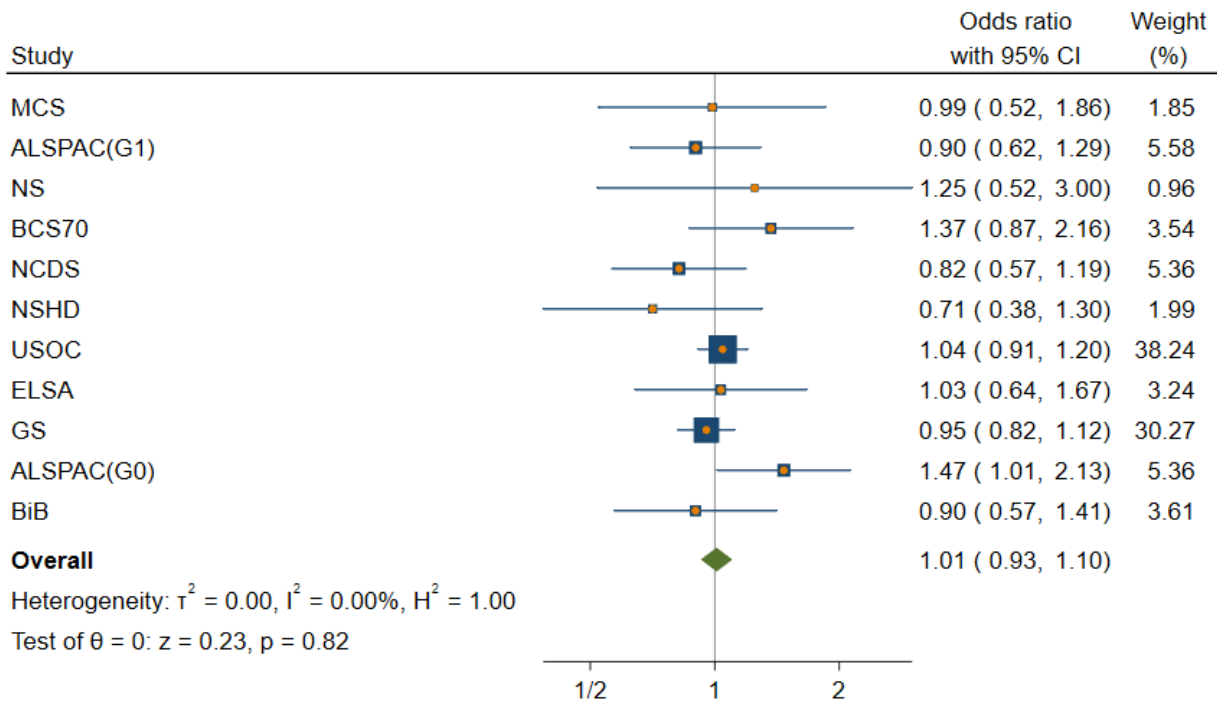


Random-effects REML model

Basic adjustment

Appointments  
Intermediate vs Managerial/Admin/Professional

basic adjustment



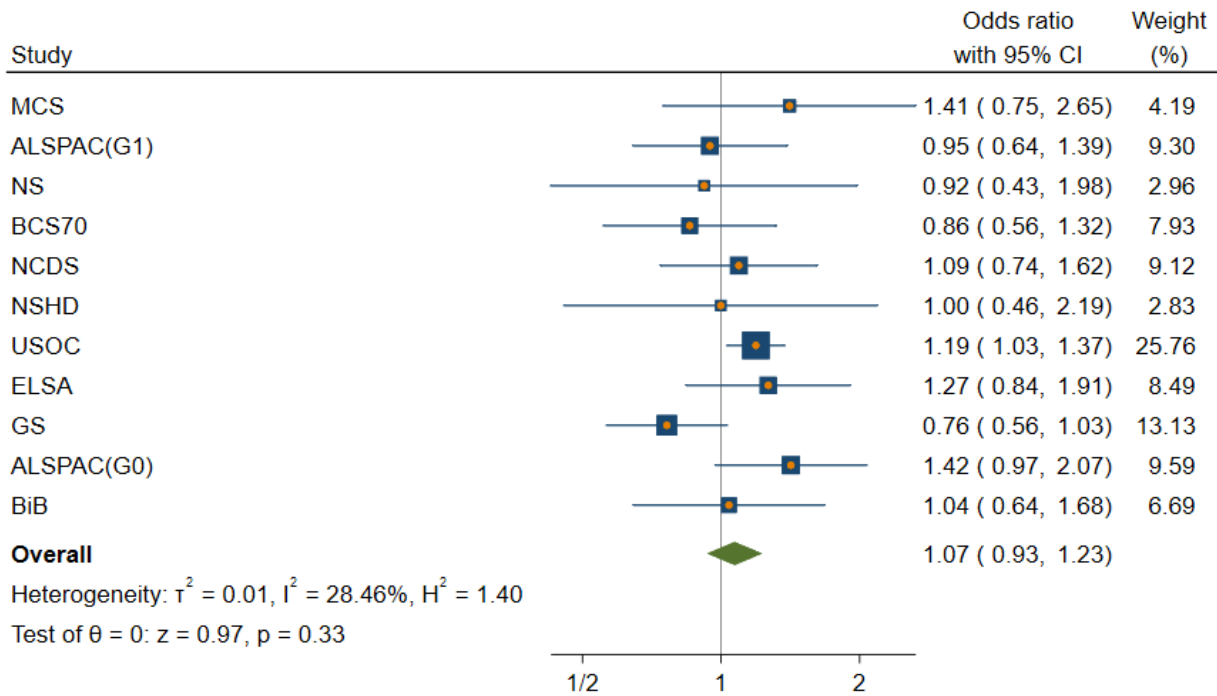
Random-effects REML model

only



Appointments  
Manual/Routine vs Managerial/Admin/Professional

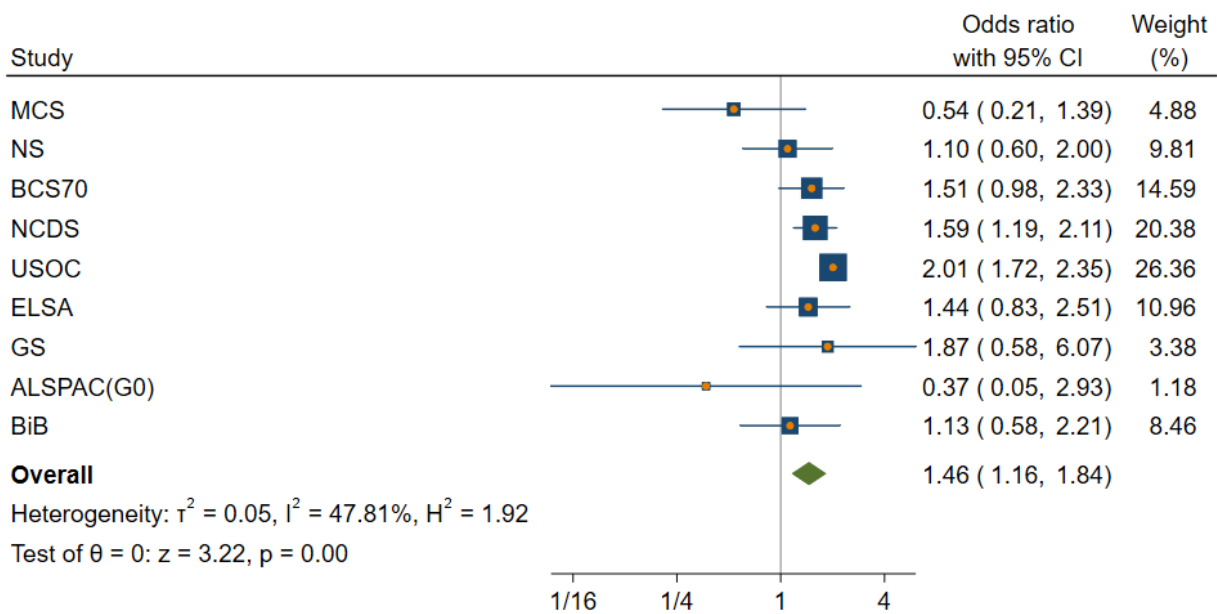
basic adjustment



Random-effects REML model

Appointments  
Other social class vs Managerial/Admin/Professional

basic adjustment

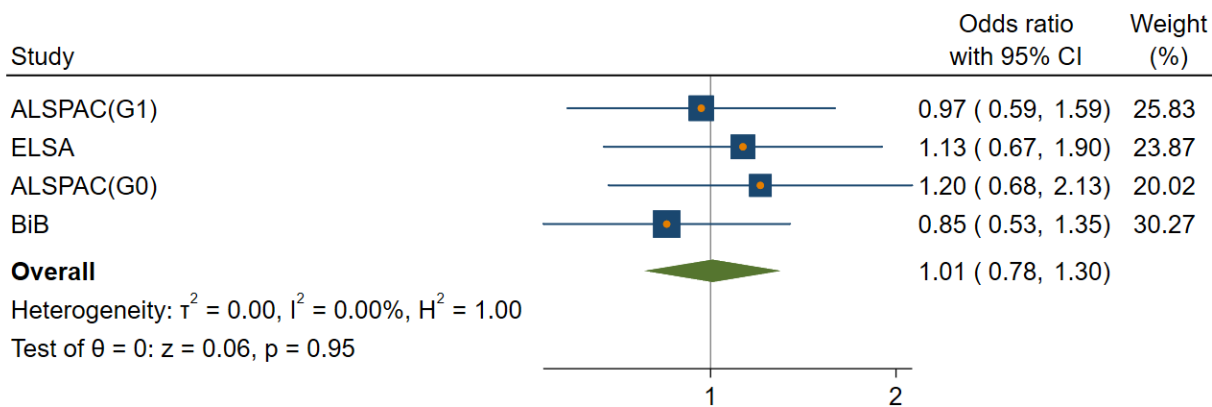


Random-effects REML model

Full adjustment

Appointments  
Intermediate vs Managerial/Admin/Professional

full adjustment

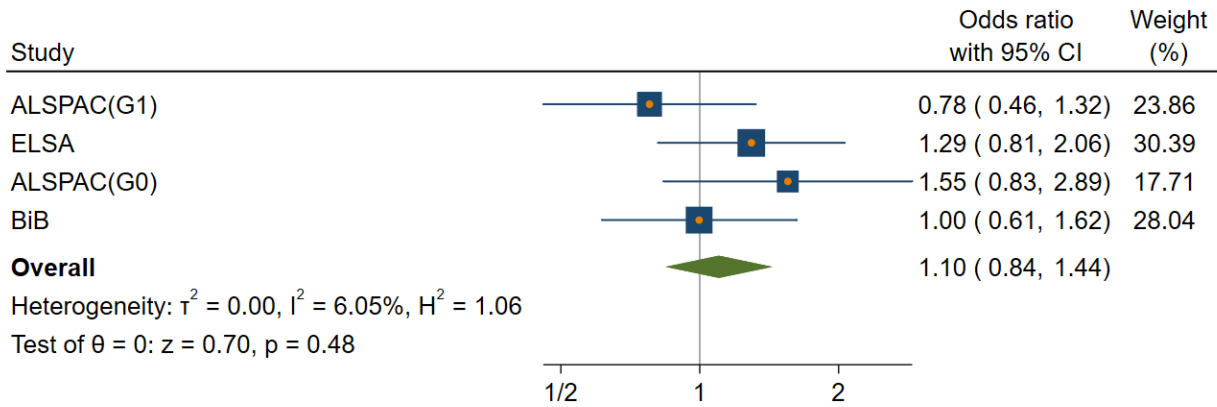


Random-effects REML model

review only

Appointments  
Manual/Routine vs Managerial/Admin/Professional

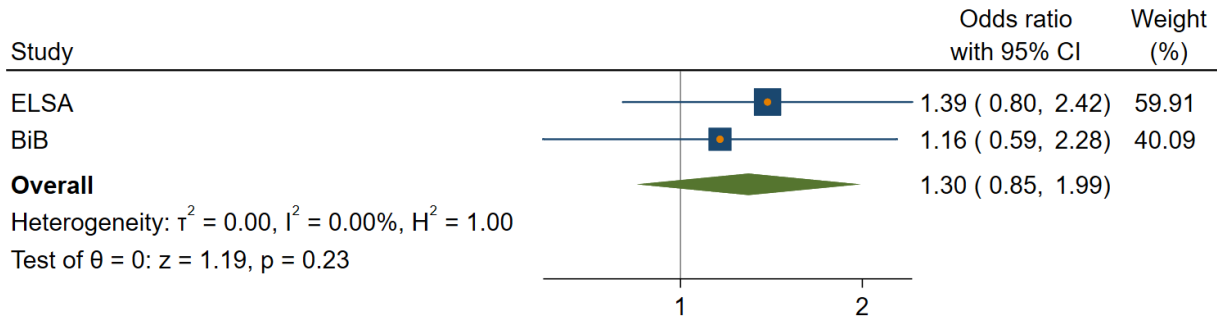
full adjustment



Random-effects REML model

Appointments  
Other social class vs Managerial/Admin/Professional

full adjustment

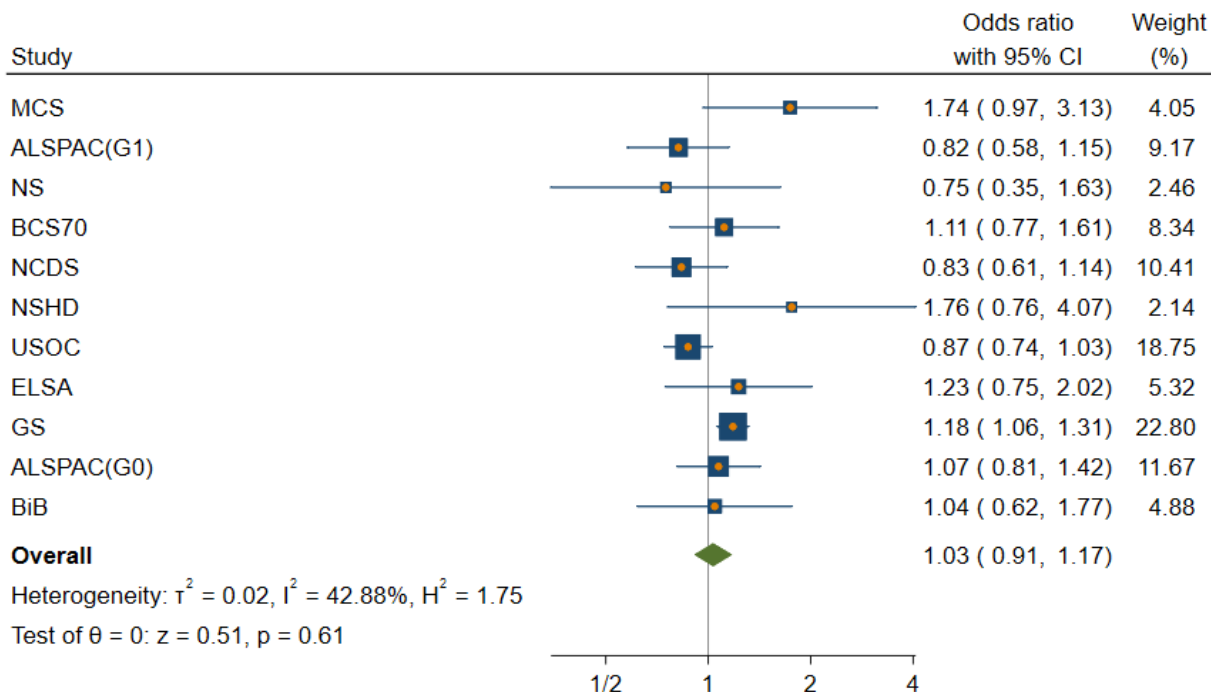


Random-effects REML model

Education  
Unadjusted

Appointments  
A-level/equivalent vs Higher education/Degree

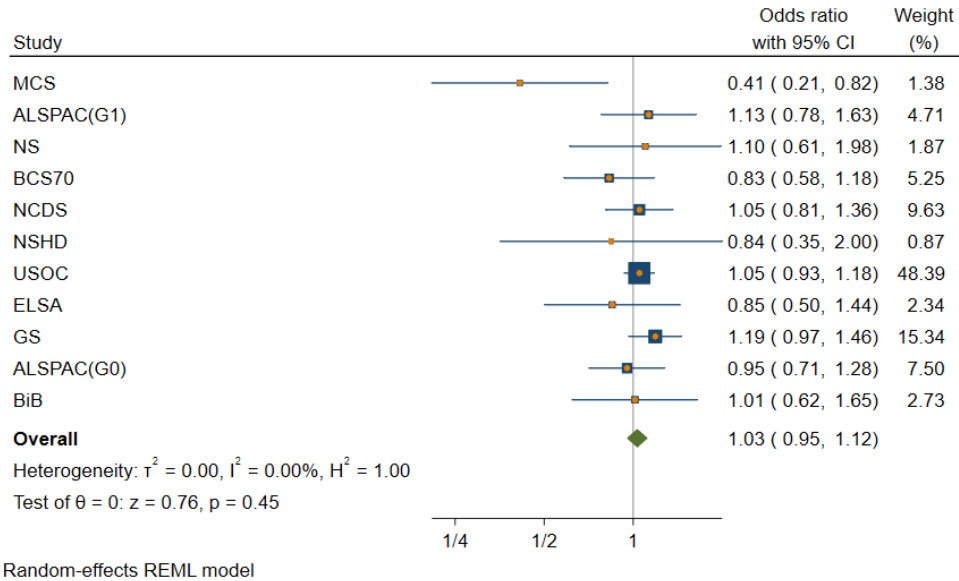
unadjusted



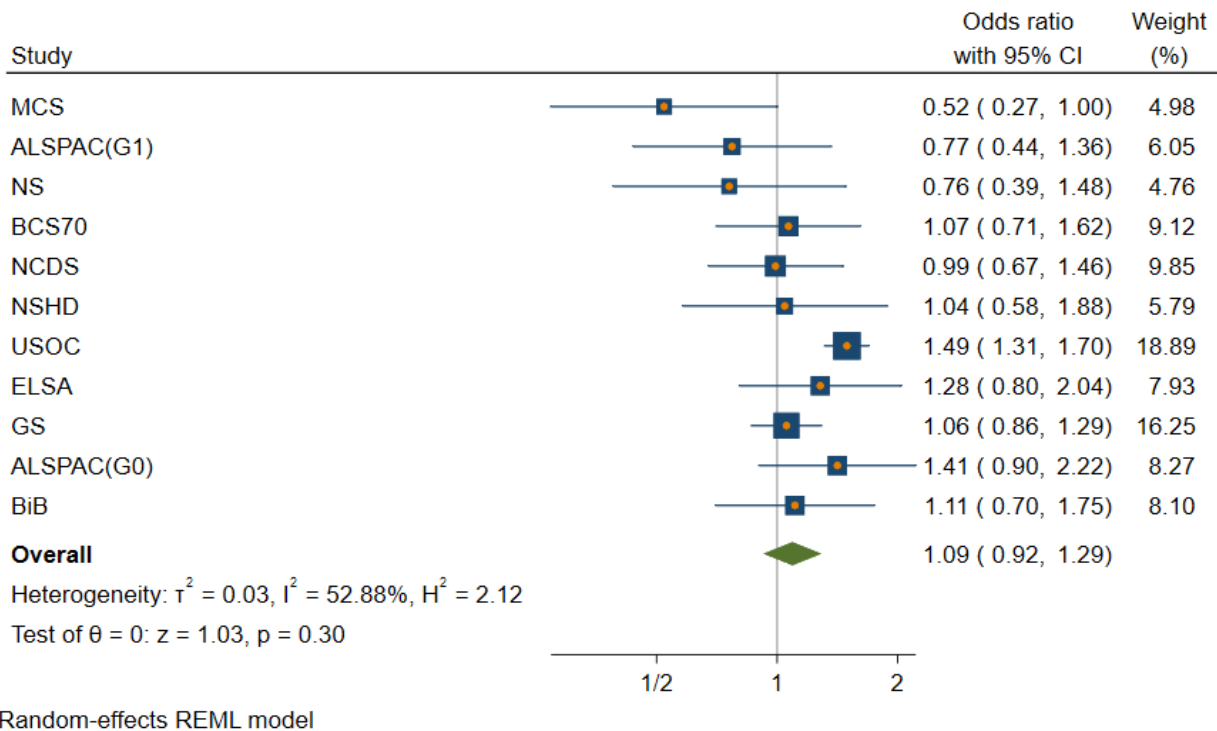
Random-effects REML model

Only

Appointments  
GCSE/equivalent vs Higher education/Degree  
unadjusted



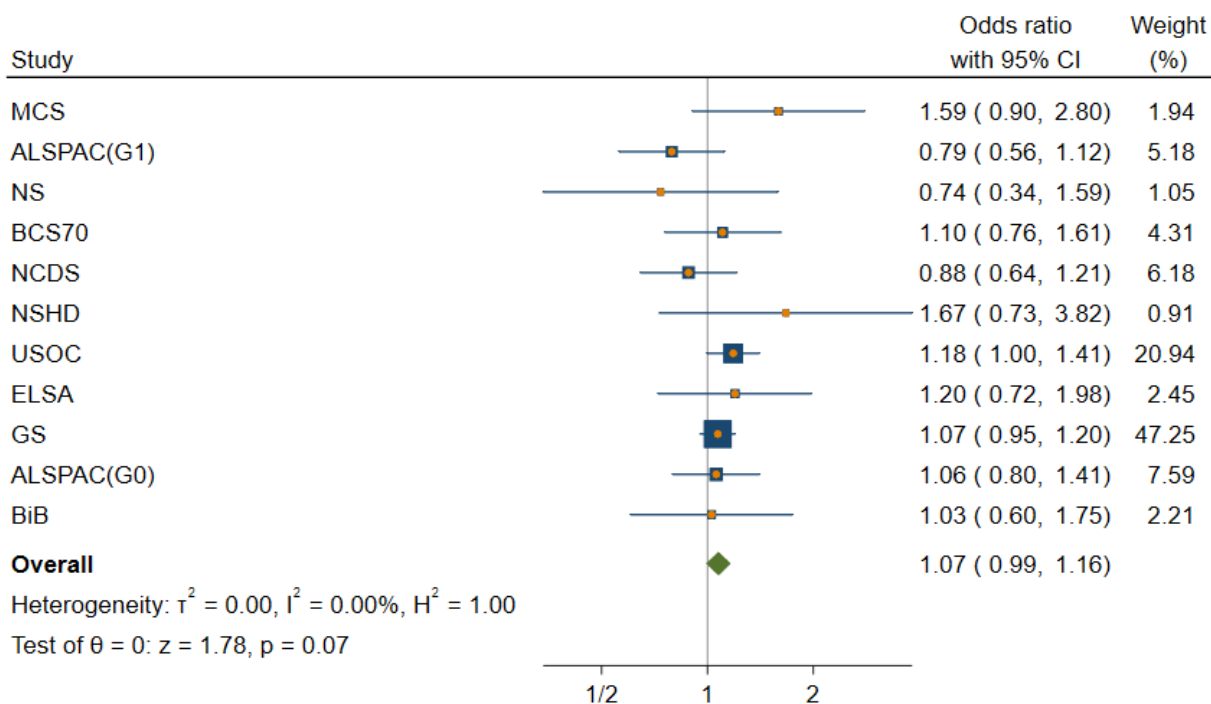
Appointments  
<GCSE/equivalent vs Higher education/Degree  
unadjusted



Basic adjustment

Appointments  
A-level/equivalent vs Higher education/Degree

basic adjustment

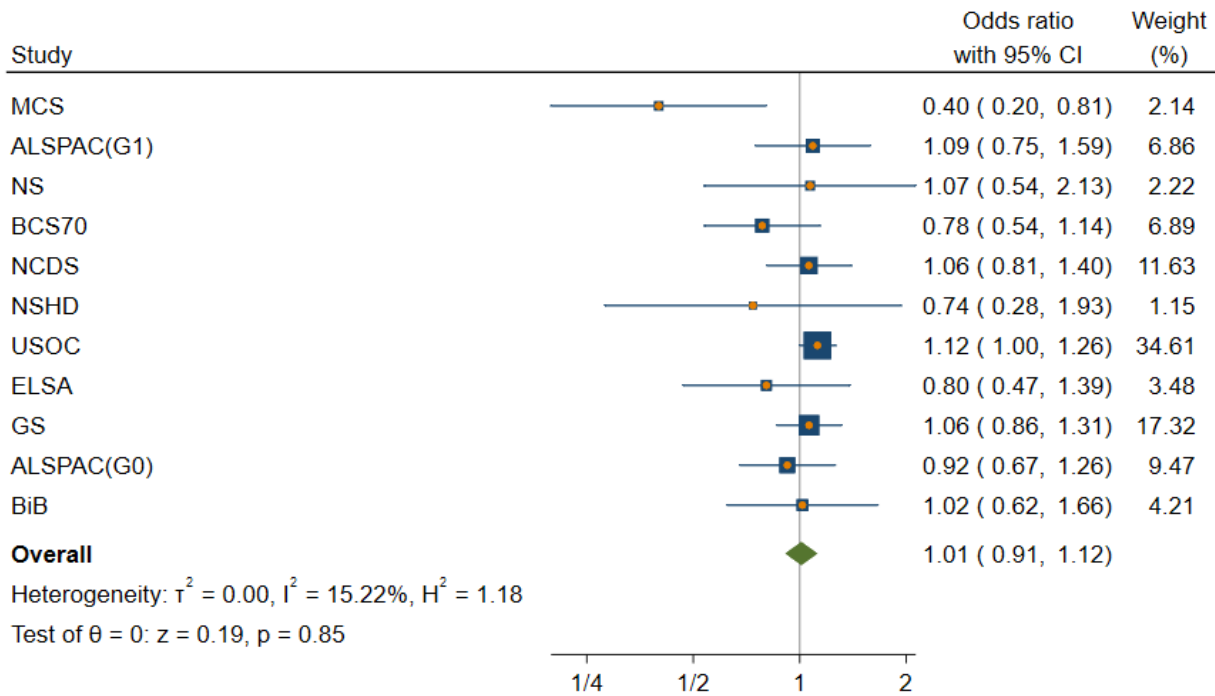


Random-effects REML model

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Appointments  
GCSE/equivalent vs Higher education/Degree

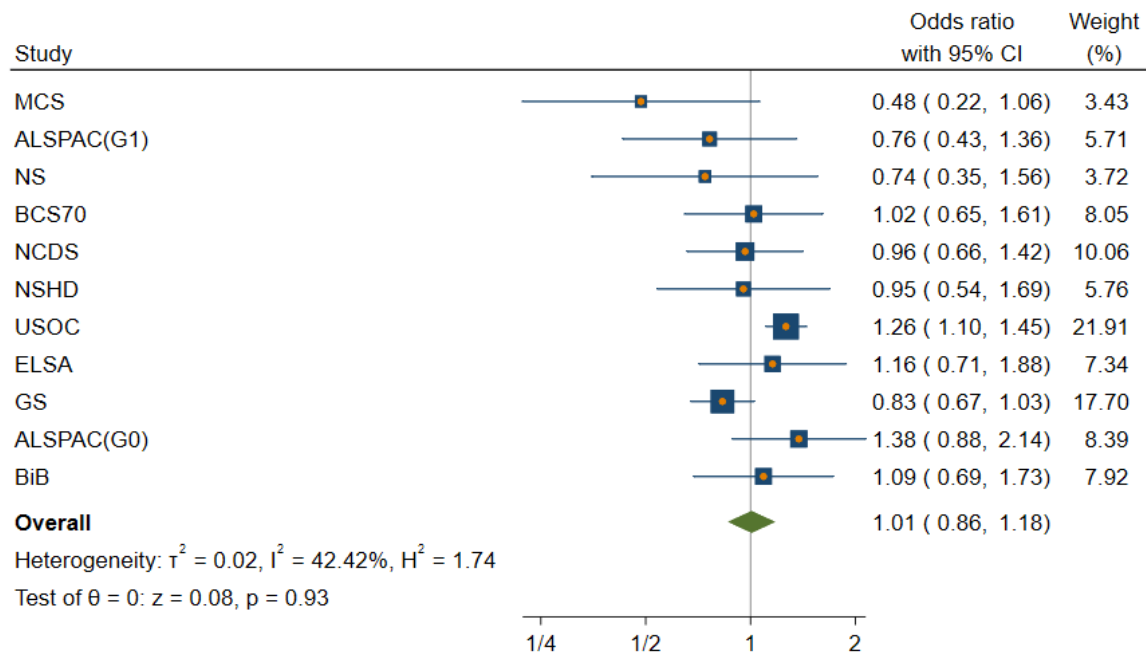
basic adjustment



Random-effects REML model

Appointments  
<GCSE/equivalent vs Higher education/Degree

basic adjustment

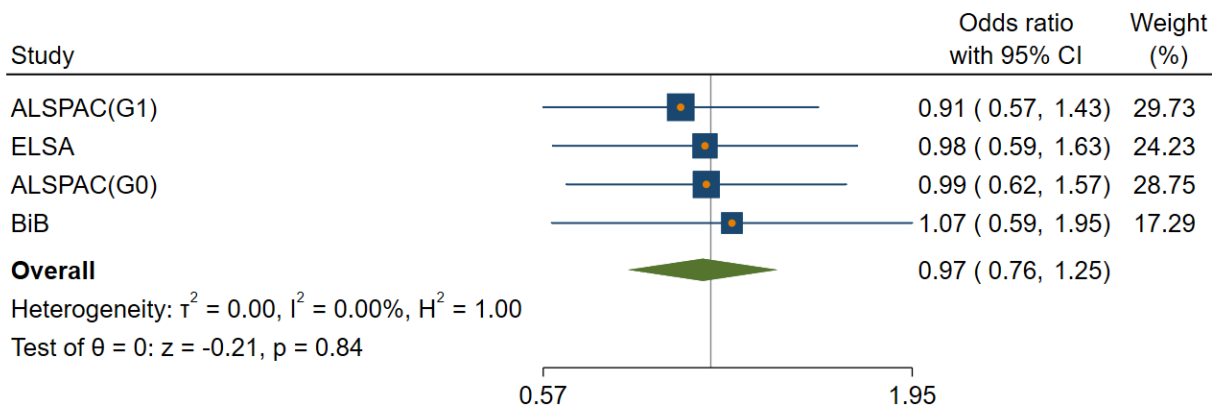


Random-effects REML model

Full Adjustment

Appointments  
A-level/equivalent vs Higher education/Degree

full adjustment



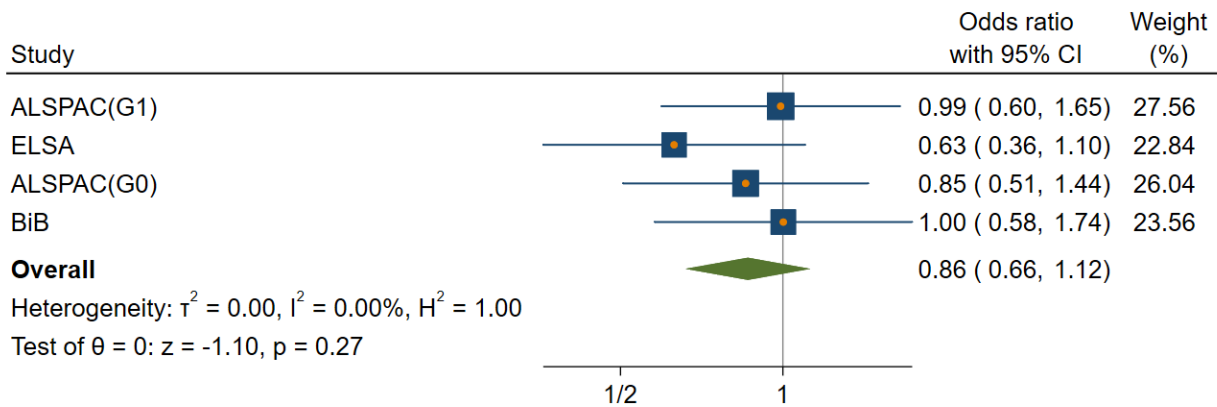
Random-effects REML model

Peer review only



Appointments  
GCSE/equivalent vs Higher education/Degree

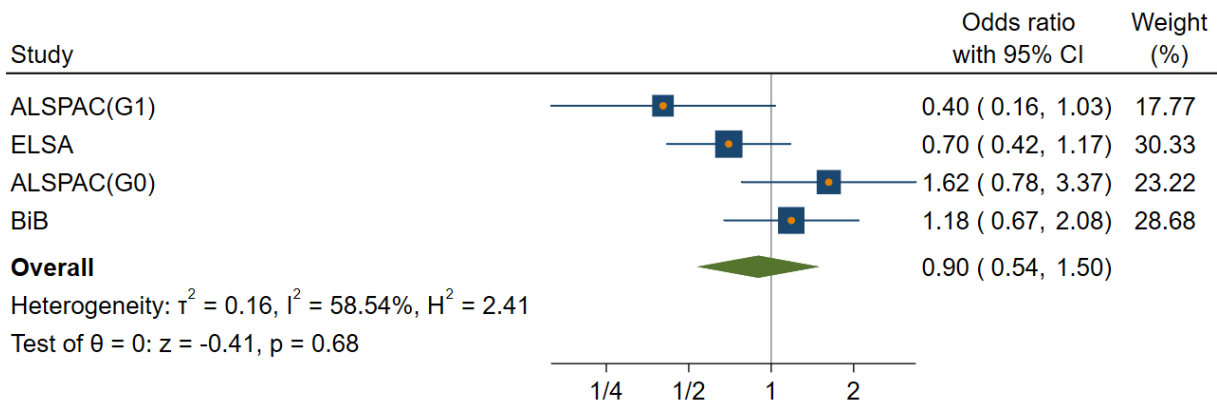
full adjustment



Random-effects REML model

Appointments  
<GCSE/equivalent vs Higher education/Degree

full adjustment

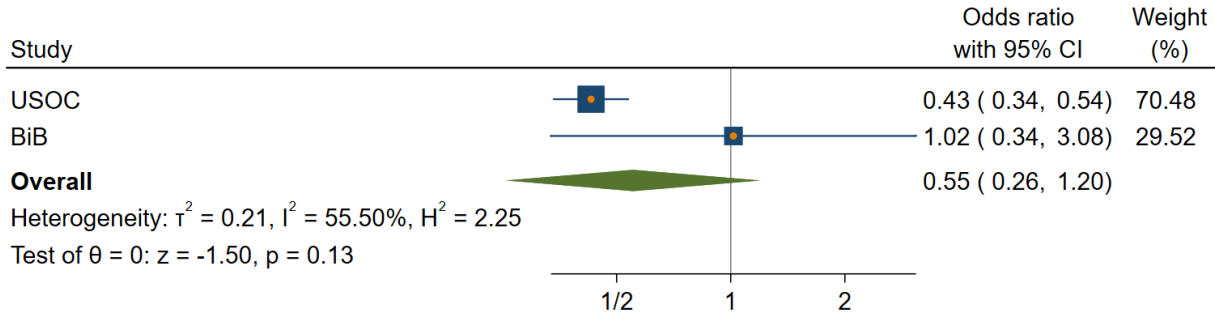


Random-effects REML model

Age  
Unadjusted

Appointments  
16-24y vs 45-54y

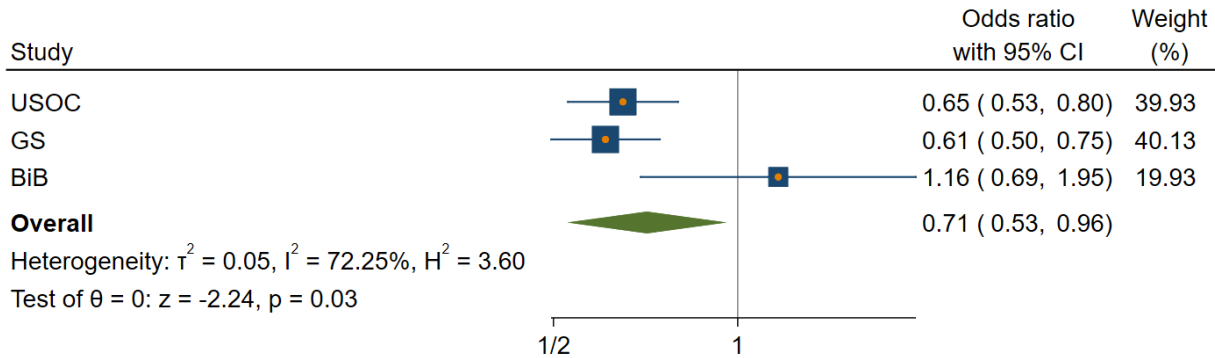
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Random-effects REML model

Appointments  
25-34y vs 45-54y

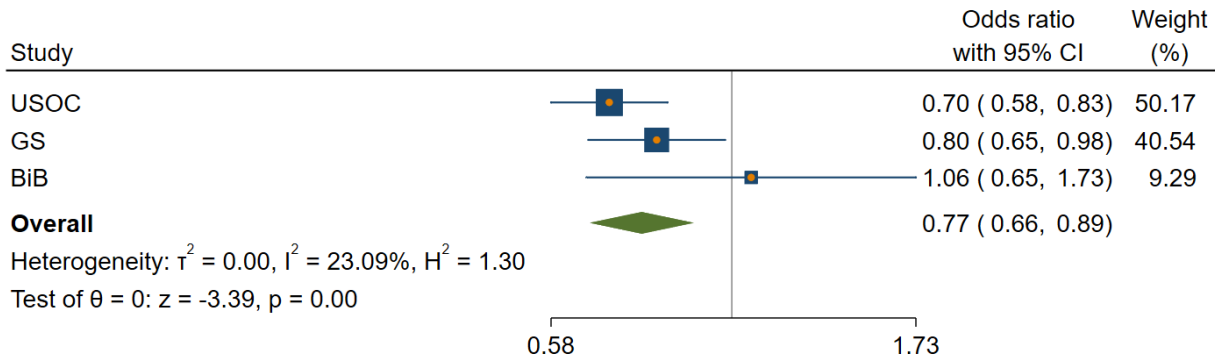
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Random-effects REML model

