

BMA Briefing: Living with COVID-19 response

The government has published its strategy for living with COVID-19 in England. This briefing provides an overview and analysis of the Government's plans.

The Government's [strategy for living with COVID-19](#) sets out the timeline for the removal of all remaining legal restrictions related to COVID-19 over the coming months, and plans for managing COVID-19 going forward.

Our briefing provides an overview and analysis of the Government's plans, including what it means for patient safety, public health, and the medical profession.

Timeline of key changes (2022)

21 Feb: removal of testing in schools

- The guidance for staff and students in most education and childcare settings to undertake twice weekly asymptomatic testing has been removed.

24 Feb: removal of self-isolation

- The legal requirement to self-isolate following a positive test has been removed. Adults and children who test positive continue to be advised to stay at home and avoid contact with other people for at least 5 full days and then continue to follow the guidance until they have received 2 negative test results on consecutive days.
- Fully vaccinated close contacts and those aged under 18 are no longer being asked to test daily for 7 days and legal requirement for close contacts who are not fully vaccinated to self-isolate has been removed.
- Self-isolation support payments, national funding for practical support and the medicine delivery service are no longer be available.
- Routine contact tracing has ended. Contacts are no longer required to self-isolate or advised to take daily tests.
- The legal obligation for individuals to tell their employers when they are required to self-isolate has been removed.
- [The Health Protection \(Coronavirus, Restrictions\) \(England\) \(No. 3\) Regulations](#) has been revoked.

24 March: removal of provisions and support

- The COVID-19 provisions within the Statutory Sick Pay and Employment and Support Allowance regulations will be removed.



1 April: removal of guidance and free testing

- The current guidance on voluntary COVID-status certification in domestic settings and recommendation that certain venues use the NHS COVID Pass will be removed.
- Guidance setting out the ongoing steps that people with COVID-19 should take to minimise contact with other people will be updated. This will align with the changes to testing.
- Free universal symptomatic and asymptomatic testing for the general public in England will no longer be provided.
- Guidance to the public and businesses will be consolidated, in line with public health advice.
- The health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments will be removed.
- The existing set of 'Working Safely' guidance will be replaced with new public health guidance.

Living with COVID-19

Removing the last domestic restrictions

- Removal of the legal requirement to self-isolate, albeit guidance will ask those with COVID to self-isolate for at least 5 full days and continue to do so until they have received two negative LFTs on consecutive days (from 24 Feb)
- No longer asking vaccinated close contacts to test for 7 days or non-vaccinated to self-isolate (from 24 Feb)
- End of self-isolation support payments and medicine delivery service (from 24 Feb)
- Revoke The Health Protection Regulations – local authorities will continue to manage local outbreaks as with other infectious diseases (from 24 Feb)
- End of COVID-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations (from 24 March)
- Government to update guidance for those that have been in contact with somebody who is COVID-19 positive to minimise contact (guidance to be updated 1 April)

Testing, tracing and certification

- Testing, tracing and Isolation (TTI) programme cost £15.7 billion in financial year 2021-22, Government spending will reduce significantly
- There will be a shift of focus towards guidance while targeting protection on at risk individuals

Testing

- Removal of guidance for staff/students to test twice weekly when asymptomatic (from 21 Feb)
- Government will no longer provide free universal testing for general public in England (symptomatic or asymptomatic) (from 1 April)
- Ahead of this the UKHSA will cap the number of tests distributed each day to manage the demand
- There will be limited ongoing free testing after 1 April for at risk groups (Government to set out details) and symptomatic social care staff

Contact tracing

- Contacts no longer required to isolate/test (from 24 Feb)
- Guidance on precautions to reduce risk will be published on 1 April
- Those testing positive will be encouraged to inform their close contacts so they can follow this guidance
- Local health teams continue to use contact tracing and provide context-specific advice

COVID-status certification

- Removal of current guidance on domestic voluntary COVID-status certification and it will no longer be recommended that venues use the NHS COVID Pass (from 1 April)

Safer behaviours

The Living with COVID strategy recognises that the public can reduce risk and encourages them to do so by:

- Getting vaccinated
- Letting fresh air in/meeting outdoors
- Wearing face covering in crowded places
- Staying at home if unwell
- Testing if you have COVID-19 symptoms
- Washing hands, 'catch it bin it kill it'

From April 1 public/business guidance will be consolidated in line with public health advice, continued specific guidance for the most at risk to be published

Businesses and other organisations

- Workers no longer legally obligated to tell their employers when they are required to self-isolate (from 24 Feb)
- Removal of health and safety requirement for every employer to explicitly consider COVID-19 in their risk assessments (from 1 April)
- Government will replace existing 'working safely' guidance with new public health guidance (1 April)

