

Spotlight on...

EASING LOCKDOWN RESTRICTIONS

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £92bn of annual expenditure and employing more than one million staff.

Summary

With the UK currently in lockdown, the government and parliament have difficult decisions to make in determining the next steps to manage the pandemic. As the government creates a roadmap to ease restrictions on social contact, NHS trust leaders in England continue to argue for a cautious and measured approach, as they have done throughout the pandemic.

Trust leaders are deeply proud of the part they are playing in the outstanding success of the vaccination campaign. But, for some time yet, the restrictions on social contact will remain essential to save lives, reduce patient harm and ensure the NHS can treat all the patients it needs to.

Trust leaders recognise there is an important balance to strike between competing priorities: protecting people's livelihoods, protecting the wider economy, protecting mental health and wellbeing and protecting lives and the NHS's ability to treat all who need care. But we should be wary of assuming that the maintenance of appropriate restrictions on social contact and a vibrant economy are binary opposites as much of the public debate implies. A healthy economy depends on a healthy public and bouncing in-and-out of repeated lockdowns, due to premature relaxation of restrictions, risks doing more long harm to the economy than taking a more cautious approach.

Trust leaders are concerned that if restrictions are eased too quickly, as happened last year, the infection rate could increase rapidly again, putting lives unnecessarily at risk and raising the possibility of the need for another national lockdown.

NHS trust leaders therefore believe it is vital that the government approach to easing lockdown restrictions is driven by data and evidence rather than arbitrary dates. They believe there are four key, evidence and data driven, tests that must be passed before the government eases restrictions:

- **Test 1**

Case numbers and the virus reproduction rate (the R number) must drop to a sufficiently low level that we can be confident the virus will not immediately start re-spreading to the extent that it did last year when restrictions were lifted.

- **Test 2**

NHS capacity needs to have returned to levels where we can be confident that the NHS can treat all the patients it needs to.

- **Test 3**

The vaccination campaign needs to be sufficiently advanced to provide adequate levels of protection before restrictions are relaxed. The government needs to be clear on what level of risk of mortality and harm it is prepared to accept as it aligns the relaxation of restrictions with the progress of the vaccination campaign.

- **Test 4**

We need to be certain that there is a robust and effective strategy to identify and control future outbreaks from the variant strains that now pose the greatest threat from COVID-19.

We have deliberately not set precise thresholds for each of these tests as only the government has access to all the evidence and data required to do so. But trust leaders believe it is vital that, when the government sets out its roadmap next week, it sets clear thresholds in each of these four areas.

We all want this latest national lockdown to be the last. But for that to be the case, the evidence in each of these areas must show that, through a combination of measures, the pandemic has been contained and we can continue to contain it. Given the national sacrifices that have been made over the last year, it would be a grave mistake to lift the current restrictions on social contact prematurely and trigger further waves of the pandemic, as happened last year.

Test 1

Case numbers and the virus reproduction rate (the R number) must drop to a sufficiently low level that we can be confident the virus will not immediately spread as it did last year when restrictions were lifted

The national lockdown has held the virus at bay, but it is still circulating in the community. From 7-14 February 2021, on average 11,605 people in England tested positive for COVID-19 a day.¹ In contrast, when restrictions began easing last summer, case rates were around 1,000 a day.² Trust leaders note that key members of SAGE are calling for daily case numbers to be below 1,000 (compared to 9,499 at present)³ and total case numbers to be below 50,000 (compared to 695,400 at present)⁴ before restrictions are lifted.⁵

The rollout of vaccinations will, over time, reduce the pressure on hospitals as more people are inoculated against the worst effects of the virus. However, there are still unknowns, such as the impact of new variants, the impact of long-COVID, the impact the vaccination will have on infection rates and the impact vaccinating the highest priority groups will have, as we discuss further later in this briefing. Trust leaders want to see case numbers drop to consistently low levels nationwide before any restrictions are lifted to avoid the risk of triggering another wave of infection.