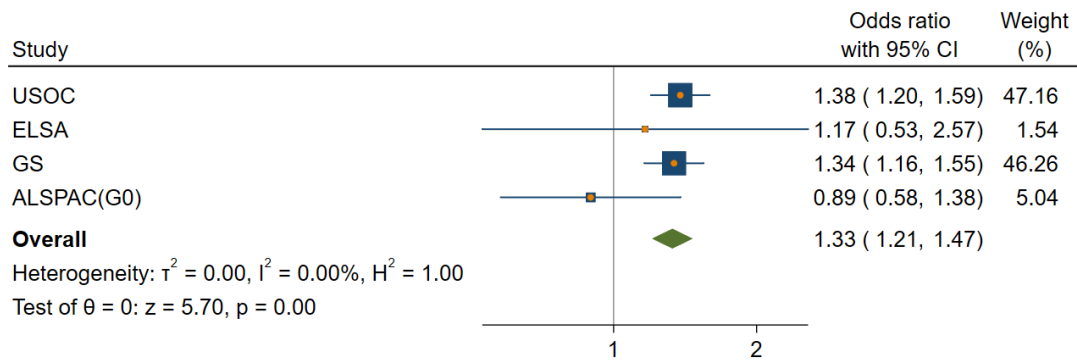
Appointments  
35-44y vs 45-54y

unadjusted



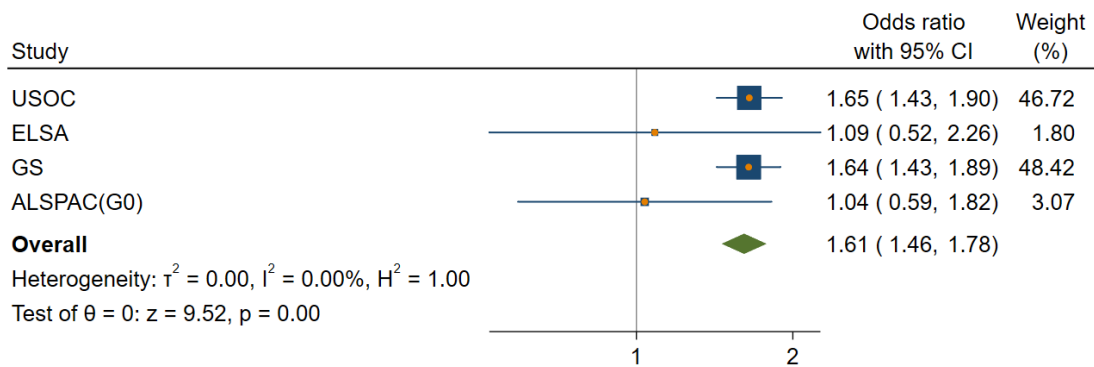
Random-effects REML model

Appointments  
55-64y vs 45-54y  
unadjusted



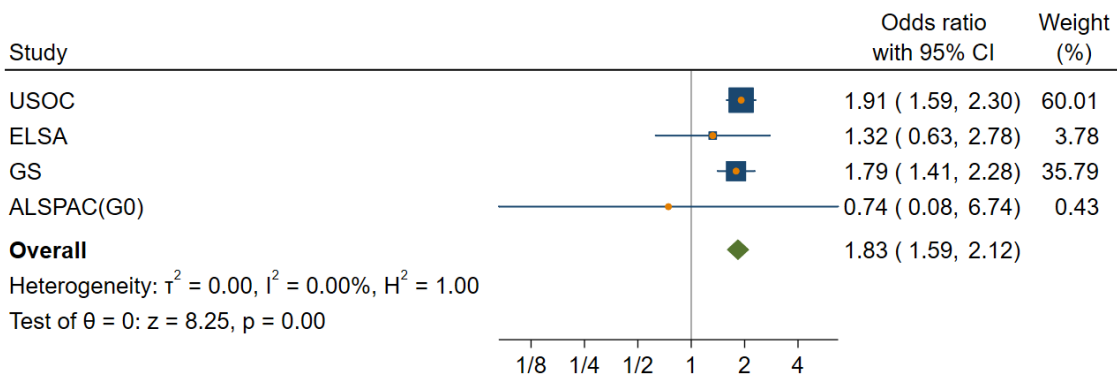
Random-effects REML model

Appointments  
65-74y vs 45-54y  
unadjusted



Random-effects REML model

Appointments  
75y+ vs 45-54y  
unadjusted

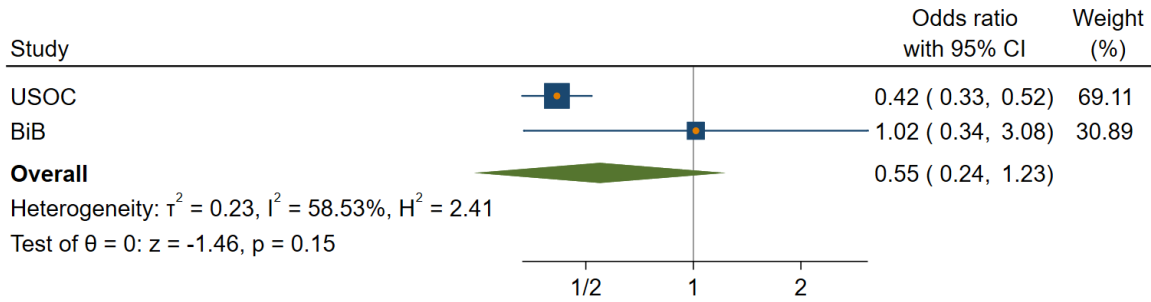


Random-effects REML model

Basic adjustment

Appointments  
16-24y vs 45-54y

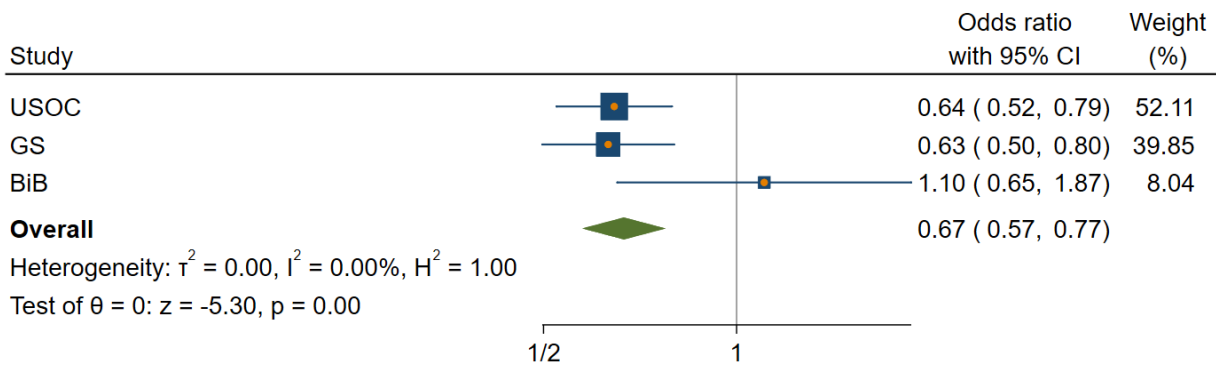
basic adjustment



Random-effects REML model

Appointments  
25-34y vs 45-54y

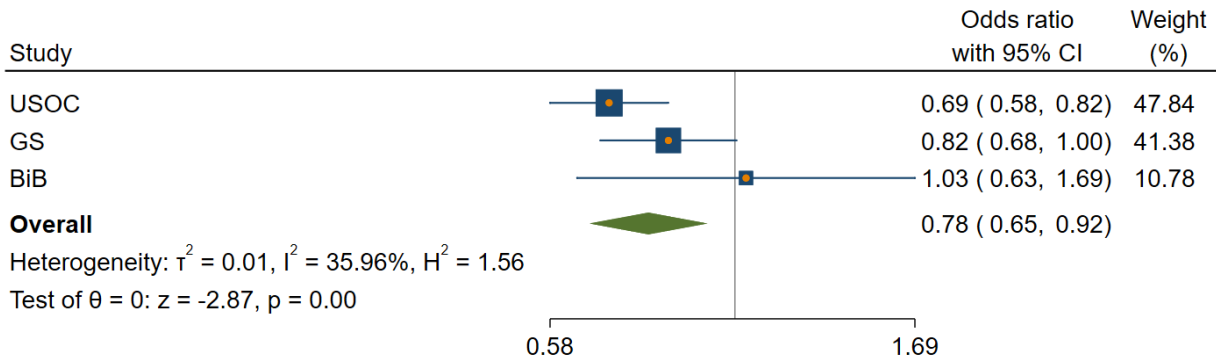
basic adjustment



Random-effects REML model

Appointments  
35-44y vs 45-54y

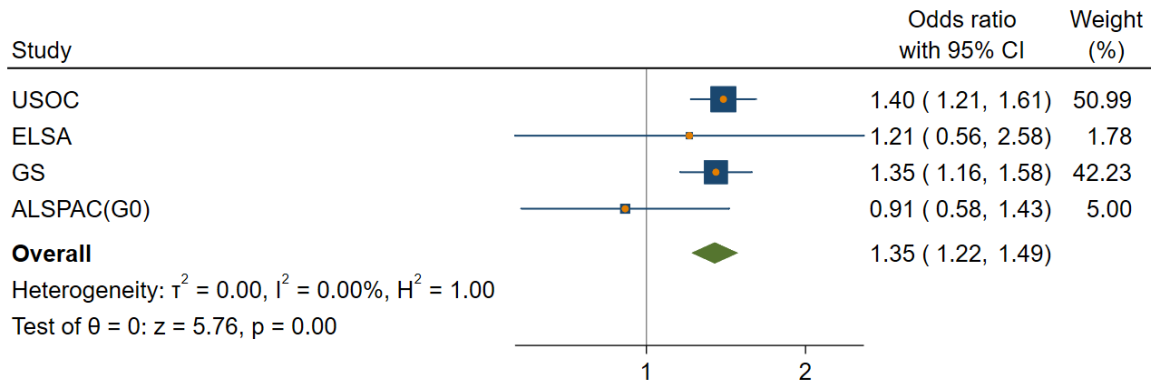
basic adjustment



Random-effects REML model

Appointments  
55-64y vs 45-54y

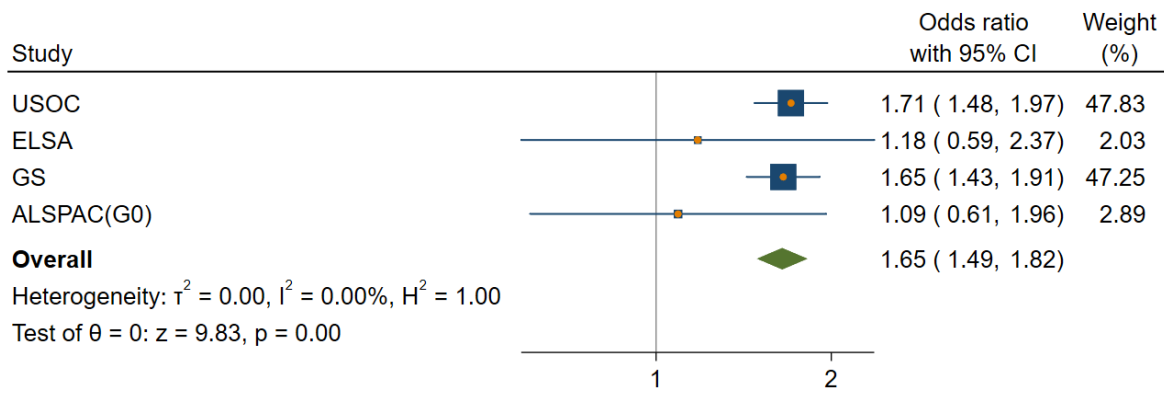
basic adjustment



Random-effects REML model

Appointments  
65-74y vs 45-54y

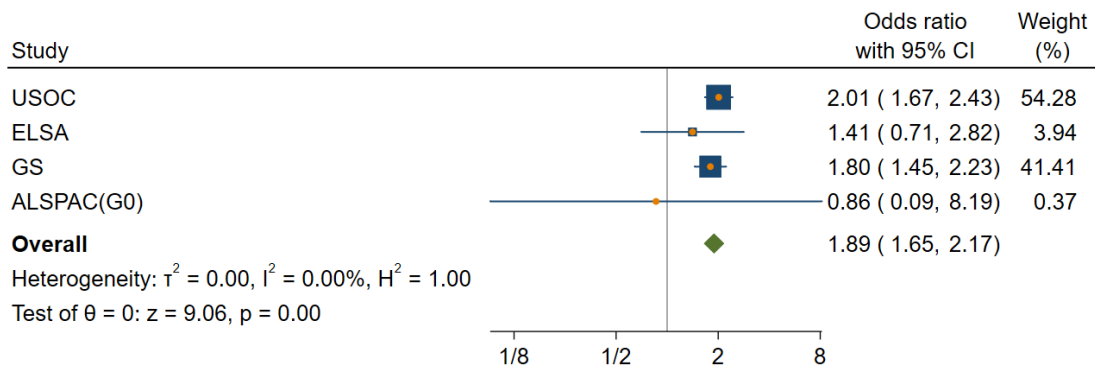
basic adjustment



Random-effects REML model

Appointments  
75y+ vs 45-54y

basic adjustment

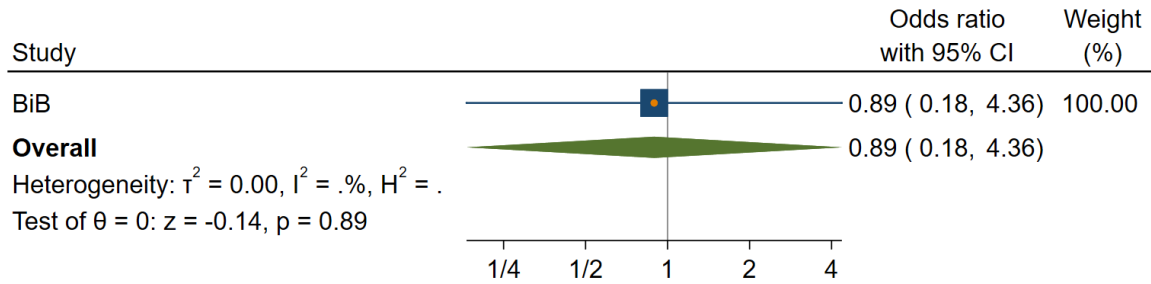


Random-effects REML model

Full adjustment

Appointments  
16-24y vs 45-54y

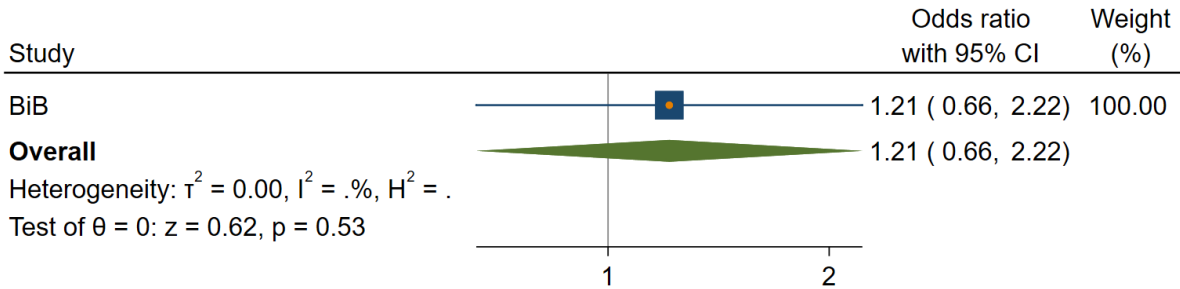
full adjustment



Random-effects REML model

Appointments  
25-34y vs 45-54y

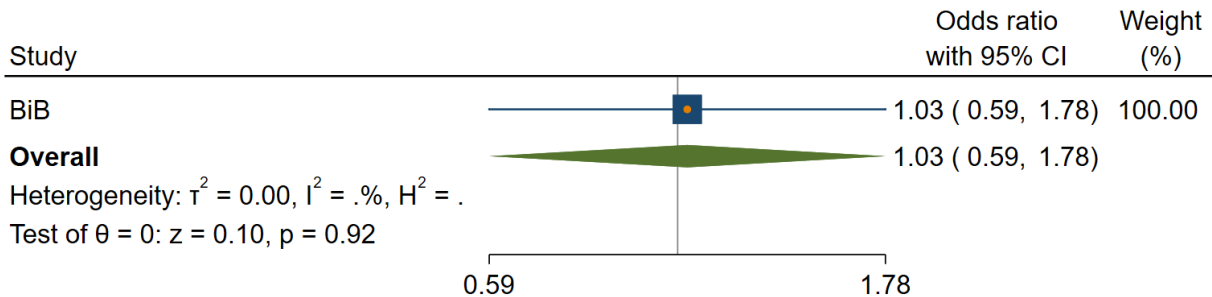
full adjustment



Random-effects REML model

Appointments  
35-44y vs 45-54y

full adjustment

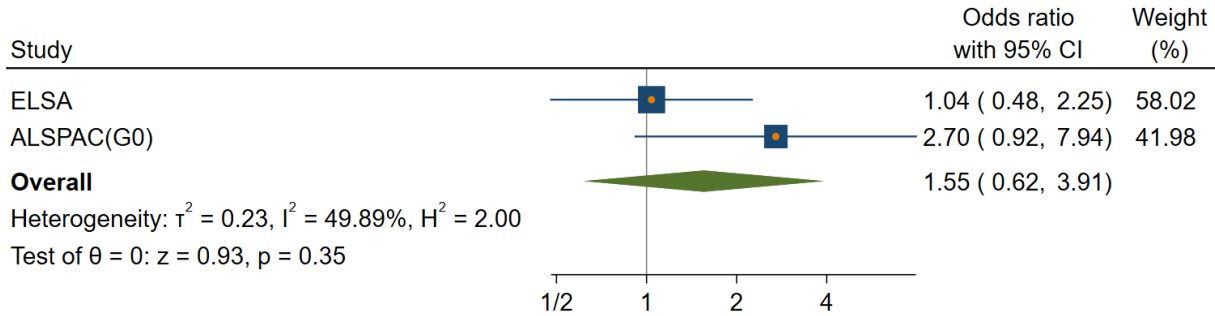


Random-effects REML model

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Appointments  
55-64y vs 45-54y

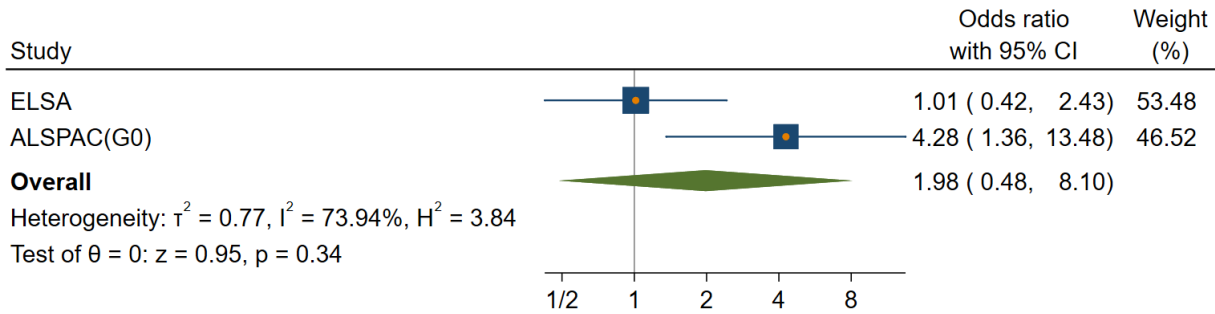
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Random-effects REML model

Appointments  
65-74y vs 45-54y

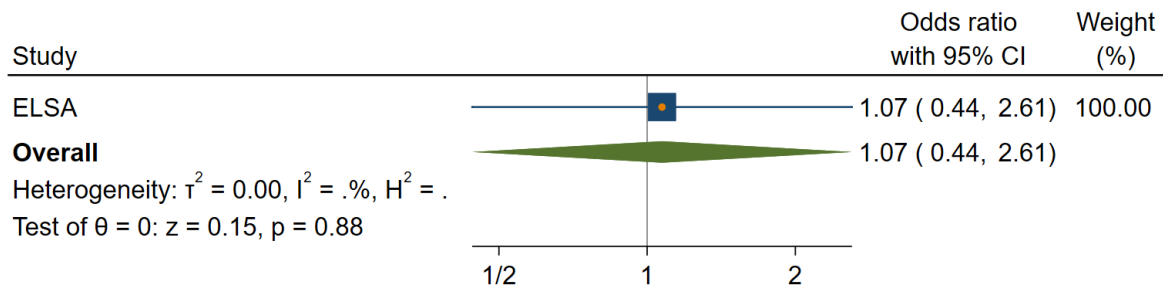
full adjustment



Random-effects REML model

Appointments  
75y+ vs 45-54y

full adjustment

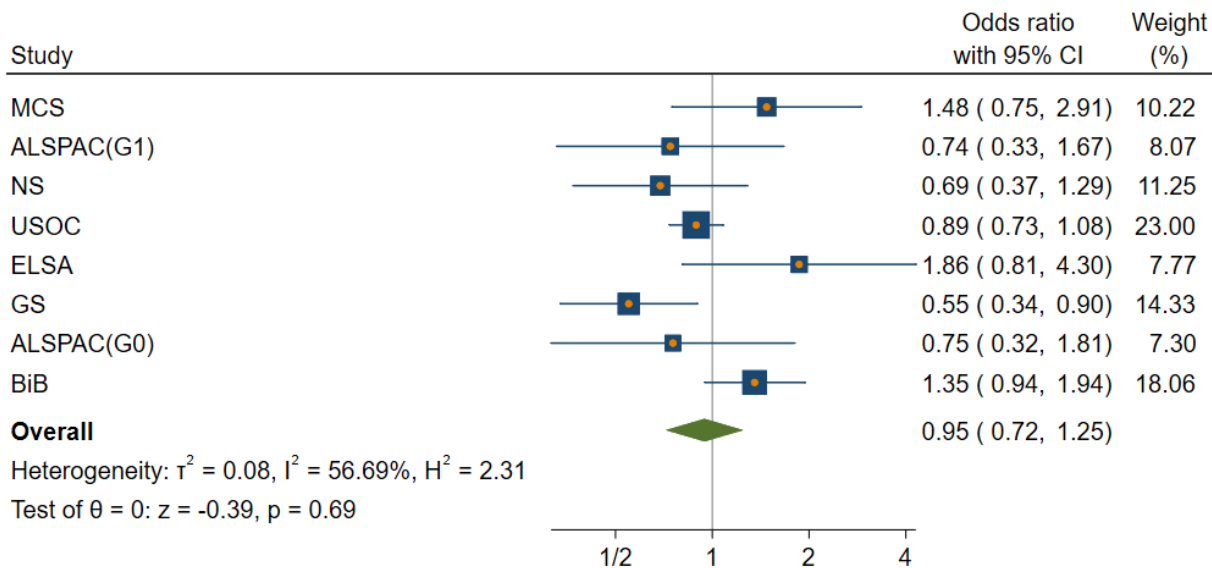


Random-effects REML model

*Ethnicity*  
Unadjusted

Appointments  
Non-White vs White

unadjusted



Random-effects REML model

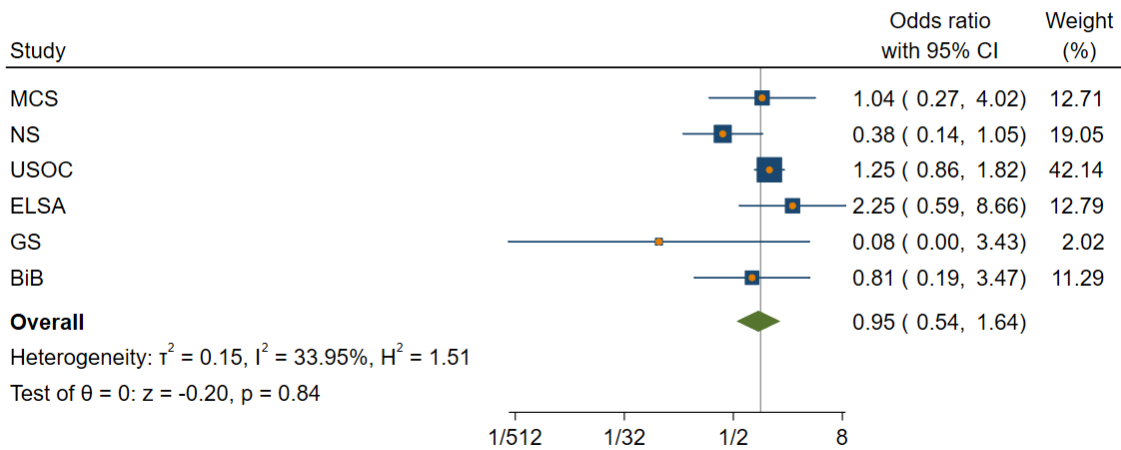
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Appointments  
Black vs White

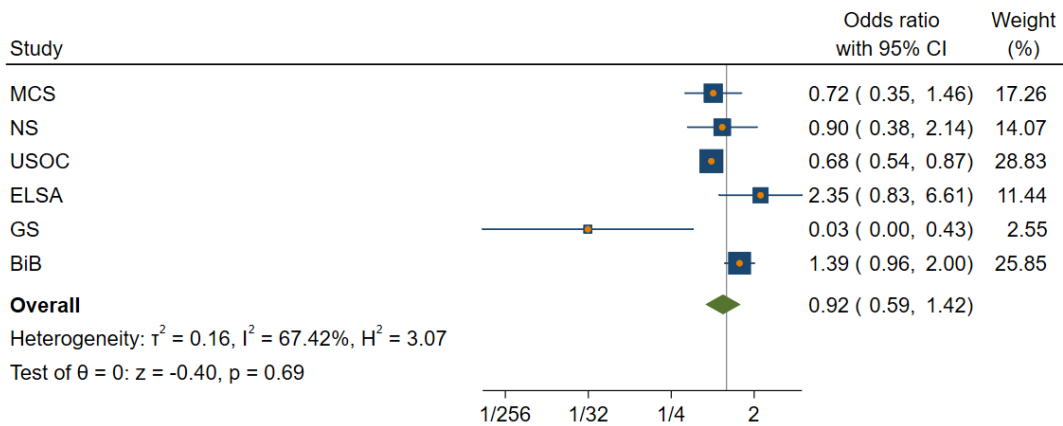
unadjusted



Random-effects REML model

Appointments  
South Asian vs White

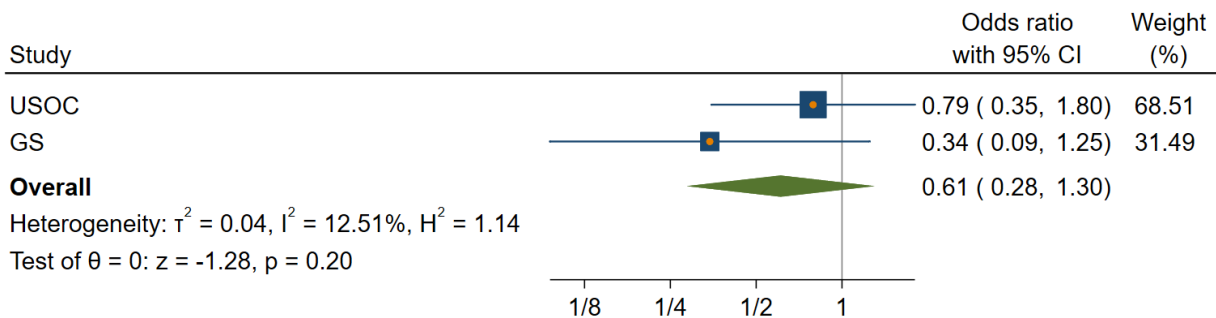
unadjusted



Random-effects REML model

Appointments  
East Asian vs White

unadjusted

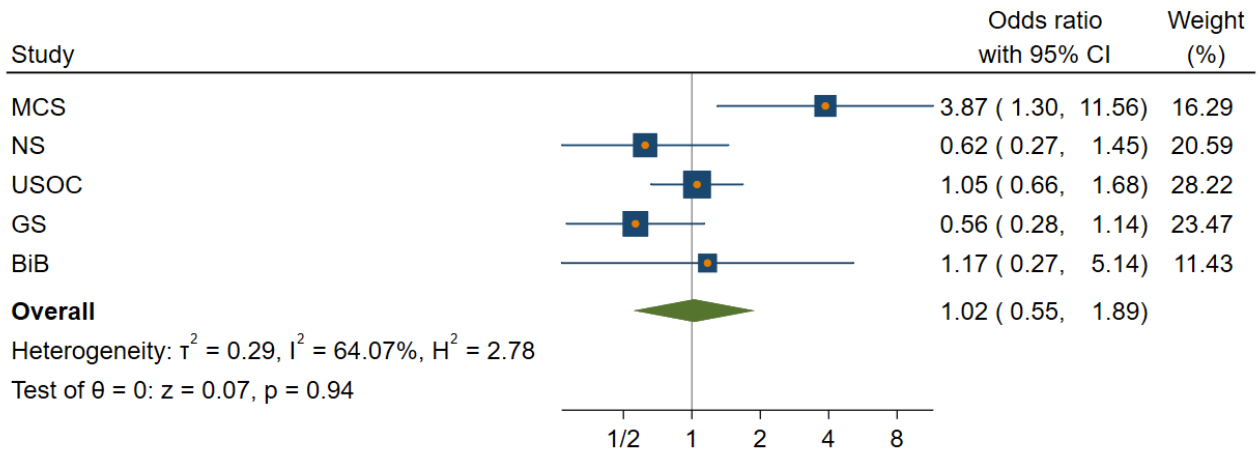


Random-effects REML model

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Appointments  
Mixed vs White

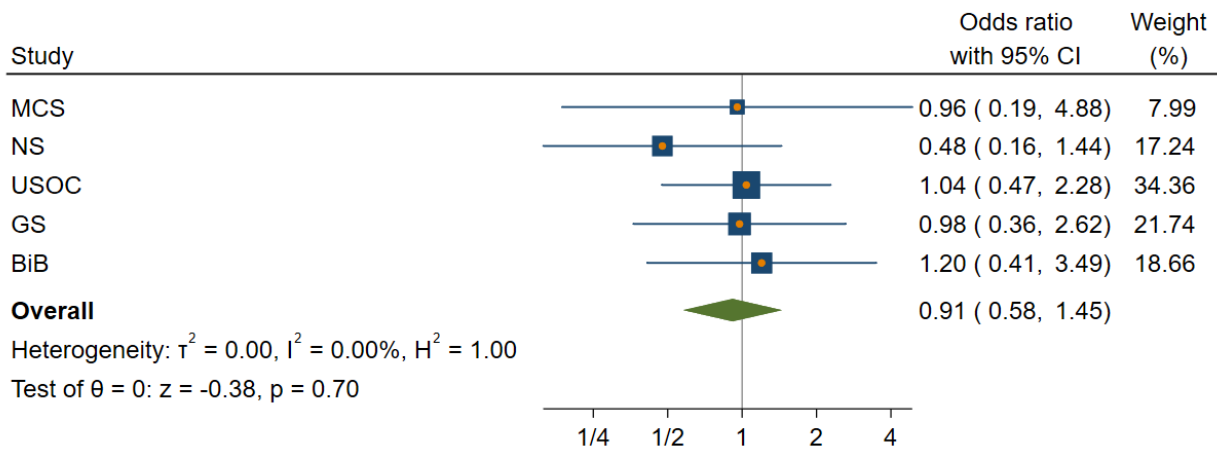
unadjusted



Random-effects REML model

Appointments  
Other Ethnicity vs White

unadjusted

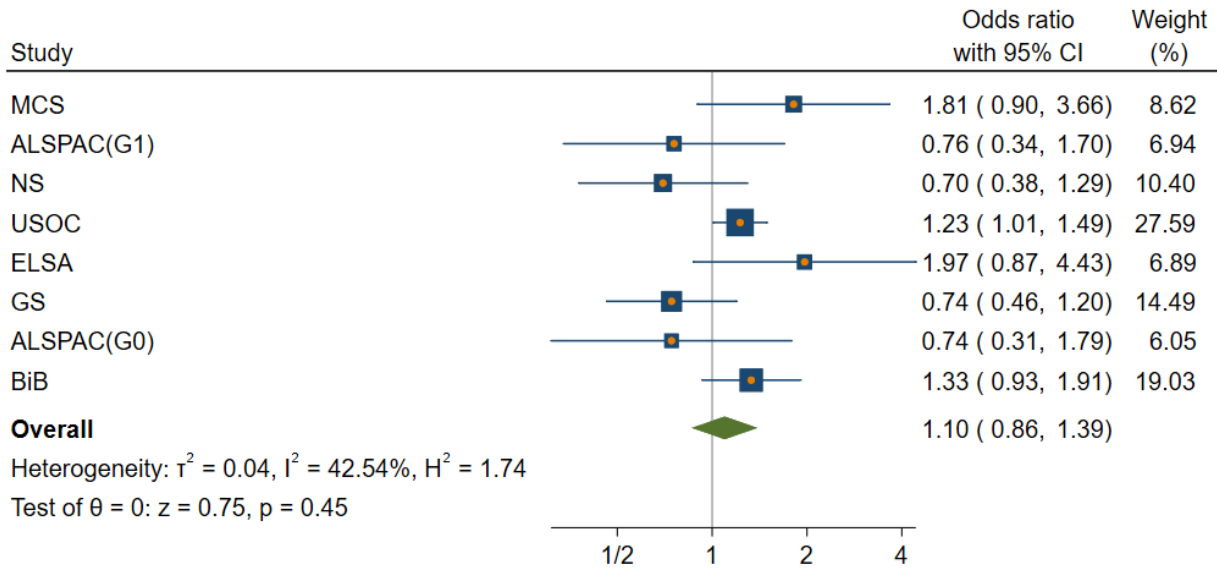


Random-effects REML model

Basic adjustment

Appointments  
Non-White vs White

basic adjustment



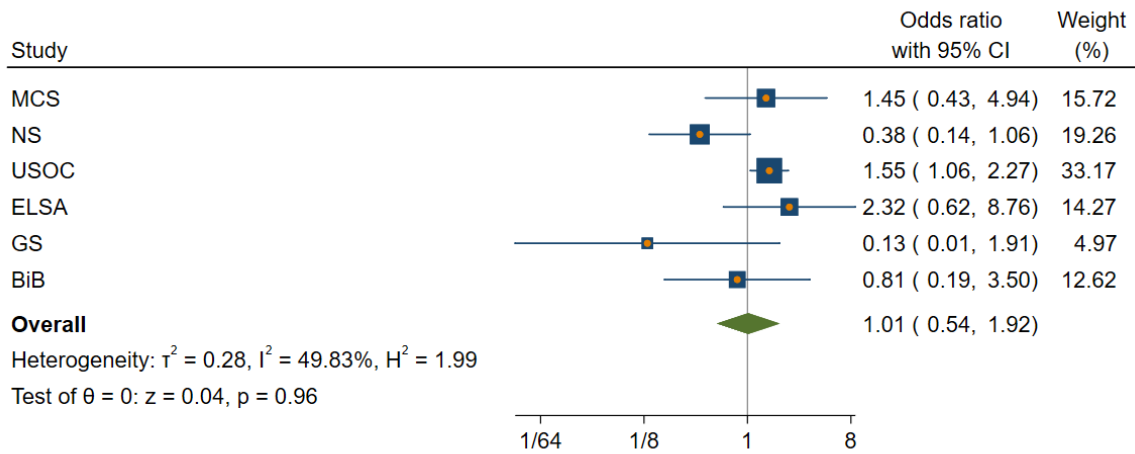
Random-effects REML model

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Appointments  
Black vs White

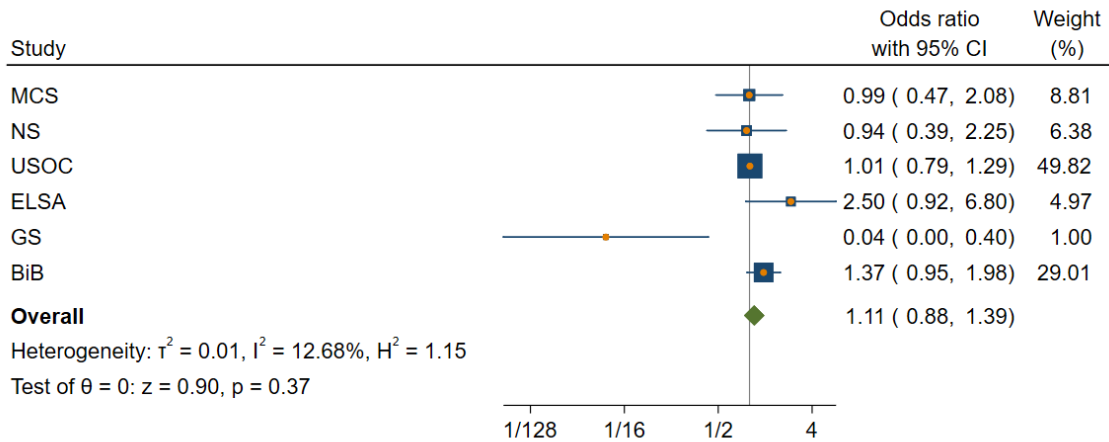
basic adjustment



Random-effects REML model

Appointments  
South Asian vs White

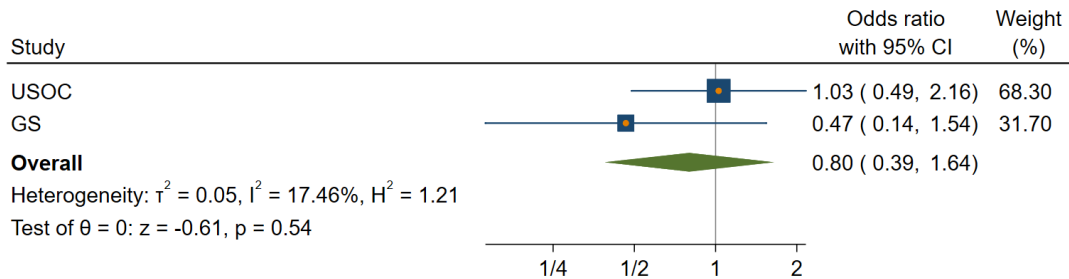
basic adjustment



Random-effects REML model

Appointments  
East Asian vs White

basic adjustment

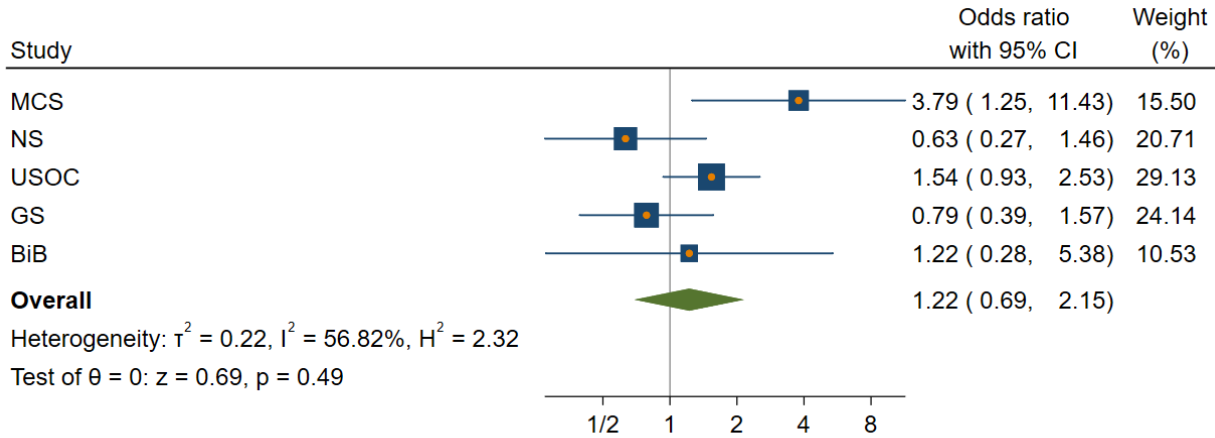


Random-effects REML model

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Appointments  
Mixed vs White

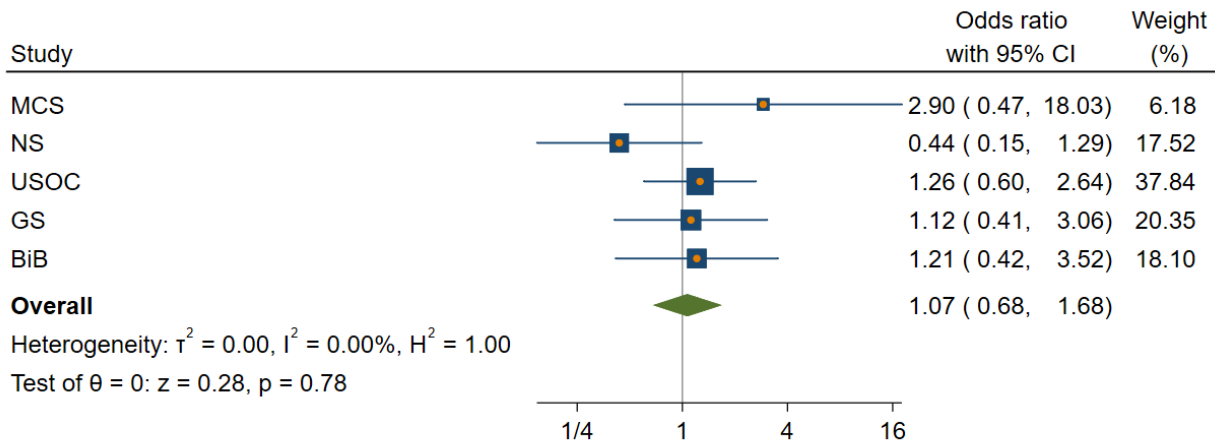
basic adjustment



Random-effects REML model

Appointments  
Other Ethnicity vs White

basic adjustment

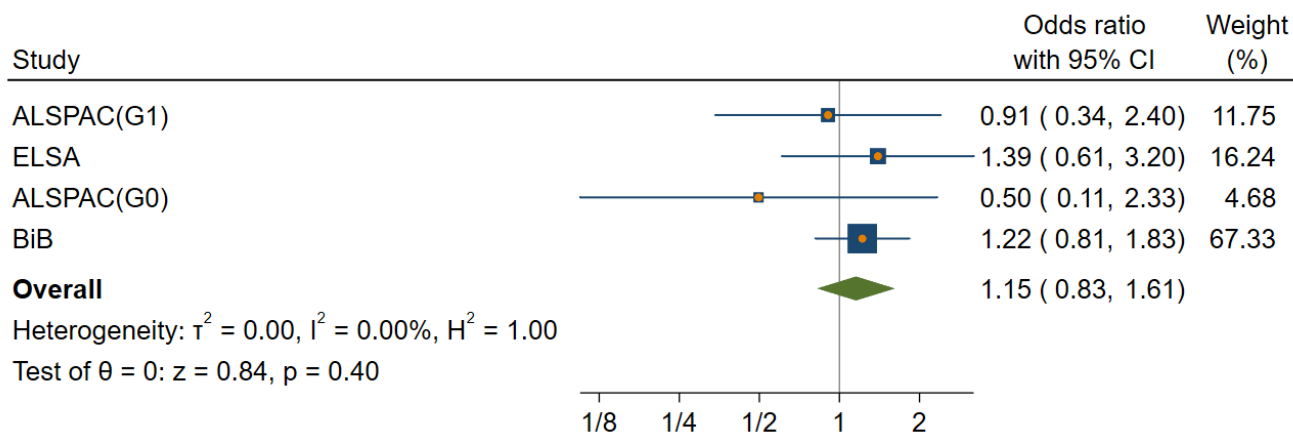


Random-effects REML model

Full adjustment

Appointments  
Non-White vs White

full adjustment

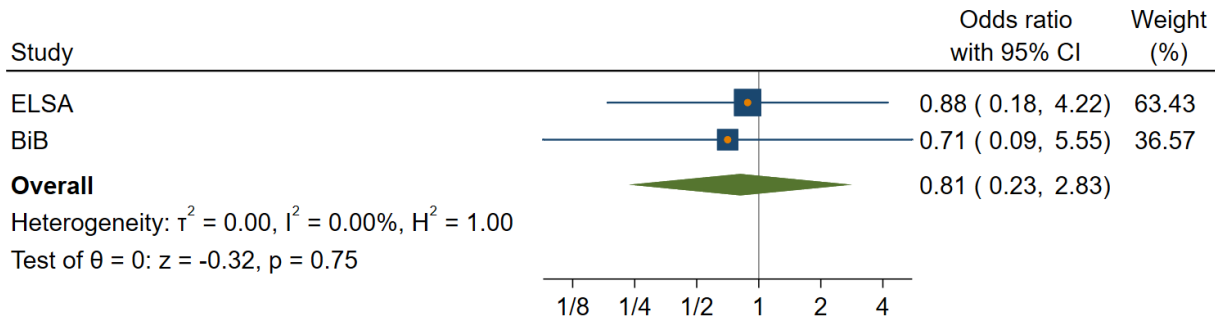


Random-effects REML model

for review only

Appointments  
Black vs White

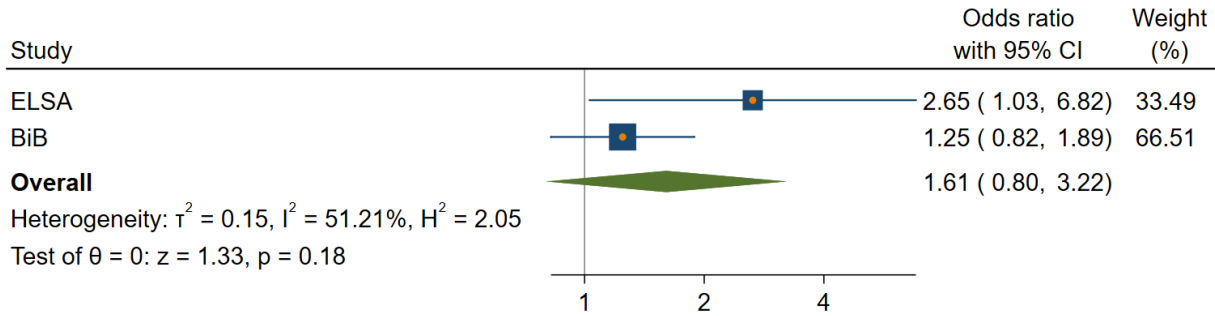
full adjustment



Random-effects REML model

Appointments  
South Asian vs White

full adjustment



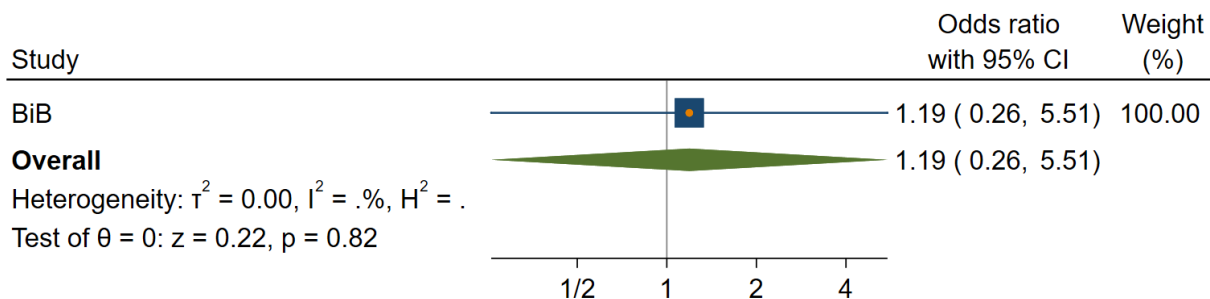
Random-effects REML model

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Appointments  
Mixed vs White

