

Taking a cautious approach to easing restrictions

Measures to support near-elimination
of COVID-19 from the UK

Key points

Comprehensive measures to control the spread of COVID-19 are essential for driving down and maintaining a low prevalence of the virus within the UK. **A cautious and measured approach is crucial**, alongside speedy vaccine rollout, to ensure that an exhausted NHS is not overwhelmed by another wave of the virus and has capacity to deliver care to those who need it, prevent further avoidable deaths and enable more sustainable relaxation of restrictions in due course.

Any easing of restrictions must be guided not by fixed dates but by data, with **metric 'trigger points'** set first and foremost against rates of new cases of infection, as well as mortality, hospital capacity and vaccination coverage. The approach must also be subject to a greater understanding of the effectiveness of vaccination in preventing mild as well as serious infection, including with new variants, and the impact of vaccination on transmission of the virus.

It is vital that Governments across the UK **communicate clearly with the public** on the need for everyone, including those who have already been vaccinated, to continue with measures such as masks, handwashing, physical distancing and self-isolation, where indicated for individuals with symptoms or positive tests and their contacts.

If these measures are to be successful, alongside widespread uptake of vaccination, **further financial and practical support** must be made available to enable self-isolation, particularly for those on low income and with insecure employment.

Any domestic measures must also be accompanied by stringent steps, such as managed quarantine for all those entering the UK, to **prevent re-importation** of the virus, including new variants.

The current lockdown must be used to set out a coordinated national prevention approach across the UK to contain transmission of the virus until widespread vaccination is achieved. Achieving and maintaining low incidence of COVID-19 infections will:

- reduce the unsustainable pressure on NHS services and staff, ensuring there is capacity to treat severe COVID-19 infections, as well as provide non-COVID care
- protect people at highest risk of severe infection who cannot be vaccinated, or in whom vaccines may be less effective, as well as non-priority groups who may nonetheless be at risk of short and long term adverse outcomes, including long-COVID
- reduce pressure on local public health teams and enable successful track and trace efforts to rapidly and effectively control local outbreaks without necessitating further lockdowns
- allow greater flexibility and sustainability in safely easing restrictions that adversely affect individual, societal and economic wellbeing, such as re-opening schools and businesses
- reduce opportunities for and pressure on the virus to mutate, and ensure the real-world effectiveness of vaccines until boosters can be developed

Background

In November 2020 the BMA published its [exit strategy](#), setting out measures to sustainably control transmission of COVID-19 ahead of exiting England's second national lockdown. However, easing restrictions before rates of the virus had been brought to a sufficiently low level, combined with a new, more transmissible COVID-19 variant led to surging infections, hospitalisations and deaths.

With case numbers and hospital admissions far in excess of the first wave threatening to overwhelm the NHS, the UK Government's decision to introduce a third national lockdown in England and similar decisions by Governments in Wales, Scotland and Northern Ireland were necessary. As the UK now presses forward at pace with vaccinating those most at risk of severe illness and death from COVID-19, it is vital that, prior to any significant easing of restrictions, preventive measures are put in place to sustainably control spread of the virus over the long term. Such an approach, underpinned by data and high-quality public messaging, will protect individual and public health, particularly among deprived communities already disproportionately affected by the pandemic.

Taking a cautious approach to easing current restrictions will be crucial to ensure that the NHS does not become overwhelmed and is able to deliver care to those who need it. Our February survey of members¹ revealed that significant proportions of doctors are currently suffering with exhaustion and mental health conditions due to or made worse by the pandemic. There is also a rapidly mounting backlog of necessary care and soaring waiting times to contend with. Governments must ensure that easing restrictions does not lead to a further surge of infections, which would have catastrophic consequences for NHS staff and services.

Benefits of pursuing a near elimination strategy

The BMA has consistently called for a comprehensive and robust approach to reducing transmission of COVID-19, and supports a 'near elimination' strategy intended to drive spread of the virus down to a low level. There is growing consensus that achieving and maintaining a 7-day case rate of 10 infections or fewer per 100,000 of population - under 1,000 new cases per day – would enable rapid and effective containment of any local outbreaks through testing, contact tracing, self-isolation and support for new cases.^{2,3,4} It is vital that any significant easing of current restrictions is linked to such metrics, rather than fixed to an arbitrary date.