Ventilation

- There will be public campaigns and business guidance on ventilation and fresh air
- 350,000 CO2 monitors backed by £25 million funding, 9,000 high efficiency particulate air (HEPA) cleaning units will be provided in education settings ([announced](#) in August 2021)
- Enabling local authorities to use their allocations from the £60 million Adult Social Care Omicron Support Fund to audit and improve fresh air in adult social care
- Ventilation audit of the central government estate
- Further ventilation research and report from Royal Academy of Engineering on how our built environment could be made more infection resilient to be published in May

BMA commentary

While the BMA recognises the need to learn to live with and adapt to COVID-19, this does not mean COVID-19 should be ignored. The end of mandatory self-isolation and access to free testing will put the most vulnerable further at risk. While we recognise the negative impact that self-isolation restrictions have had on society, removing the requirement to do so will result in more people becoming infected, ill and having to take time off work.

The end of free testing, self-isolation support payments and statutory sick pay provision will create a two-tier system, where only those who can afford it will be able to protect themselves and loved ones. It is positive that the Government's guidance urges people who test positive to minimise contact and to isolate, however the strategy removes the tools that allow individuals to do so.

While the strategy stipulates that free testing will remain for some vulnerable groups and social care staff, there is no mention of regular testing continuing for healthcare workers (albeit further communication from NHSE has confirmed for now current testing protocols will continue). This is something the BMA has queried with NHS England and will continue to challenge strongly. Access to free testing, PPE and sufficient infection, protection and control ("IPC") guidance for healthcare workers remains essential, both for their safety but also that of patients in healthcare settings.

Local authorities have long shown they are better at contact tracing than the national Test and Trace system, so a greater role for them here makes sense, however it is crucial this is supported by additional resourcing for local public health teams.

Where the strategy outlines the removal of the need for employers to explicitly consider COVID-19 in their risk assessment, it is important to note that, under health and safety law, employers remain legally obligated to consider all workplace risks, including COVID-19. The BMA has raised this with NHS England and asked them to clarify this with employers.

The BMA has long called for improved ventilation and it is positive to see such a focus in the strategy on this area, including a public campaign, audit of Government buildings and research into building standards. Increased air flow in buildings and public transport is critical to reducing the spread of COVID-19 and other respiratory infections. Good ventilation is particularly crucial in healthcare settings where levels of respiratory viruses and vulnerable individuals is likely to be highest. The government must ensure adequate funding is dedicated to improved ventilation beyond the already announced funding for education settings.

Protecting people most vulnerable to COVID-19

Vaccines

- The vaccination programme will be extended to all 5–11-year-olds (from April)
- Government will continue to be guided by JCVI advice
- Government will continue to ensure vaccines are accessible and areas of low take up are supported
 - £22.5 million in funding made available for the Community Vaccine Champions Scheme to support the 60 local authorities with the lowest uptake ([funding announced in December 2021](#))

Deploying treatments

Antivirals

- Antivirals taskforce (established in April 2021) secured 5 million courses and now those with the highest risk can access antivirals if they test positive, 14,000 people already treated and 1.3 million have had a priority PCR
- Antivirals block virus replication and reduce risk of hospitalisation or death by up to 88%
- Lagevrio (molnupiravir), Paxlovid (nirmatrelvir + ritonavir) and Xevudy (sotrovimab) are the antivirals available in the UK

Therapeutics

- Therapeutics taskforce (established in April 2020) was set up to ensure that COVID-19 patients in the UK had access to safe and effective treatments as soon as possible:
 - For example, Dexamethasone is a corticosteroid that reduces mortality by up to 35%

Supporting the NHS and social care

NHS- measures that will continue:

- Specific programmes to manage risk (including the deployment of vaccines)
- Support for long COVID (research, treatment, care) - £100 million plan for 2021-22 and further investment for 2022-23 (announced in the ['Long COVID: The NHS plan for 2021/22'](#) in June 2021)
- Better understanding long term impacts - £50 million in research funding (announced in the ['Long COVID: The NHS plan for 2021/22'](#) in June 2021)
- Recovery of elective services and backlog of care
- Free access to PPE to the end of March 2023 or until the IPC guidance on PPE usage for COVID-19 is amended (whichever is sooner)

Adult social care – measures that will continue:

- Supporting uptake of vaccinations for residents and staff
- Guidance on precautions for visitors
- Free access to PPE to the end of March 2023 or until the IPC guidance on PPE usage for COVID-19 is amended (whichever is sooner)

1 April updated IPC guidance to be published

The Government will continue to work with local authorities to respond to outbreaks

Tackling health inequalities

- The Government will continue to support communities with lower rates of vaccine take up
- White Paper on Levelling up has recently been published and a further White Paper on health disparities is due in 2022
- Government will meet the cost of living with COVID-19 within the Health and Care levy and other existing funding streams

BMA commentary

While vaccines and therapeutics are important in preventing severe disease, the BMA is clear that a 'vaccine plus' approach to COVID is necessary which should include other public health measures (such as access to free testing, masking in crowded places or a legal requirement and financial support to isolate).