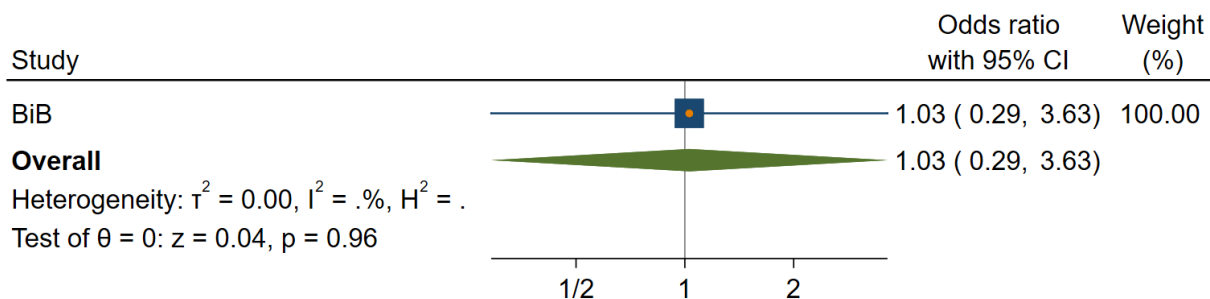
full adjustment



Random-effects REML model

Appointments  
Other Ethnicity vs White

full adjustment

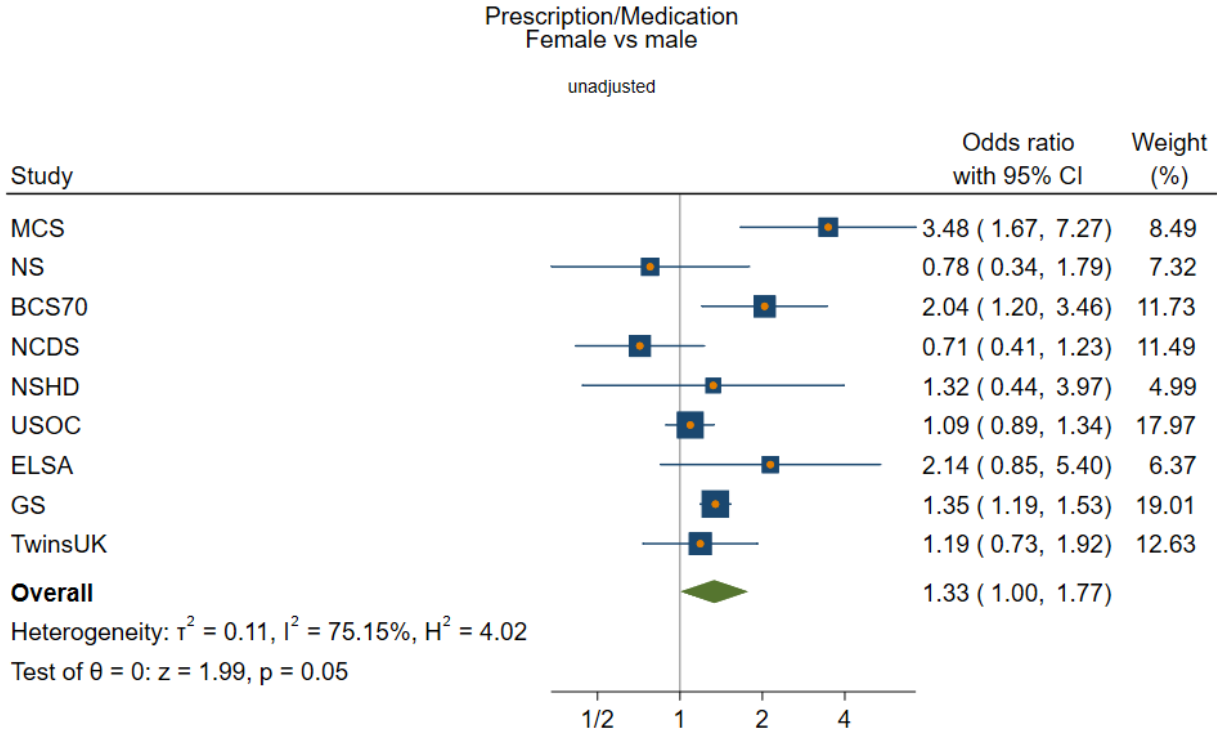


Random-effects REML model



Prescription/Medication access

Sex  
Unadjusted

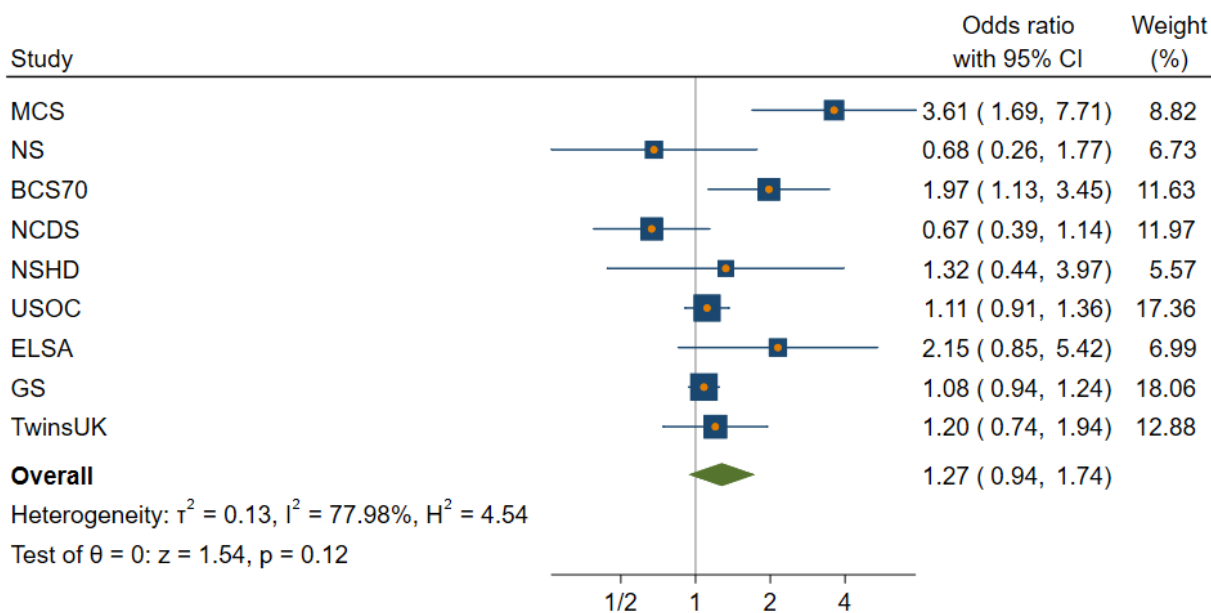


Random-effects REML model

Basic adjustment

Prescription/Medication  
Female vs male

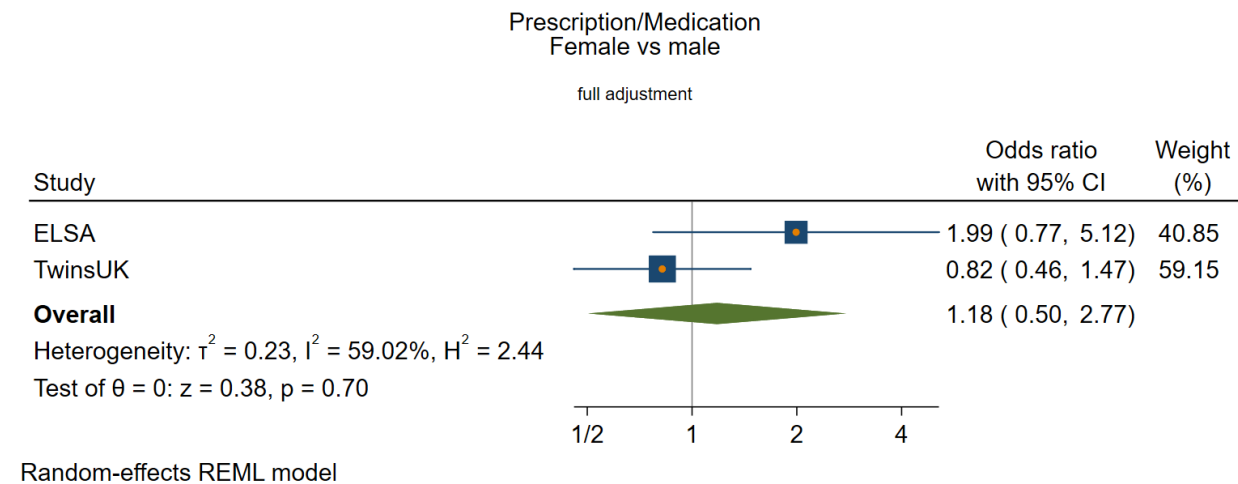
basic adjustment



Random-effects REML model

view only

Full adjustment

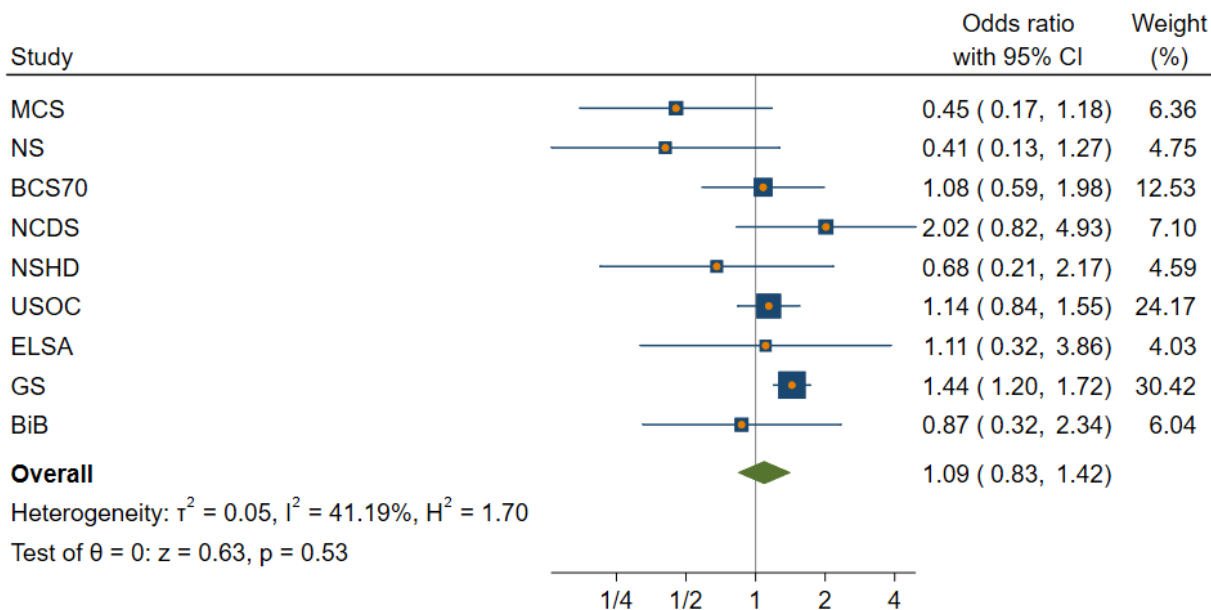


Peer review only

*Occupational class*  
Unadjusted

Prescription/Medication  
Intermediate vs Managerial/Admin/Professional

unadjusted

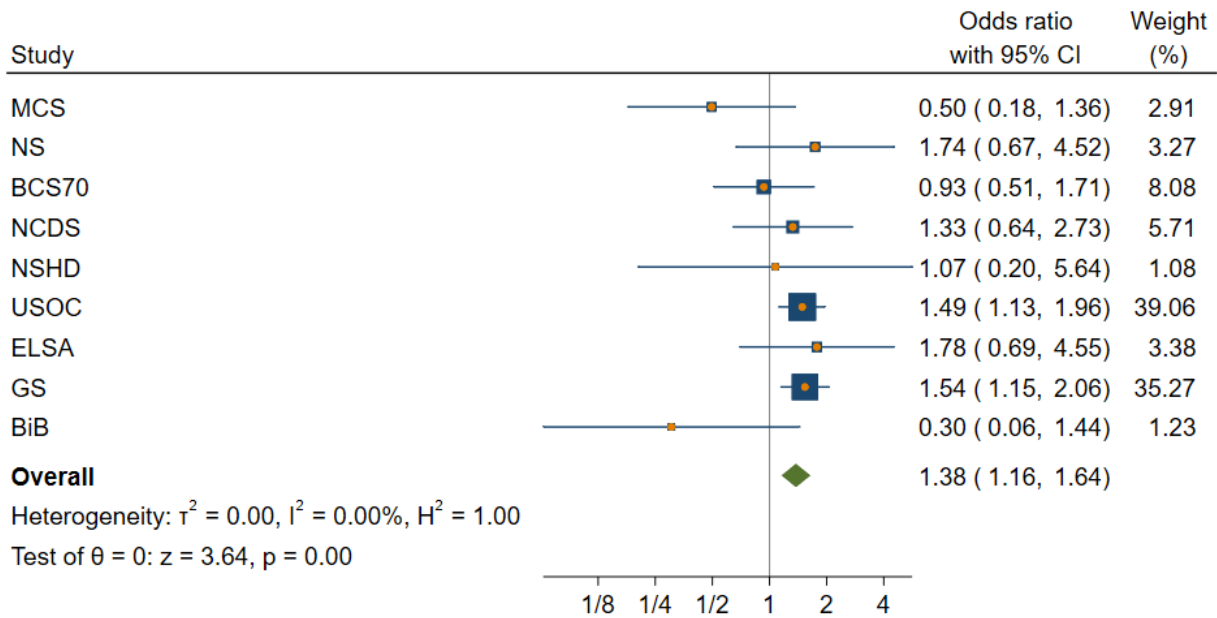


Random-effects REML model

iew only

Prescription/Medication  
Manual/Routine vs Managerial/Admin/Professional

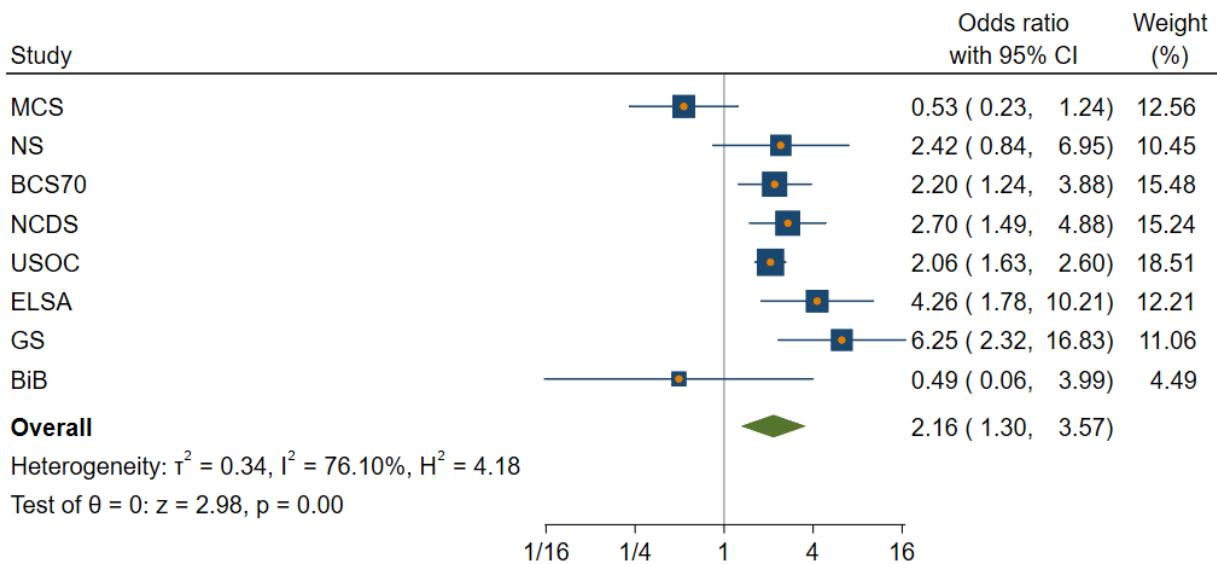
unadjusted



Random-effects REML model

Prescription/Medication  
Other social class vs Managerial/Admin/Professional

unadjusted

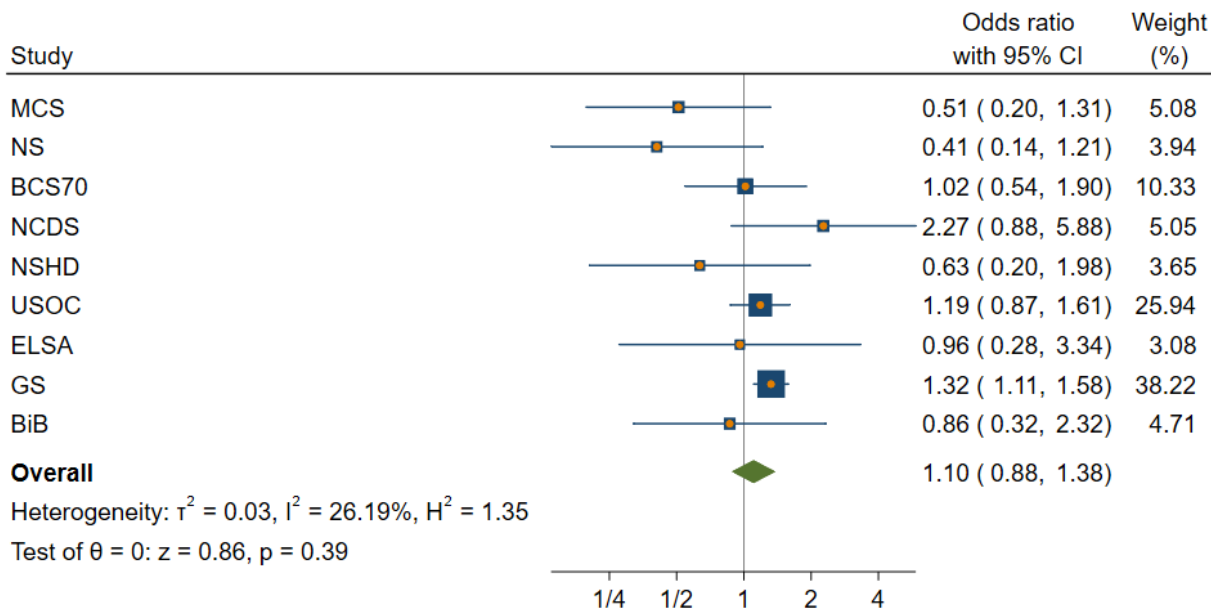


Random-effects REML model

Basic adjustment

Prescription/Medication  
Intermediate vs Managerial/Admin/Professional

basic adjustment

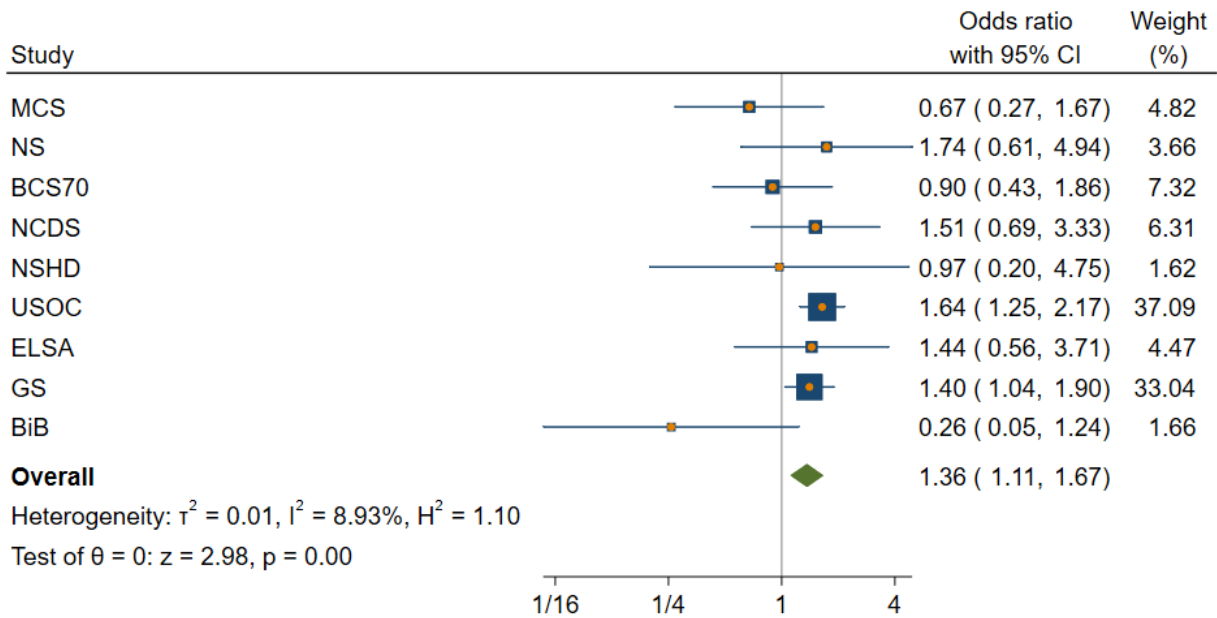


Random-effects REML model

view only

Prescription/Medication  
Manual/Routine vs Managerial/Admin/Professional

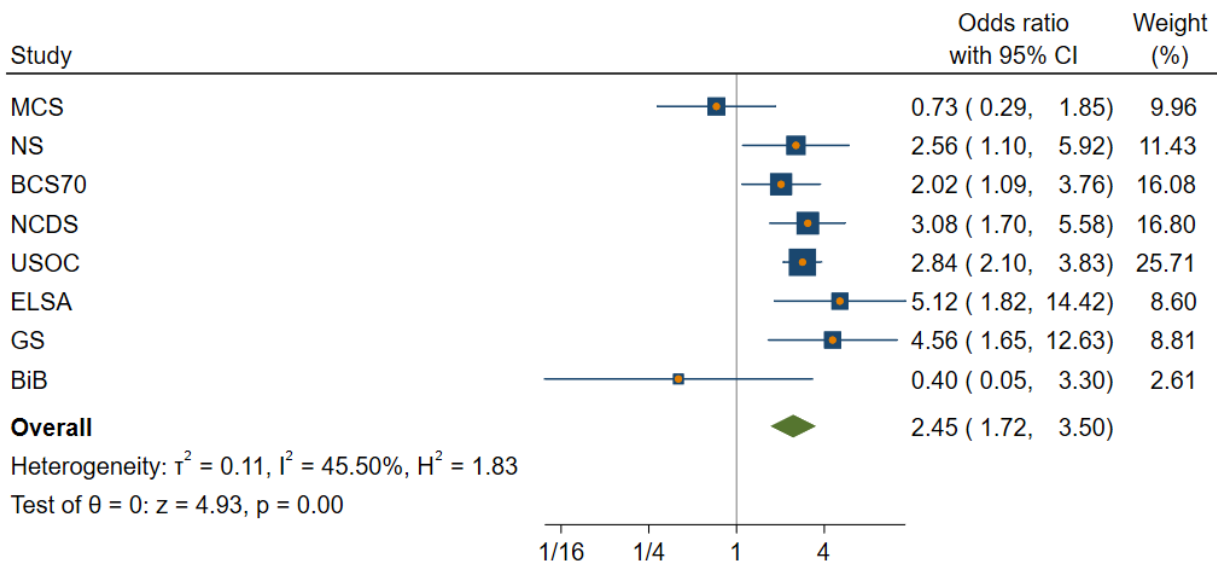
basic adjustment



Random-effects REML model

Prescription/Medication  
Other social class vs Managerial/Admin/Professional

basic adjustment

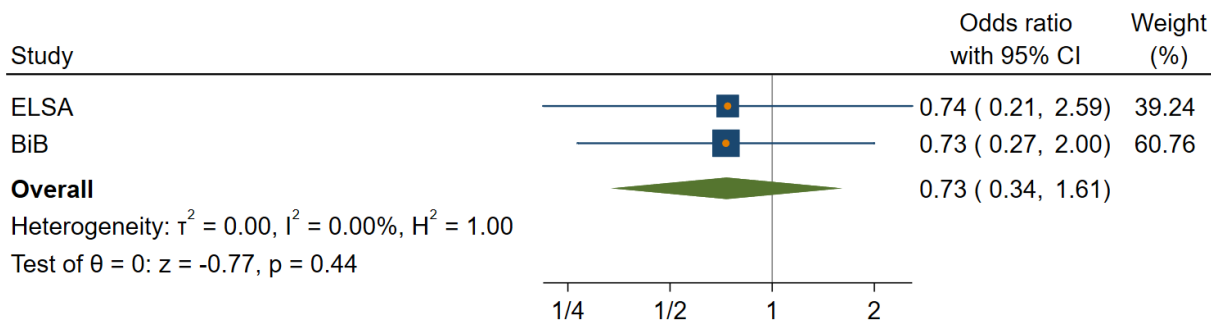


Random-effects REML model

Full adjustment

Prescription/Medication  
Intermediate vs Managerial/Admin/Professional

full adjustment



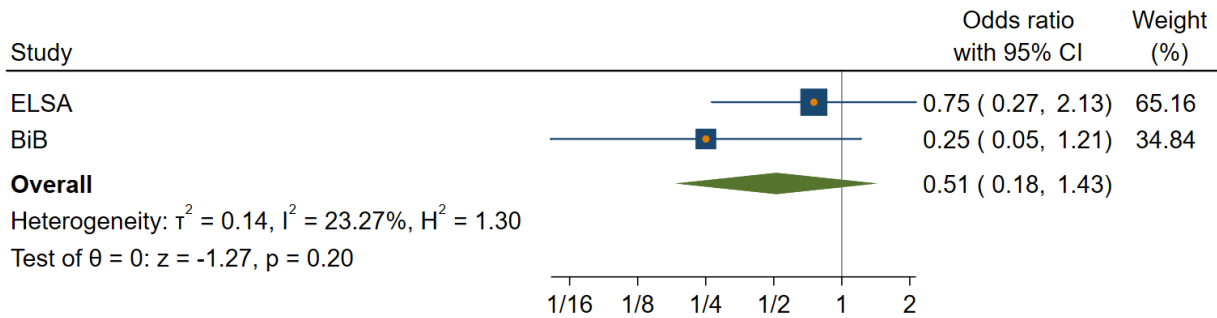
Random-effects REML model

Peer review only



Prescription/Medication  
Manual/Routine vs Managerial/Admin/Professional

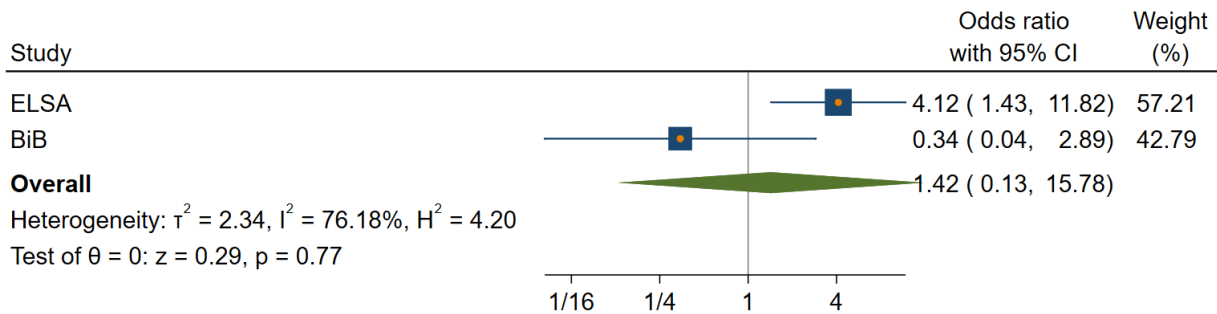
full adjustment



Random-effects REML model

Prescription/Medication  
Other social class vs Managerial/Admin/Professional

full adjustment

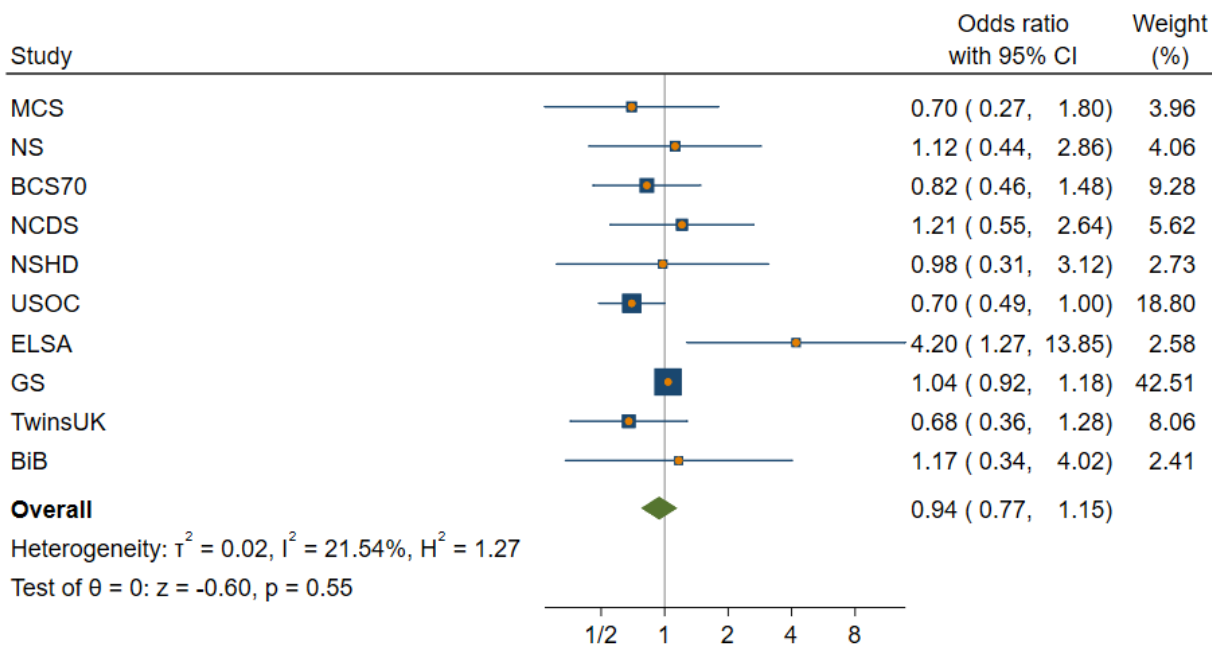


Random-effects REML model

*Education*  
Unadjusted

Prescription/Medication  
A-level/equivalent vs Higher education/Degree

unadjusted

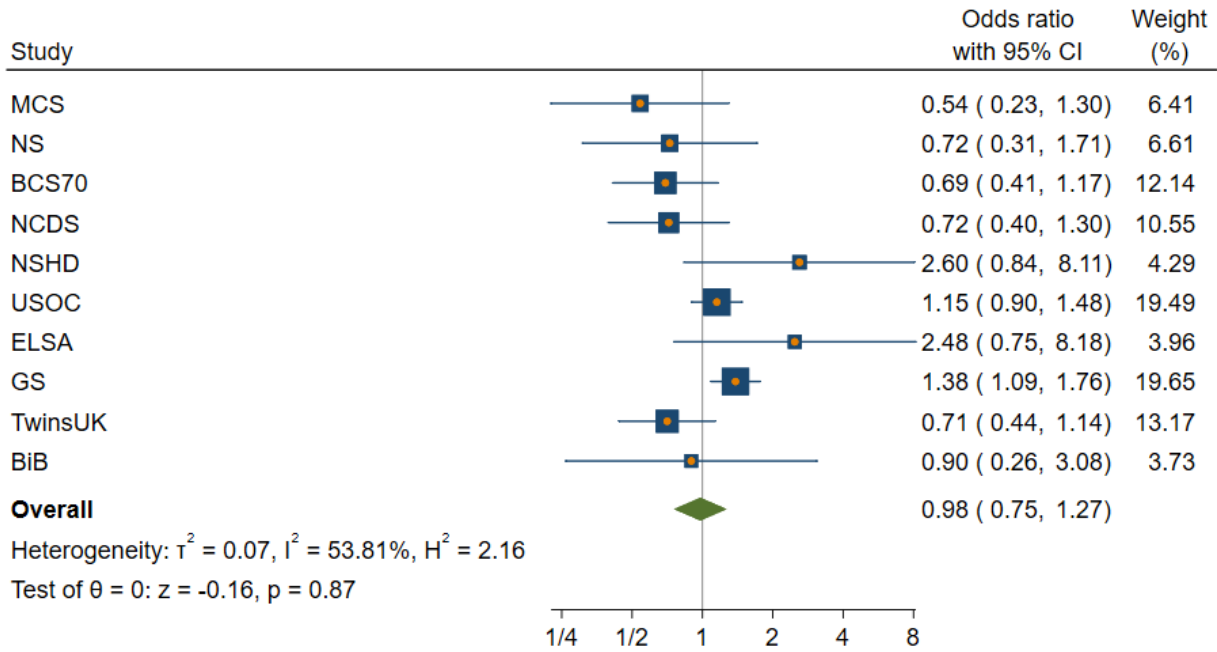


Random-effects REML model

view only

Prescription/Medication  
GCSE/equivalent vs Higher education/Degree

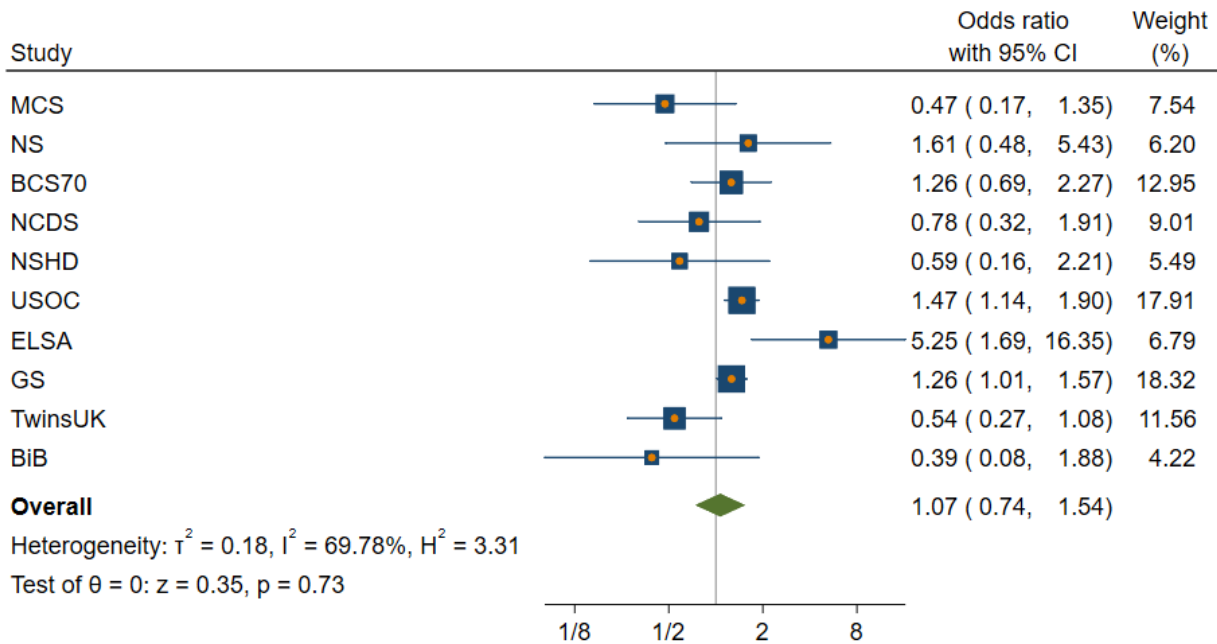
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Random-effects REML model

Prescription/Medication  
<GCSE/equivalent vs Higher education/Degree

unadjusted

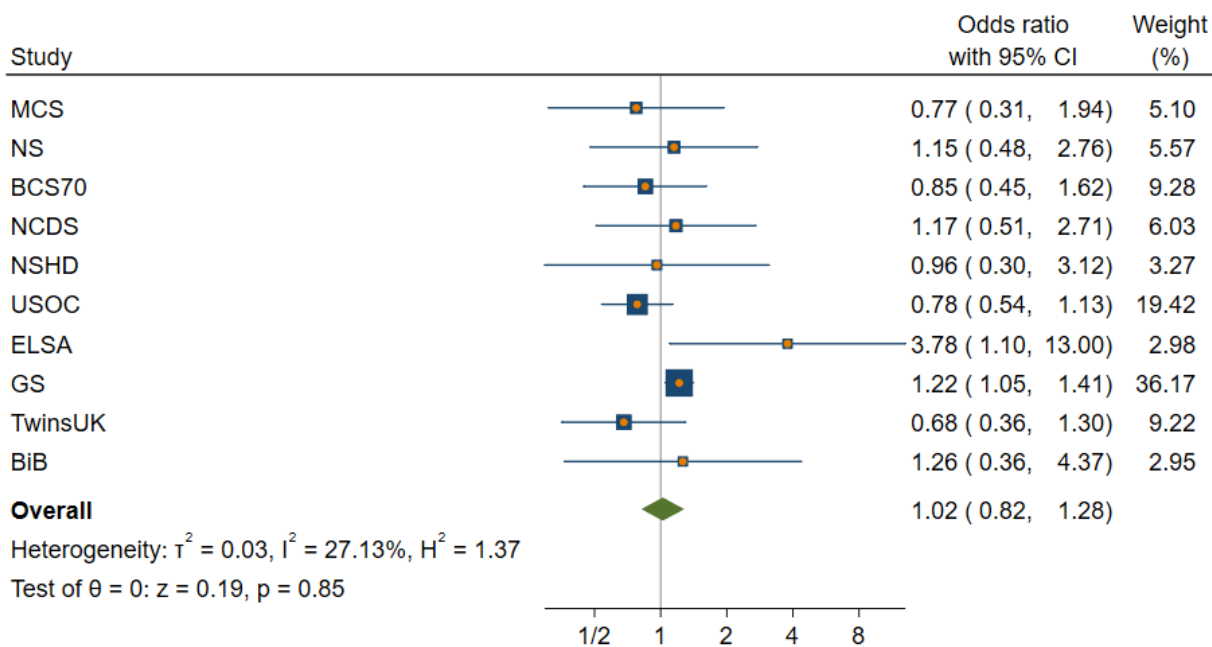


Random-effects REML model

Basic adjustment

Prescription/Medication  
A-level/equivalent vs Higher education/Degree

basic adjustment

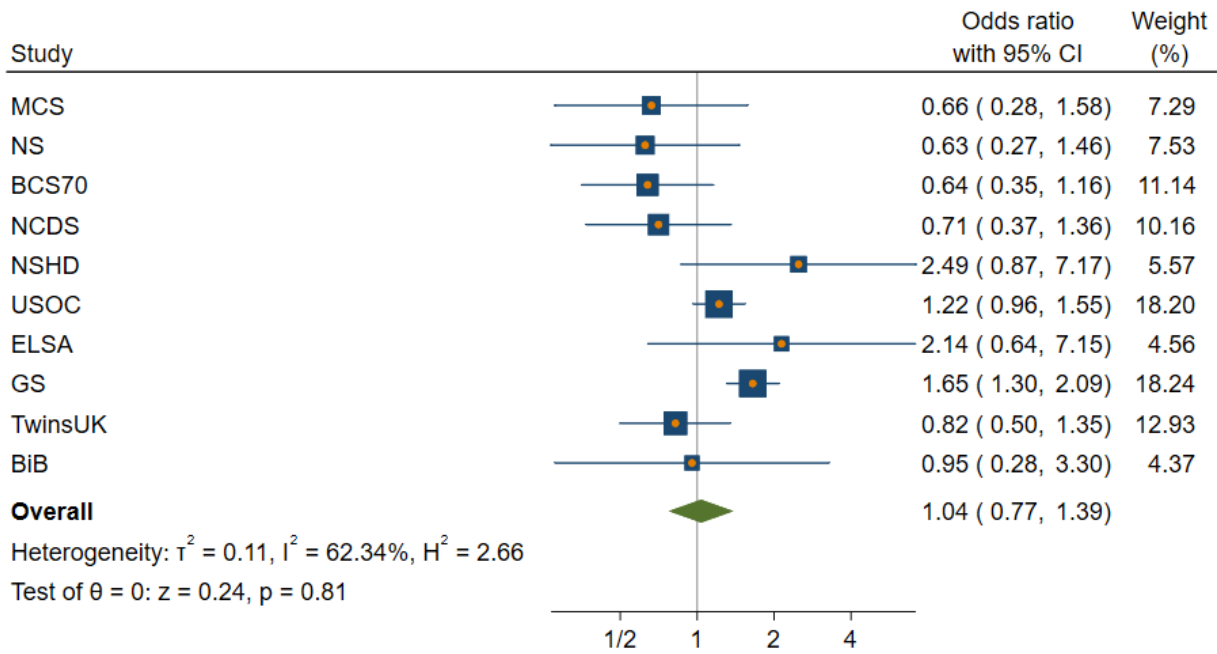


Random-effects REML model

Peer Review Only

Prescription/Medication  
GCSE/equivalent vs Higher education/Degree

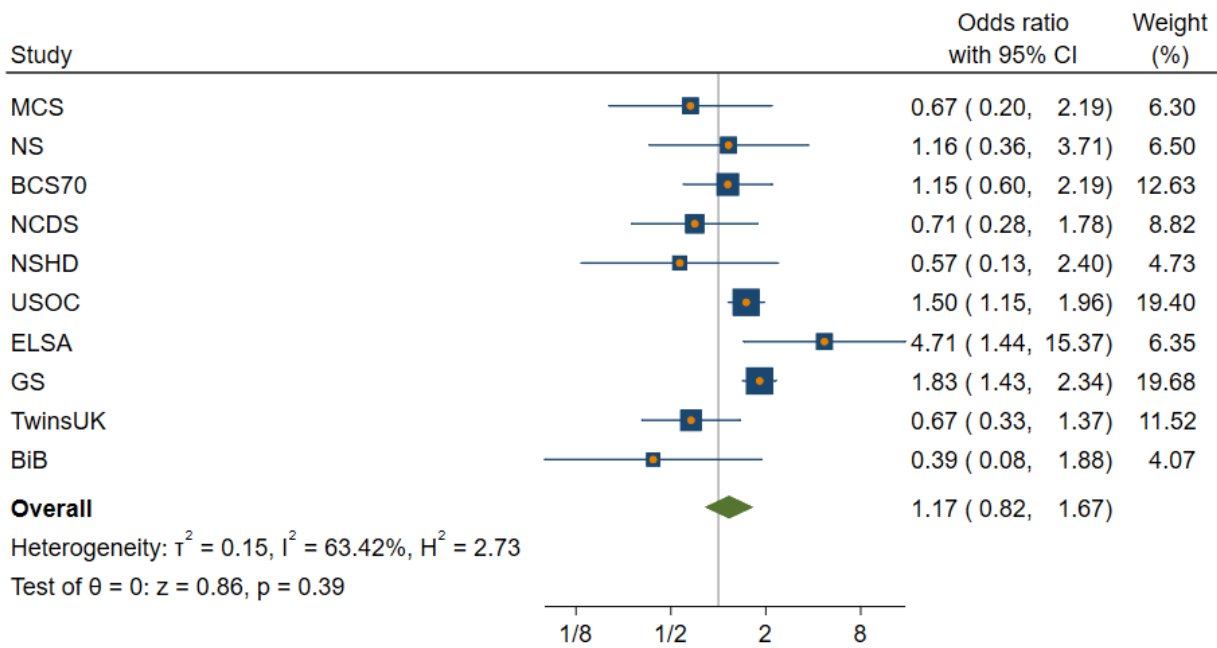
basic adjustment



Random-effects REML model

Prescription/Medication  
<GCSE/equivalent vs Higher education/Degree

basic adjustment

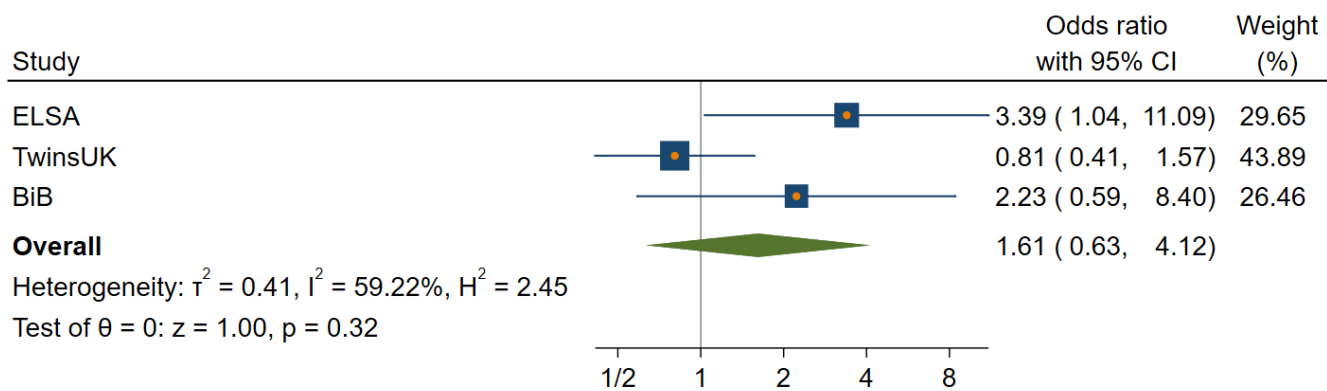


Random-effects REML model

Full adjustment

Prescription/Medication  
A-level/equivalent vs Higher education/Degree

full adjustment

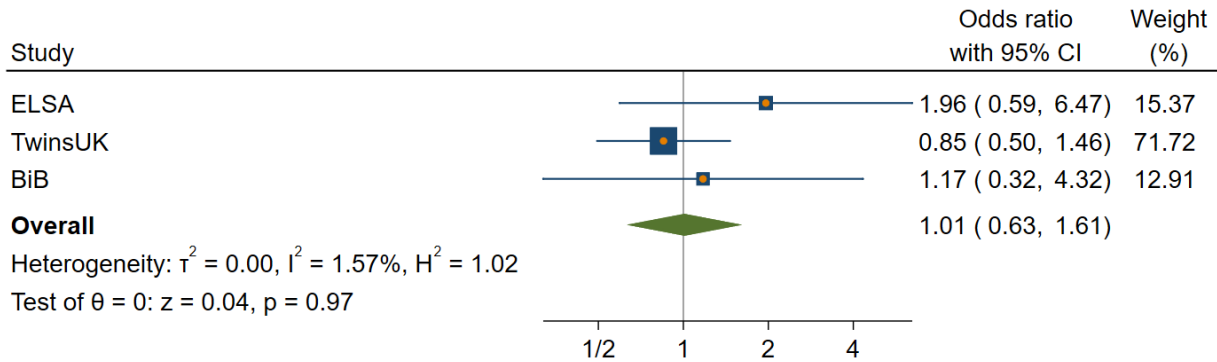


Random-effects REML model

review only

Prescription/Medication  
GCSE/equivalent vs Higher education/Degree

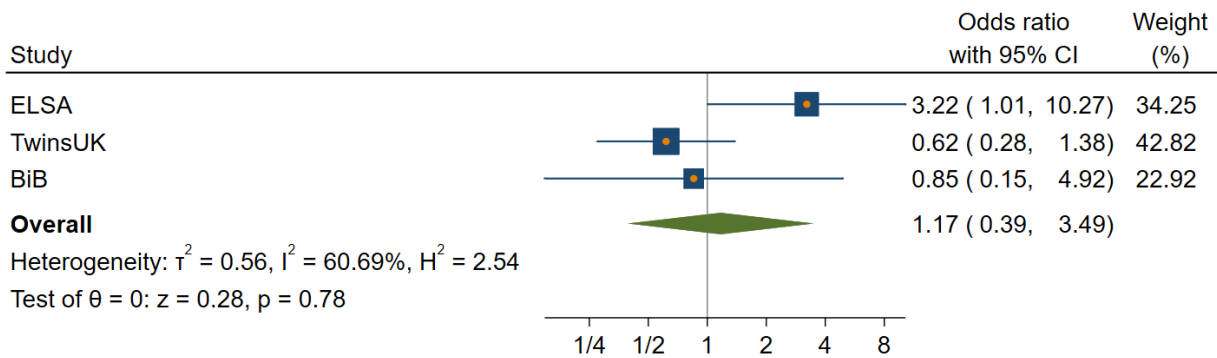
full adjustment



Random-effects REML model

Prescription/Medication  
<GCSE/equivalent vs Higher education/Degree

full adjustment



Random-effects REML model

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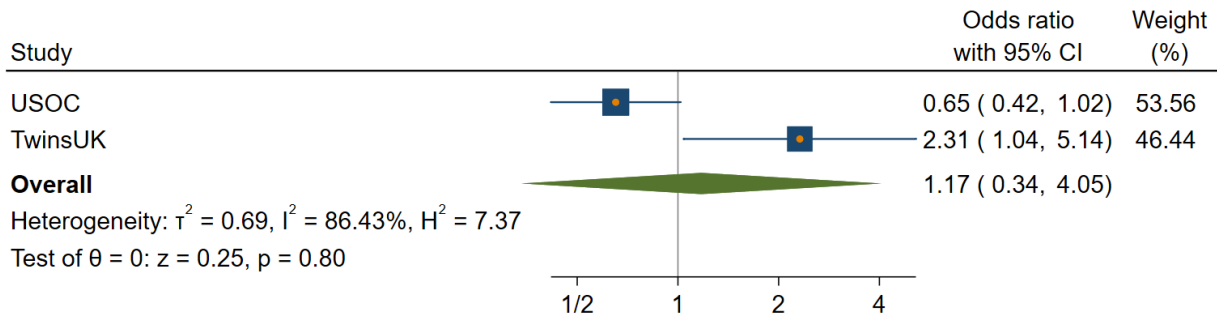
*Age*  
Unadjusted

For peer review only



Prescription/Medication  
16-24y vs 45-54y

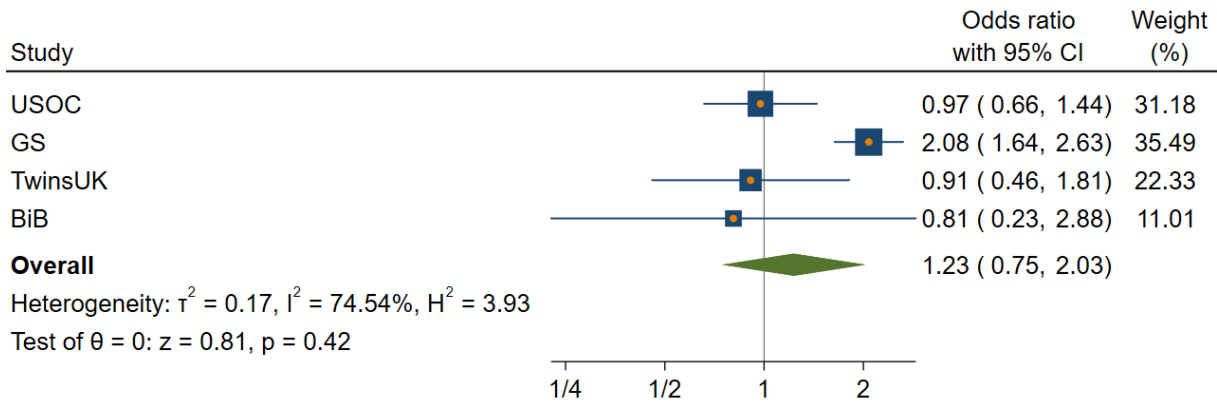
unadjusted



Random-effects REML model

Prescription/Medication  
25-34y vs 45-54y

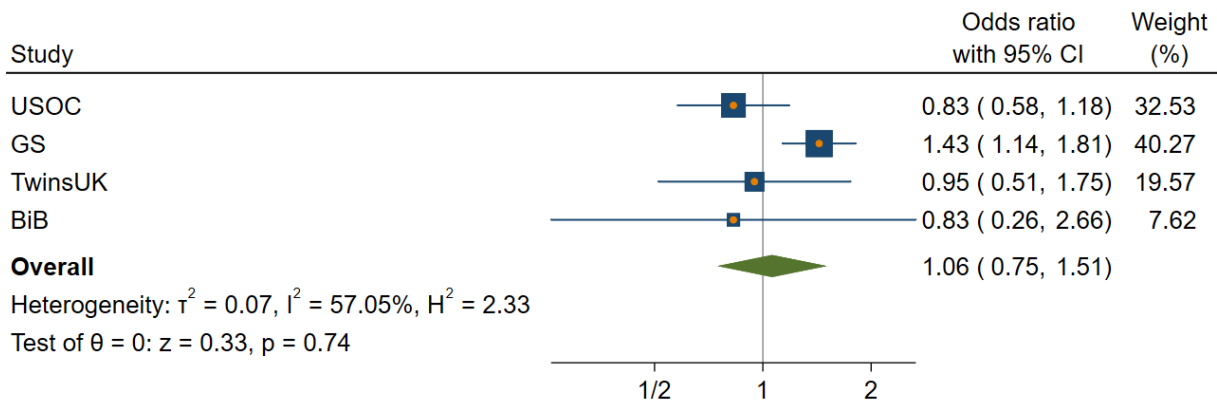
unadjusted



Random-effects REML model

Prescription/Medication  
35-44y vs 45-54y

unadjusted

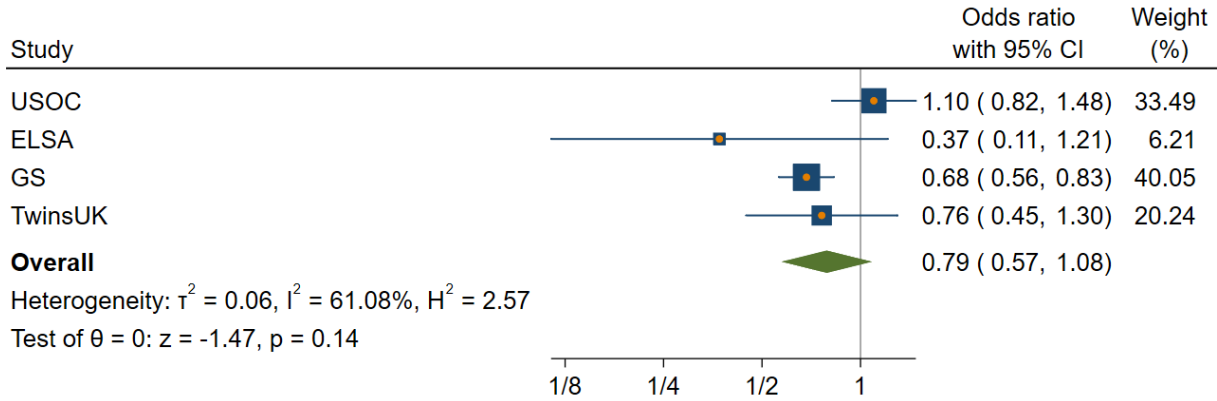


Random-effects REML model

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Prescription/Medication  
55-64y vs 45-54y