The rollout of COVID-19 vaccines will help to protect those most at risk from the virus and may also have a wider impact on transmission of the virus, but – while significant progress has been made so far – it will take time to achieve high levels of vaccine coverage across the UK population. Moreover, many parts of the world have not yet made significant progress with vaccinating their populations. It is therefore likely that we will have to live with the threat of the virus for the considerable future and that it will remain endemic in some populations globally.

1 <https://www.bma.org.uk/media/3810/bma-covid-tracker-survey-february-2021.pdf>

2 <https://www.theguardian.com/world/2021/feb/04/jeremy-hunt-covid-restrictions-should-stay-until-cases-fall-to-1000-a-day>

3 <https://www.thetimes.co.uk/article/relaxing-covid-rules-too-soon-risks-new-wave-pm-warned-kx3bnm23q>

4 <https://www.independent.co.uk/news/uk/politics/covid-transmission-rate-boris-johnson-sage-b1800767.html>

While a majority of severe illness, hospitalisation and death occurs among older adults, a considerable number of younger people experience these adverse outcomes^{5,6} with, for example, younger people from BAME groups and those with learning disabilities at significantly increased risk.^{7,8} There is also emerging evidence on other adverse outcomes, such as long-COVID and enduring organ damage.^{9,10,11} The rate, risk factors and prognosis of these outcomes are not yet well-understood. They have the potential to create significant rates of long term illness and disability within the UK population, including among healthcare staff and other key workers who are significantly exposed to the virus, with consequences for the NHS and wider economy. Uncertainty around the impact of these longer term consequences of COVID-19 lends further support to the adoption of a cautious and measured approach to easing restrictions.

Taking a cautious approach to easing restrictions will have long term benefits – allowing social and economic life to return to a more normal level and protecting the ability of the NHS to deliver a full range of healthcare. It will also prevent the unchecked spread of the virus through unvaccinated groups, including younger demographics where test positivity is highest¹² and minority ethnic groups with lower vaccine uptake. Since no vaccine is 100% effective, it would also maximise chances for vaccines to protect against illness by reducing unnecessary exposures to the virus, particularly during the period when many people will have received only a first dose of the vaccine.

Achieving and maintaining low prevalence of COVID-19 will:

- reduce the unsustainable pressure on NHS services and staff, ensuring there is capacity to treat severe COVID-19 infections and otherwise respond to outbreaks, as well as provide non-COVID care
- protect people at highest risk of severe infection who cannot be vaccinated, or in whom vaccines may be less effective, as well as non-priority groups who may nonetheless be at risk of short and long term adverse outcomes, including long-COVID
- reduce pressure on local public health teams and enable successful track and trace efforts to rapidly and effectively control local outbreaks without necessitating further lockdowns
- allow greater flexibility and sustainability in easing restrictions – with COVID-secure measures – that adversely affect individual, societal and economic wellbeing, such as re-opening schools and businesses
- reduce opportunities for and pressure on the virus to mutate, particularly in the context of vaccines potentially being less effective against emerging imported and local variants, and ensure the real-world effectiveness of vaccines until boosters can be developed

5 <https://www.theguardian.com/world/2021/jan/11/quarter-covid-hospital-admissions-england-aged-under-55-simon-stevens>

6 <https://www.walesonline.co.uk/news/wales-news/coronavirus-welsh-government-covid-nhs-19614339>

7 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

8 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933612/COVID-19_learning_disabilities_mortality_report.pdf

9 <https://www.ons.gov.uk/news/statementsandletters/theprevalenceoflongcovidsymptomsandcovid19complications>

10 <https://academic.oup.com/brain/article/143/10/3104/5868408>

11 <https://www.bbc.co.uk/news/health-55017301>

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

Planning for the next phase

Widespread vaccination of the UK population will ultimately be vital to achieving sustainable control of the virus. However, this will take several months and even with high vaccination coverage it is likely that COVID-19 will continue to circulate at some level within the population. The Governments of all four UK nations must therefore take a coordinated prevention approach to control spread of the virus well in advance of easing current restrictions, alongside planning and investment in test, trace, isolate and support services.