The BMA agrees that NHS-specific measures against COVID-19 must remain in place. However, it is concerning that the measures listed in the strategy fail to address the need for access to free testing for healthcare workers and for those being discharged to social care settings or the community. Additionally, the strategy lacks reassurance that IPC guidance will not be relaxed when it is updated on 1 April, this includes mandatory mask wearing and access to adequate PPE in healthcare settings. We have raised both of these points with NHS England.

Investment for the research, treatment and care for long-COVID-19 is important, although it is worth noting that the funding mentioned in the strategy is not additional funding and was announced in June 2021.

Free testing for social care staff is not listed among measures that will remain in social care settings although is listed in other parts of the document so clarity on this would be helpful.

Lastly, while we understand that living with COVID is costly, the BMA is very concerned that the Government has explicitly stated that there will be no additional funding to meet at least some of the cost of living with COVID-19. Healthcare employers must not be penalised for doing the right thing for their staff and have to choose between delivering additional procedures and keeping their staff and patients safe.

The BMA will be raising the need for ongoing funding for living with COVID both for the wider public (e.g. free testing) as well as within healthcare settings in our submission ahead of the spring statement.

Since the start of the pandemic, the BMA has repeatedly raised concerns about the disproportional effect of COVID-19 on disadvantaged, marginalised and vulnerable groups, which in turn has seriously exacerbated existing health inequalities. Funding in this area is essential to close this widening gap and level up the health of the nation.

Maintaining resilience

Monitoring and mitigating risk

Government aims to manage and respond to risks through more routine public health interventions – pharmaceuticals will be first line of defence for future risk

Domestic surveillance

- Will be retained to monitor the virus, understand its evolution and ID changes in characteristics
- UKHSA will continue to sequence some infections (mainly in hospital settings) and monitor a change of data (including using genomic sequencing)
- Government will maintain scaled down critical surveillance capabilities including the COVID-19 Infection Survey (CIS) population level survey, genomic sequencing and additional data, augmented by continuing the SARS-CoV-2 Immunity and Reinfection Evaluation (SIREN) and Vivaldi studies

Preparing to respond

NHS and social care resilience

- The interventions that have been used (expanding bed capacity, virtual working, increasing staffing through redeployment, maximising discharge etc) will continue to be under review and deployed as needed to protect the delivery of health services
- Local authorities will have their own contingency plans and can request further support via the Local Resilience Forums (LRF) (LRFs are multi agency partnerships made up of representatives from local public services and aim to prepare for localised incidents and emergencies)
- The Government will continue to work closely with the health and care sectors to ID capacity risks

Pharmaceutical interventions and medical countermeasures

- The strategy recognises the important role that the NHS played in delivering a booster programme to all adults during its response to the Omicron variant and met the surge for demand at short notice
- Government will continue to ensure sufficient procurement plans and access to most effective vaccines on the market

Testing: Contingency capabilities

- Government will retain core infrastructure and capabilities to scale up testing if needed

Local outbreak management

- Government expects COVID-19 to be managed regionally and locally as part of a wider all hazards approach using existing health protection frameworks
- Government will revise current COVID-19 outbreak management advice and will continue to provide advice via UKHSA engagement with local partners

Approach at the borders

- Currently no requirements for vaccinated travellers apart from the Passenger Locator Form
- Those who are not vaccinated must take a pre-departure and arrival test but do not have to isolate or take a day 8 test
- From the end of March all infrastructure for hotel quarantine will be fully stood down
- Future measures will be tailored to the nature and source of the threat - previous global responses were not always appropriate given how fast the virus spreads
- A contingency approach and toolbox of measures will be set out ahead of Easter

Three principles for the contingency approach

- The bar for implementation of any measures is very high;
- Any measure will be tailored and proportionate to the threat posed and will seek to minimise economic and social impacts; and
- In the event any measures were deemed necessary they would be time limited and not be in place any longer than needed.

BMA commentary

The BMA has repeatedly stated that relying solely on vaccinations to protect the country is not sufficient. It is therefore concerning that the government has stated that pharmaceuticals will be the first line of defence for future outbreaks. While we agree that pharmaceutical interventions are important, testing, adequate PPE and sufficient IPC guidance alongside situation appropriate public health measures remain essential and should be a core part of Government plans for controlling future outbreaks.