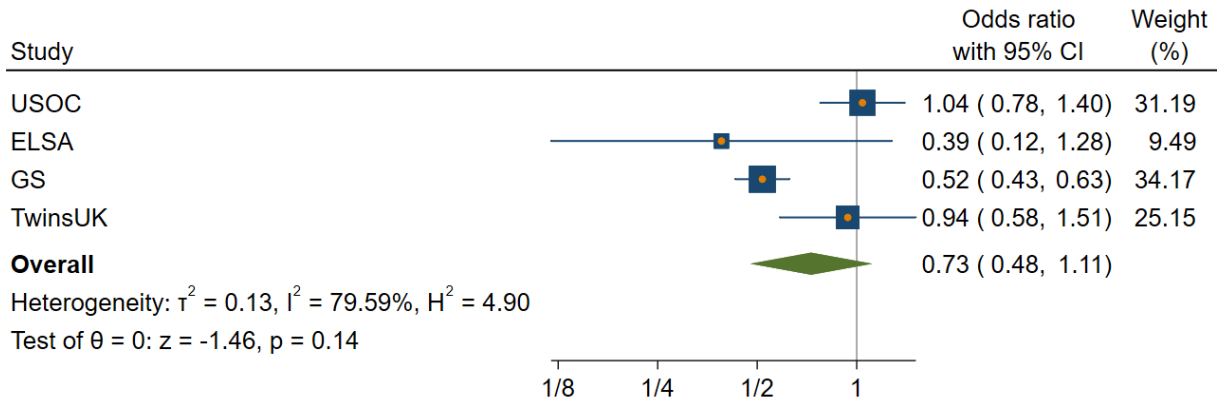
unadjusted



Random-effects REML model

Prescription/Medication  
65-74y vs 45-54y

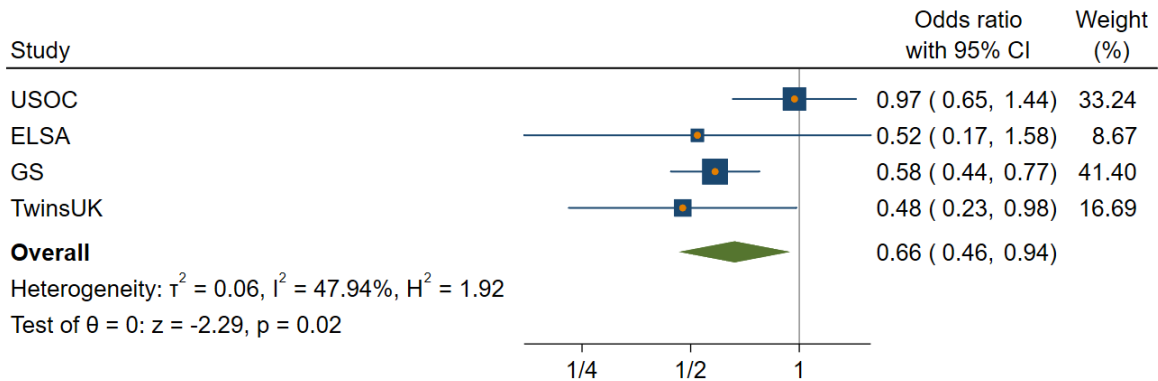
unadjusted



Random-effects REML model

Prescription/Medication  
75y+ vs 45-54y

unadjusted

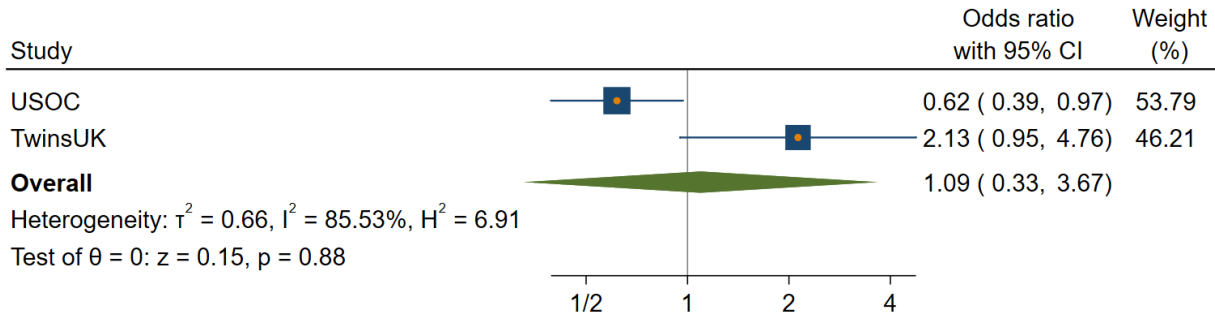


Random-effects REML model

Basic adjustment

Prescription/Medication  
16-24y vs 45-54y

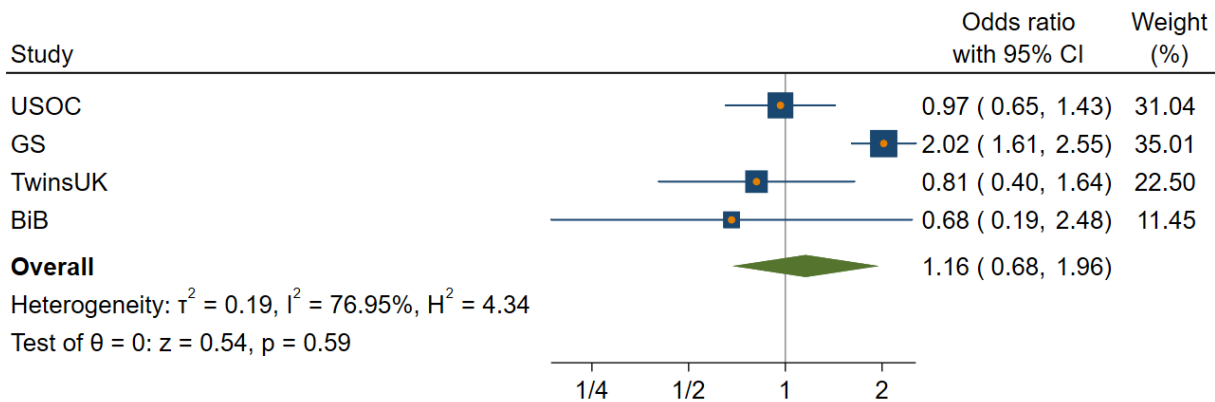
basic adjustment



Random-effects REML model

Prescription/Medication  
25-34y vs 45-54y

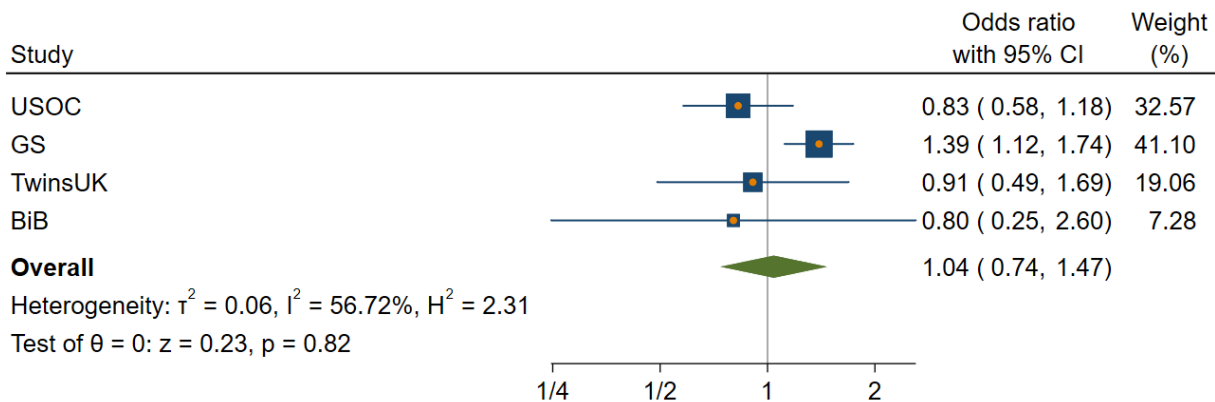
basic adjustment



Random-effects REML model

Prescription/Medication  
35-44y vs 45-54y

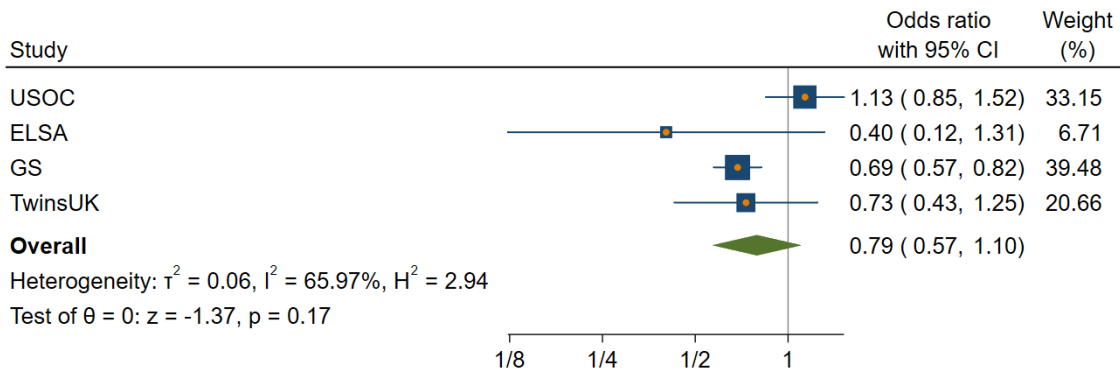
basic adjustment



Random-effects REML model

Prescription/Medication  
55-64y vs 45-54y

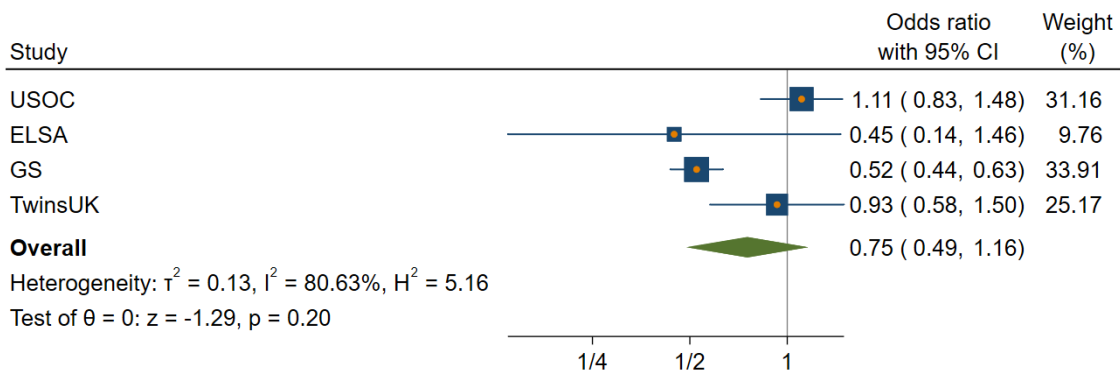
basic adjustment



Random-effects REML model

Prescription/Medication  
65-74y vs 45-54y

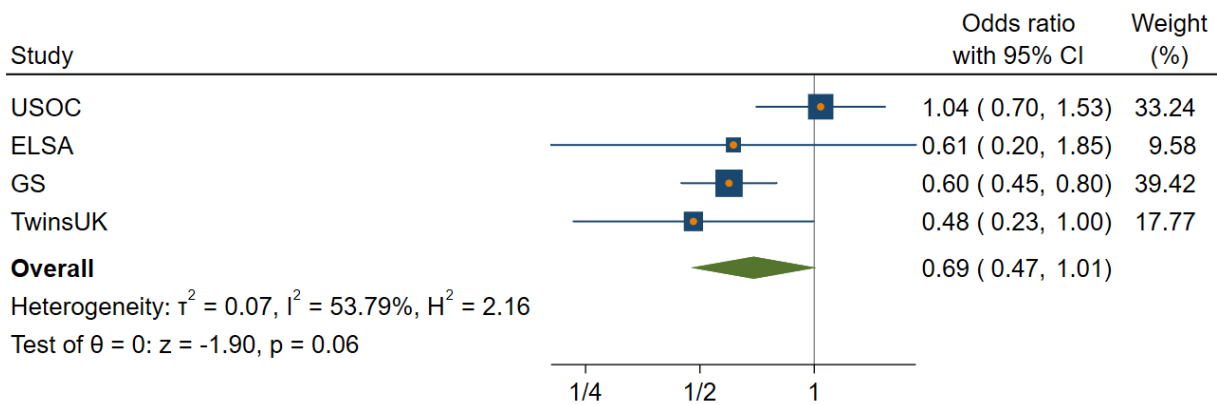
basic adjustment



Random-effects REML model

Prescription/Medication  
75y+ vs 45-54y

basic adjustment

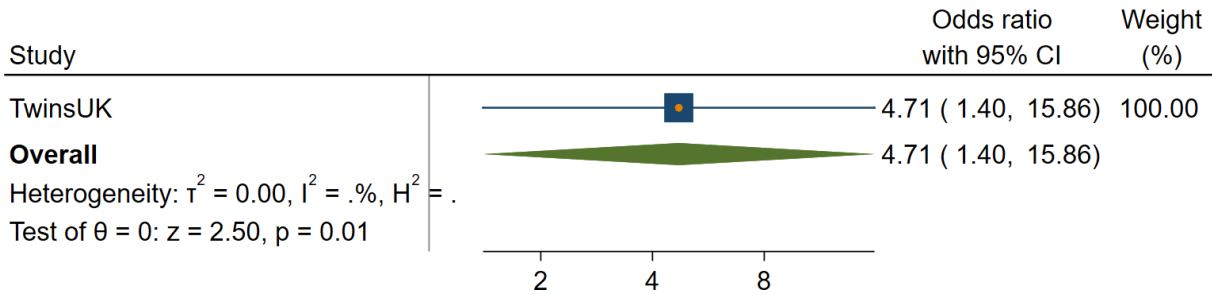


Random-effects REML model

Full adjustment

Prescription/Medication  
16-24y vs 45-54y

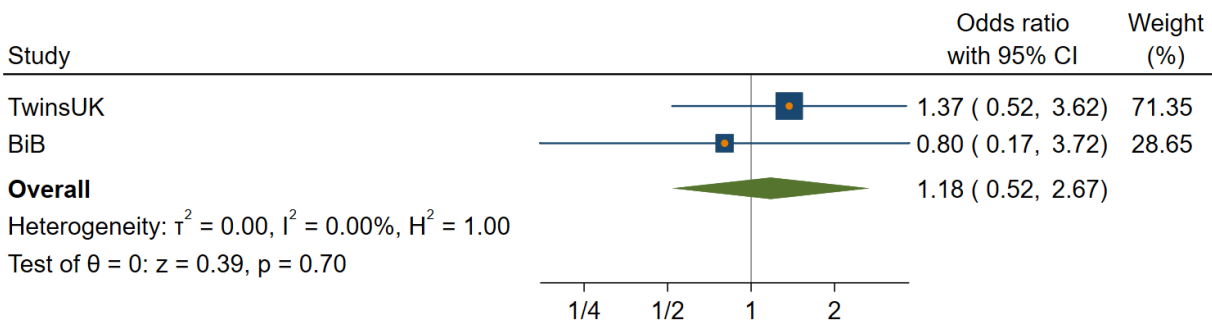
full adjustment



Random-effects REML model

Prescription/Medication  
25-34y vs 45-54y

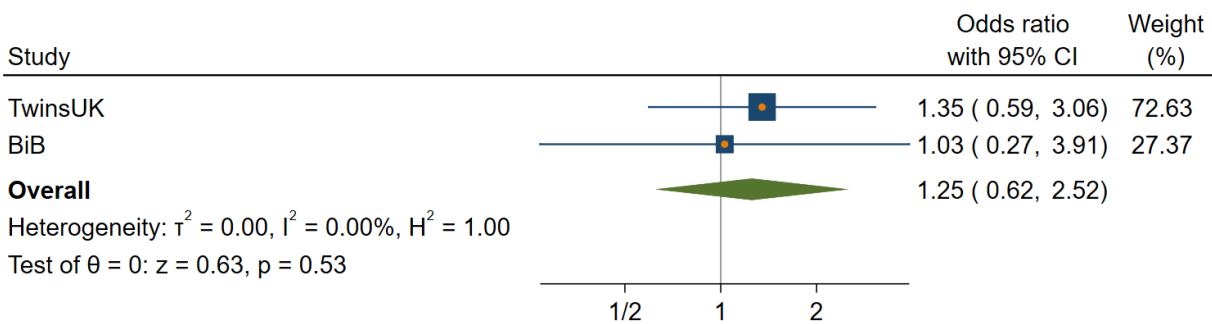
full adjustment



Random-effects REML model

Prescription/Medication  
35-44y vs 45-54y

full adjustment

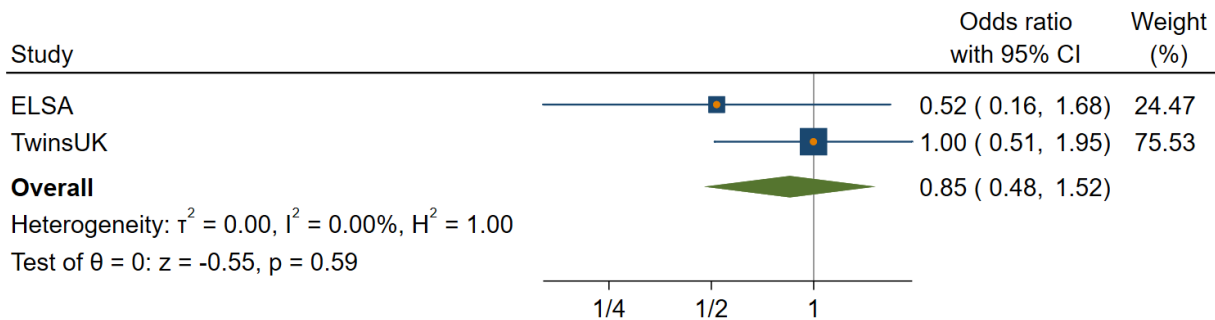


Random-effects REML model

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Prescription/Medication  
55-64y vs 45-54y

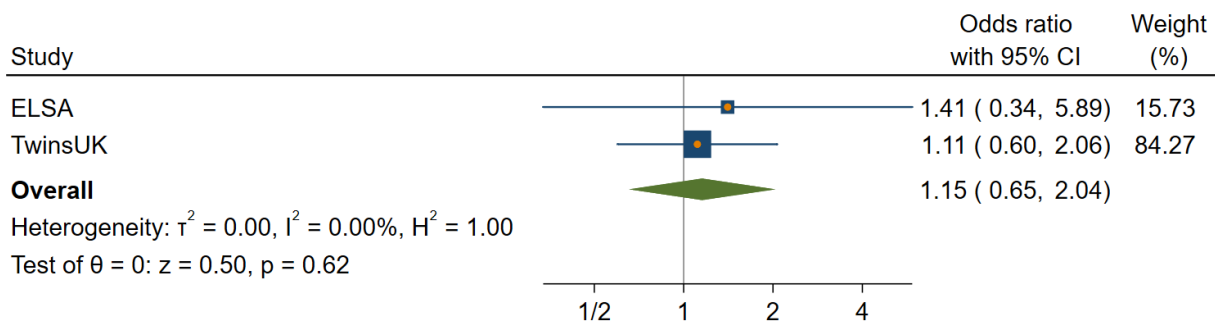
full adjustment



Random-effects REML model

Prescription/Medication  
65-74y vs 45-54y

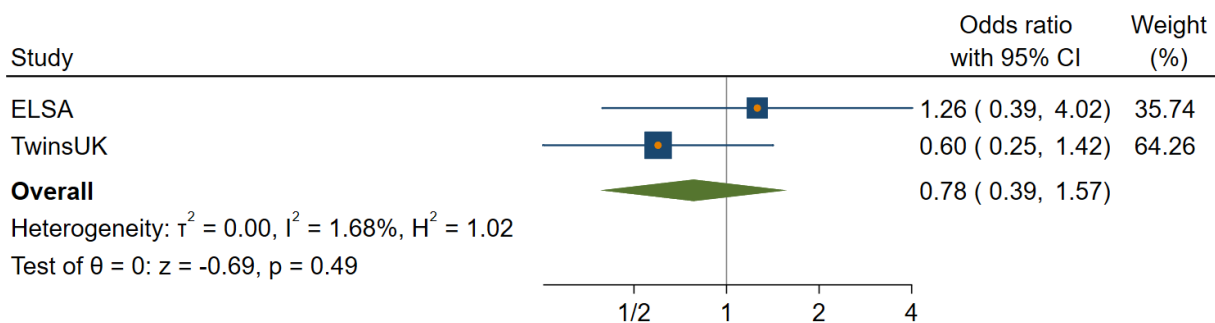
full adjustment



Random-effects REML model

Prescription/Medication  
75y+ vs 45-54y

full adjustment

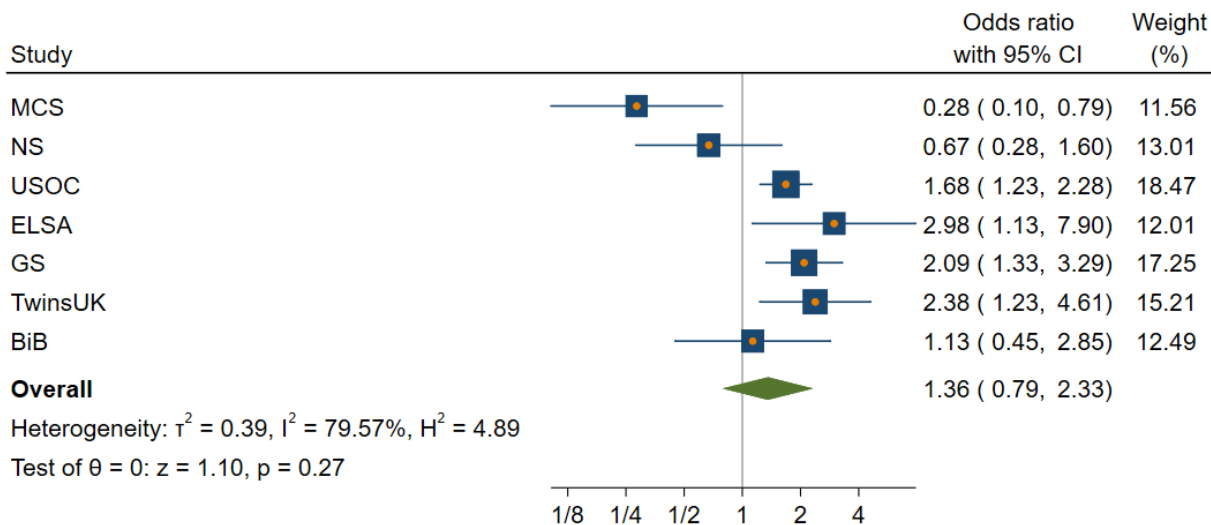


Random-effects REML model

*Ethnicity*  
Unadjusted

Prescription/Medication  
Non-White vs White

unadjusted



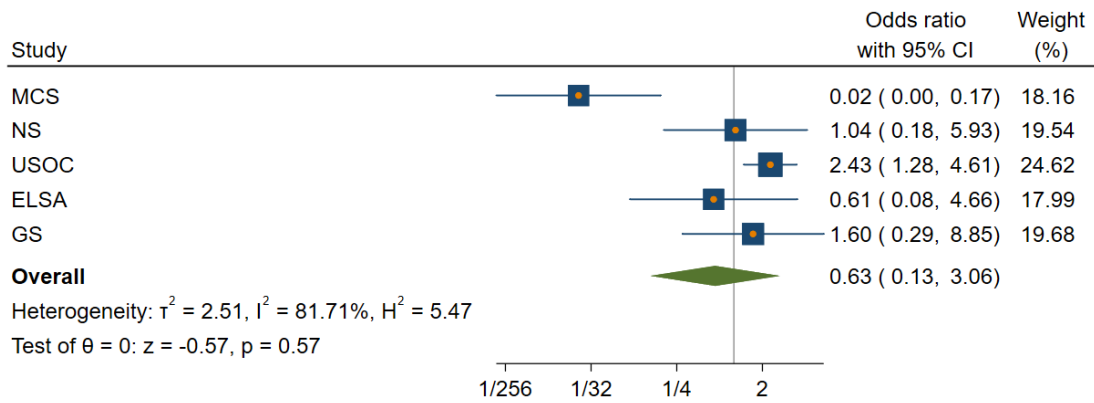
Random-effects REML model

Review only

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Prescription/Medication  
Black vs White

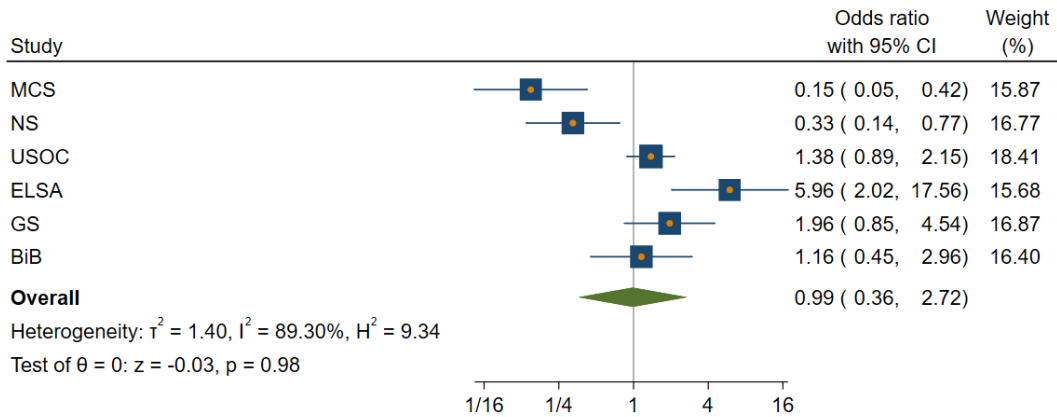
unadjusted



Random-effects REML model

Prescription/Medication  
South Asian vs White

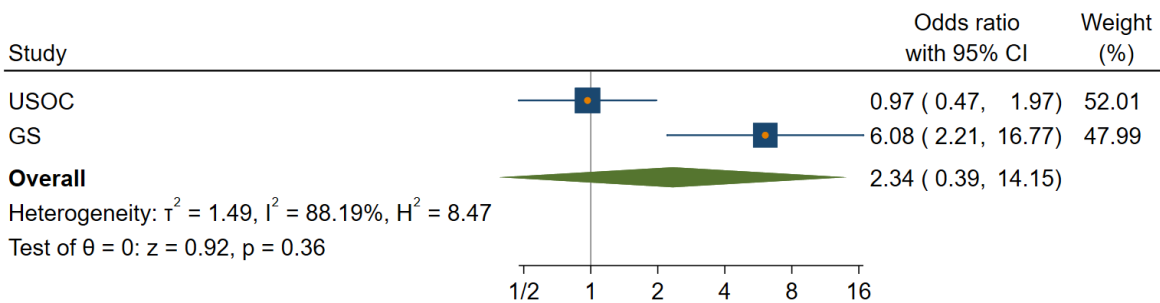
unadjusted



Random-effects REML model

Prescription/Medication  
East Asian vs White

unadjusted



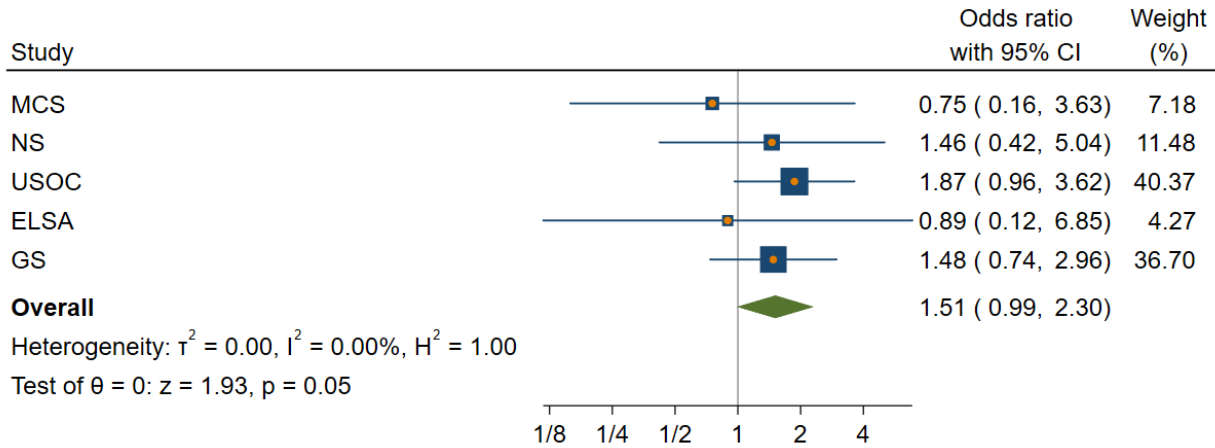
Random-effects REML model



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Prescription/Medication  
Mixed vs White

unadjusted

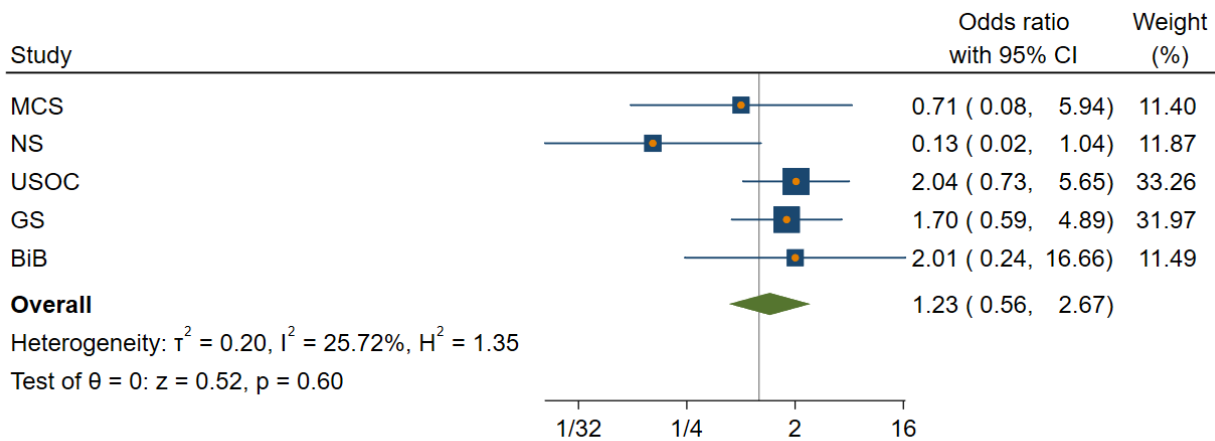


Random-effects REML model



Prescription/Medication  
Other Ethnicity vs White

unadjusted

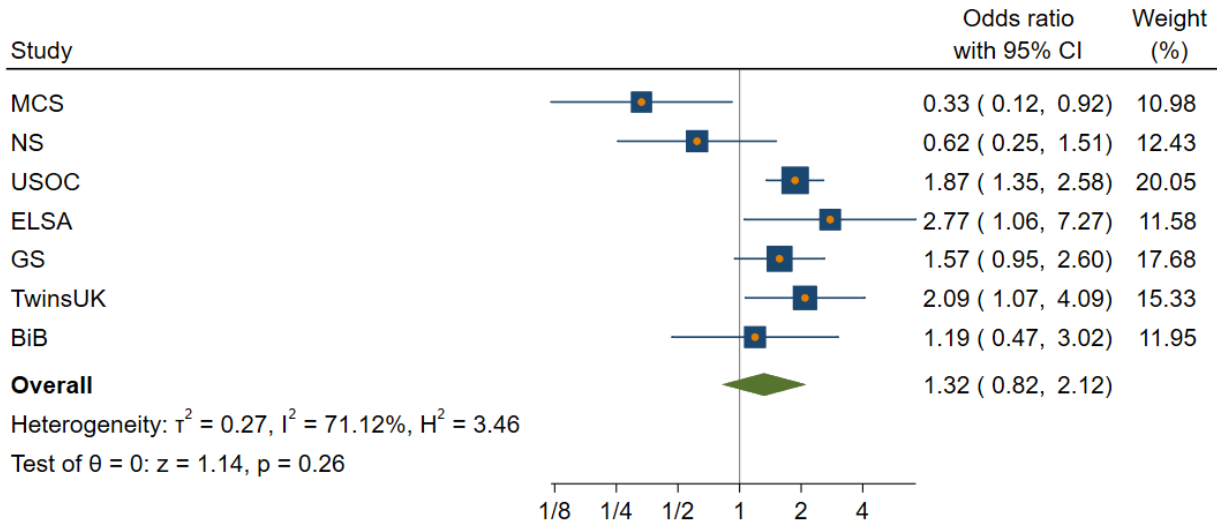


Random-effects REML model

Basic adjustment

Prescription/Medication  
Non-White vs White

basic adjustment

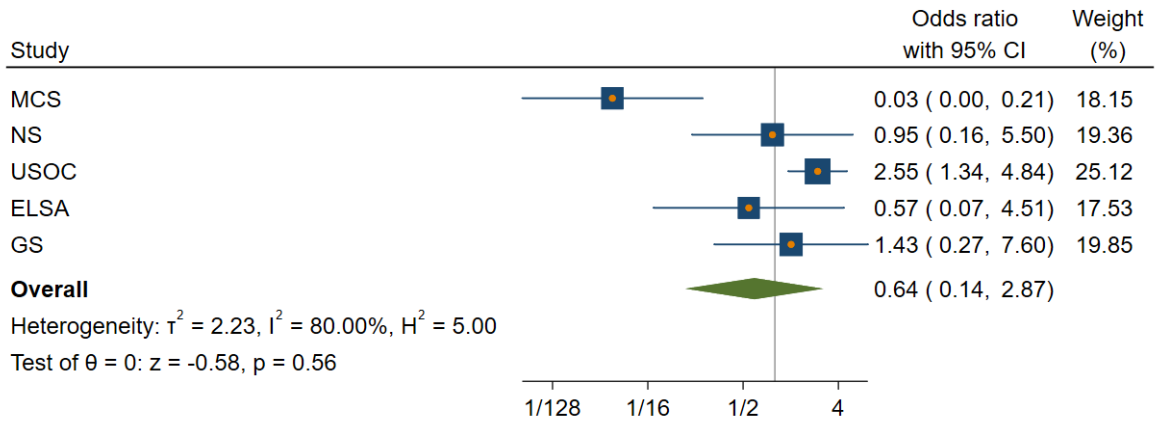


Random-effects REML model

view only

Prescription/Medication  
Black vs White

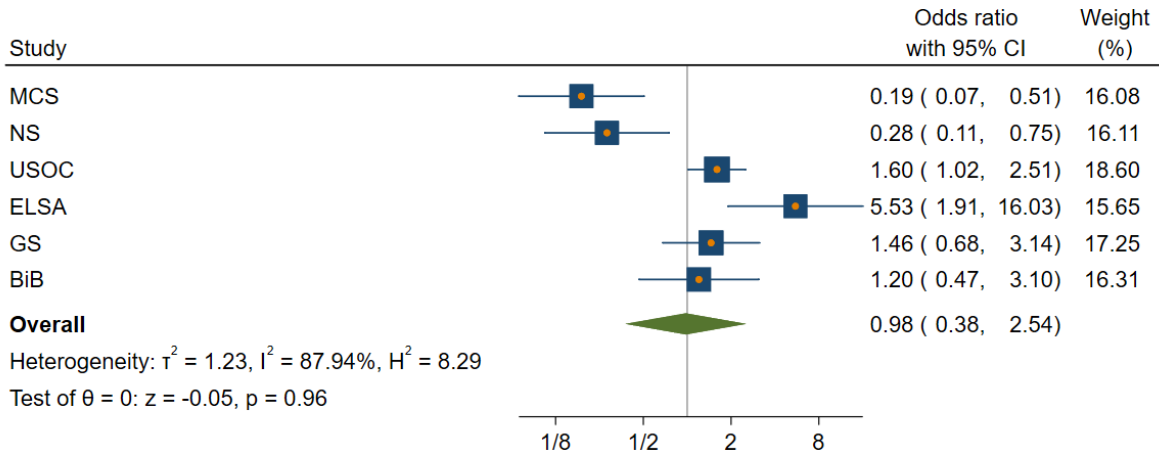
basic adjustment



Random-effects REML model

Prescription/Medication  
South Asian vs White

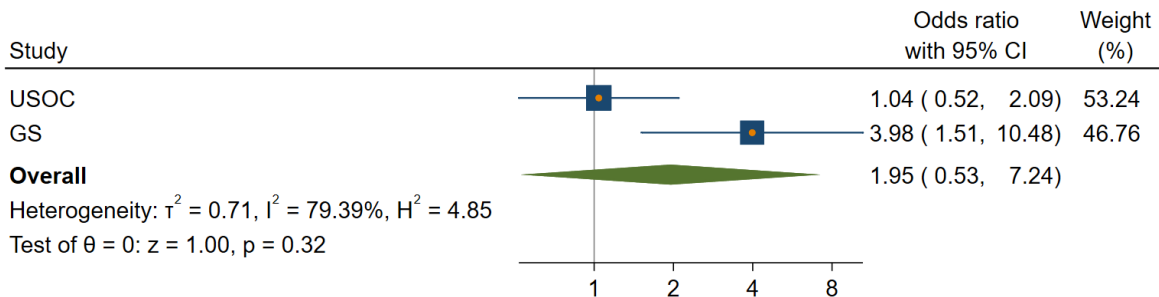
basic adjustment



Random-effects REML model

Prescription/Medication  
East Asian vs White

basic adjustment

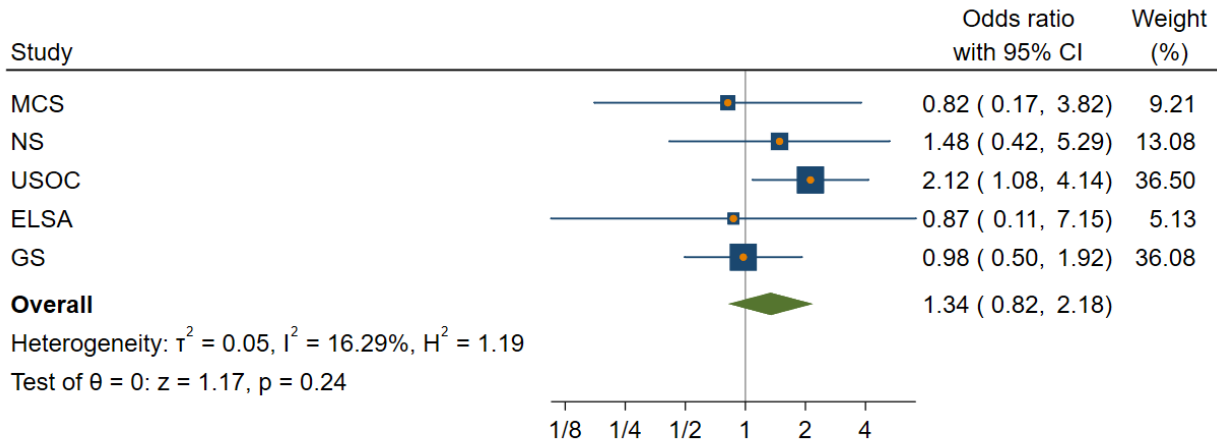


Random-effects REML model

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Prescription/Medication  
Mixed vs White

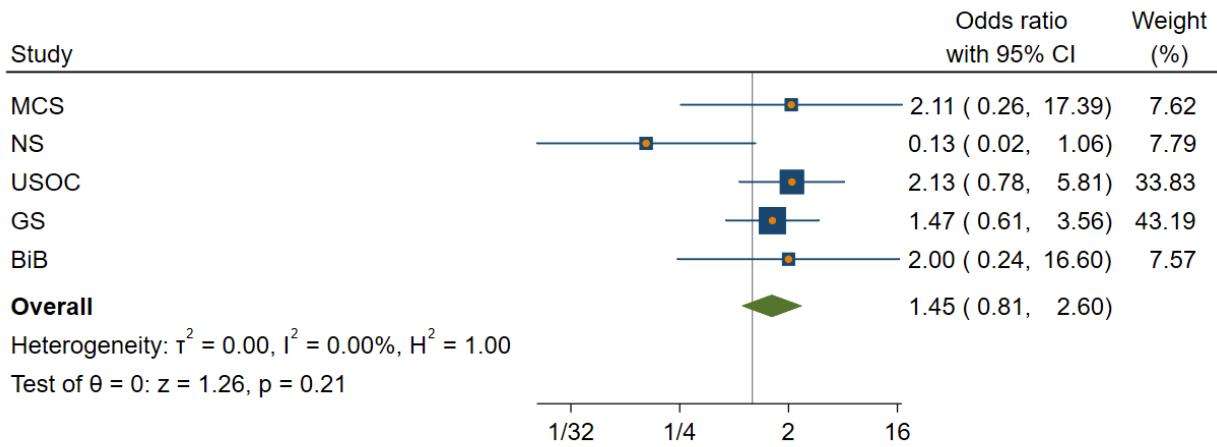
basic adjustment



Random-effects REML model

Prescription/Medication  
Other Ethnicity vs White

basic adjustment

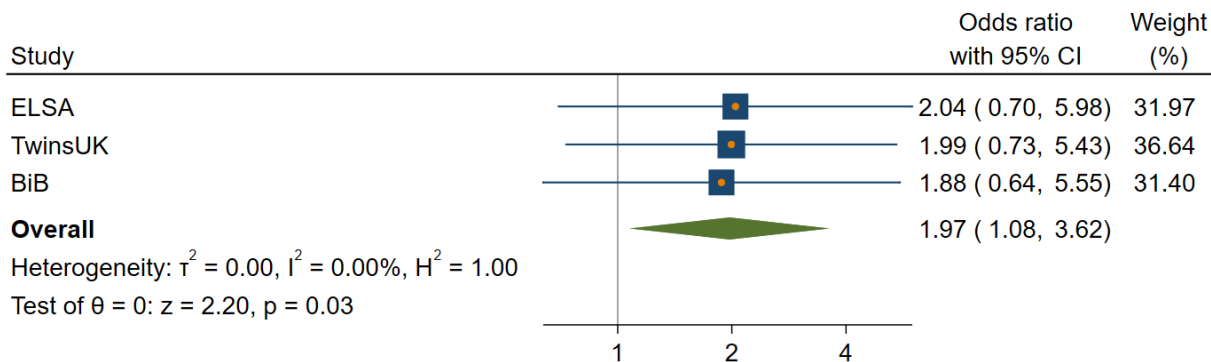


Random-effects REML model

Full adjustment

Prescription/Medication  
Non-White vs White

full adjustment



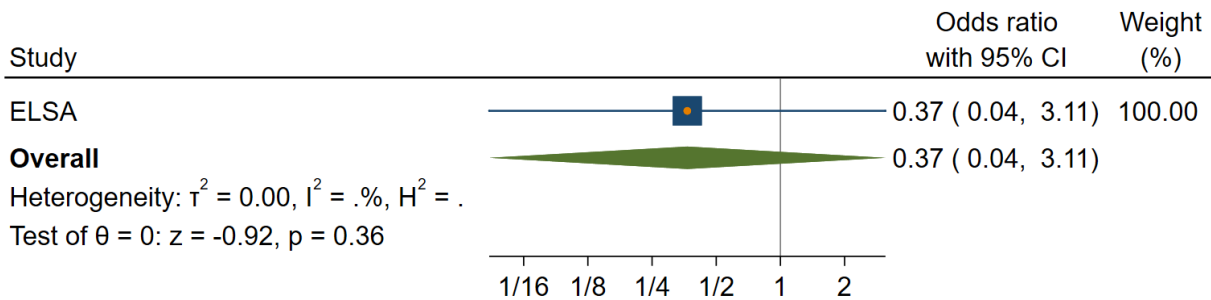
Random-effects REML model

Peer review only

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Prescription/Medication  
Black vs White

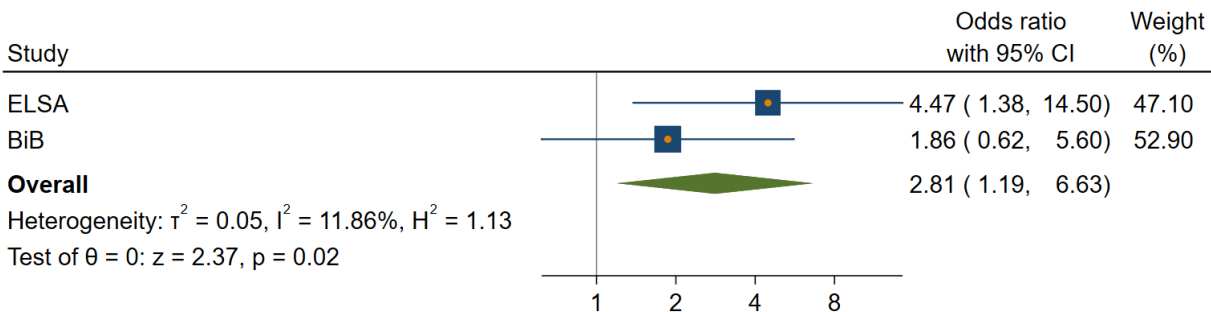
full adjustment



Random-effects REML model

Prescription/Medication  
South Asian vs White

full adjustment

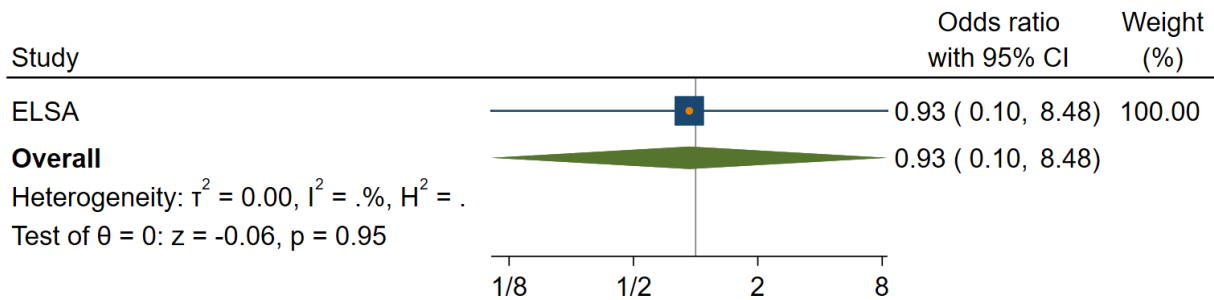


Random-effects REML model

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Prescription/Medication  
Mixed vs White