Some measures to control the virus are likely to be needed over the long term. It is vital that Governments communicate clearly with the public that everyone will need to continue with measures such as masks, handwashing, physical distancing and ventilation of indoor and enclosed spaces. Self-isolation will also continue to be required for individuals with symptoms or positive tests and their contacts, including those who have already been vaccinated, until more is known about the effectiveness of vaccines, including against new variants, and how vaccination impacts on transmission of the virus.

It will be important to provide and enable national and locally targeted communication and support for those in areas of high deprivation, as well as disabled people and those from BAME and faith communities, which have all been disproportionately impacted. Mitigation efforts will need to address both the direct negative impacts of the pandemic and the unintended consequences of measures to control spread of the virus. Providing culturally appropriate and accessible information as well as engaging through community leaders will also be crucial to encourage vaccine uptake among vaccine hesitant groups. The BMA has produced information for doctors on [communicating with different groups about the vaccine](#).

As rates of vaccine coverage across the UK increase and more is known about their effectiveness, including at reducing transmission, it will increasingly be possible to ease restrictions on social and economic life, in line with infection rates. This will be critical given the negative impact that extended restrictions can have on mental health as a result of social isolation, economic and educational impacts and the widening of pre-pandemic health inequalities. The priority must be easing restrictions with the greatest opportunity to mitigate these negative consequences and increase wellbeing.

Setting clear criteria for easing restrictions

The BMA has [consistently called](#) for the introduction of clear metric 'trigger points' for easing or tightening restrictions in a consistent way. These would need to be determined by national and local rates of new infections and deaths, hospital capacity and vaccine coverage. This approach would facilitate appropriate responses if rates of the virus or adverse outcomes rise subsequent to increased reopening of society. We therefore call on all UK Governments to urgently agree evidence-based trigger points, which are already in use in Germany, South Korea and Japan.¹³

A cautious approach will be critical and any significant easing of current restrictions must be deferred until rates of new infection are very low. The experience of those working in key positions within the healthcare sector, including our members based in local health protection teams, suggests that a 7-day case rate of 10 infections or fewer per 100,000 of population would allow for a safe and sustained return to economic and social activities. In most localities such low rates would represent new daily cases in the single digits, enabling local test and trace services to identify and control outbreaks effectively.

¹³ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32007-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32007-9/fulltext)

This approach would support healthcare staff who have been under intense pressure for a prolonged period of time. Our member research¹⁴ indicates that 40% of medical staff are currently suffering with mental health conditions, including depression, anxiety and burnout, which have worsened since the start of the pandemic. Within the past month, nearly one-third have taken sick leave for mental health reasons or are aware of a colleague in their team who has done. More than half of respondents report that their health and wellbeing have declined since the first wave in Spring 2020, and nearly 60% are experiencing increased levels of fatigue and exhaustion. The situation for NHS staff is wholly unsustainable, a further overwhelming surge of infections could prove catastrophic and must be avoided.

Taking a cautious and measured approach to avert further damaging waves of infection is also necessary to enable NHS services to begin addressing the rapidly mounting backlog of care. Data shows that between April and December 2020 2.7 million fewer elective procedures were carried out, a number likely to grow over the early months of 2021.¹⁵

Equally, as of December 2020, the number of patients waiting over one year for treatment had risen 153-fold compared to 2019, reaching a 12-year high. The clearing of this backlog and waiting list will present a uniquely profound challenge, the scale of which cannot be underestimated. It is therefore vital that steps are taken to safeguard sufficient NHS capacity to ensure delivery of routine and emergency non-COVID care as well as manage any COVID-19 cases.

Trigger points must be clearly communicated and easy to access via public signage, national and local government websites and mobile apps, such as the COVID app, and be seen to be fair and consistent. The ability to engage the public around specific and tangible targets may also help to improve understanding of, and adherence to, ongoing restrictions.