In the summer, London case rates reduced significantly, however, in the north of England levels remained higher, and as soon as restrictions were eased, case rates, hospital admissions and deaths rose rapidly. In order to prevent this happening again, restrictions need to be eased gradually, so any spike in cases can be tackled quickly and we must avoid relaxing restrictions prematurely.

The impact of the delay in moving London and parts of the South East into Tier 4 and easing restrictions on social contact over Christmas, was seen in the surge in cases in the run up to the new year. Trust leaders are concerned that unless we get case rates and the R number to drop to an appropriately low, safe, level across the country before we start lifting restrictions, we are going to see another rapid increase in cases.

The new B.1.1.7 variant, first identified in Kent, is more transmissible and is now the dominant strain across the country. With this variant, it is unclear how quickly we would see a surge in cases again once restrictions are eased. It is therefore important that, unlike last year when several restrictions were loosened at once, restrictions are eased in stages, with evidence understood at each stage before the next set of restrictions is eased.

1 Over the last 7 days to 14 Feb. <https://coronavirus.data.gov.uk>

2 Although this figure needs to be caveated, that this was before the increase in testing capacity, it shows how much higher the prevalence of the virus is this time round.

3 Latest number of England daily cases reported (14 Feb). <https://coronavirus.data.gov.uk>

4 Latest ONS infection survey estimate of current cases in the community in England (published 12 Feb, data refers to the week ending 6 Feb).

5 www.eveningexpress.co.uk/news/uk/dramatic-fall-in-covid-cases-needed-before-easing-lockdown-government-adviser

Test 2

NHS capacity needs to have returned to levels where we can be confident that the NHS can treat all the patients it needs to

Over each of the last five winters, demand for NHS beds has significantly outstripped capacity. Yet the NHS has fewer beds in operation than last year, due to infection control measures, and many thousands of the remaining beds occupied by COVID-19 patients. Currently, there are 65% more critical care beds open than at the same point last year.⁶ Much of the focus has been on hospital capacity but it is important to understand that the rest of the NHS is under huge pressure too. Ambulance trusts are dealing with additional challenges as a result of the pandemic, due to increased infection, prevention and control measures and severe pressures in hospitals leading to handover delays. We are also seeing significantly increased demand for mental health services, including from children and young people. There is also sustained pressure on community services which are proving pivotal in supporting new 'discharge to assess' models to allow patients home and into community settings once they are fit to leave hospital, and in supporting those with long-COVID.

While it is widely acknowledged⁷ that we have passed the current peak, trust leaders note that, there were still 19,009 COVID-19 patients still in hospital at the end of last week,⁸ compared to 18,974 at the peak of the first phase of the pandemic.⁹ They also note that on 10 September 2020¹⁰ the NHS had only 572 COVID-19 inpatients but came incredibly close to being overwhelmed just 15 weeks later. The numbers of patients in hospital as seen from figure 1 were nearly double those of the first peak, so it will take time for the number of patients to get down to a level where we can be confident the NHS will be able to cope with any surge resulting from loosening restrictions.

6 NHS England weekly Urgent and Emergency Care Daily Situation Reports 2020-21. <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/urgent-and-emergency-care-daily-situation-reports-2020-21>