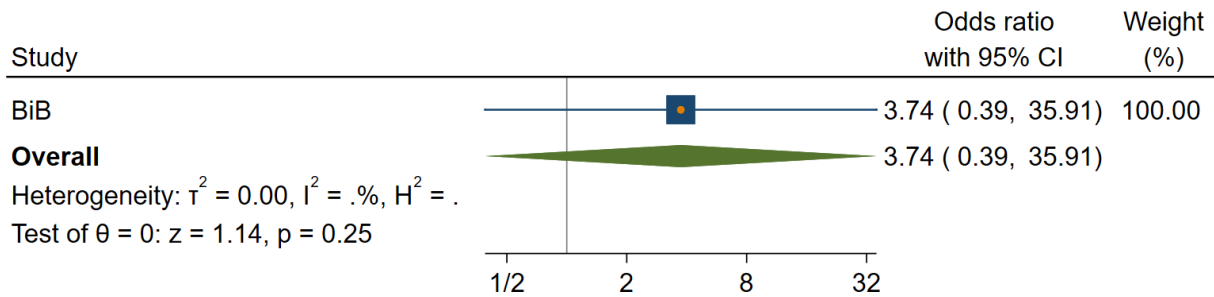
full adjustment



Random-effects REML model

Prescription/Medication  
Other Ethnicity vs White

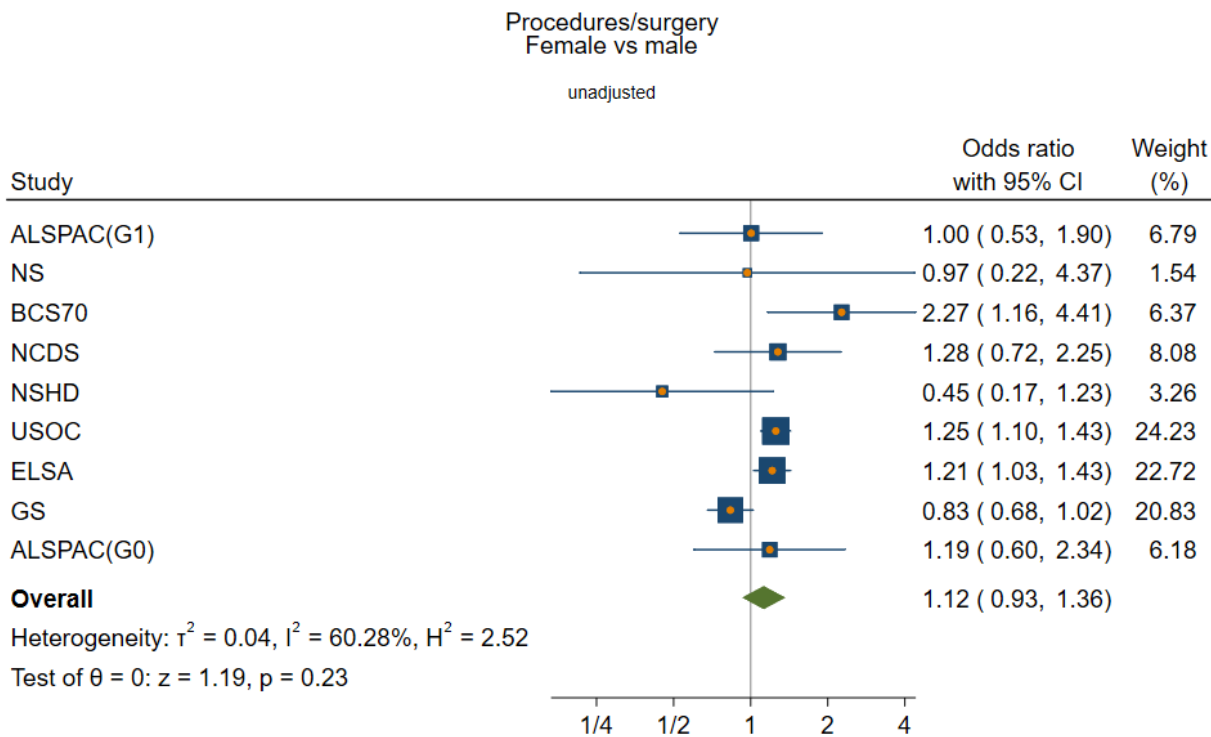
full adjustment



Random-effects REML model

**Procedures/surgery**

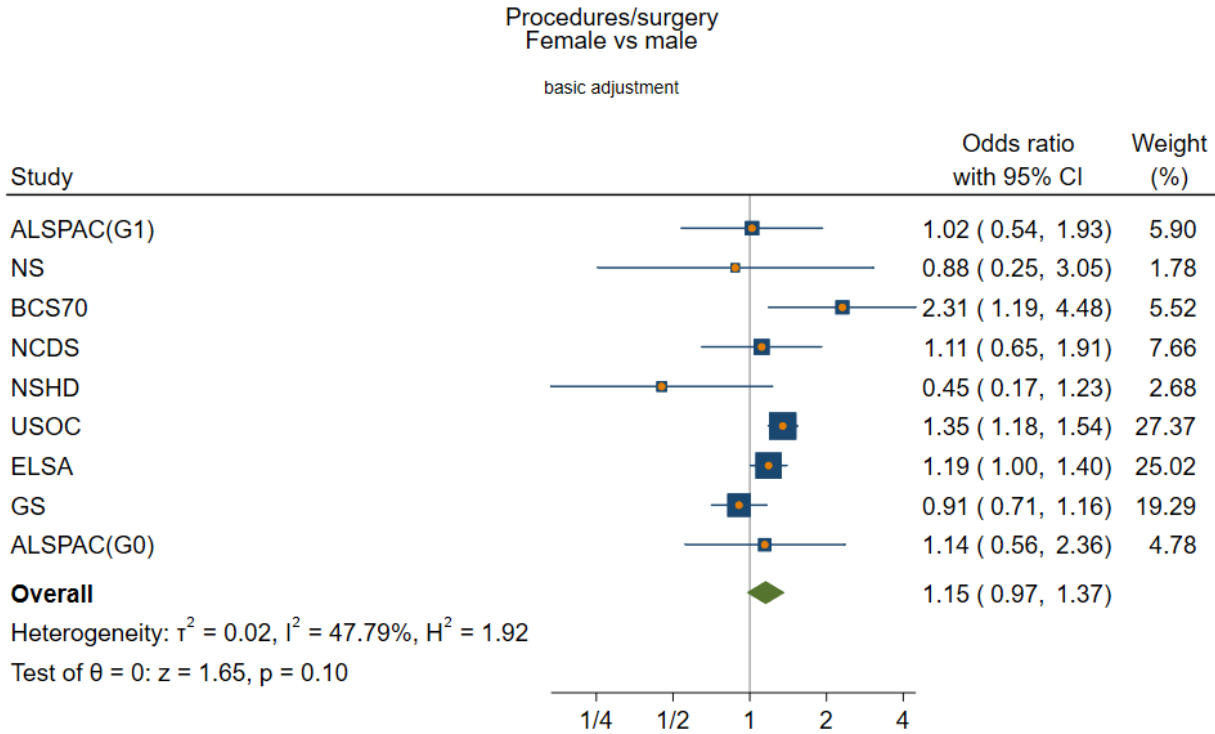
Sex  
Unadjusted



Random-effects REML model



Basic adjustment



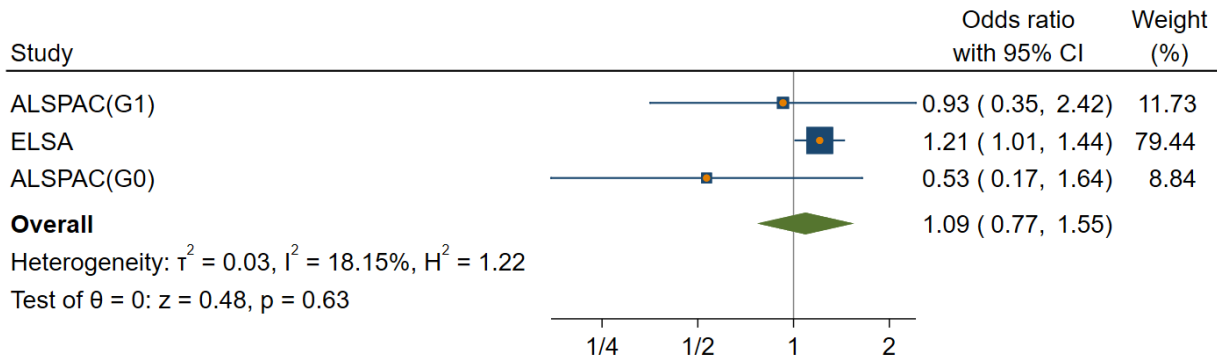
Random-effects REML model

view only

Full adjustment

Procedures/surgery  
Female vs male

full adjustment



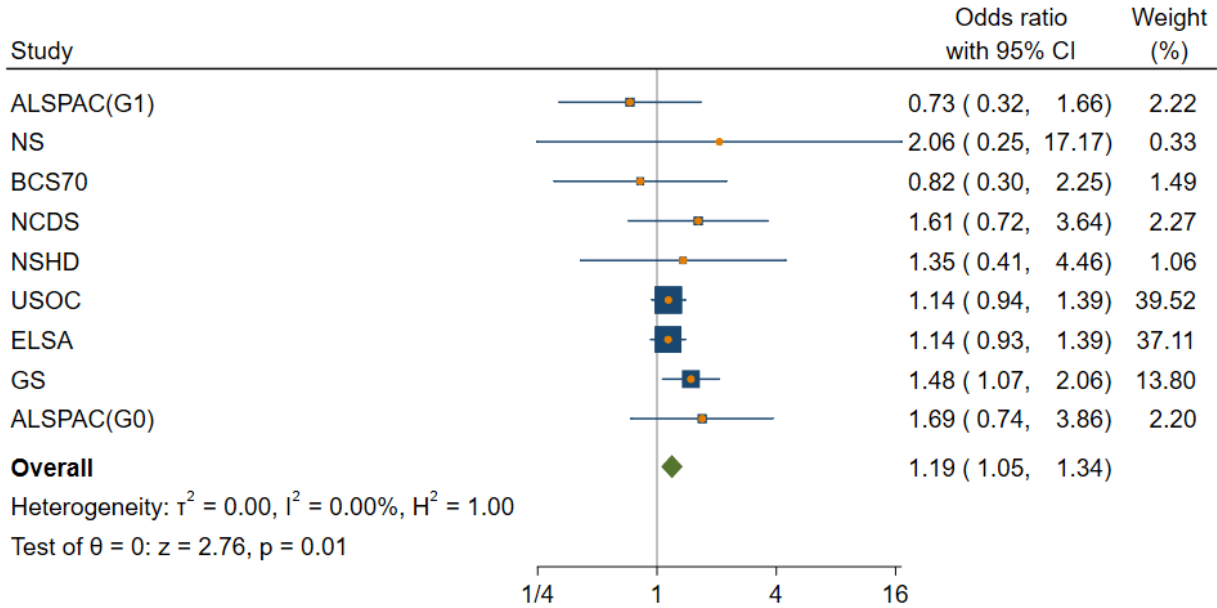
Random-effects REML model

Peer review only

Occupational class  
Unadjusted

Procedures/surgery  
Intermediate vs Managerial/Admin/Professional

unadjusted

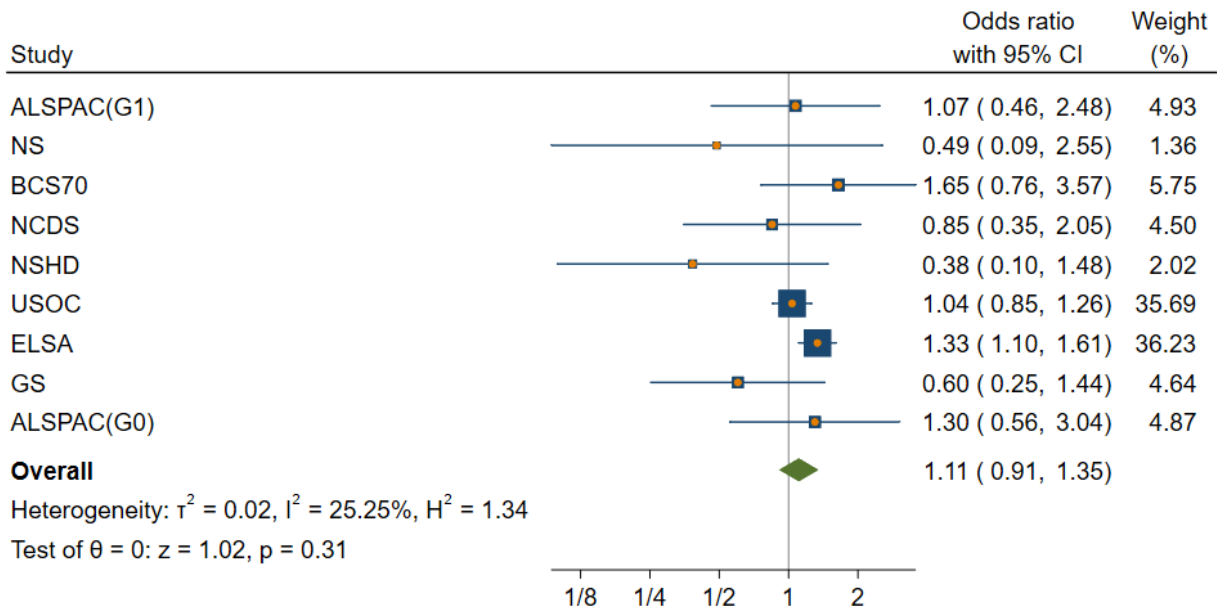


Random-effects REML model

iew only

Procedures/surgery  
Manual/Routine vs Managerial/Admin/Professional

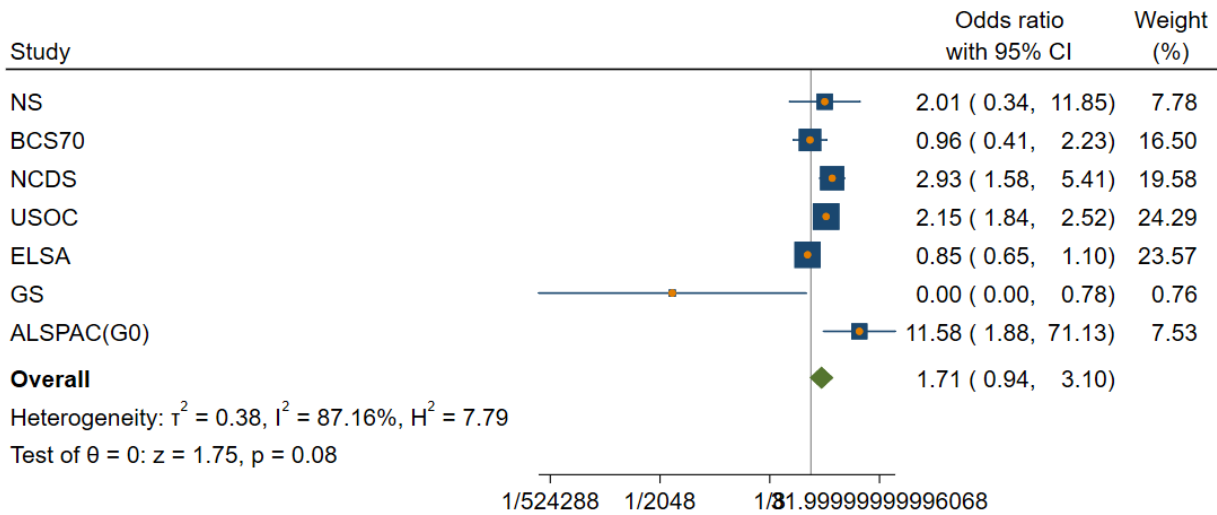
unadjusted



Random-effects REML model

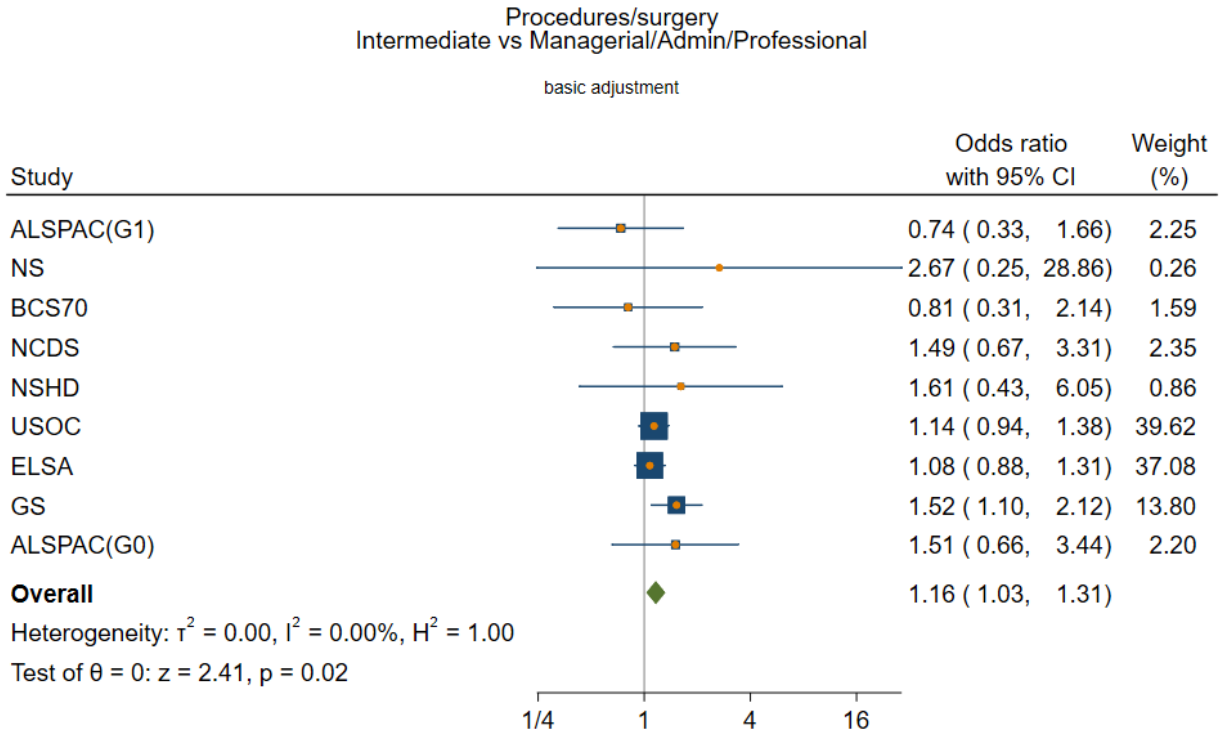
Procedures/surgery  
Other social class vs Managerial/Admin/Professional

unadjusted



Random-effects REML model

Basic adjustment

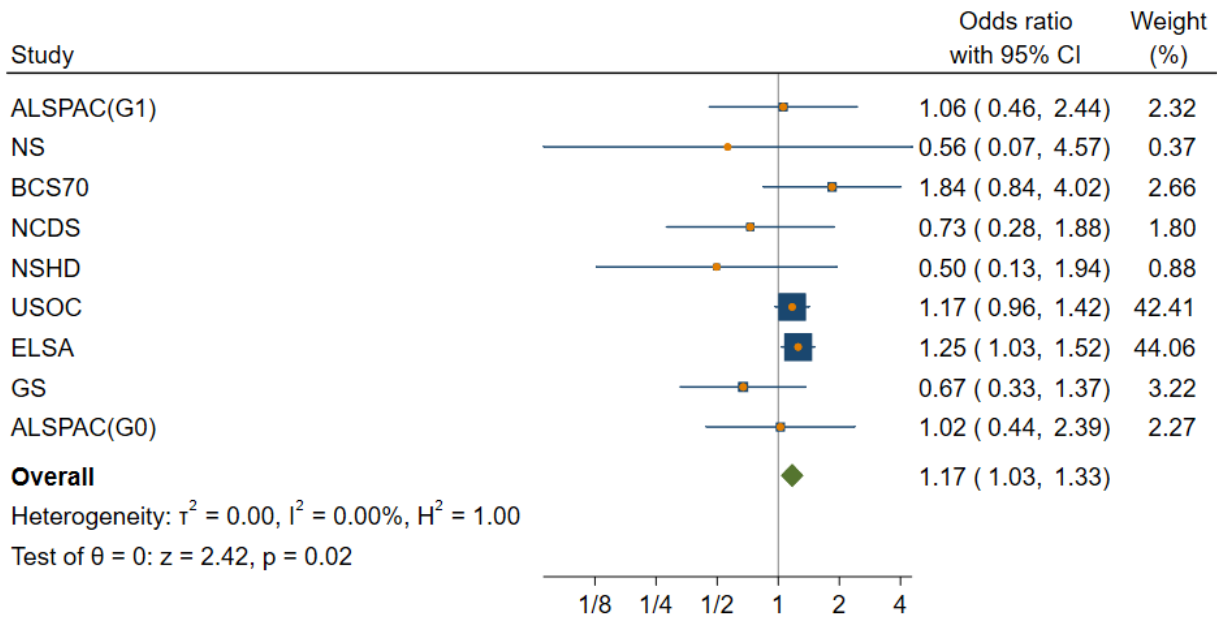


Random-effects REML model

view only

Procedures/surgery  
Manual/Routine vs Managerial/Admin/Professional

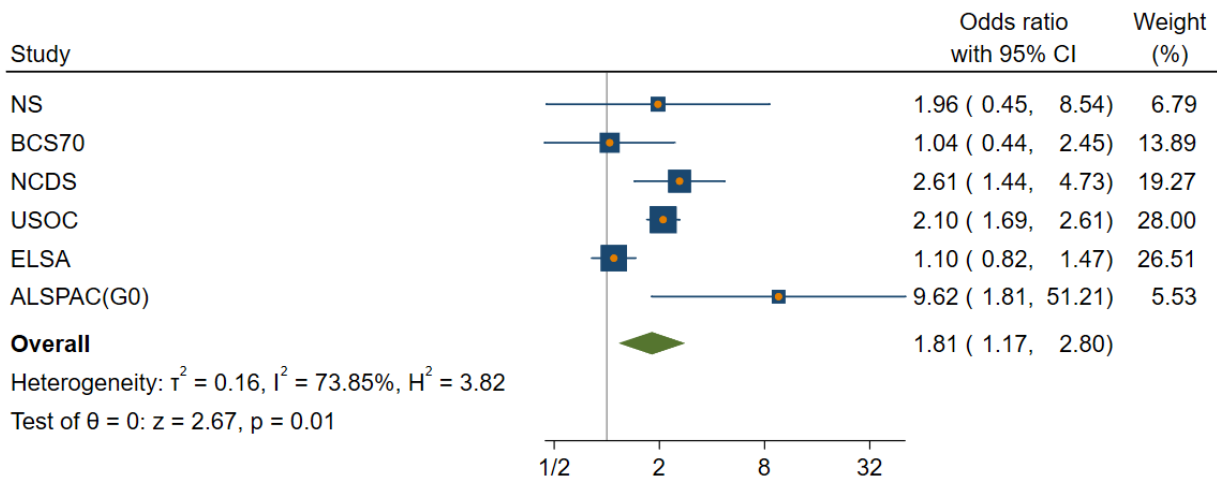
basic adjustment



Random-effects REML model

Procedures/surgery  
Other social class vs Managerial/Admin/Professional

basic adjustment

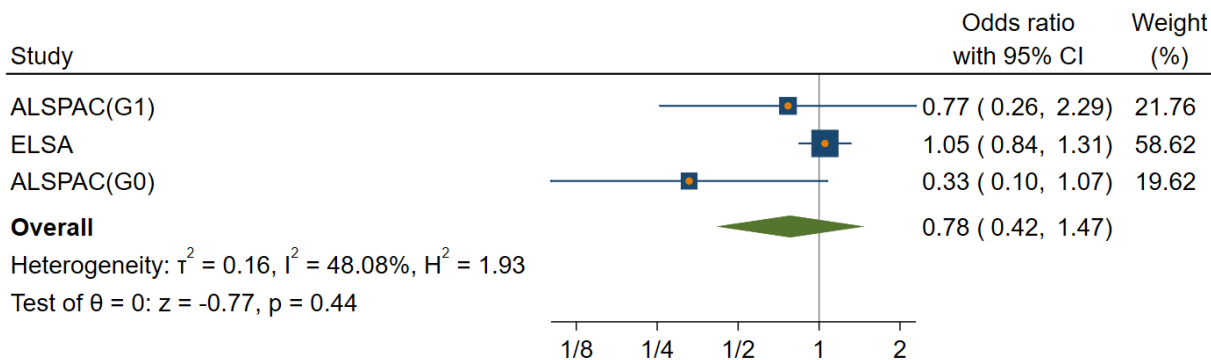


Random-effects REML model

Full adjustment

Procedures/surgery  
Intermediate vs Managerial/Admin/Professional

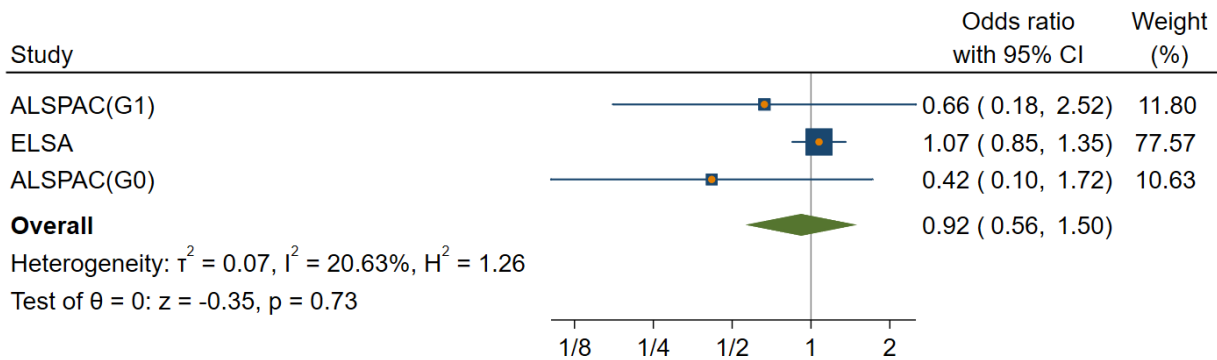
full adjustment



Random-effects REML model

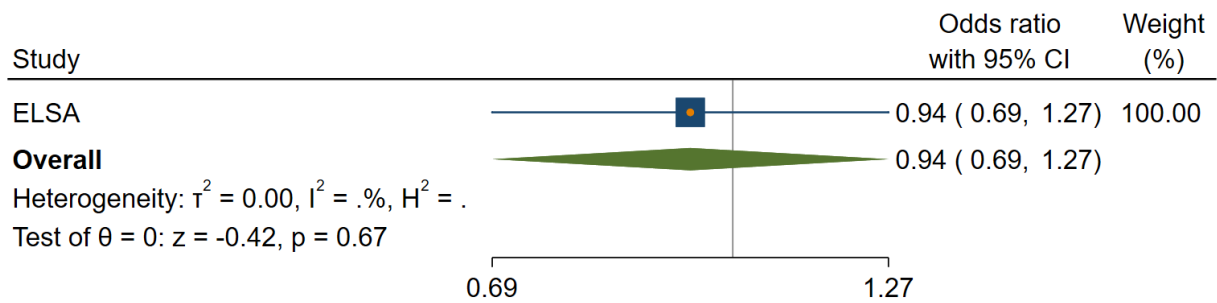
Peer review only

Procedures/surgery  
Manual/Routine vs Managerial/Admin/Professional  
full adjustment



Random-effects REML model

Procedures/surgery  
Other social class vs Managerial/Admin/Professional  
full adjustment

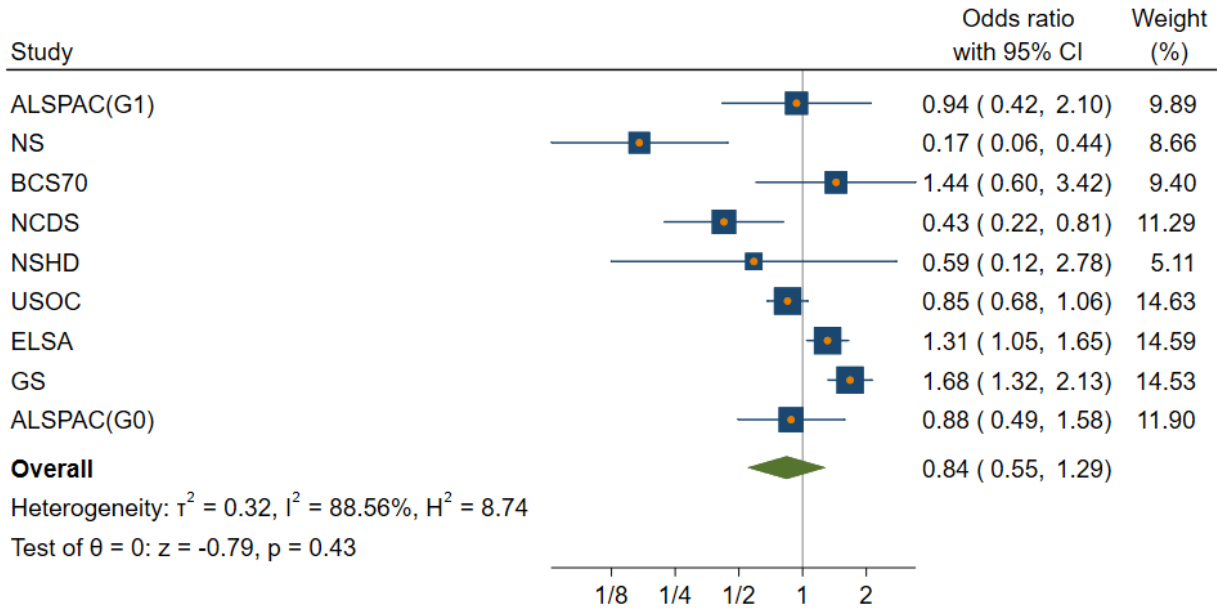


Random-effects REML model



Education  
unadjusted

Procedures/surgery  
A-level/equivalent vs Higher education/Degree  
unadjusted

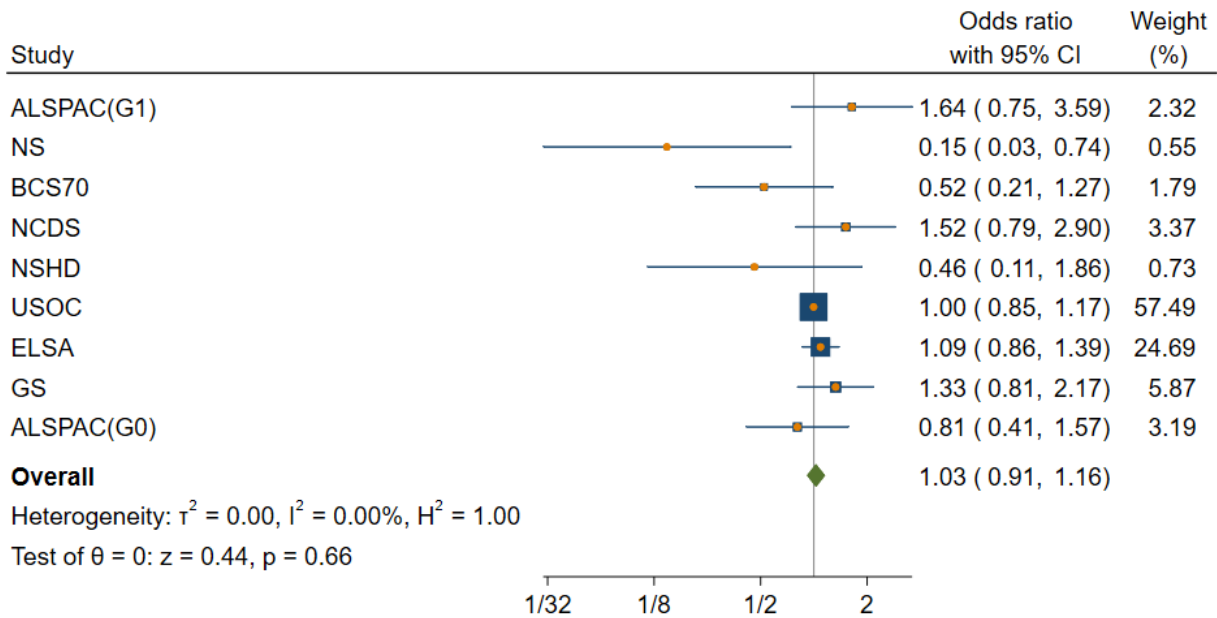


Random-effects REML model

For peer review only

Procedures/surgery  
GCSE/equivalent vs Higher education/Degree

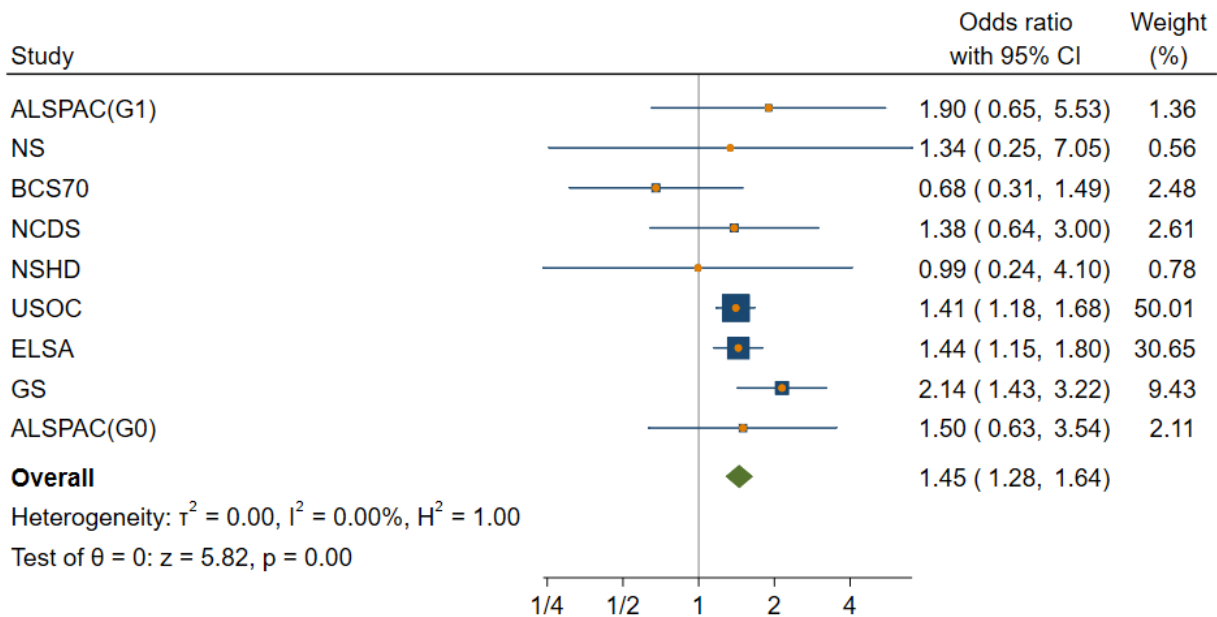
unadjusted



Random-effects REML model

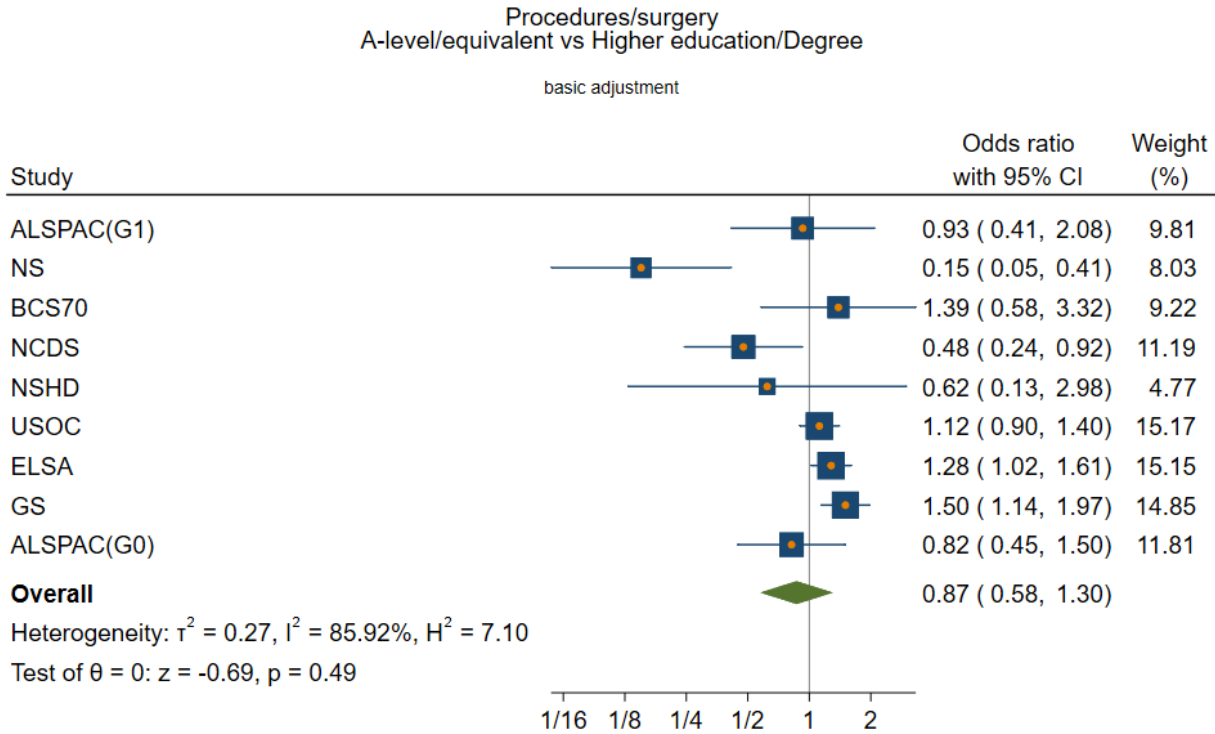
Procedures/surgery  
<GCSE/equivalent vs Higher education/Degree

unadjusted



Random-effects REML model

Basic adjustment

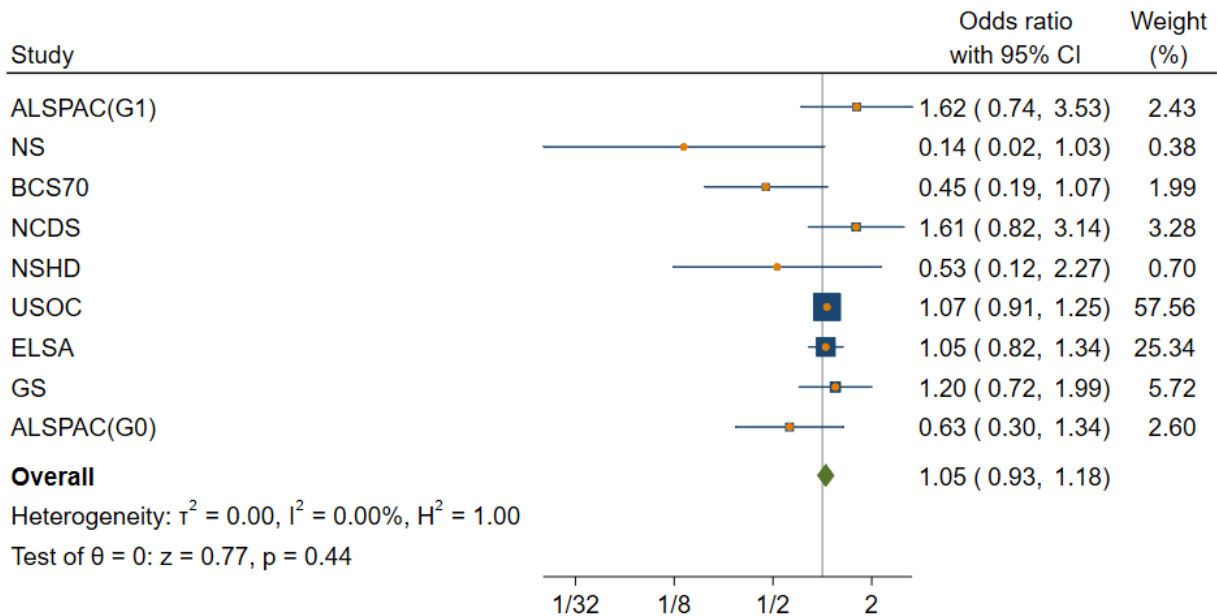


Random-effects REML model

view only

Procedures/surgery  
GCSE/equivalent vs Higher education/Degree

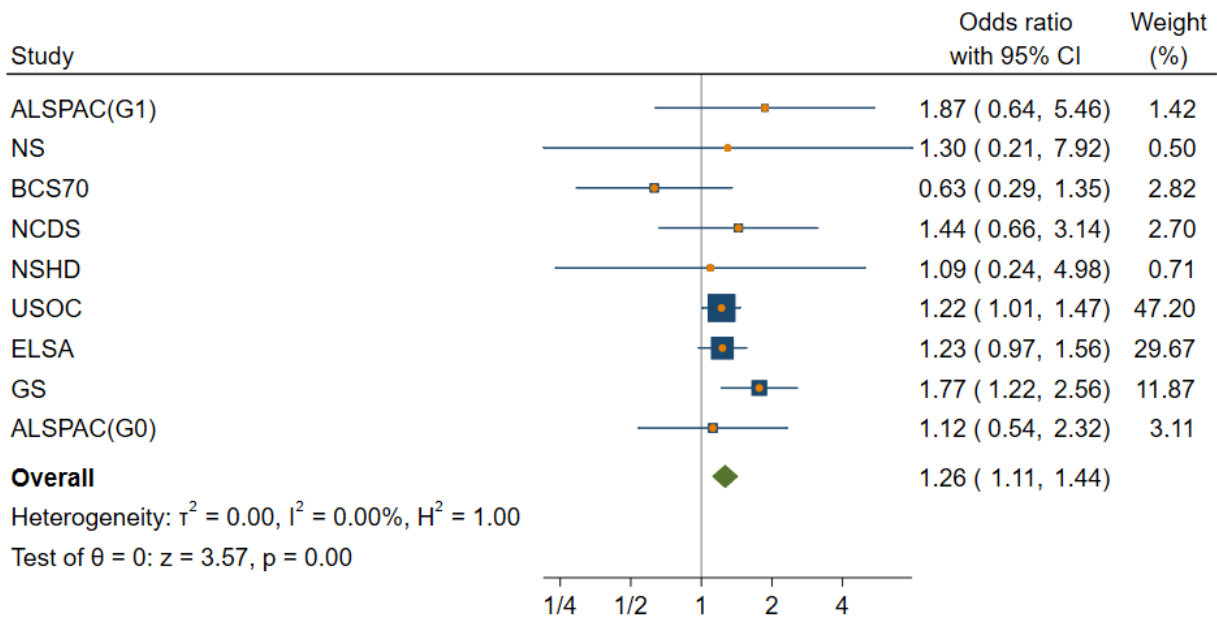
basic adjustment



Random-effects REML model

Procedures/surgery  
<GCSE/equivalent vs Higher education/Degree

basic adjustment

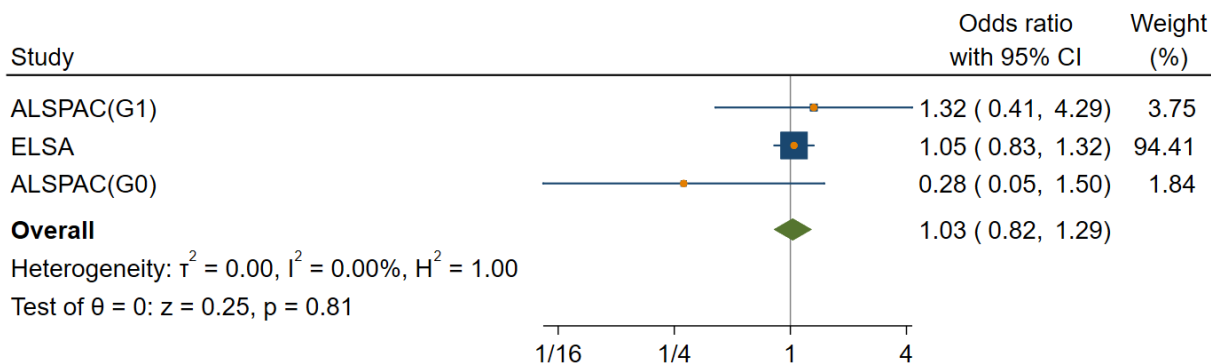


Random-effects REML model

Full adjustment

Procedures/surgery  
A-level/equivalent vs Higher education/Degree

full adjustment

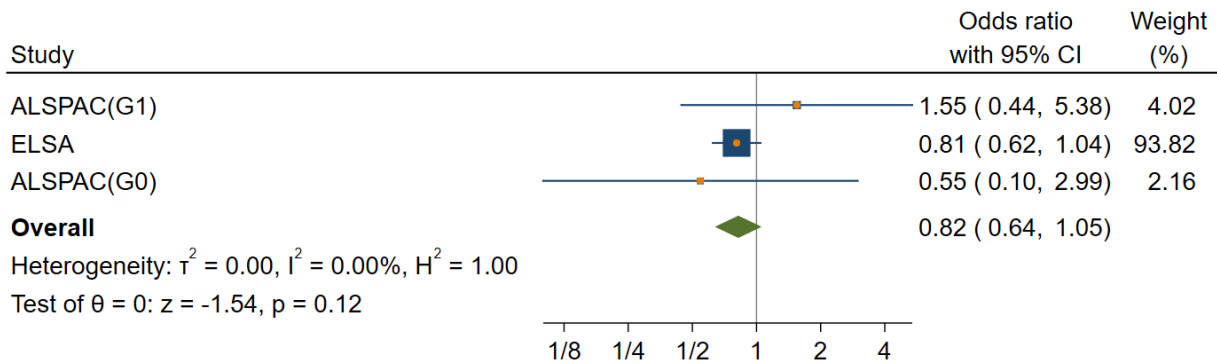


Random-effects REML model

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Procedures/surgery  
GCSE/equivalent vs Higher education/Degree

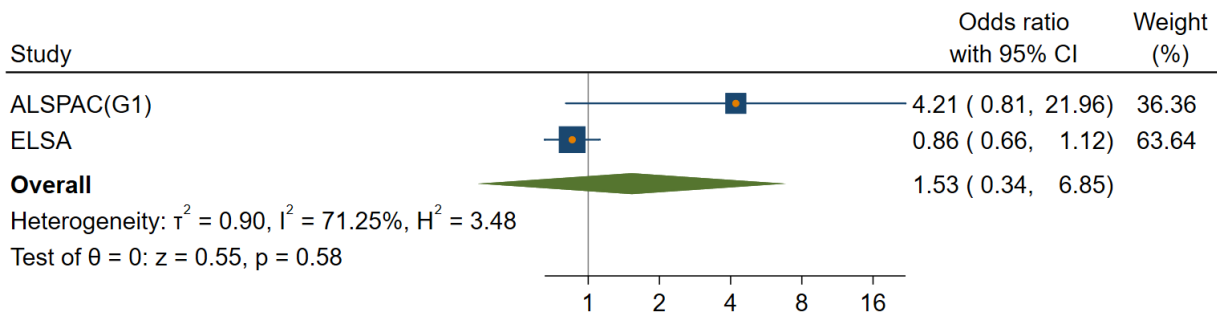
full adjustment



Random-effects REML model

Procedures/surgery  
<GCSE/equivalent vs Higher education/Degree

full adjustment

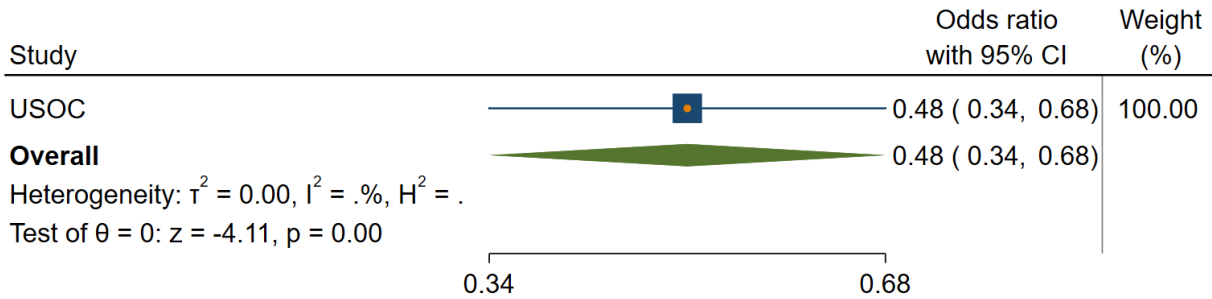


Random-effects REML model

Age  
Unadjusted

Procedures/surgery  
16-24y vs 45-54y

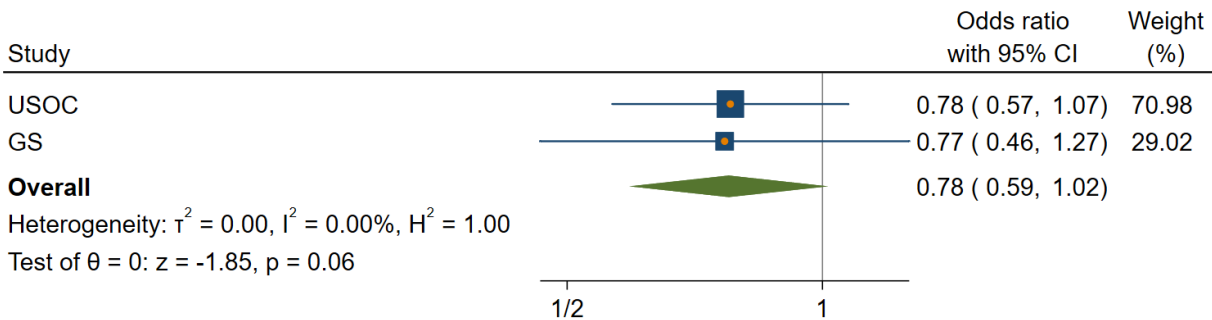
unadjusted



Random-effects REML model

Procedures/surgery  
25-34y vs 45-54y

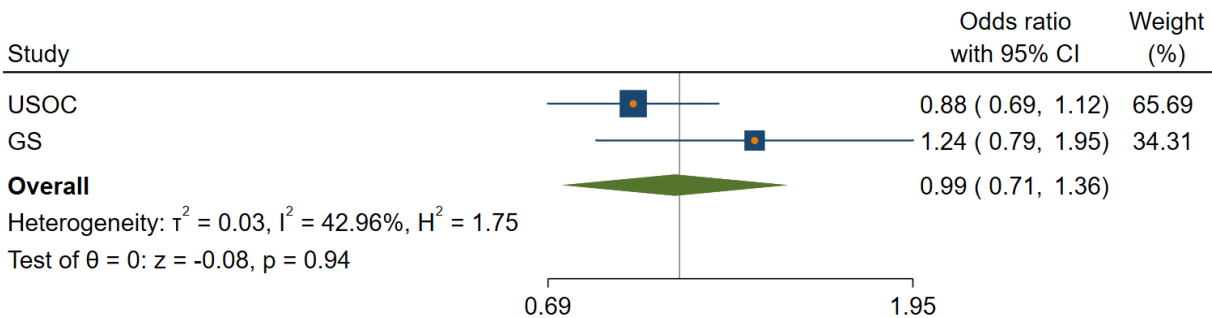
unadjusted



Random-effects REML model

Procedures/surgery  
35-44y vs 45-54y

unadjusted

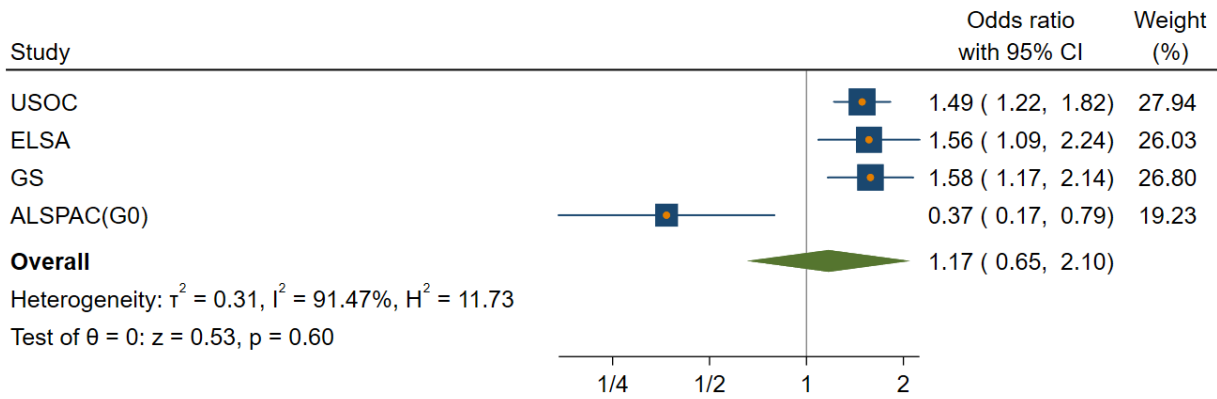


Random-effects REML model

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Procedures/surgery  
55-64y vs 45-54y