Maintaining or implementing specific measures to control transmission

We welcome strong signals that national Governments have learned lessons from exiting previous lockdowns, where rapid relaxation of restrictions and a return to widespread social mixing led to surging rates of COVID-19. Given the high rates of the virus currently circulating, with the potential for levels of infection to rebound rapidly,^{16,17} it is vital that we now take a much more cautious and measured approach as detailed above.

We look forward to seeing the roadmap and specific measures set out by UK Government and by other national Governments in due course. We believe that many of the infection control and prevention measures detailed in our previous [exit strategy](#) will continue to be relevant over the coming months and we call on Governments to take a coordinated prevention approach, including:

- **Greater support and guidance on creating COVID-secure environments, as well as enforcement of COVID-safe measures**, including use of adequate distancing, barriers and ventilation, to allow more segments of society and the economy to re-open safely. This will facilitate a safe return to work for those who cannot continue to work from home as well as improving current support and protective measures in place for those workers with occupational exposure to the virus.¹⁸

14 <https://www.bma.org.uk/media/3810/bma-covid-tracker-survey-february-2021.pdf>

15 <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressure-points-in-the-nhs>

16 <https://www.bbc.co.uk/news/uk-55947028>

17 <https://www.independent.co.uk/news/uk/home-news/covid-lockdown-restrictions-deaths-summer-b1798605.html>

18 [https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020#:~:text=During%20the%20period%20of%20the,61.5%25%20\(1%2C742%20deaths\).](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020#:~:text=During%20the%20period%20of%20the,61.5%25%20(1%2C742%20deaths).)

- **Continued working from home wherever possible**, with a greater onus of legal responsibility on employers to facilitate this and suitable enforcement mechanisms.^{19,20} Once rates of the virus have reached a low level, employers should take a flexible approach and, where possible, allow individuals – particularly those who have not yet been vaccinated or who are clinically vulnerable – to take precautionary measures, such as home working or wearing masks in accordance with their risk tolerance.
- **Mandatory mask wearing in certain settings**, including all public indoor spaces and in crowded outdoor areas, with enforcement of mask wearing and social distancing and clear alternative arrangements for people with medical exemptions. Minimum filtration standards should be set for commercially available face masks and face coverings, consistent with WHO (World Health Organization) guidelines,²¹ with an easily recognisable ‘kite mark’ to guide the public. WHO recommends use of medical-grade masks for those aged 60 and over, and for people with underlying medical conditions who are at higher risk of severe illness.²² It may also be appropriate to require wider use of industrially produced masks with higher filtration capacity, which are now mandated in indoor public spaces in several European countries,^{23,24} subject to reserving sufficient supply for healthcare professionals and other key workers.
- **Limits on social mixing, particularly indoors**; this should at first be limited to only two households (regardless of size) who form exclusive bubbles to support social and mental wellbeing, with exceptions for provision of health and social care and childcare arrangements. In due course this could expand to a ‘two households’ rule (replacing the previous ‘rule of six’) allowing any two households to meet indoors, but this and any further expansion of indoor social mixing must be guided by local data as part of any phased approach.
- **Restrictions on mass gatherings** and limiting events involving more than one bubble to outdoors only (with exceptions similar to those already in place for events like weddings and funerals), with a phased progression to larger events being able to take place outdoors.
- **Additional support to enable compliance with these measures**, including culturally appropriate communications (translated into alternative languages) and improved accessible communications for d/Deaf people, people with visual impairments and people with learning disabilities.

Strengthening testing and contact tracing

Effective testing and contact tracing, as well as supported isolation, are essential to limiting transmission of COVID-19. Although current high rates of infection continue to pose a significant challenge to the effectiveness of test and trace activities, the NHS Test and Trace system in England has recently progressed against the thresholds for turnaround of tests and contacts traced set out by SAGE (Scientific Advisory Group for Emergencies).²⁵ However, the increase in the number of contacts traced by the system has been linked, in part, to a change in counting methodology, which has raised concerns.²⁶

We welcome greater integration between NHS Test and Trace and local authorities working in cooperation to improve the overall contact tracing performance across England. This is already in place in some devolved nations. The most recent data,²⁷ however, demonstrates that local PHE (Public Health England) health protection teams are only dealing with 4% of cases.