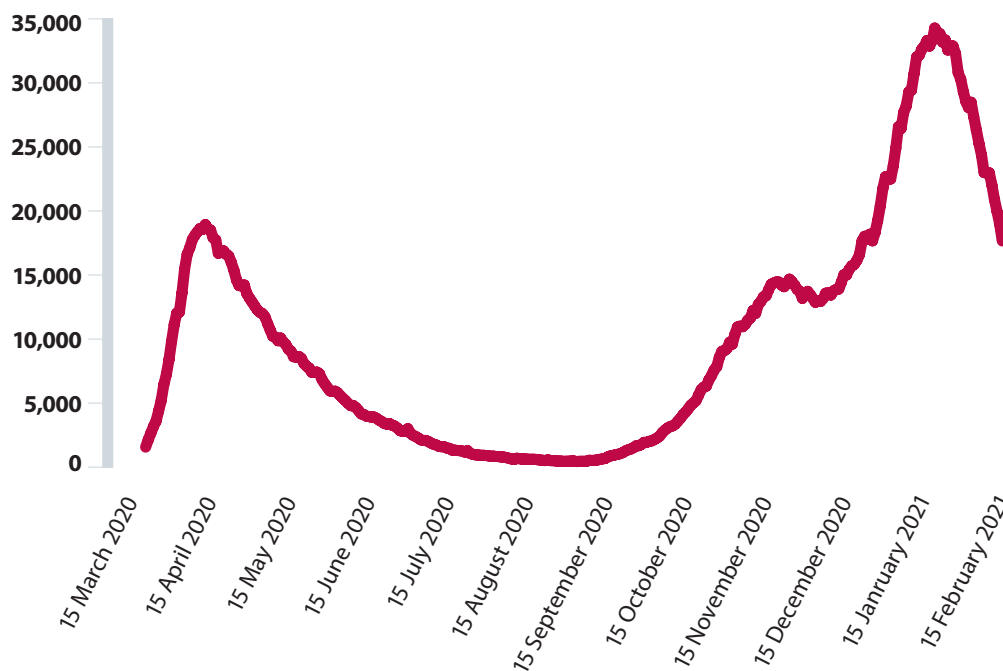
7 At the Downing Street briefing on 3 February, Professor Chris Whitty, chief medical officer, said "I think that most of my colleagues think we are past the peak".

8 Patients in hospital in England on 12 Feb. <https://coronavirus.data.gov.uk>

9 NHS England weekly Urgent and Emergency Care Daily Situation Reports 2020-21. <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/urgent-and-emergency-care-daily-situation-reports-2020-21>

10 NHS England weekly Urgent and Emergency Care Daily Situation Reports 2020-21. <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/urgent-and-emergency-care-daily-situation-reports-2020-21>

Figure 1
Number of COVID-19 patients in hospital in England



There is particular pressure in hospital intensive care departments. In the week to 7 February,¹¹ intensive care units (ICUs) were running at 169% capacity compared to this time last year¹² and on 11 February, one in four had seen increases rather than decreases in patient numbers in the previous week.¹³

Due to the improvements in treatment, there is thankfully a much lower rate of mortality once people are admitted to hospital. However, this means larger numbers of people are staying much longer in hospital to recover. Because the peak of the second wave was so much higher, it will take longer for the numbers in hospital, and particularly in ICUs, to come down. During the first wave in April 2020, two weeks after the number of patients in hospital peaked, 75% of these patients were still in hospital. Looking at the January 2021 wave, two weeks after the peak, 83% of those patients were still in hospital.

The NHS needs to provide high-quality care to all who need it, both to COVID-19 patients and non-COVID patients. Trust leaders are particularly concerned about the known and unknown care backlog comprising patients whose care has had to be delayed during the pandemic, and those cases where members of the public may have chosen not to

11 NHS England weekly Urgent and Emergency Care Daily Situation Reports 2020-21. <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/urgent-and-emergency-care-daily-situation-reports-2020-21>

12 NHS England weekly Urgent and Emergency Care Daily Situation Reports 2020-21. <https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/urgent-and-emergency-care-daily-situation-reports-2020-21>

13 <https://www.hsj.co.uk/coronavirus/exclusive-one-in-four-critical-care-units-got-busier-in-past-week/7029480.article>

come forward to primary care for help and advice. To navigate safely out of this peak, the government must continue to consider the numbers of those needing care across all NHS services, so we can be confident the NHS can safely deal with both ordinary care and any new surge in coronavirus cases.

NHS capacity issues do not just revolve around physical capacity – acute, community or mental health bed capacity and ambulance capacity. NHS staff capacity is also critical.