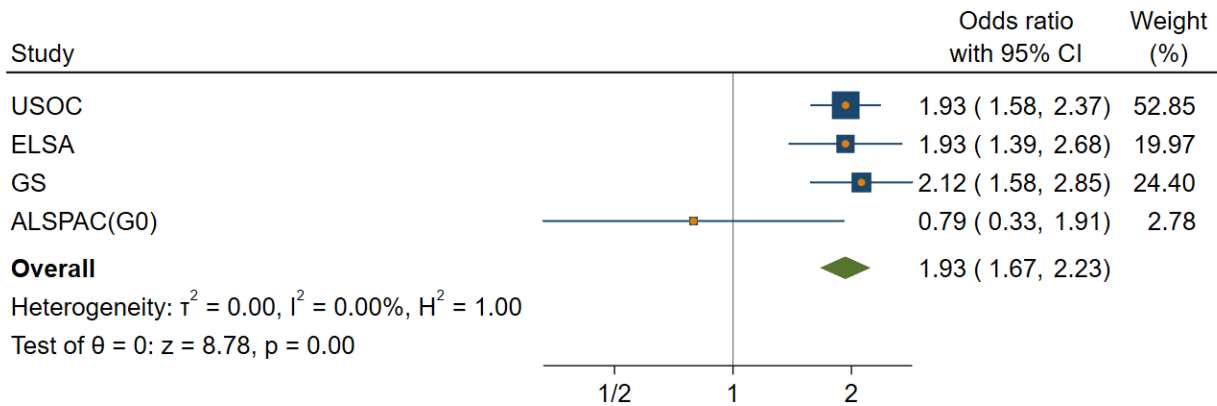
unadjusted



Random-effects REML model

Procedures/surgery  
65-74y vs 45-54y

unadjusted

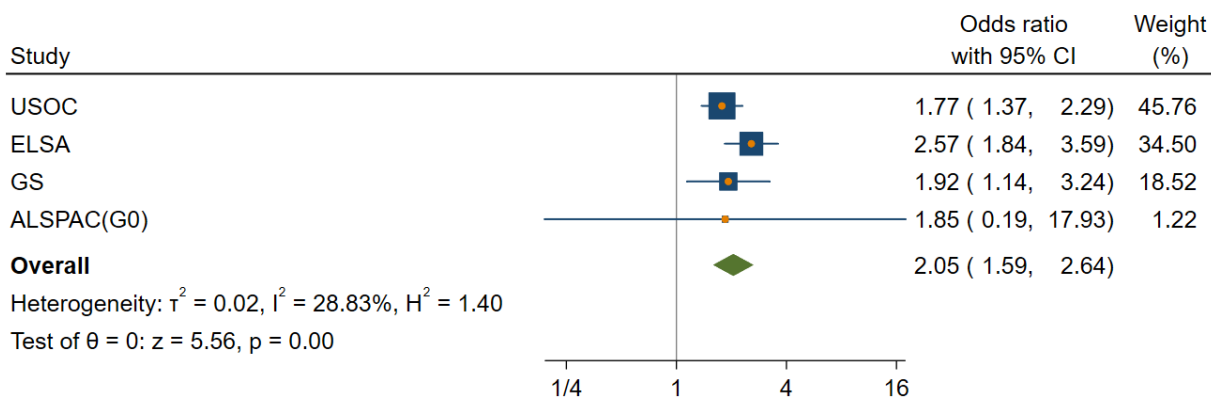


Random-effects REML model



Procedures/surgery  
75y+ vs 45-54y

unadjusted



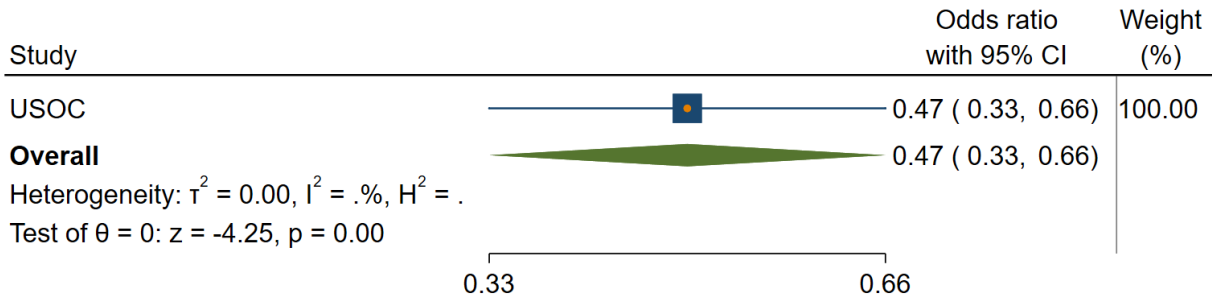
Random-effects REML model

peer review only

Basic adjustment

Procedures/surgery  
16-24y vs 45-54y

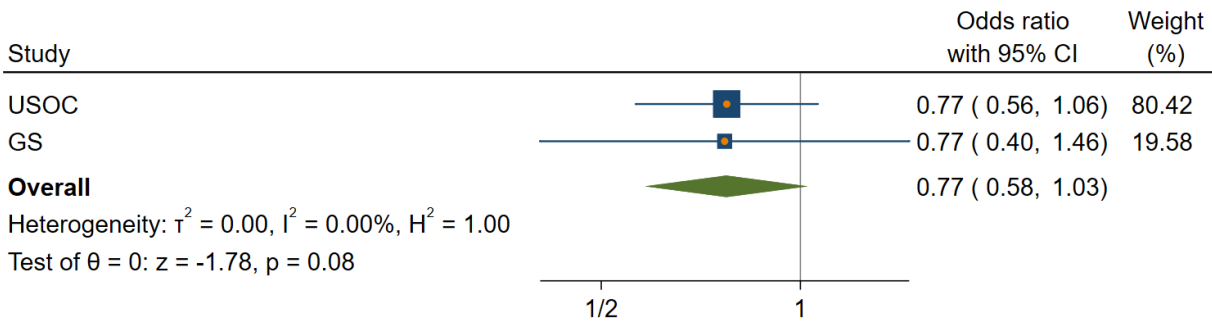
basic adjustment



Random-effects REML model

Procedures/surgery  
25-34y vs 45-54y

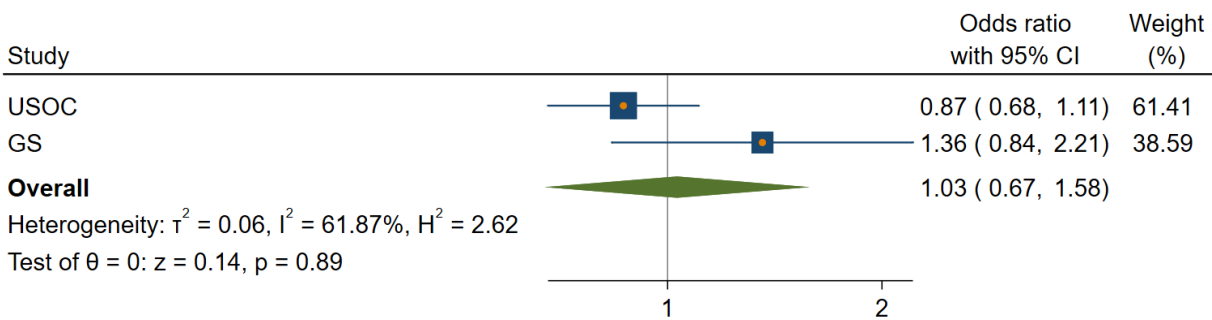
basic adjustment



Random-effects REML model

Procedures/surgery  
35-44y vs 45-54y

basic adjustment

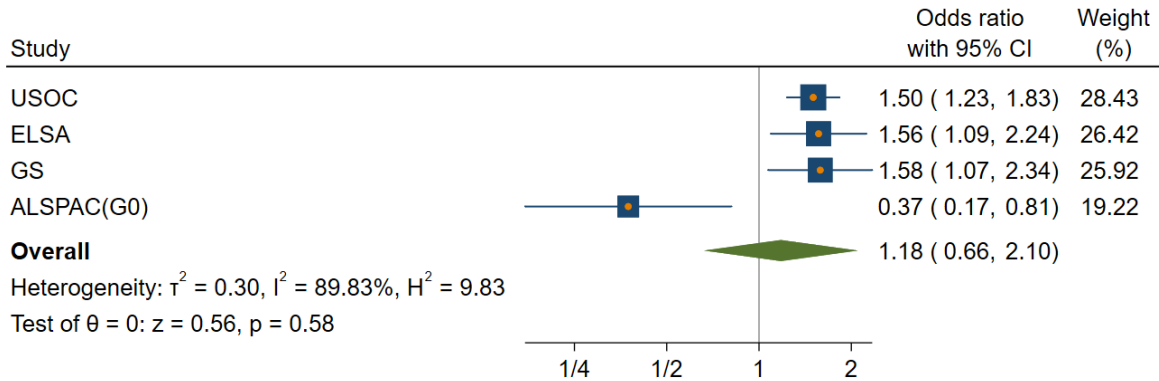


Random-effects REML model

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Procedures/surgery  
55-64y vs 45-54y

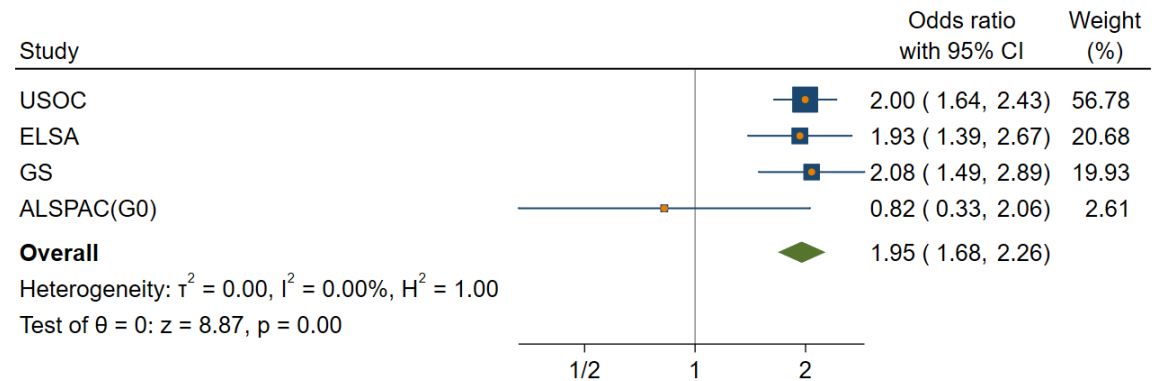
basic adjustment



Random-effects REML model

Procedures/surgery  
65-74y vs 45-54y

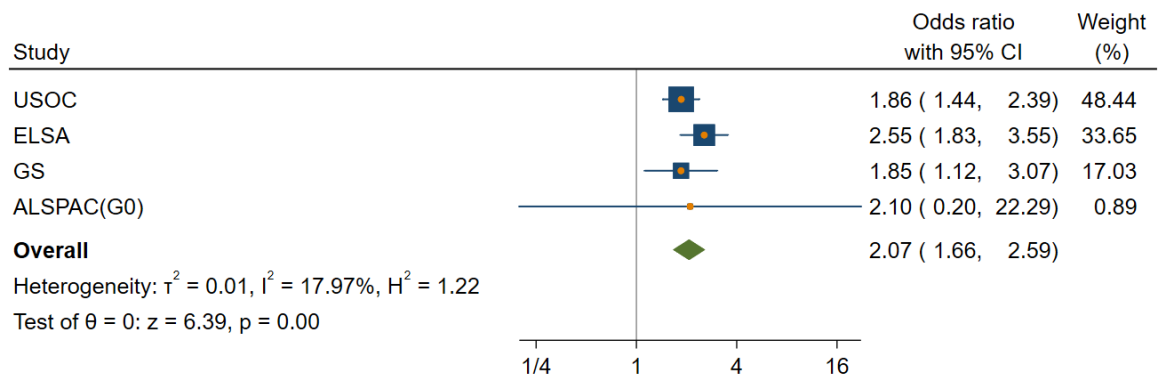
basic adjustment



Random-effects REML model

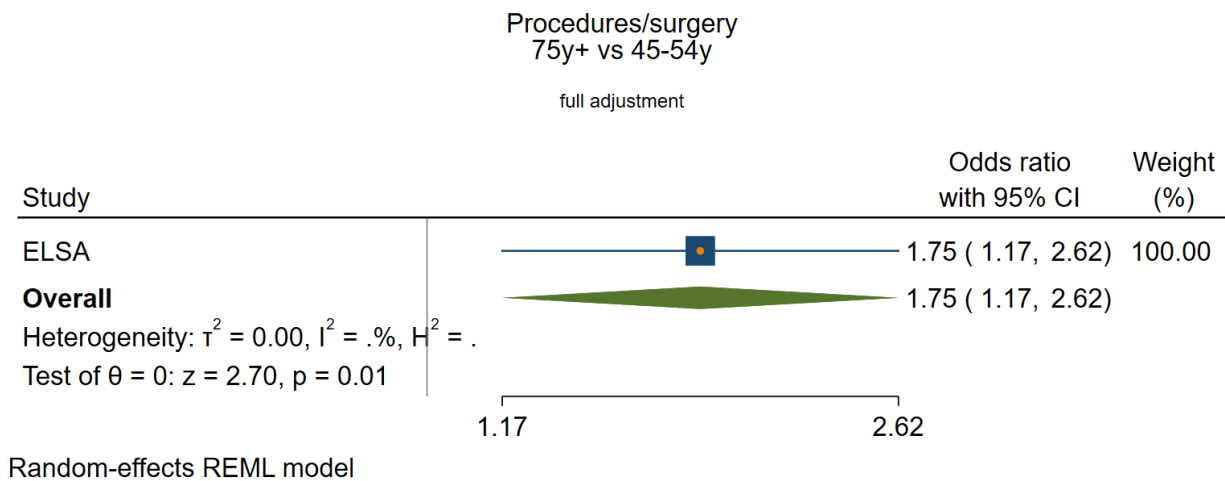
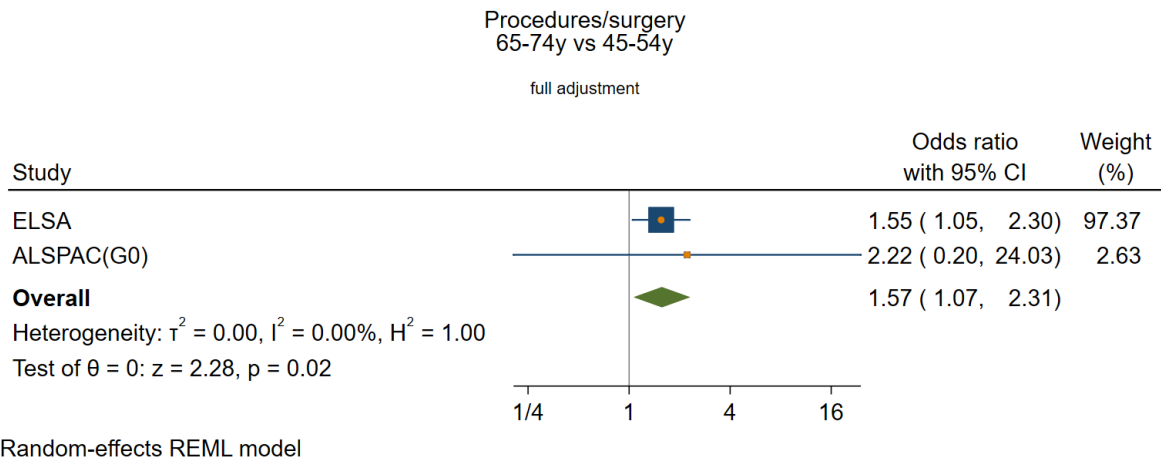
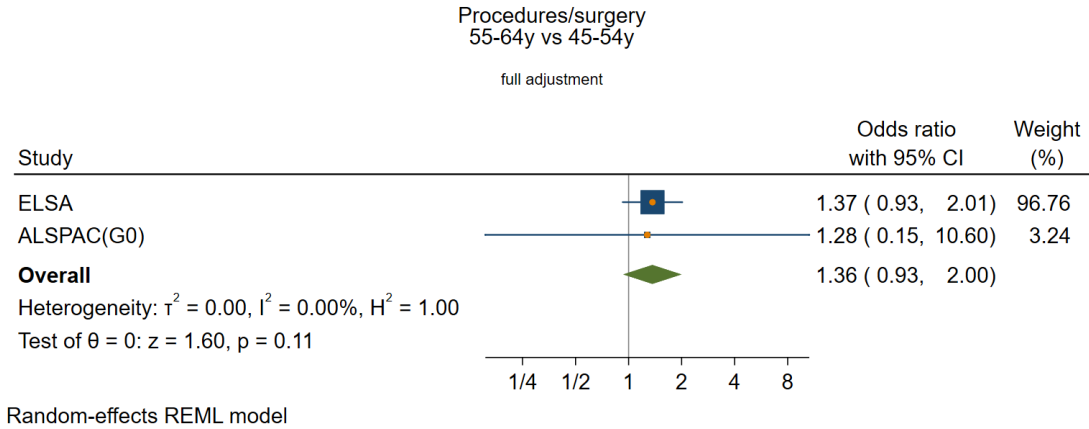
Procedures/surgery  
75y+ vs 45-54y

basic adjustment



Random-effects REML model

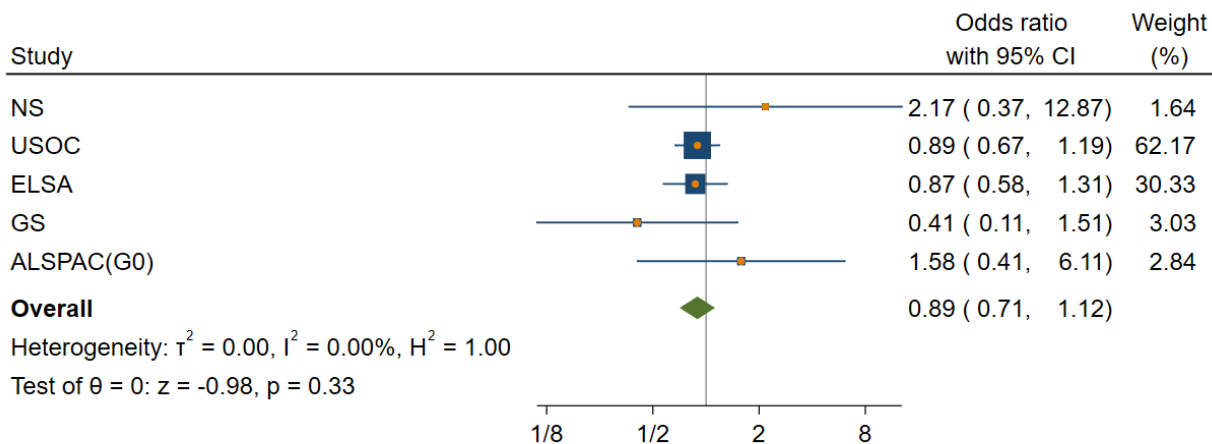
Full adjustment



*Ethnicity*  
Unadjusted

Procedures/surgery  
Non-White vs White

unadjusted



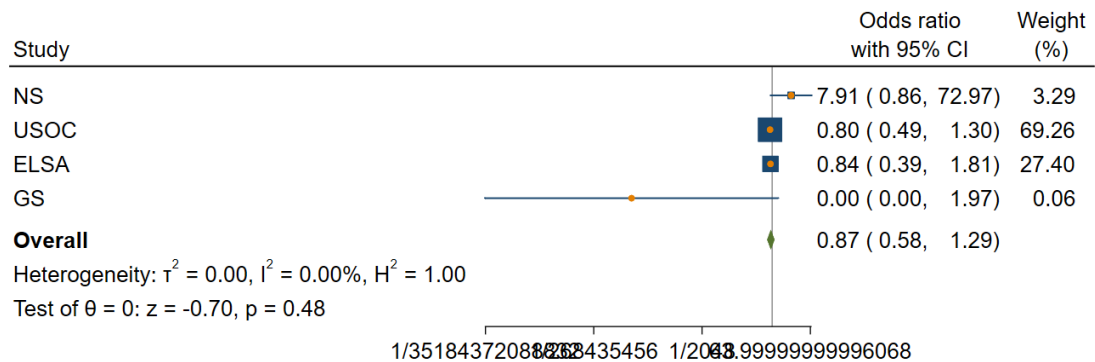
Random-effects REML model

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Procedures/surgery  
Black vs White

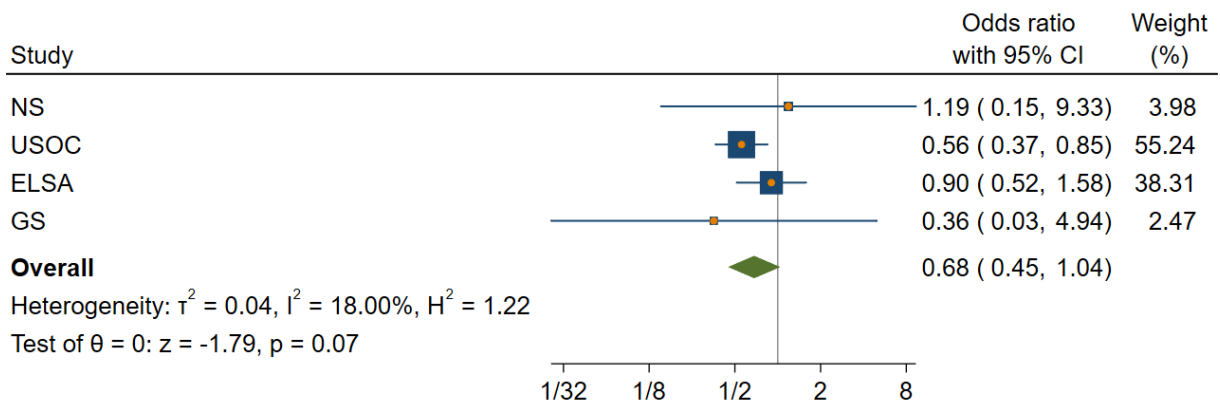
unadjusted



Random-effects REML model

Procedures/surgery  
South Asian vs White

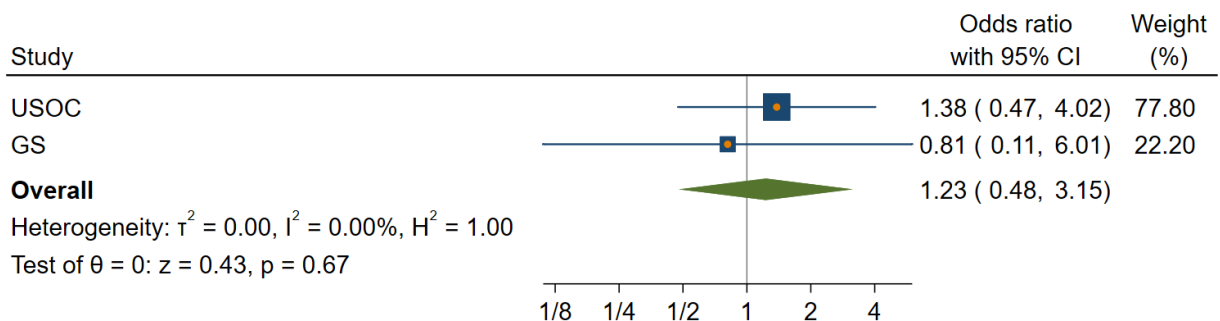
unadjusted



Random-effects REML model

Procedures/surgery  
East Asian vs White

unadjusted

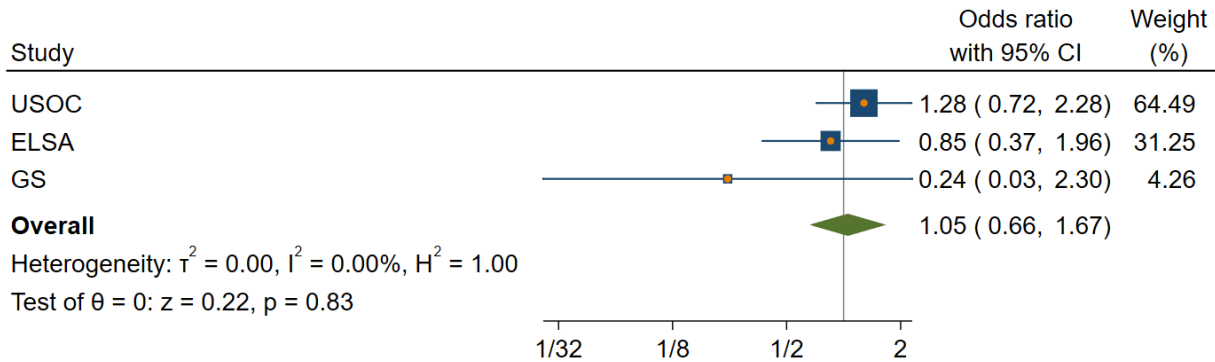


Random-effects REML model

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Procedures/surgery  
Mixed vs White

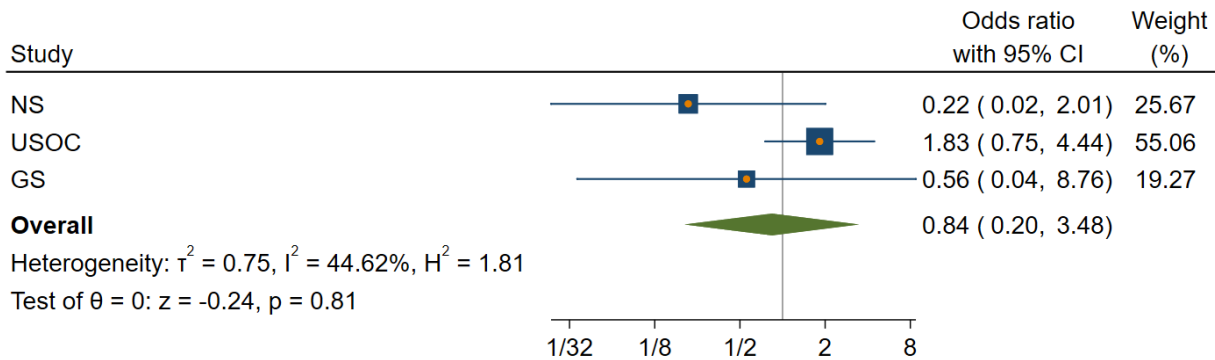
unadjusted



Random-effects REML model

Procedures/surgery  
Other Ethnicity vs White

unadjusted



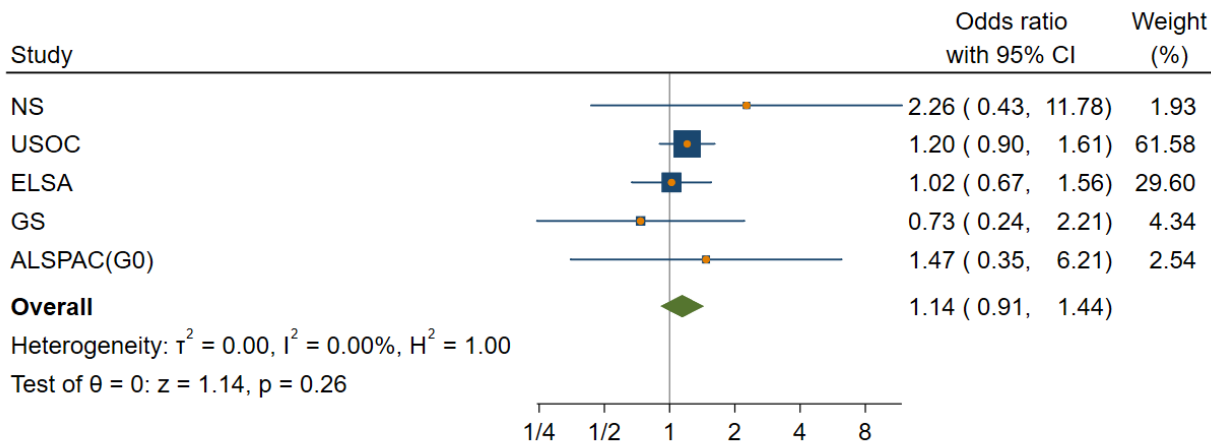
Random-effects REML model

Basic adjustment

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Procedures/surgery  
Non-White vs White

basic adjustment



Random-effects REML model

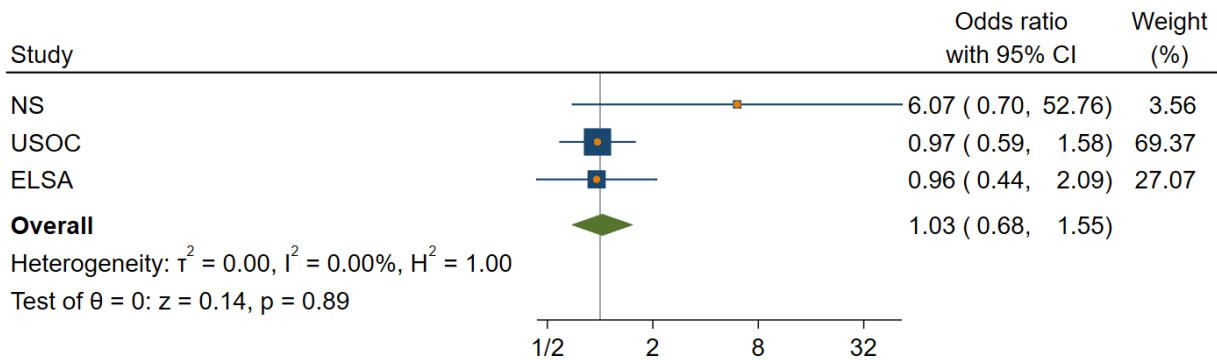
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Procedures/surgery  
Black vs White

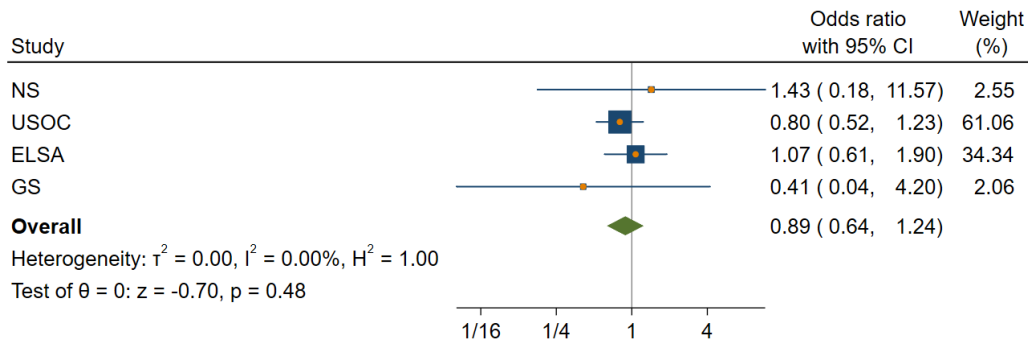
basic adjustment



Random-effects REML model

Procedures/surgery  
South Asian vs White

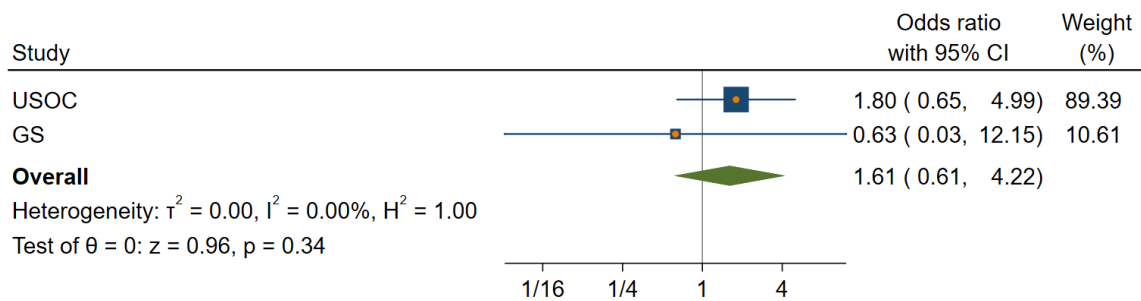
basic adjustment



Random-effects REML model

Procedures/surgery  
East Asian vs White

basic adjustment

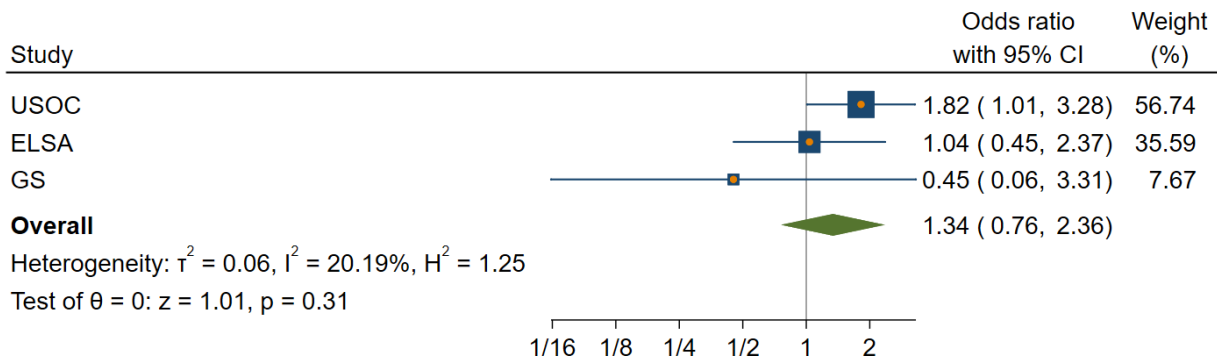


Random-effects REML model

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Procedures/surgery  
Mixed vs White

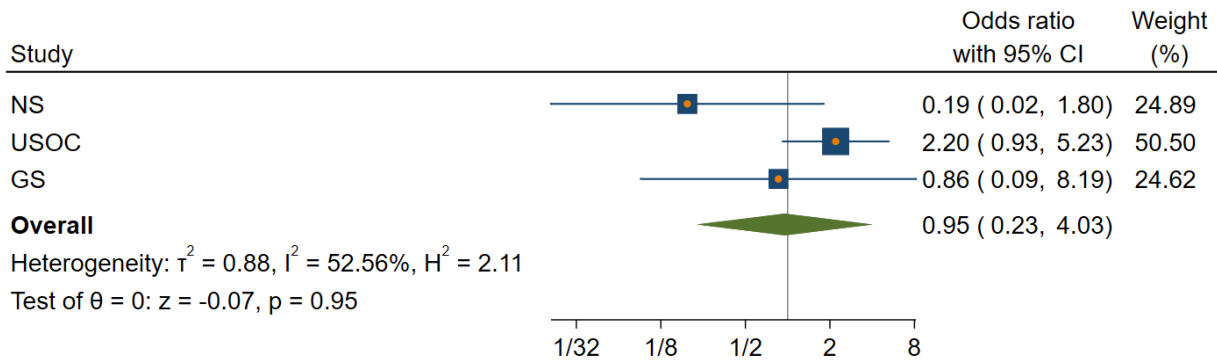
basic adjustment



Random-effects REML model

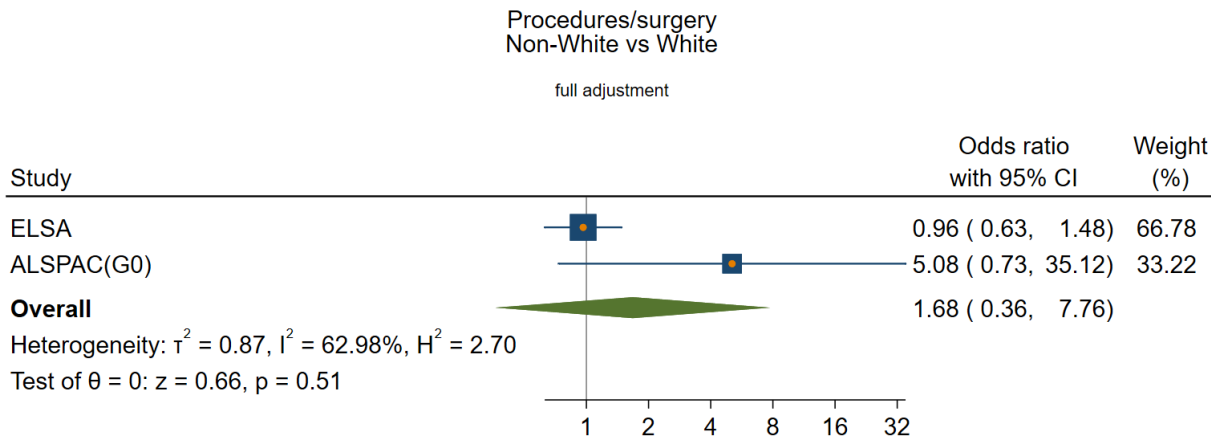
Procedures/surgery  
Other Ethnicity vs White

basic adjustment



Random-effects REML model

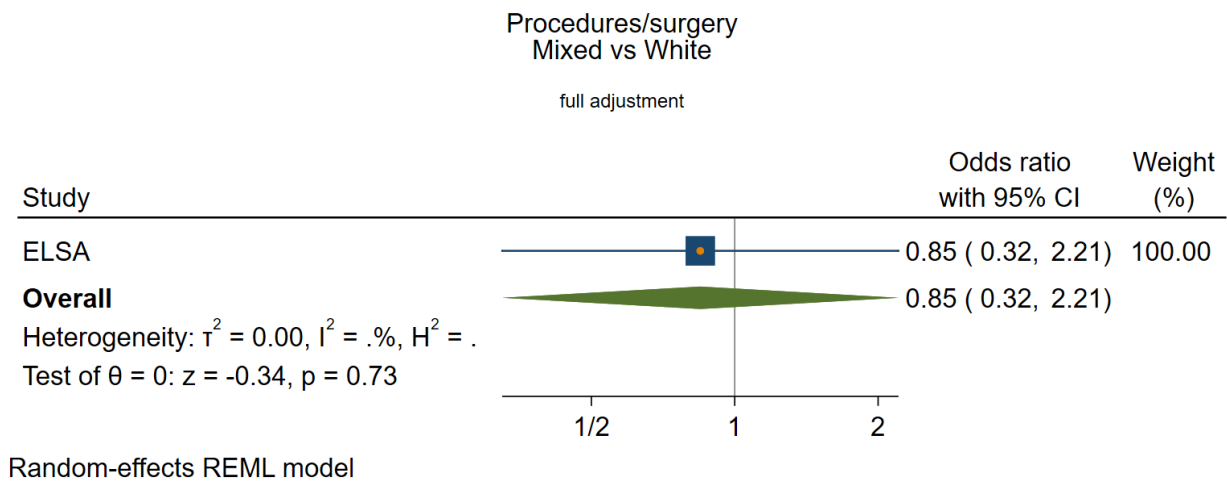
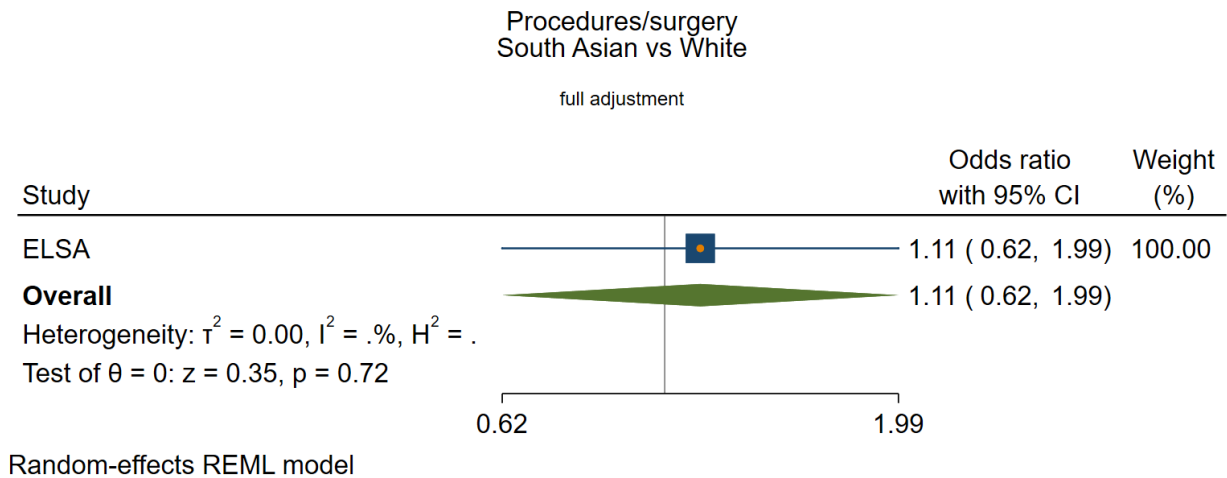
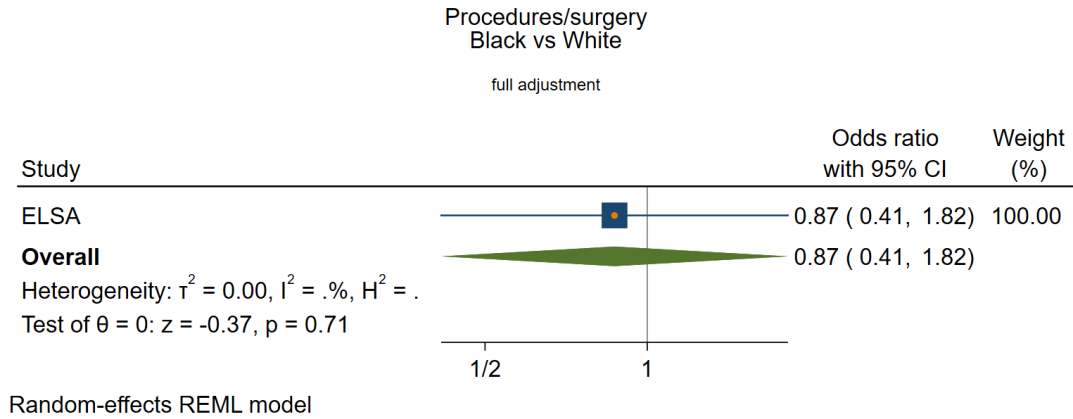
Full adjustment



Random-effects REML model

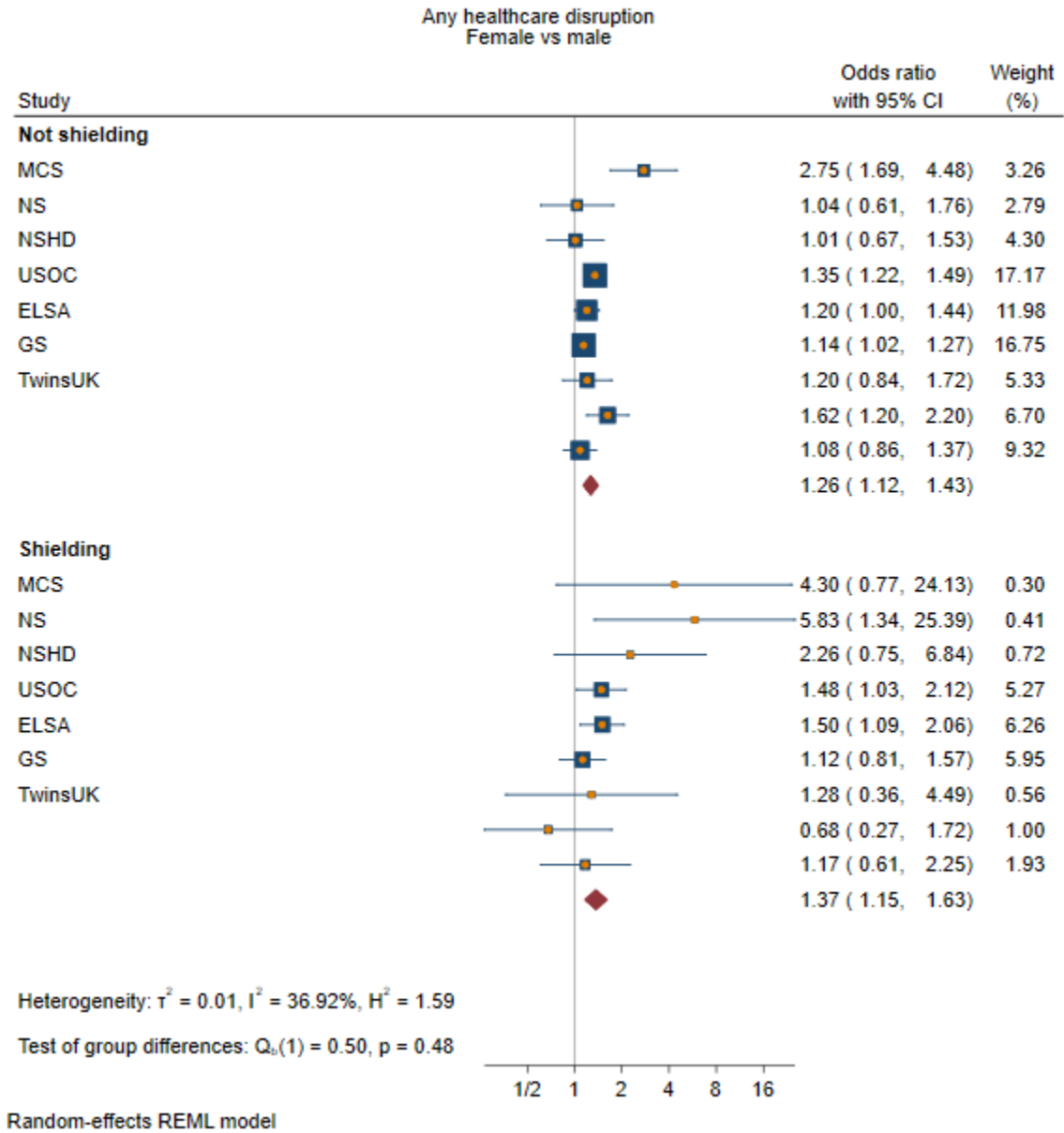
peer review only

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Any healthcare disruption stratified by shielding status