19 <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-homeworking/>

20 <https://www.natlawreview.com/article/covid-19-new-covid-19-workplace-regulation-employers-germany-brings-home-office-and>

21 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

22 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-masks>

23 <https://www.bundesregierung.de/breg-en/news/decision-of-federal-and-state-governments-1841104>

24 https://www.ots.at/presseaussendung/OTS_20210124_OTSO029/anschober-ab-mitternacht-sind-ffp2-masken-und-2-meter-mindestabstand-als-praezise-antwort-auf-die-ausbreitung-der-mutationen-verpflichtend

25 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956634/Test_and_Trace_Week34.pdf

26 <https://www.cityam.com/exclusive-test-and-trace-slammed-for-tweaking-counting-method-to-boost-stats/>

27 The Health Foundation (January 2021), NHS Test and Trace performance tracker: <https://www.health.org.uk/news-and-comment/charts-and-infographics/nhs-test-and-trace-performance-tracker>

To ensure continuing progress, we reiterate our call for further devolution of responsibilities to local authorities, with appropriate funding and staffing for their public health teams and, in England, additionally to local PHE Health Protection Units. These arrangements need to be fit for the long term, reflecting the likelihood that the virus will continue to circulate. Ongoing test and trace activity will also need to be factored into decision making about future national and regional public health structures.

Significant improvements to the NHS COVID app are also needed to ensure it is fit for purpose as we exit the current lockdown and movement and social mixing increase. The app should act as a one-stop shop providing messaging on preventative measures people can take to protect themselves from the virus in an easily digestible format. It should also evolve to provide more granular risk information, such as up to date local infection rates, enabling people to make informed decisions.

Regular asymptomatic testing of key workers should be implemented more widely. Mass asymptomatic testing may also have a role, but it is important that any initiatives based on rapid testing are clear in their purpose and properly evaluated. While rapid testing programmes could provide an important means of identifying cases which would otherwise go undetected ('test-to-find'), they should not be used to confirm absence of infection for attendance at education or work settings or at mass gatherings, or for screening prior to domestic or international travel (test-to-enable).^{28,29} It is vitally important that this is clearly communicated to the public and that such approaches are not used as a substitute for a properly resourced testing and contact tracing system.

Taking a supportive approach to isolation

Reports that a low proportion of people in the UK are fully adhering to rules on self-isolation,³⁰ and that many people with symptoms do not take up testing due to concerns about being unable to work³¹ clearly indicate the need for a more supportive approach to isolation. It is deeply concerning that nearly three-quarters of people with insecure jobs or low-incomes who have applied for discretionary support grants from their local council after being told to self-isolate have been refused.³² The Government should provide greater clarity around support available for self-isolation and set out a more inclusive set of guidelines and criteria to access discretionary payments to ensure consistency in local councils' approaches.

In January 2021, the Government in England announced that it was providing an additional £20 million to local authorities to cover the cost of the Test and Trace Support Payment Scheme.³³ While this extra funding is welcome, the Government should commit to continue supporting local authorities to respond to the potential influx of people asked to self-isolate. Across all UK nations, financial and practical support should always be available to ensure that those who need to isolate are actively encouraged, and not disincentivised, from doing so. Communications with the public require greater clarity and accessibility, so that everyone understands the importance of isolating, including while awaiting test results.

28 <https://gov.wales/covid-19-community-testing-framework-htm>

29 <https://www.gov.uk/government/publications/liverpool-covid-19-community-testing-pilot-interim-evaluation-report-summary/liverpool-covid-19-community-testing-pilot-interim-evaluation-report-summary>

30 Smith LE, et al. (9 September 2020), Factors associated with adherence to self-isolation and lockdown measures in the UK: a cross-sectional survey.