The BMA wrote to the Treasury in February, urging them to ensure that the ONS infection survey has sufficient funding to continue with its vital work in monitoring COVID-19. We therefore welcome the news that the survey will continue so evidence-based decisions can continue to shape public health. The BMA agrees that the booster programme played a key part in the response to the Omicron wave and booster programmes are likely to play an important part of maintaining resilience in the future, based on advice from the JCVI. It should be noted however that healthcare workers are not currently included in the latest announcement for the Spring booster programme. We would therefore ask the JCVI to continue to consider the benefits of including this cohort based on their increased risk of exposure to the virus.

The move towards local outbreak management allows a tailored and proportional response to local changes in case rates. However, the strategy makes no mention of ensuring adequate resourcing for local authorities who are responsible for this. While updated outbreak management advice is welcome, services must be adequately staffed and funded. This is the case both locally, but also at a national level, where the UKHSA needs to be properly resourced.

The setting up of a dedicated health protection agency will only be successful if it is adequately resourced to be able to monitor threats to health, support local and regional partners and provide good public health advice to the public. With regards to international travel, an approach that is tailored to the nature and source of the threat is sensible. However, we are concerned by the government's statement that 'the bar for the implementation of any measures is very high', instead it should be relevant to the severity of the threat.

Securing innovations and opportunities from the pandemic

Innovation, opportunities and learning

Life sciences

- Innovations in vaccines, antivirals and therapeutics will likely play a vital role in the government's response against COVID-19 in the future
- Vaccine suppliers are already trialling new bi-variant vaccines to protect against COVID-19 variants
- The Vaccine Taskforce, set up in April 2020 to drive forward the development, procurement and production of a COVID-19 vaccine, will continue to ensure the UK has access to effective vaccines on the market
- The Therapeutics Taskforce will continue to support priority clinical trial platforms focused on prevention and treatment for Long COVID

NHS and social care

- The Government will implement lessons learnt from the pandemic in the Health and Social Care sector – the Health and Social Care Integration white paper sets out the Government's plans to integrate health and social care

Other lessons learnt mentioned in the strategy include:

- The NHS COVID-19 Data Cell - a data analysis platform for a 'single version of the truth' to support decision making
- Virtual wards - to safely discharge patients as quickly as possible
- Oximetry@Home – for at home monitoring of oxygen levels for high-risk patients
- Emergency registers for health professionals

Strengthening health security at home and abroad

UK Health Security Agency (UKHSA) was set up in April 2021 to prepare for, prevent and respond to all hazards to public health and has been instrumental in delivering the UK's response to COVID-19:

- Testing capacity and diagnostics
- Genomic sequencing capabilities
- Innovation and technology

International learning and innovation

Supporting global COVID-19 recovery

UK has played a lead role in global vaccine access and have previously committed:

- £1.4 billion of UK aid
- £548 million to support the COVAX Advances Market Commitment (AMC)
- UK's G7 Presidency delivered a shared commitment to provide one billion doses to vaccinate the world over the next year (100 million by June 2022, 80% will go to COVAX)
- The Government exceeded its target of 30 million doses by the end of 2021

Building resilience to global health threats

The Government continue to invest in and develop resilience to global health threats via improved health and biosecurity and pandemic preparedness, examples include:

- Biological Security Strategy
- The 100 Days Mission and Early Warning Systems
- Pandemic preparedness
- Engagement and reform of the WHO

Improved international consistency on global travel health policies

- Government will work further with international partners to align border and travel health policies and standardisation to support global efforts to respond to health threats

BMA commentary

Learning from and adapting to COVID-19 is an essential part of living with COVID-19, however there are a much wider range of lessons that need to be learnt from the pandemic beyond what is set out in the strategy (incl testing on discharge into care homes, better IPC in healthcare setting, proper respiratory protective equipment (“RPE”) for healthcare workers treating COVID-19 patients).

The BMA supports some elements of The Health and Social Care Integration white paper, for example shared outcomes and the aligning of resources has the potential to enable better co-ordination of care. However, the BMA has expressed concerns about the lack of detail and broad scope of the paper, as well as a failure to acknowledge and address the fundamental issues of workforce and funding in both sectors. [Read a full summary and analysis of the white paper.](#)

A public inquiry into the countries’ handling of the pandemic is an essential ‘lessons learnt’ exercise. The BMA has previously expressed serious concern that delaying the start of this work to Spring 2022 will fail to make sure lessons are learnt as early as possible and also likely fail to capture the lived experiences of those living and working throughout the pandemic while they are fresh in people’s minds. The BMA has begun its own [lessons learned work](#) to capture doctors’ experiences ahead of the Government’s inquiry.

The BMA continues to be a leading voice calling for urgent action to ensure an equitable distribution of vaccines globally. On 23 December the BMA published [a joint statement on global vaccine equity](#) with other Royal Colleges and unions.

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