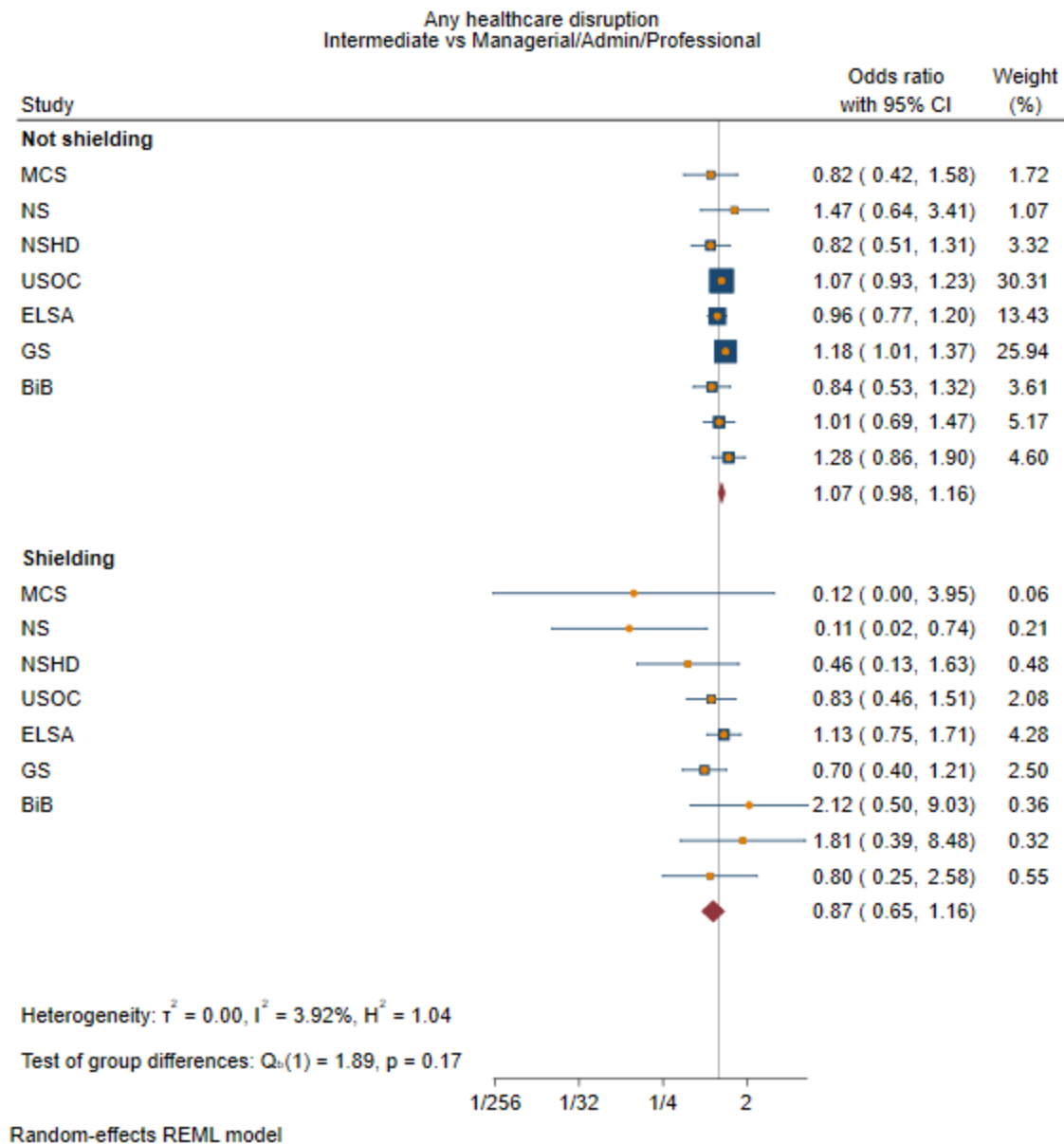
Sex



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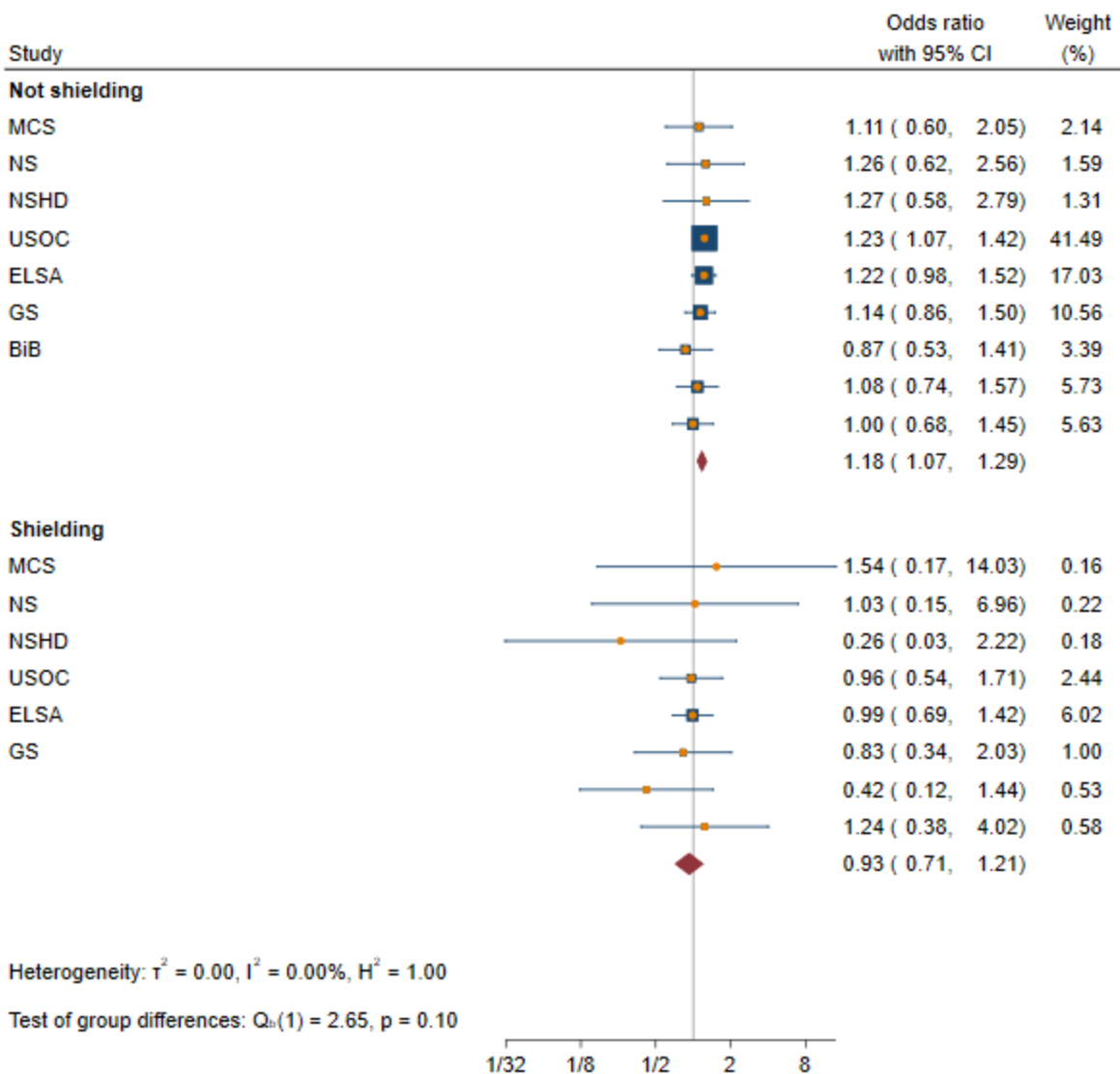
*Occupational class*

For peer review only



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Any healthcare disruption  
Manual/Routine vs Managerial/Admin/Professional

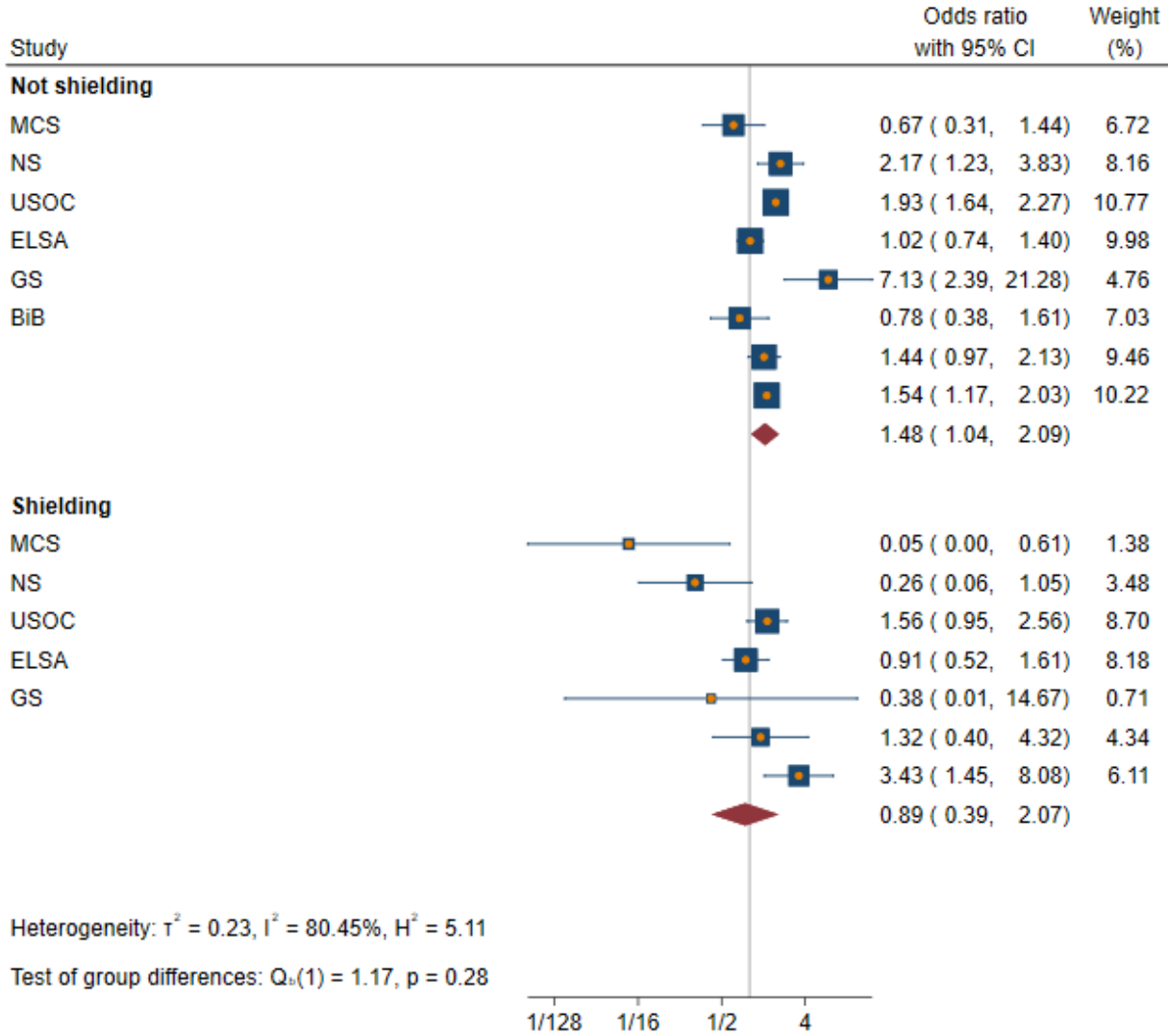


Random-effects REML model





Any healthcare disruption  
Other social class vs Managerial/Admin/Professional



Random-effects REML model

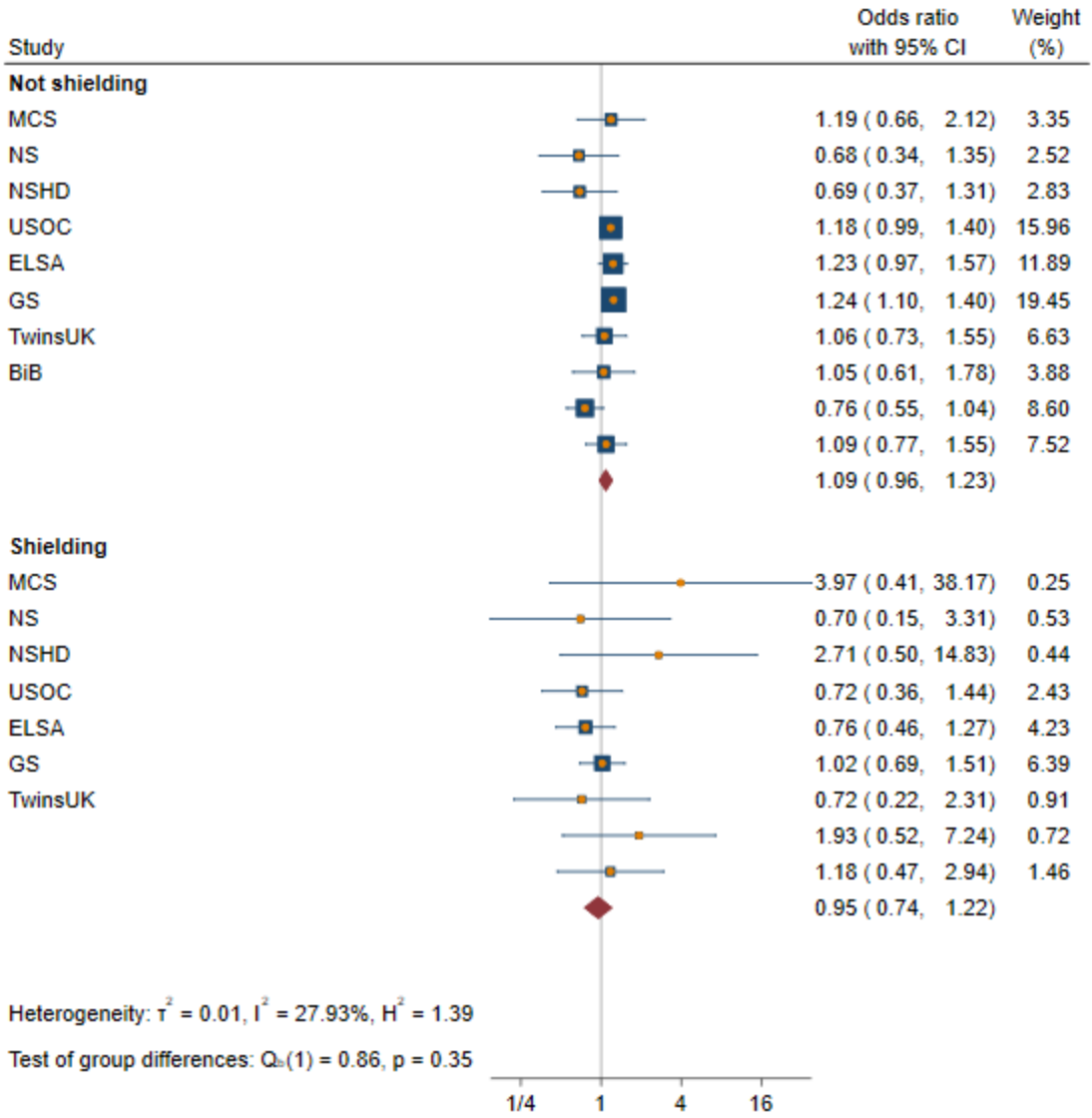
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*Education*

For peer review only

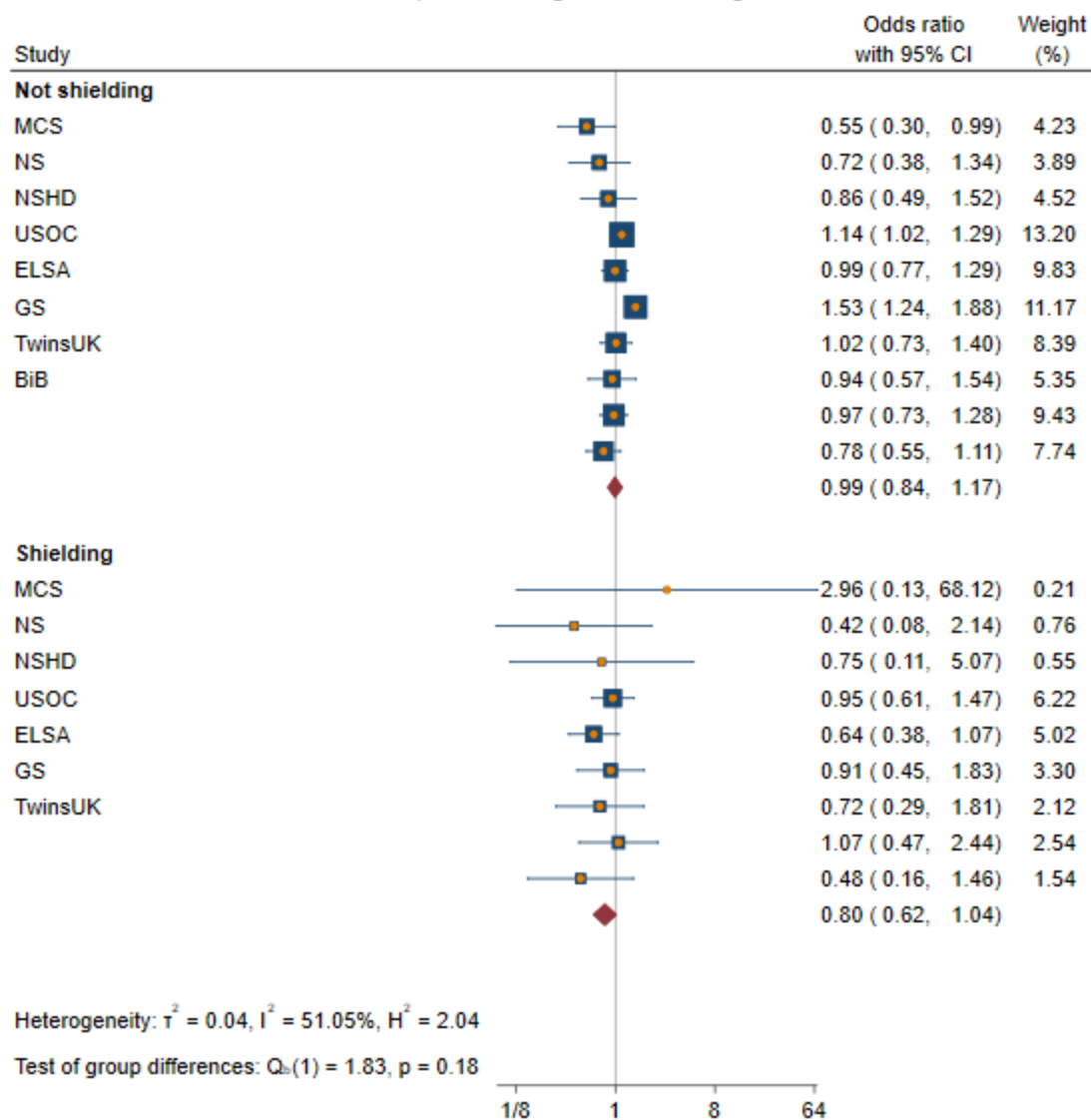
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Any healthcare disruption  
A-level/equivalent vs Higher education/Degree



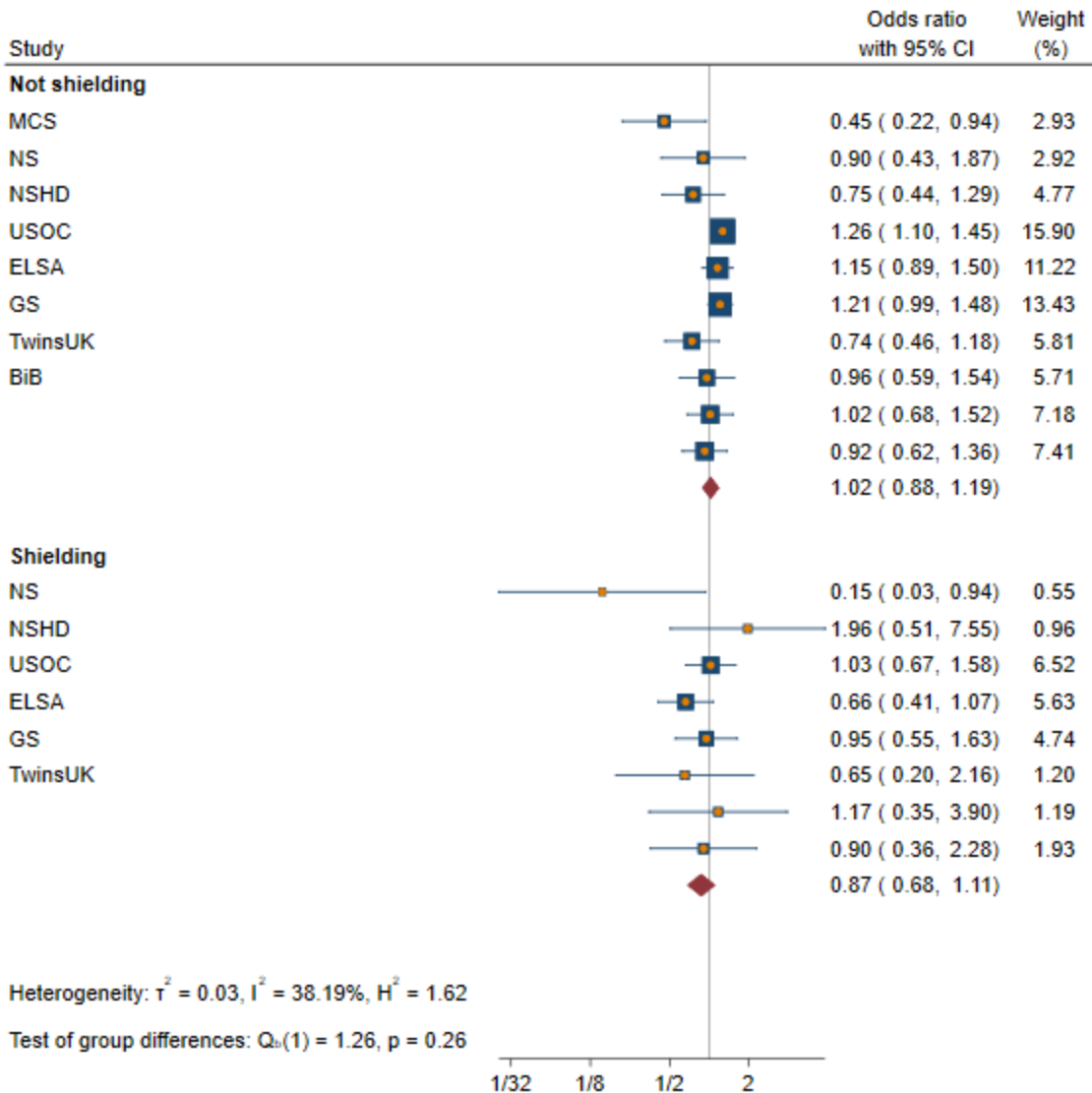
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Any healthcare disruption  
GCSE/equivalent vs Higher education/Degree

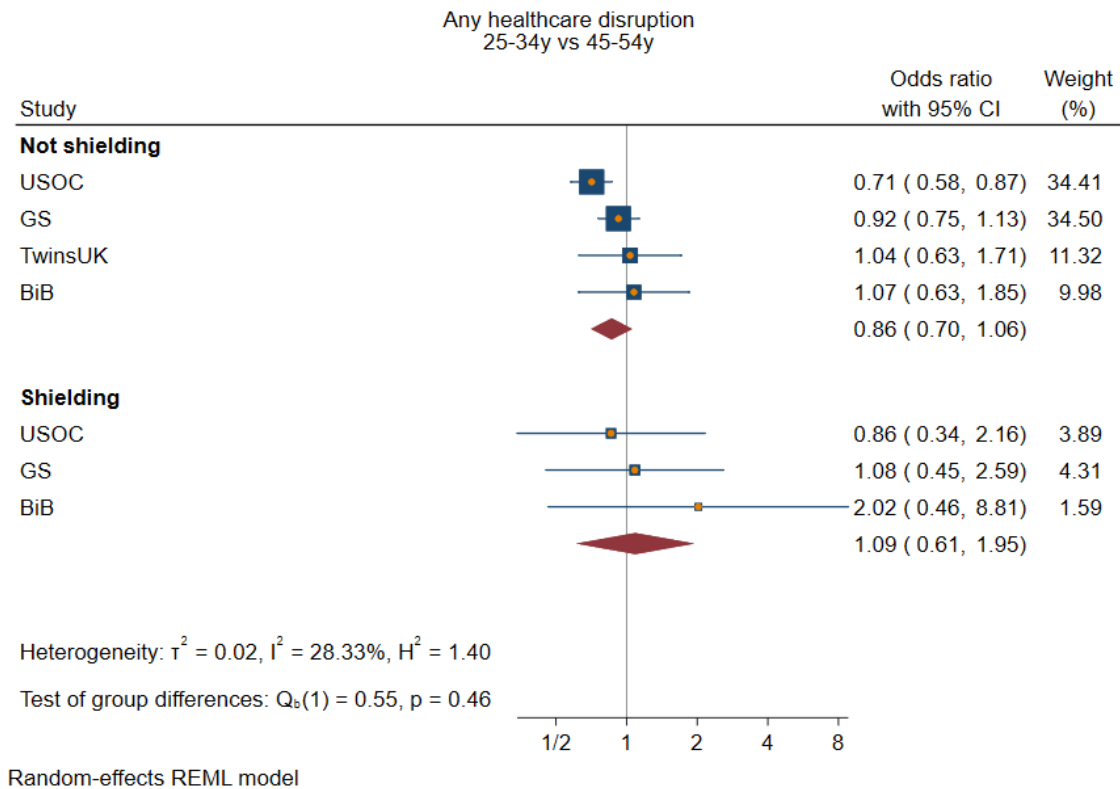
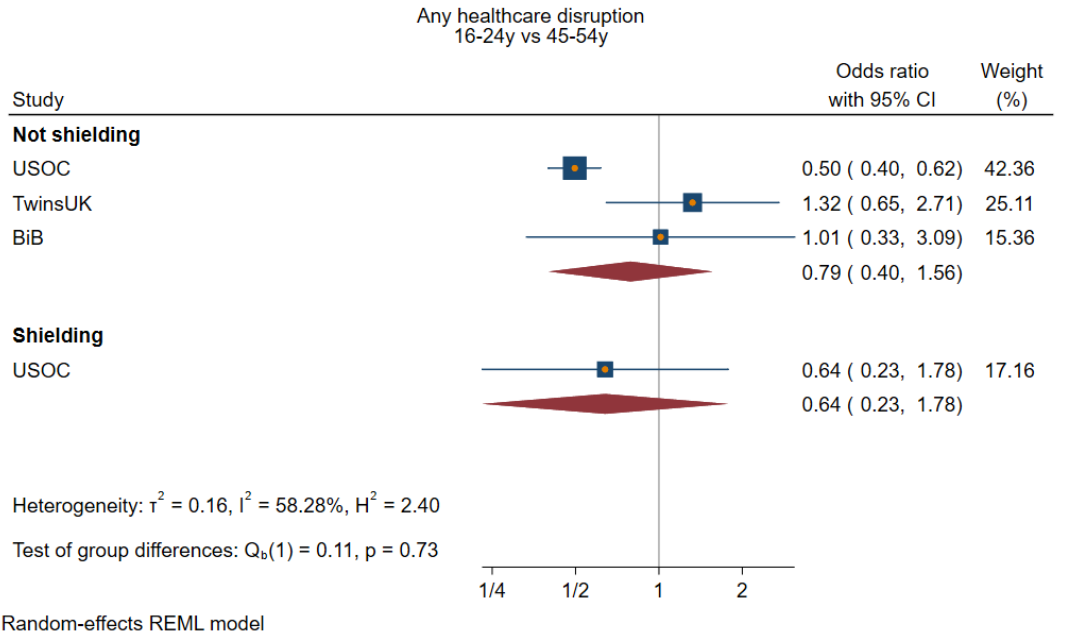


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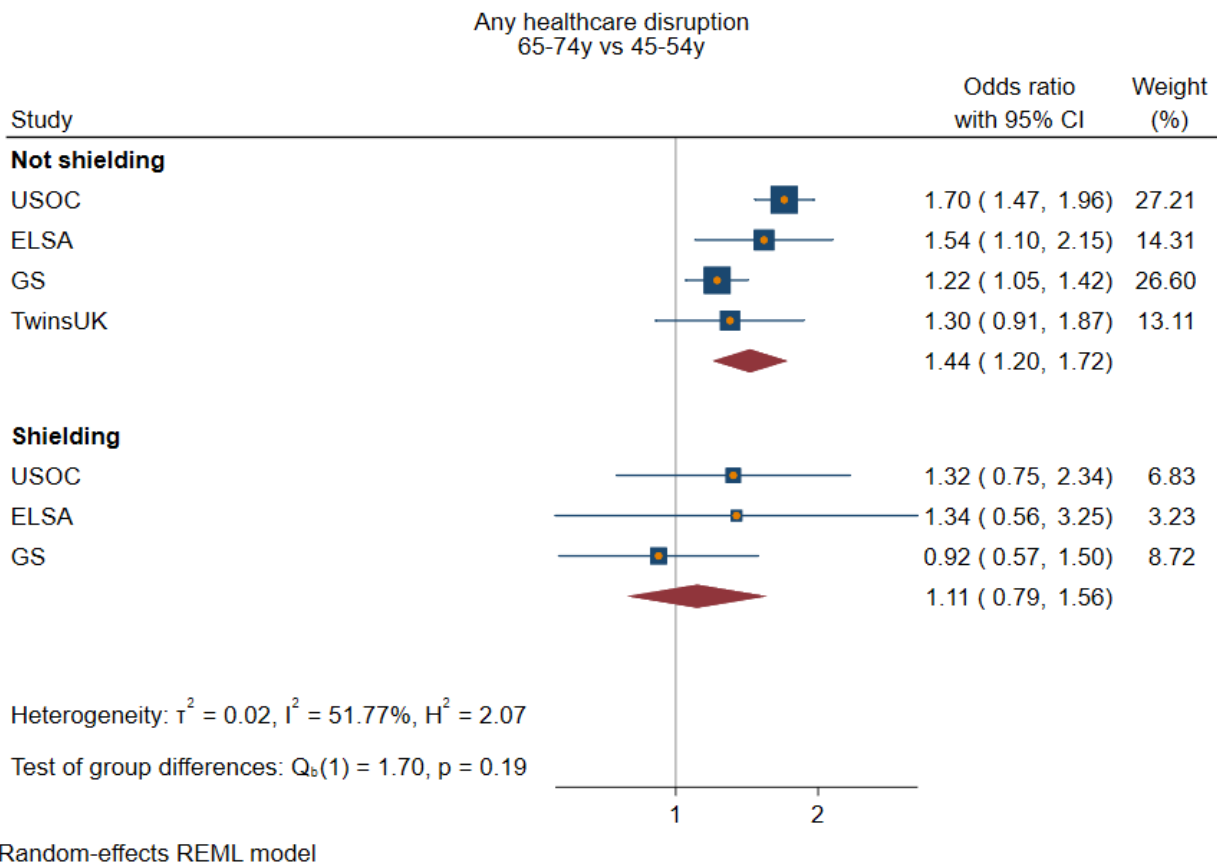
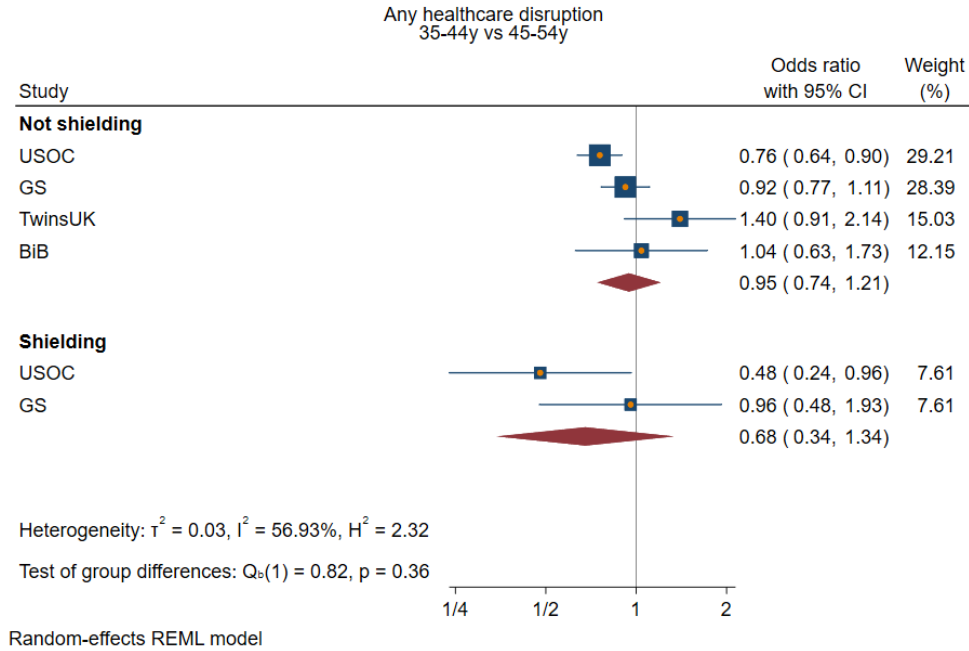
Any healthcare disruption  
<GCSE/equivalent vs Higher education/Degree



Age

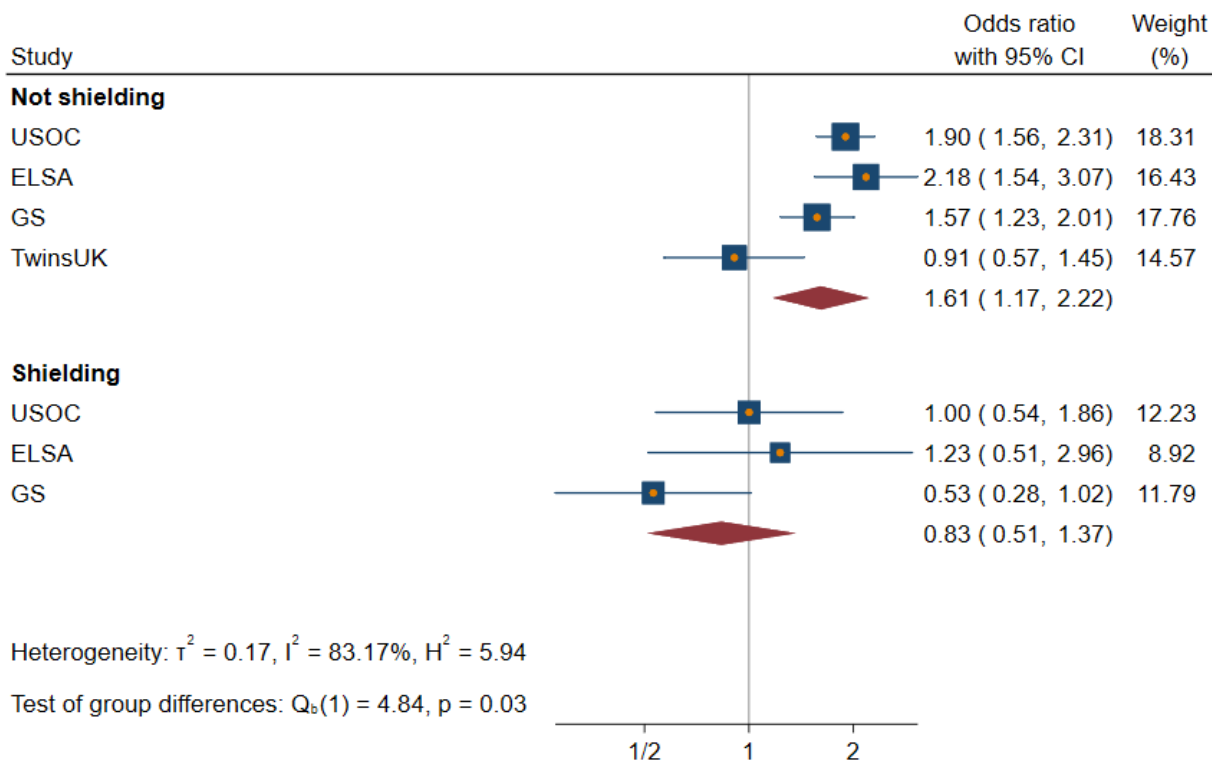


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Any healthcare disruption  
75y+ vs 45-54y



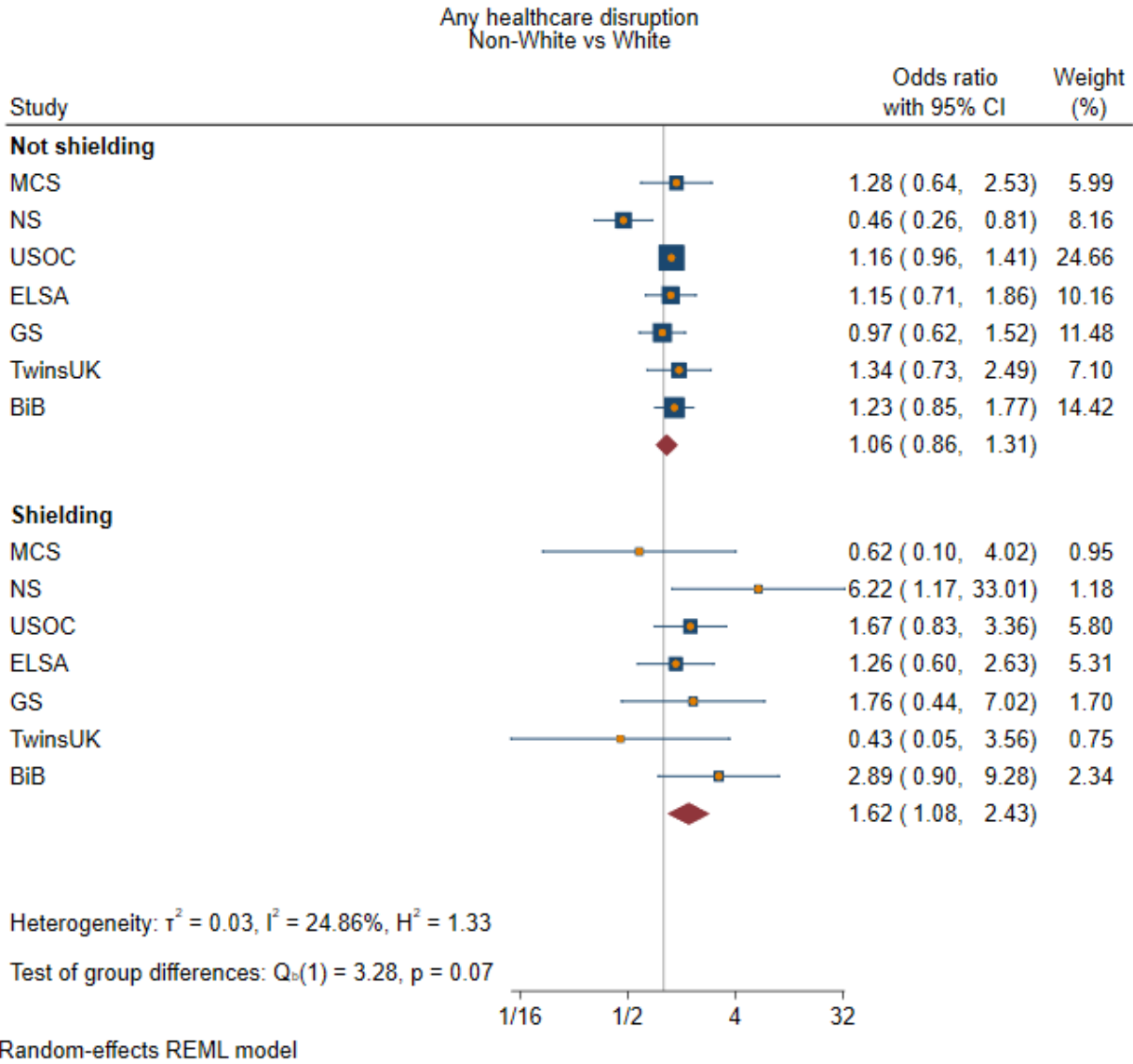
Random-effects REML model

view only



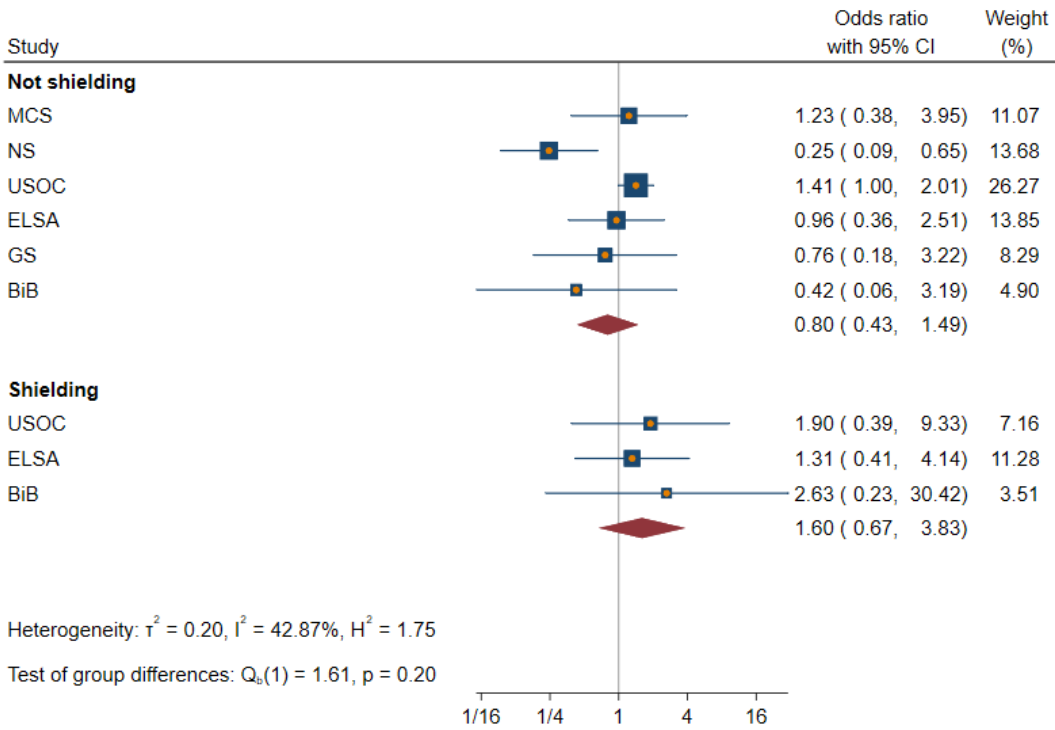
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For peer review only



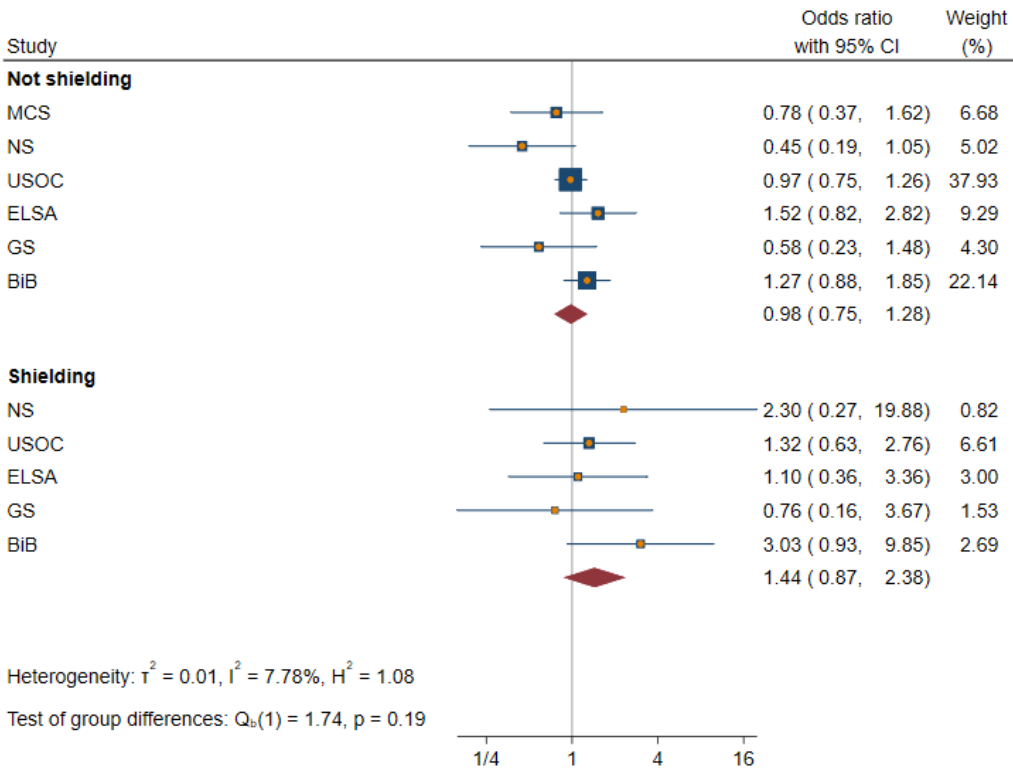
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Any healthcare disruption  
Black vs White

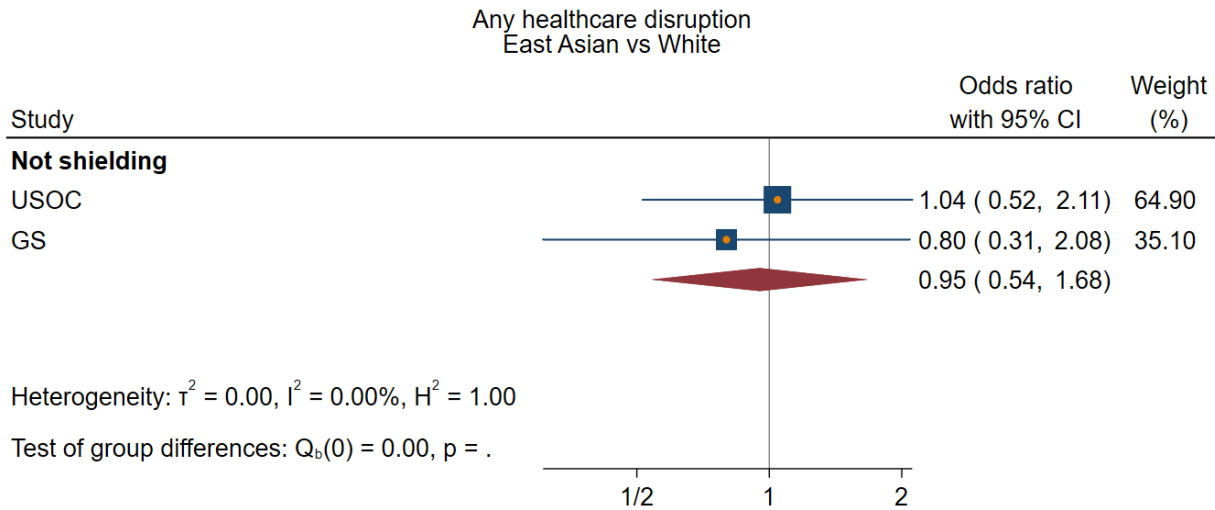


Random-effects REML model

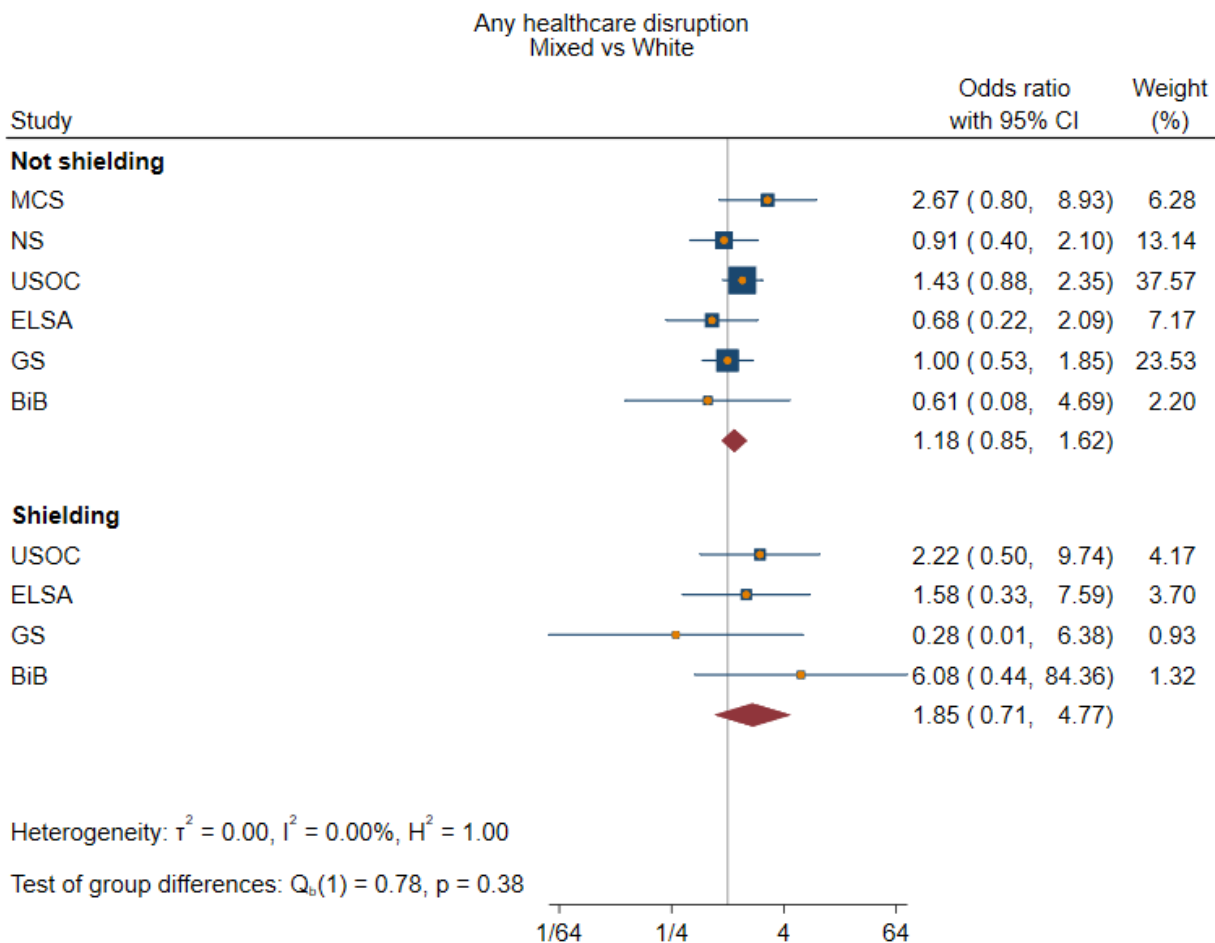
Any healthcare disruption  
South Asian vs White