31 <https://www.theguardian.com/world/2021/jan/21/ministers-ponder-paying-500-to-all-with-covid-in-england>

32 <https://www.bbc.co.uk/news/health-55727196>

33 UK Government (28 January 2021), Press release: <https://www.gov.uk/government/news/9-in-10-test-results-returned-next-day-by-nhs-test-and-trace>

Ensuring robust border restrictions and quarantine measures

Recent moves to tighten screening and quarantine measures on those entering the country are welcome, particularly in light of the global emergence of more infectious and potentially more vaccine resistant variants. We remain concerned however about provisions to support and enforce quarantine measures.

Systems and resources must be in place to ensure robust quarantine measures prevent reintroduction of the virus and onward transmission. This must include managed quarantine for all arrivals similar to what has been done in Australia,³⁴ and the scrapping of the test-to-release programme and exemptions for non-essential travellers. If the decision is taken to permit some UK residents to quarantine at home, this should be strictly limited to those with the ability to quarantine in sole occupancy, self-contained settings. This is vital in the context of recent data suggesting that the Oxford/AstraZenaca vaccine has reduced effectiveness against the South African variant and given that the variant has been detected in numerous countries not subject to hotel quarantine under the current scheme.

COVID-safe transport to managed quarantine facilities, or to private homes, must be provided for all UK residents and foreign nationals. Practical support as well as effective enforcement must also be put in place for those in quarantine, and the UK should seek to learn from the experience of other countries where such measures are already in place. Some form of vaccine passport or certification may in future be required for international travel (there is precedent for this with yellow fever vaccination required for entry into a number of countries). Several countries have already announced plans to introduce such schemes, including some EU nations. However, more information is needed on whether any of the licensed vaccines prevent transmission of the virus as well as their level and duration of effectiveness.³⁵

There will need to be consideration given to people who are unable to receive vaccinations for medical reasons, as well as the ethical implications of such a scheme in terms of fairness and equity of access, in particular if introduced while the vaccine is still being rolled out nationally and/or internationally. It will also be vital that such a scheme does not create an additional burden on the NHS, for example by requiring GPs to provide letters or other evidence. It is however vital that individuals are always provided with portable personal documentation of having received vaccination.

Setting out plans for vaccinating the wider population

Governments and the JCVI must use the current lockdown as an opportunity to develop detailed plans for vaccinating the wider population, once all priority groups have been fully vaccinated. Phase 1 of the vaccine rollout focuses on the nine priority groups most at risk of severe illness and death.³⁶ JCVI has indicated that the second phase could focus on preventing hospitalisation by vaccinating those at a higher risk of occupational exposure and/or delivering key public services. There is an urgent need for transparency on how priority occupations and other groupings are to be determined. It will also be useful to look at the experience of other countries where different approaches to prioritisation have been taken.

34 <https://news.sky.com/story/covid-19-ministers-accused-of-being-reckless-over-sage-variant-warning-12206114>

35 <https://www.who.int/news/item/15-01-2021-emergency-committee-on-covid-19-advises-on-variants-vaccines>

36 <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020>

While JCVI has set out some factors to consider in the next phase, including the impact on inequalities, more clarity on the approach is needed. The BMA believes this should include careful consideration of different vaccine strategies aimed at controlling outbreaks, including those who are most exposed and those most likely to spread the virus, and the impact of these strategies on various groups within the population, including:

- key workers and others at high risk of exposure to the virus, including people who cannot work from home, and their families
- people from BAME and other groups, who are at increased risk of morbidity and mortality, especially those with high levels of deprivation and who are more likely to live in multi-occupancy and multi-generational households
- cultural and faith groups where tailored messaging, engagement through community leaders and specific access arrangements may be needed to encourage vaccine uptake
- children, subject to vaccines being licensed for this age group, and parents or carers of children
- Disabled people, including those with long term physical and mental health conditions and people with learning disabilities, and their carers
- people in congregate settings, such as prisons
- people who are not registered with a GP, including people experiencing or at risk of homelessness and undocumented migrants
- people in the wider population without known risk factors who may nonetheless be at risk of severe consequences (including long-COVID)

Mitigating the impact of restrictions on inequalities

Deprived groups and protected characteristics

Putting in place extended measures to control the spread of COVID-19, while necessary, will also result in ongoing hardship due to social isolation and negative economic and educational impacts, which have already widened pre-existing health inequalities.