NHS workforce capacity is limited, and frontline staff are exhausted following the busiest two months in the NHS's 72-year history, with several weeks of intense pressure still to come.

NHS staff have been working flat out for nearly a year now in response to the pandemic. In October 2020, an NHS Providers survey¹⁴ of trust leaders found that 99% were concerned about levels of burnout across the workforce.

One leader of a community and mental health trust recently told us that its “extraordinary staff are still working flat out to cope with exceptionally high levels of demand. Even when that reduces to more ‘normal’ levels, which is still some way off, they will need to take a break. They are emotionally and physically exhausted and we have a legal duty of care towards them”.

Individual NHS staff will need time to recover from the relentless physical, psychological, and emotional pressure they have faced. There are likely to be higher levels of leave and staff absence over the next few months as staff recover, take sick leave if it is needed and take postponed annual leave. Staff need to take this time if they are to be able to provide the care patients need. We cannot expect them to continue working at this intensity.

Even before the pandemic, the NHS workforce was stretched with over 100,000 workforce vacancies and similar constraints on social care. There is real concern about the possibility of exhausted staff leaving the NHS once the pandemic begins to subside.

The only way to protect and support NHS staff and sustain capacity for the NHS to offer COVID-19 and non-COVID care as it does now, is to adopt a cautious approach to relaxing restrictions. To avoid exacerbating and prolonging the impact of excessive workload and stress, we need to come out of the restrictions gradually so that any spike in cases can be brought under control swiftly before resulting in an increase in hospitalisations with negative impacts on all services as well as the wellbeing of the committed health and care staff we have all relied upon.

The NHS perspective on easing restrictions in previous phases of the pandemic has concentrated on the issues in the first two tests: infection rates and NHS capacity. But, at this point of the pandemic, there are two new issues that also now need to be considered, in tests 3 and 4: the level of protection offered by the vaccination campaign and the ability to manage new variants.

¹⁴ <https://nhsproviders.org/the-state-of-the-nhs-provider-sector-2020/key-findings>

Test 3

The vaccination campaign needs to be sufficiently advanced to provide adequate levels of protection and the government needs to be clear on what level of mortality and harm risk it is prepared to accept when aligning the relaxation of restrictions with the progress of the vaccination campaign

The rapid roll out of the vaccination programme by the NHS has been hugely successful and we have now met the government target of offering vaccines to the top four priority groups¹⁵ by mid-February.

However, there is still a huge amount we do not know on the degree of protection that the current vaccination campaign will afford. This includes:

- the length of immunity conferred
- the impact on transmission
- the ability to ensure protection against new variants
- the impact of vaccine hesitancy, particularly if concentrated in groups of high vulnerability
- the impact and timing of the administration of second doses.

While 15 million vaccinations in 10 weeks is a huge achievement that the NHS should rightly be proud of, the level of protection this success has brought should not be over-exaggerated.

There have been calls to start easing restrictions three weeks after the four most vulnerable groups have been vaccinated. However, the joint committee on vaccination and immunisation (JCVI) is clear that only once the top nine groups, including those over 50, are vaccinated do we gain 99% protection against the mortality risk.¹⁶ Although the vaccination programme is being rolled out at pace, we still do not have a firm timetable for vaccinating the below 70s, although current estimates suggest it will be completed by the end of April.¹⁷ This means it is likely to take until mid to late May to ensure 99% protection against the risk of mortality, using the commonly accepted three-week post vaccination lag for required levels of immunity to build up.

15 The joint committee on vaccination and immunisation (JCVI) lists the top four priority groups as: residents in a care home for older adults and their carers; all those 80 years of age and over and frontline health and social care workers; all those 75 years of age and over; all those 70 years of age and over and clinically extremely vulnerable individuals.