Random-effects REML model



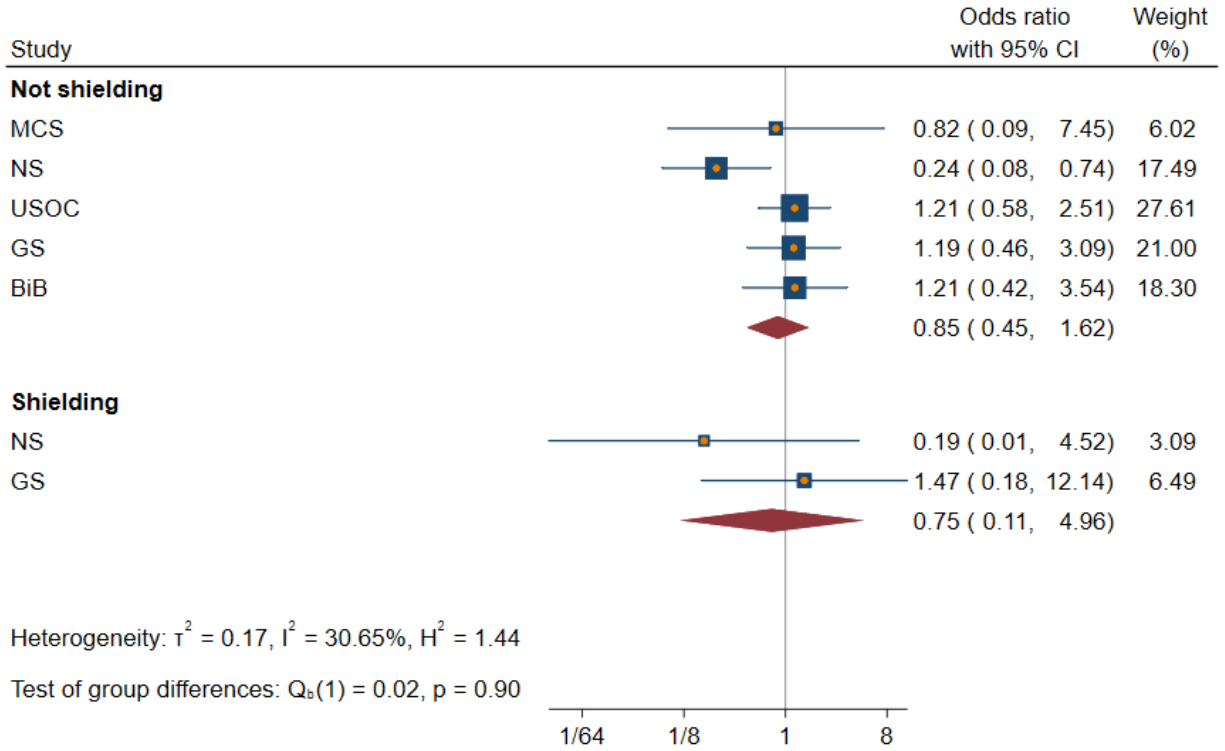
Random-effects REML model



Random-effects REML model

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Any healthcare disruption  
Other Ethnicity vs White

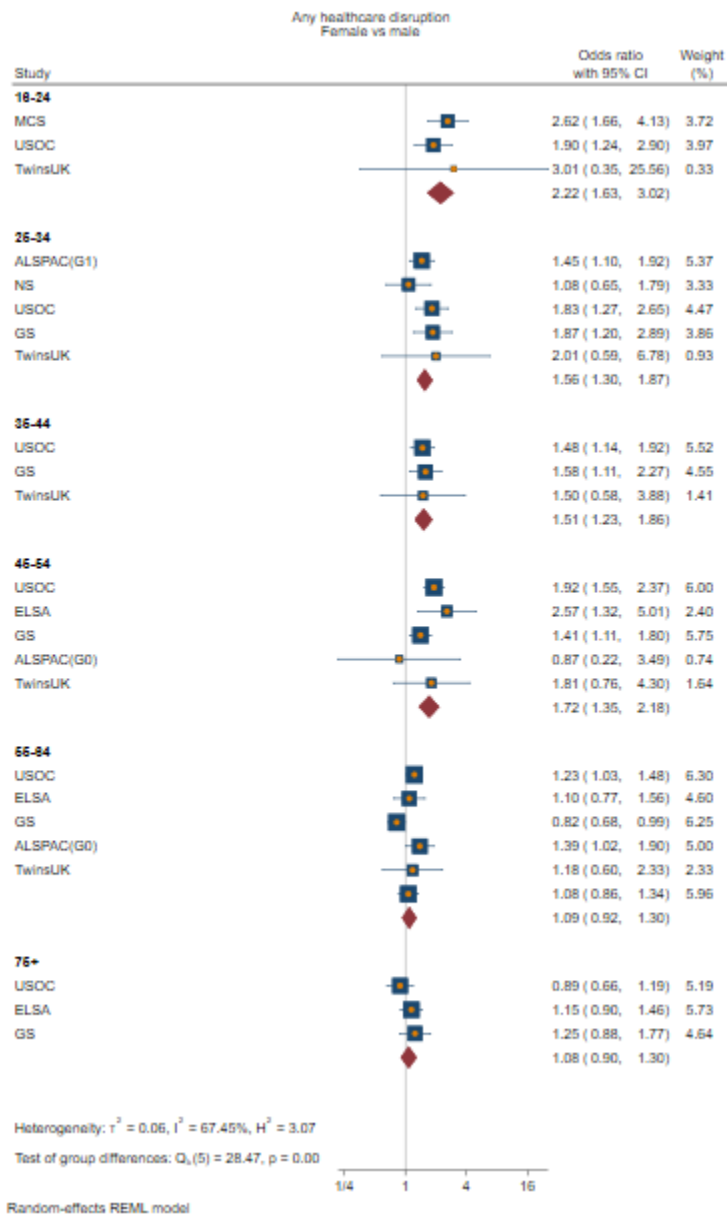


Random-effects REML model

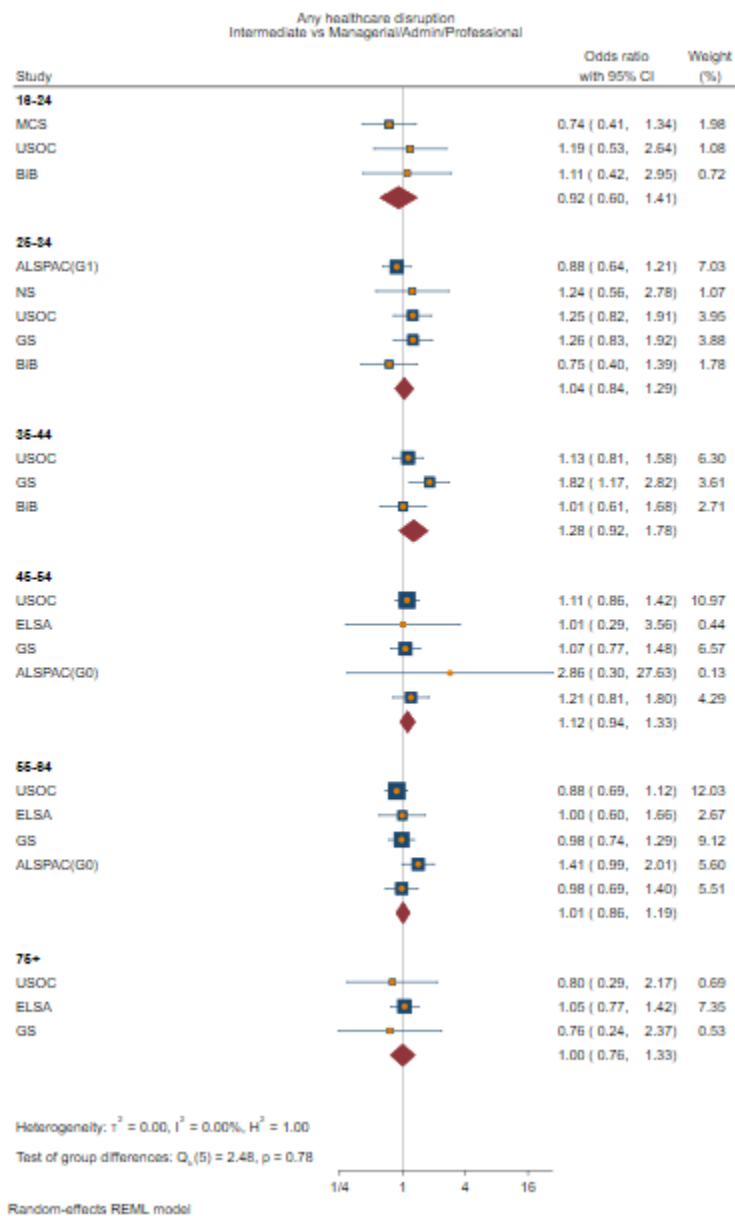
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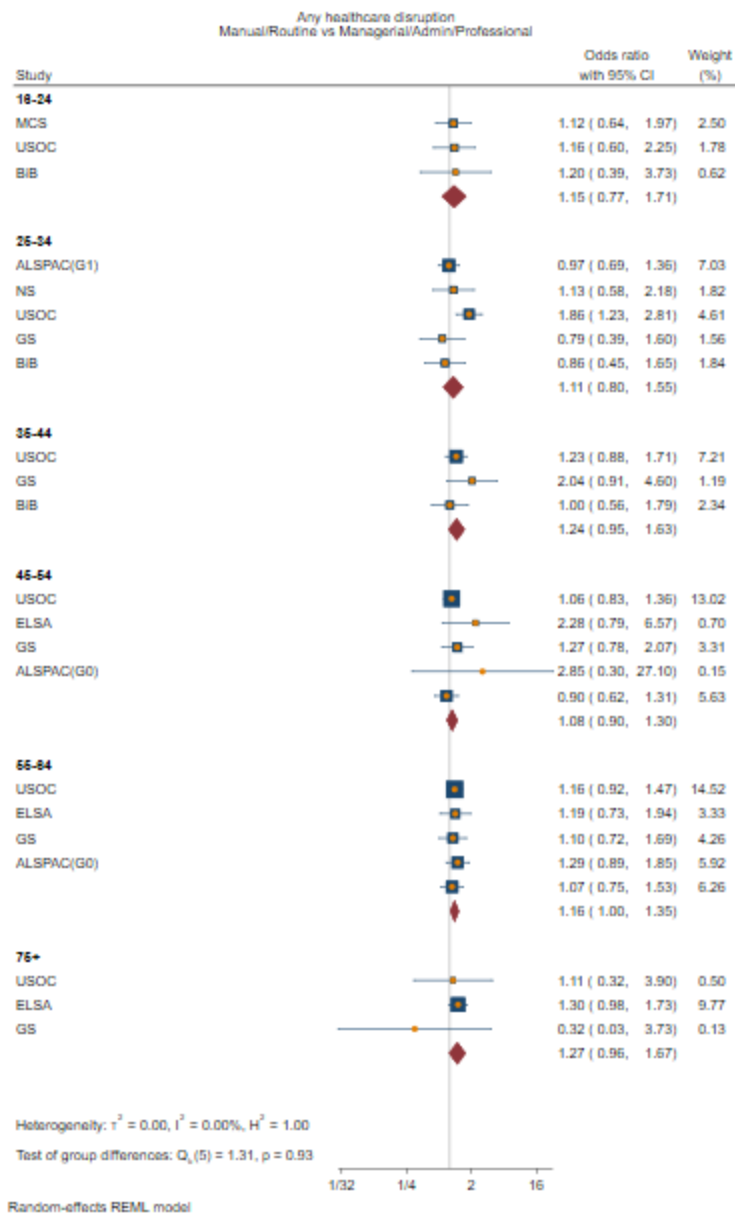
### Any healthcare disruption stratified by age

Sex

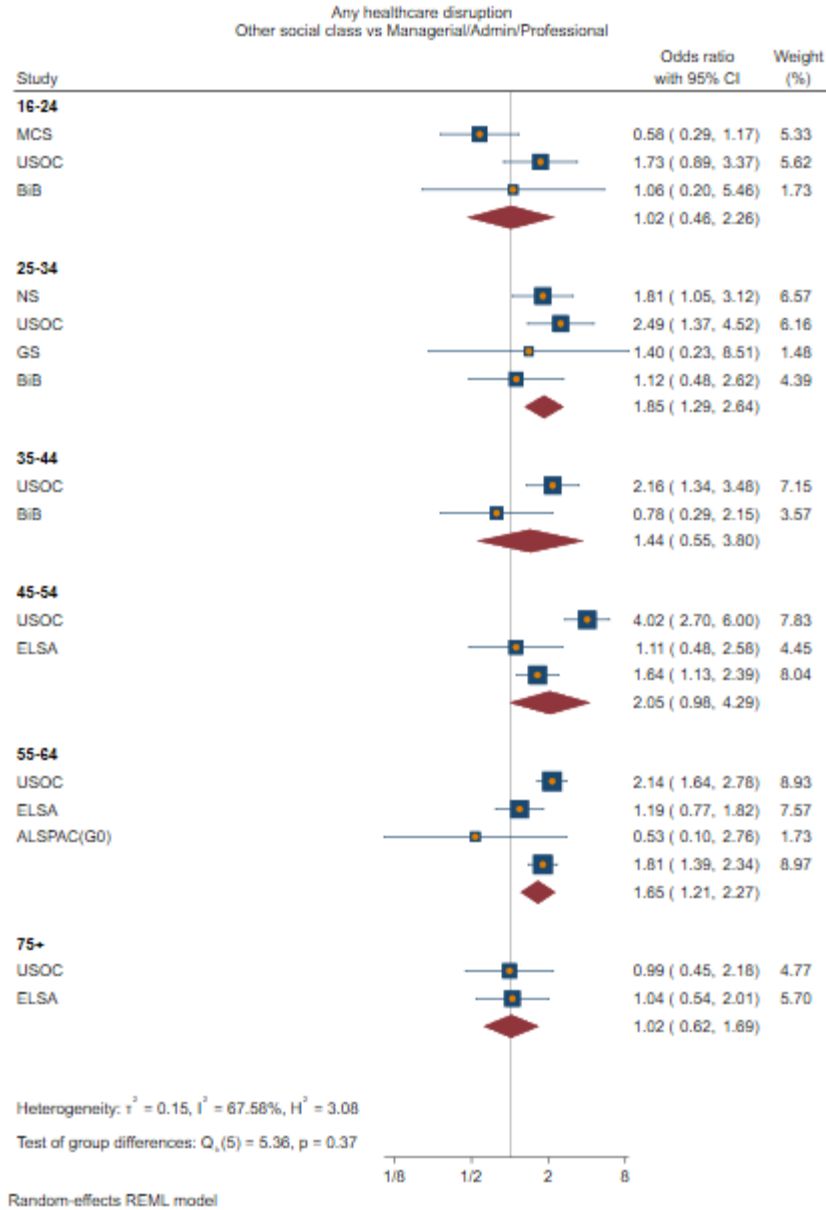


Occupational class

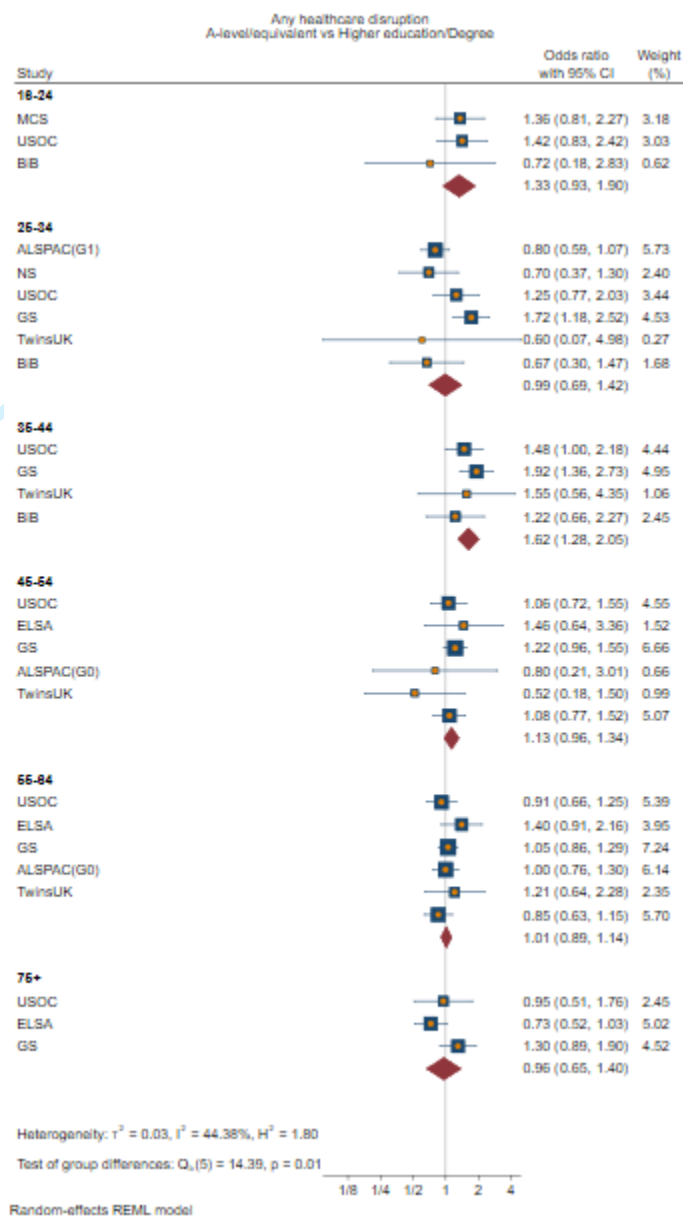


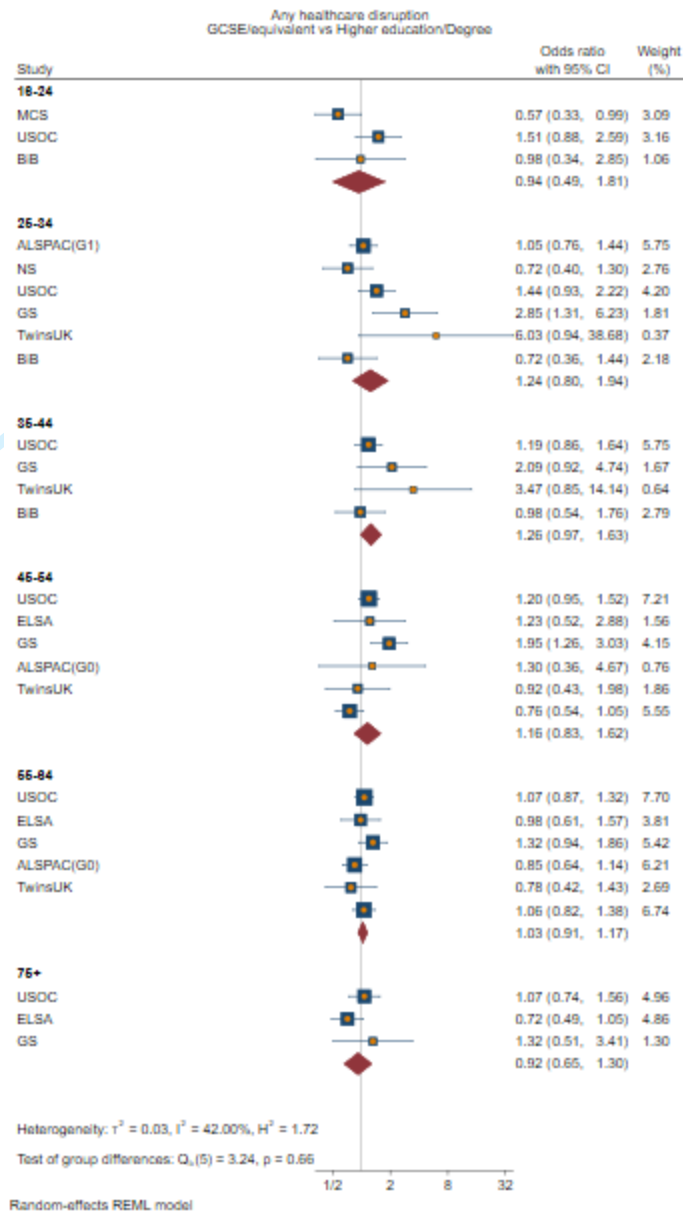


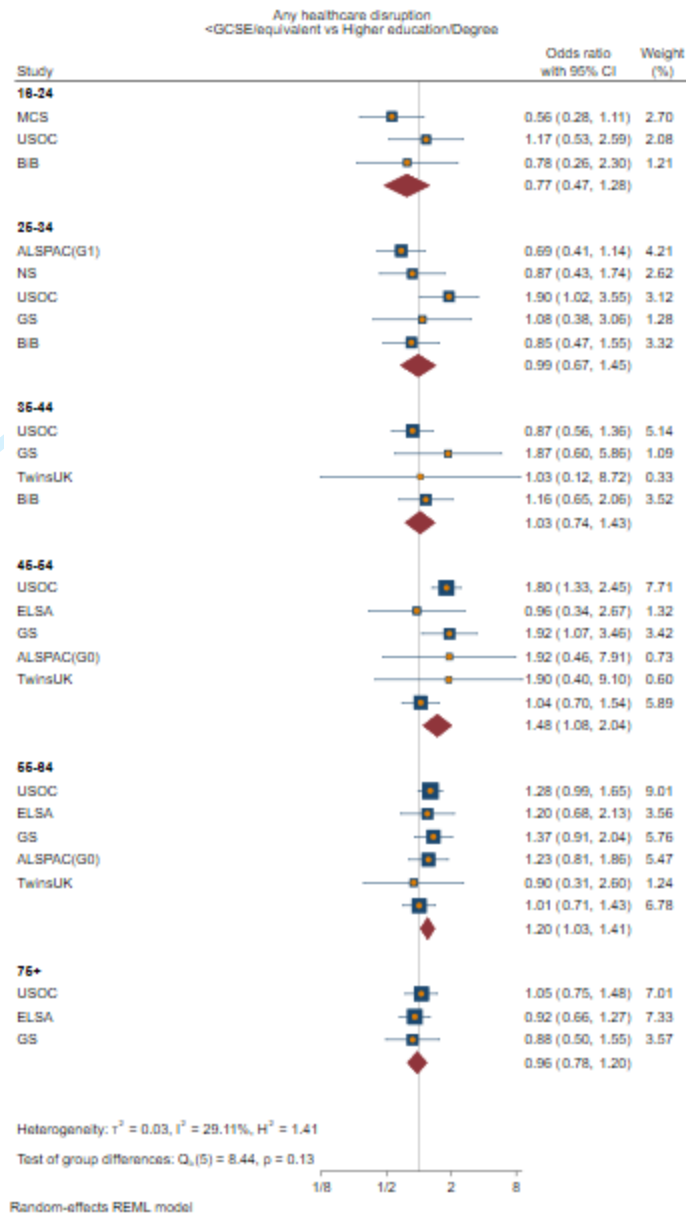




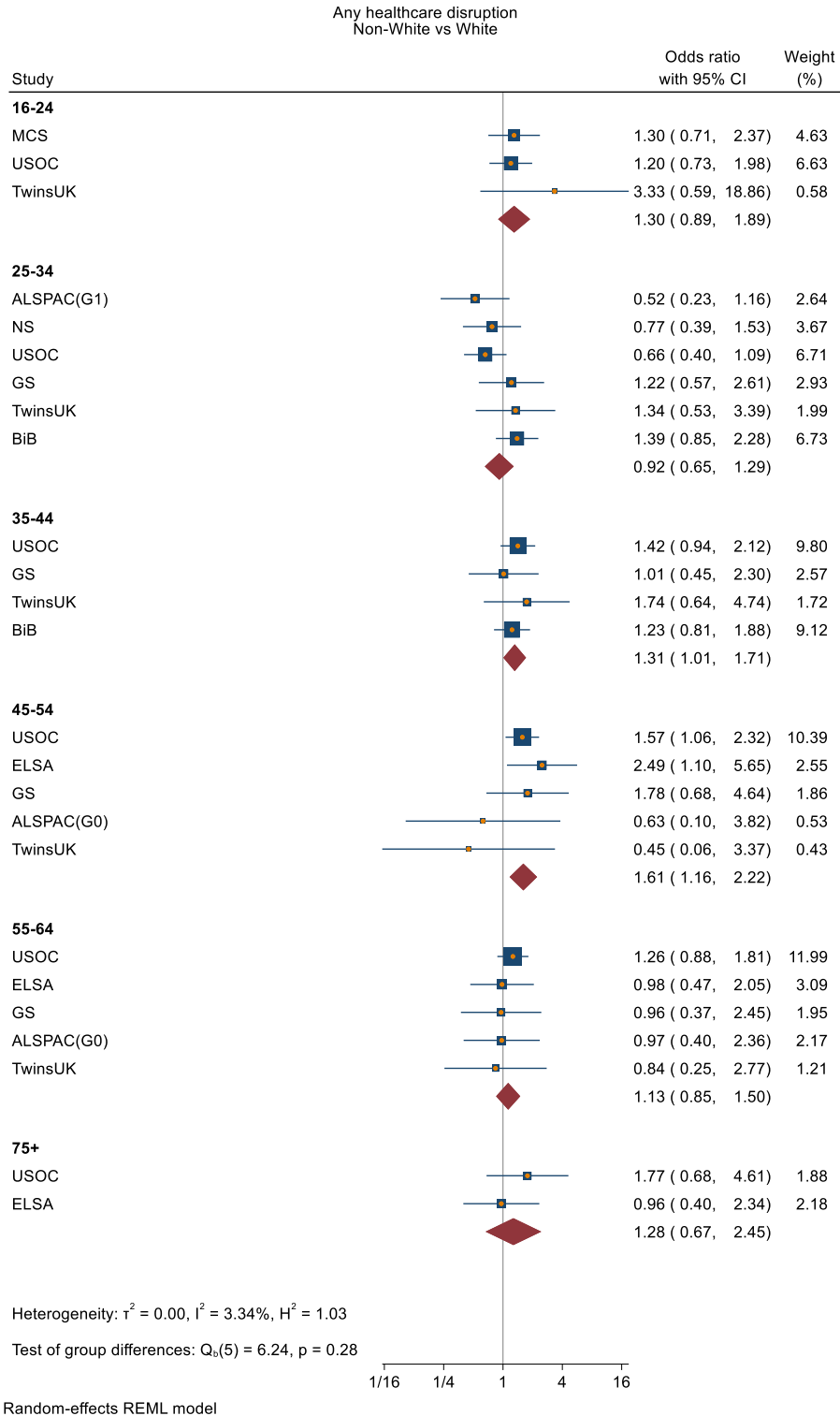
Education



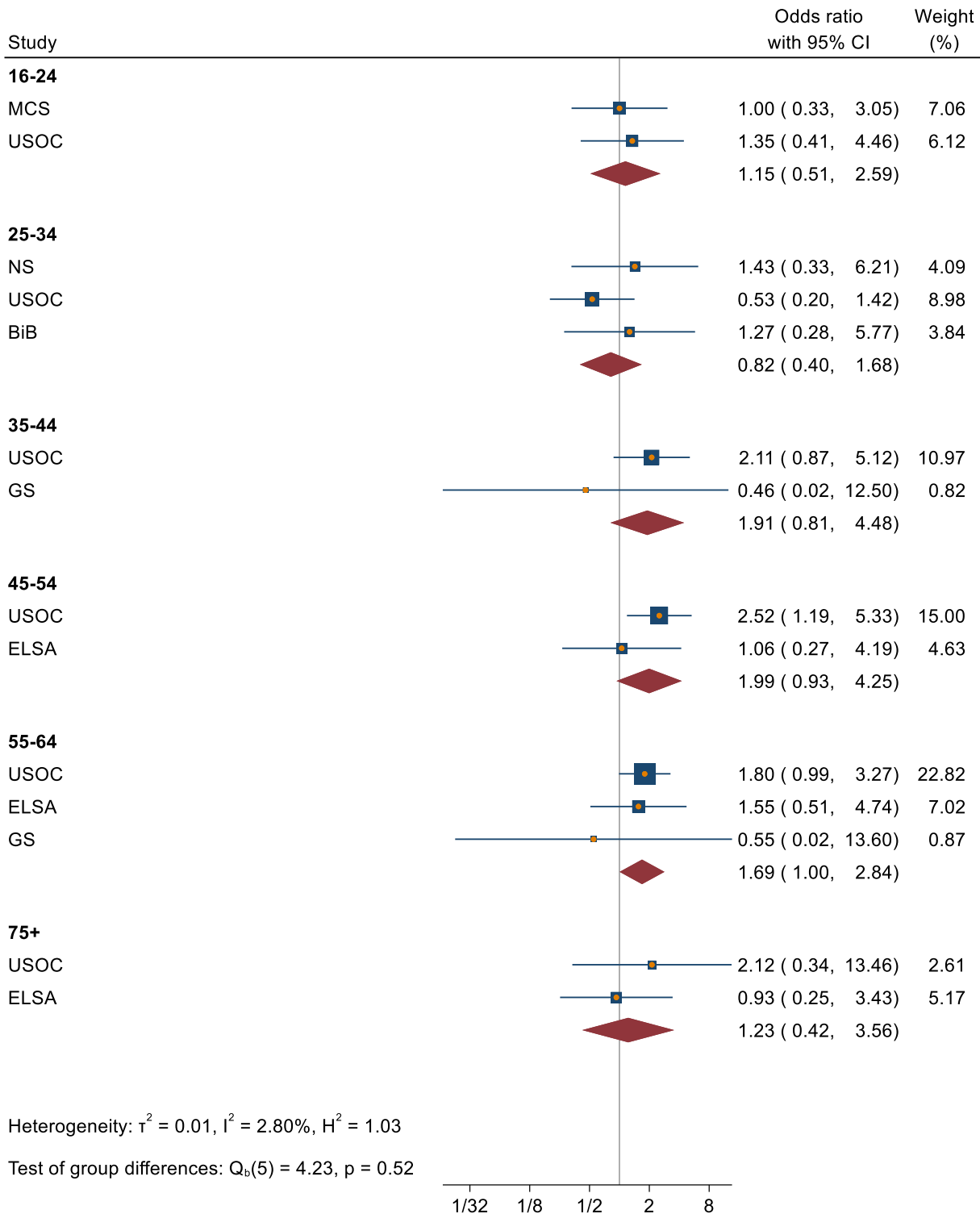




Ethnicity

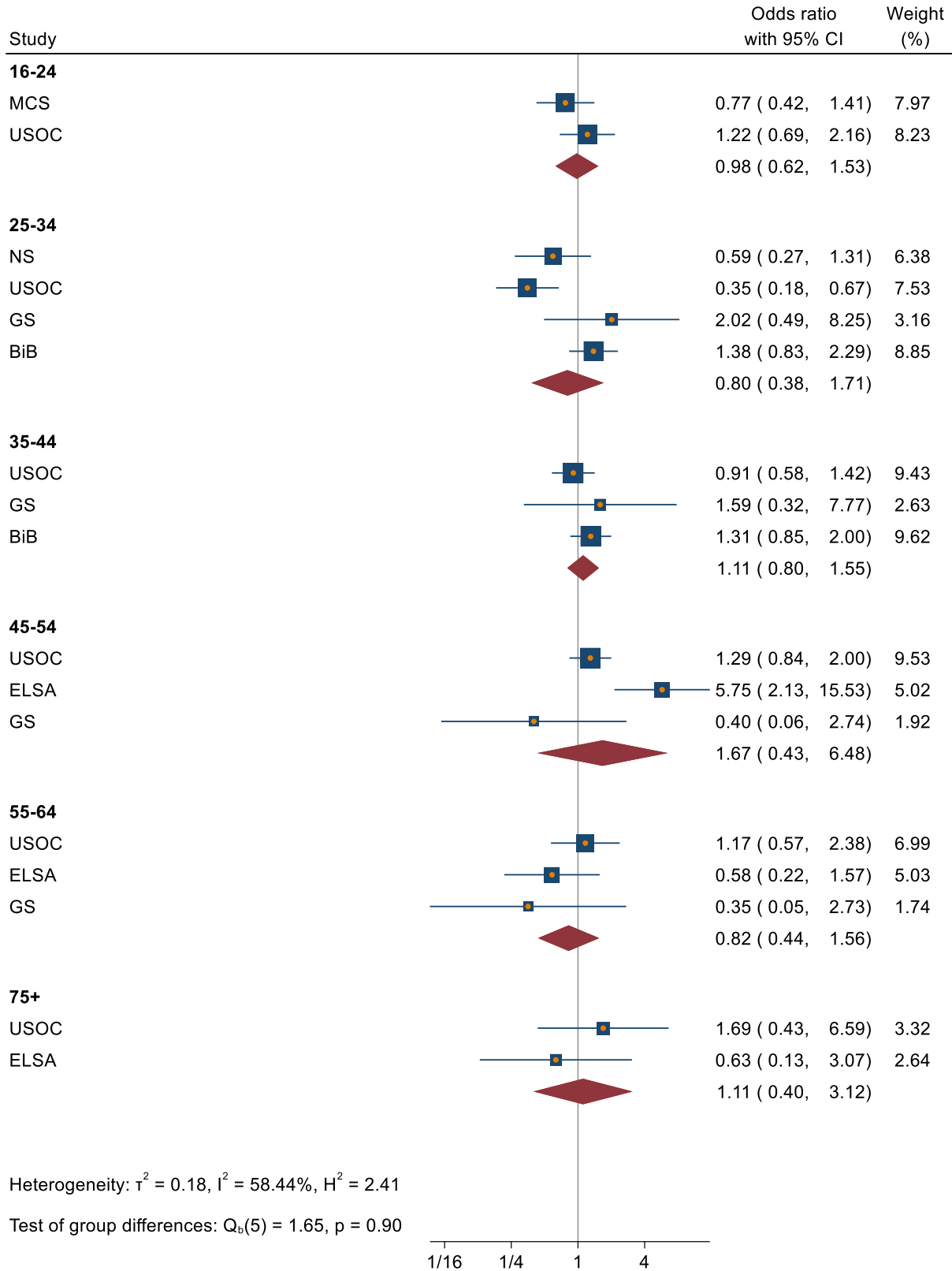


Any healthcare disruption  
Black vs White



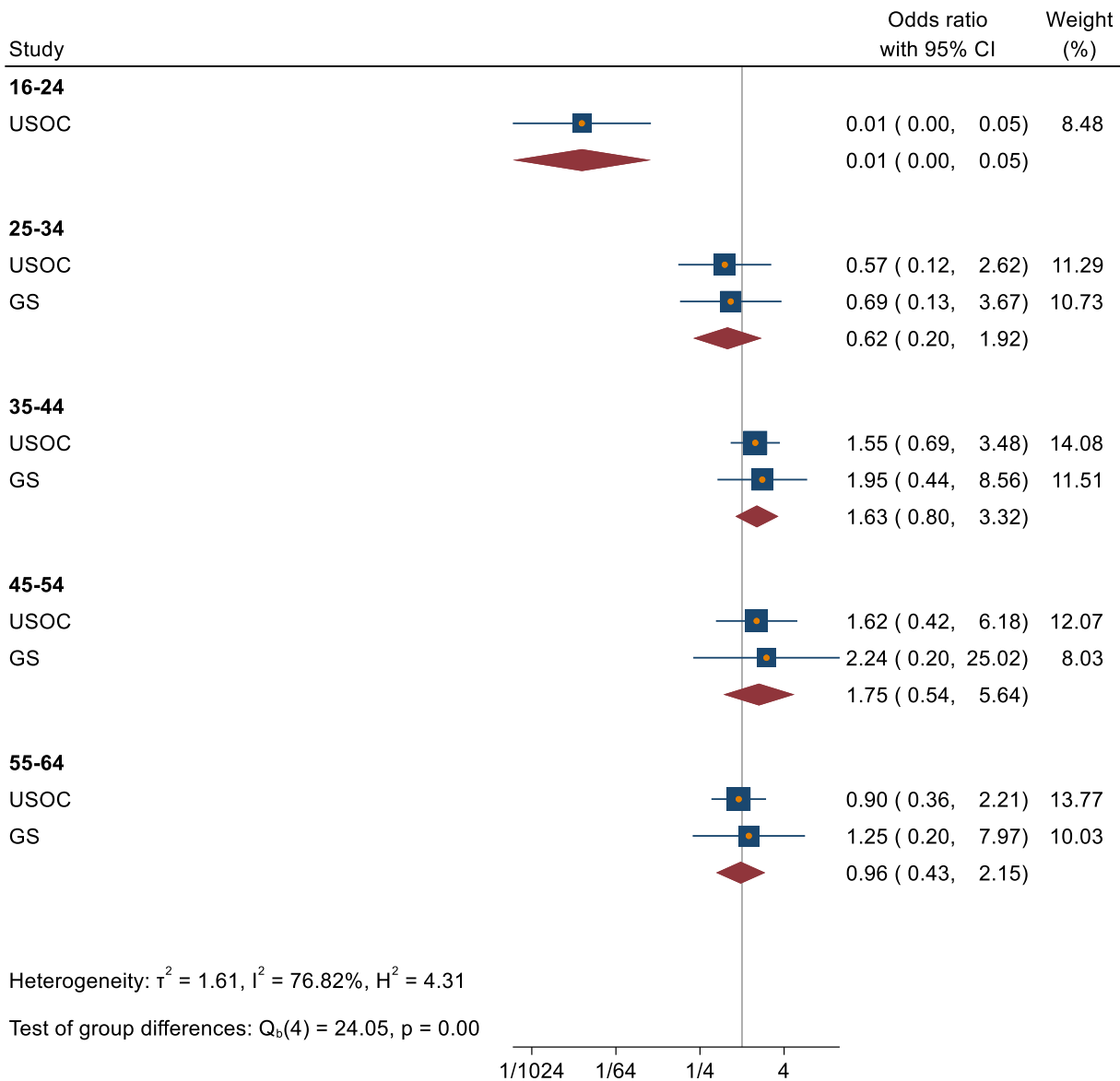
Random-effects REML model

Any healthcare disruption  
South Asian vs White



Random-effects REML model

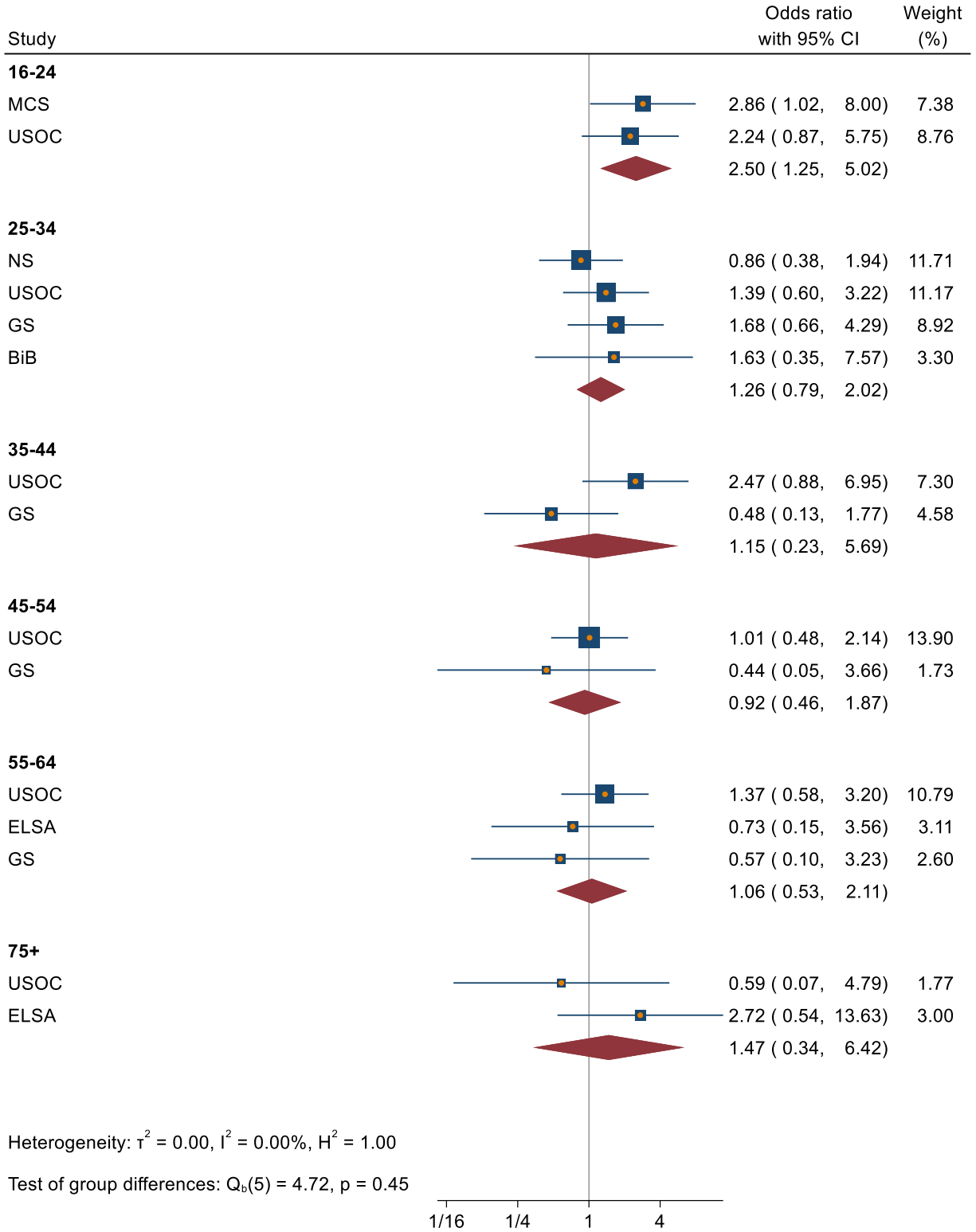
Any healthcare disruption  
East Asian vs White



Random-effects REML model



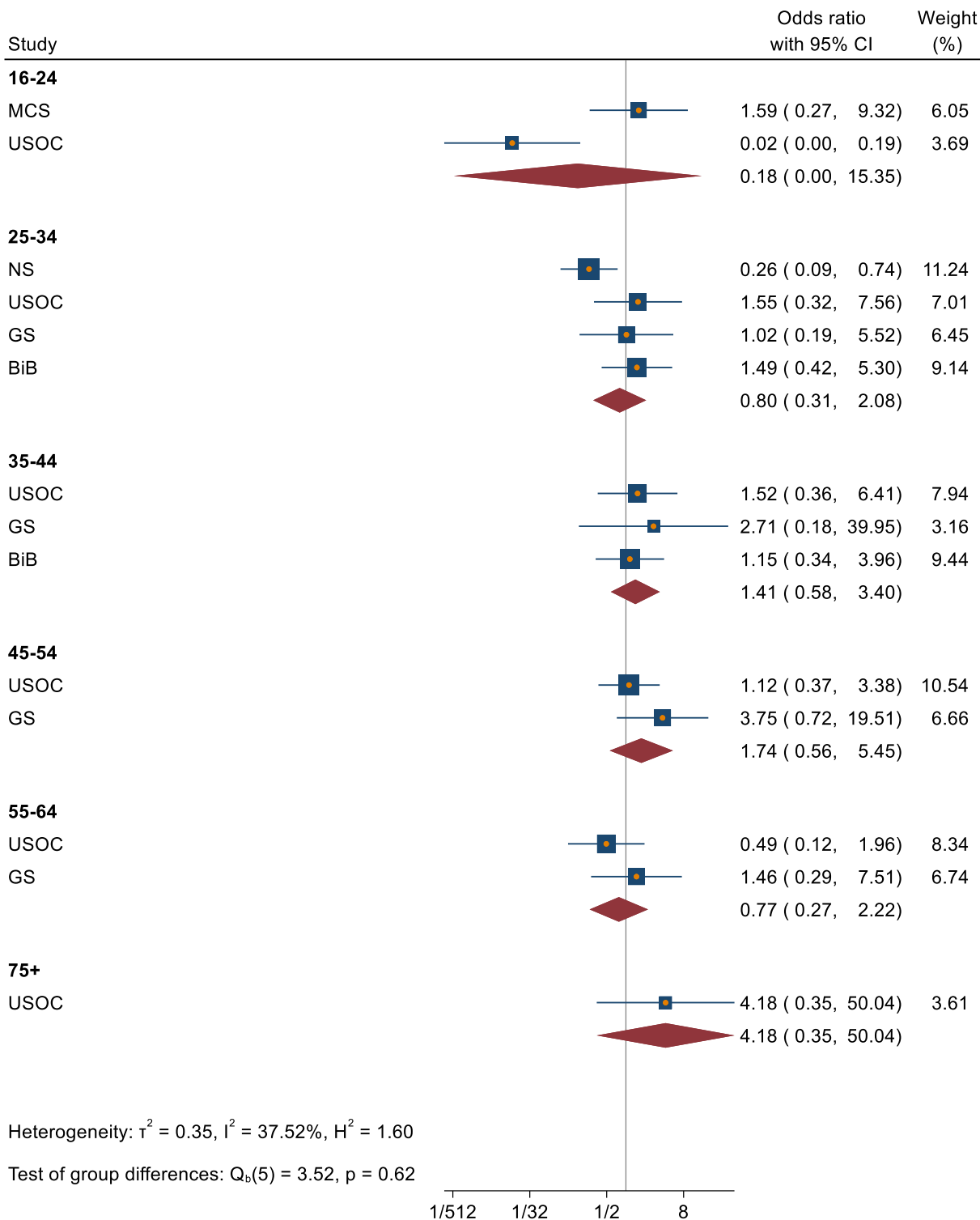
Any healthcare disruption  
Mixed vs White



Random-effects REML model

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Any healthcare disruption  
Other Ethnicity vs White



Random-effects REML model

STROBE Statement—Checklist of items that should be included in reports of *cohort studies*

	Item No	Recommendation	Page No
<b>Title and abstract</b>	1	(a) Indicate the study's design with a commonly used term in the title or the abstract (b) Provide in the abstract an informative and balanced summary of what was done and what was found	1-2
<b>Introduction</b>			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3-4
Objectives	3	State specific objectives, including any prespecified hypotheses	4
<b>Methods</b>			
Study design	4	Present key elements of study design early in the paper	4-5
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	4-5 & supplementary
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up (b) For matched studies, give matching criteria and number of exposed and unexposed	4 & supplementary
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	4-7 & supplementary
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	4-7 & supplementary
Bias	9	Describe any efforts to address potential sources of bias	4 & 8
Study size	10	Explain how the study size was arrived at	4 & supplementary
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	7-8 & supplementary
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding (b) Describe any methods used to examine subgroups and interactions (c) Explain how missing data were addressed (d) If applicable, explain how loss to follow-up was addressed (e) Describe any sensitivity analyses	7-8 & supplementary
<b>Results</b>			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed (b) Give reasons for non-participation at each stage (c) Consider use of a flow diagram	9 & supplementary
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders (b) Indicate number of participants with missing data for each variable of interest (c) Summarise follow-up time (eg, average and total amount)	9 & supplementary
Outcome data	15*	Report numbers of outcome events or summary measures over time	9-12 & supplementary

1	Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	9-12 & supplementary
2			(b) Report category boundaries when continuous variables were categorized	
3			(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
4	Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	12& supplementary
5	<b>Discussion</b>			
6	Key results	18	Summarise key results with reference to study objectives	13
7	Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	14-15
8	Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	15-16
9	Generalisability	21	Discuss the generalisability (external validity) of the study results	14-15
10	<b>Other information</b>			
11	Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	17

\*Give information separately for exposed and unexposed groups.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at <http://www.strobe-statement.org>.