16 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948353/Priority_groups_for_coronavirus_COVID-19_vaccination_-_advice_from_the_JCVI__2_December_2020.pdf (P8/9)

17 <https://www.walesonline.co.uk/news/uk-news/most-risk-people-england-coronavirus-19811924>

Data from the Intensive Care National Audit and Research Centre¹⁸ shows that the average age for ICU patients since September is around 60, clearly showing that there is significant risk of mortality and patient harm from COVID-19 in the under 70's. Currently 90% of positive COVID-19 cases are in the under 70 age group.¹⁸ So, while vaccinating the top four groups will significantly reduce the pressure on general hospital beds, as these are, to a very significant extent, concentrated in those aged over 70, there is still significant risk of hospitalisation, harm and mortality in those younger age groups. It also means it will take longer for the pressures in intensive care units to be eased.

The latest evidence from Israel – which leads the world in the proportion of its population vaccinated – shows the need for caution. Hospitalisation rates in the over 60's (85% vaccinated by February 6th with 75% having received a second dose) have been falling rapidly. But hospitalisation rates for those who have not been vaccinated have been rising, despite a national lockdown beginning in the week of 8 January. These hospitalisations and transmission rates have been driven by the highly contagious B.1.1.7 "Kent" strain that has driven infections so high in the UK over the last few months.¹⁹

The government therefore has a key decision to make on what level of protection from risk of mortality and harm it believes is appropriate. Clearly, it would be inappropriate to wait till the risk of mortality and harm is zero before starting to relax restrictions. But there is significant risk if government starts relaxing restrictions after only the top four vulnerable groups have been vaccinated as some have been calling for. The government's roadmap therefore needs to be clear on how far the vaccination campaign needs to have progressed before restrictions can be eased, what protection it believes this degree of vaccination would offer, and what mortality and harm rate would be likely if it relaxes restrictions in the way proposed.

¹⁸ <https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports>

¹⁹ The Economist 13 February, "How well will vaccines work?" leader p9 and "Making vaccinations work" briefing pp17-19.

Test 4

We need to be certain that there is a robust and effective strategy to identify and control future outbreaks from the variant strains that now pose the greatest threat from COVID-19

The UK is, to a significant degree, relying on vaccination as the route out of the pandemic. However, high levels of community spread (whether in the UK or globally) increase the likelihood of variants and vaccine escape and/or variants associated with higher levels of mortality. Trust leaders point to the loss of life and harm that has resulted from the rapid circulation of the B.1.1.7 strain. They believe it is vital that the nation is protected from future variants that could evade vaccines and have higher mortality rates.

Experience from the rest of the world suggests that the key to managing these variants is the ability to have a highly capable test and trace system which can genomically sequence very large numbers of tests in a matter of two or three days to identify the presence and potential spread of any new variant. While test and trace has made significant progress in terms of increasing its capacity and capability, it is not yet at the stage to be able to do this.

In order to prevent a vaccine-resistant strain either developing or spreading, the government needs to be sure any new variant can be tracked and contained with minimal community transmission. Therefore, it is important that the government roadmap confirms our national readiness for controlling local outbreaks, part of which will be a threshold for test and trace capacity and capability, linked to action at the borders to isolate any new strains entering the country. The government needs to set out clearly when it believes these points of “adequate protection from future variants” will be reached.

Conclusion

When the government sets out the road map out of lockdown in the coming days and weeks, trust leaders will be looking for low infection rates across the country, with the timing of any easing sufficient to give them confidence in their ongoing capacity, particularly in ICU. They also want clarity over the level of protection afforded by the vaccine programme and a strong and agile test and trace facility capable of combatting new variants.

We are eager to see the government take a cautious approach, opening up one area of national life at a time, and evaluating the impact before opening up anything further. We are calling for the government to resist pressure to loosen restrictions without associated evidence that it is reasonably safe to do so without triggering a further wave of infections that could put at risk all that we have collectively achieved thus far.

**Your feedback
is very welcome.**

**For any comments
or questions
please contact**

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For more information:

[nhsproviders.org/spotlight-on-easing-lockdown-restrictions](https://www.nhsproviders.org/spotlight-on-easing-lockdown-restrictions)