Targeted support, including more practical and financial support for those told to self-isolate, must be made available to mitigate the direct and indirect negative impacts of the pandemic, particularly on those from groups which have been disproportionately impacted because of protected characteristics or socio-economic circumstances, including people living in deprivation, people from BAME backgrounds, disabled people and people from certain faith communities. Equality impact assessments on the continuation or removal of specific preventive measures should also be undertaken to ensure explicit consideration of these groups when making policy decisions.

An immediate priority must be to ensure that sufficient data is being recorded and collated on the impacts of COVID-19 by protected characteristics and other key metrics such as employment status and housing. These data should be regularly shared and published so that we can learn lessons and take action during this pandemic to prevent excessively adverse outcomes for particular groups, as well as guide short and longer term interventions to reduce inequalities and to address systemic racism.

Mental health

The effects of COVID-19 on population mental health are anticipated to be considerable, and mental health provision both within and outside of the NHS must be adequately resourced for an increase in demand. The Strategy Unit hosted by the NHS has predicted an 11% increase in new referrals to mental health services each year for the next three years, in addition to the significant backlog of people who have been unable to access services during lockdowns.³⁷

³⁷ <https://www.strategyunitwm.nhs.uk/mental-health-surge-model>

NHS England research also indicates that referrals to children and young people's mental health services could rise by up to 60% from pre-pandemic levels.³⁸

Mental health services in the UK are not currently equipped to manage such a significant rise in demand, and the Children's Commissioner has warned that damage to children's mental health caused by the crisis could last for years without a large-scale increase for children's mental health services.³⁹ In light of the anticipated increased demand created by the pandemic, mental health spending should be doubled over the period of the Long-Term Plan, with dedicated funding available to CCGs (Clinical Commissioning Groups) and ICSs (Integrated Care Systems).

In addition to an urgent scale-up of mental health services and to mitigate such an increase in demand, we call on Governments to develop a fully funded public mental health strategy. A key objective should be to prevent as far as possible the exacerbation of poor mental wellbeing until it reaches the stage of clinical need. This will require a broad focus incorporating action on the wider determinants of mental health, such as housing, financial insecurity and deprivation. Specific funding should also be allocated to local authorities and support given at regional and national level, in order for them to implement effective public health approaches to addressing these wider determinants of both inequalities and mental health and wellbeing.

Schools

The BMA has been clear ahead of the current lockdown that schools should be one of the last areas of society to close and must be the first to reopen, not least to ensure educational inequality is minimised. It is vital that efforts to make schools COVID-secure be redoubled, with measures such as mandating wider use of masks and improving ventilation, to ensure this can happen safely.

We also call on Governments to explore options for partial reopening and blended learning, such as one week of in-person learning followed by a week of remote learning, which are in use in other countries. These approaches would enable students to be grouped in smaller bubbles, limiting the total number of contacts, and facilitate social distancing in schools by reducing overall crowding. Government should always be guided first and foremost by education professionals on the ground who are the experts on what is feasible in their own schools. PHE is best placed to work with schools on triggers for isolating year groups and school closure in line with the UK Government's 'Contain framework'.⁴⁰

Like all measures aimed at controlling transmission of the virus, the point at which schools can safely reopen will depend in large part on rates of infection in the community and vaccine coverage as well as local hospital capacity. While it is of the utmost importance that children can receive the benefits of in-school learning as well as the broader support provided by schools, particularly children from deprived backgrounds and those with challenging home environments, we must not jeopardise the hard-won progress of this lockdown.

There may be a case for the targeted reopening of schools before rates of infection in the nations of the UK have reached the low levels needed to sustain wider easing of restrictions. However, if this decision is taken, it will likely necessitate longer, stricter measures in other areas of society.

38 https://www.hsj.co.uk/mental-health/mental-health-demand-could-almost-double-warns-nhse-research/7029085.article?mkt_tok=eyJpIjoiTIRaak1HWTBOemcyT-TJKaSisInQiOiJodJlEY3RXQUJlXC9LR3JCUW9GOHJuY1h1NDJlXC9tMXNQs1NNTVlXZXM4MHNlajRKY3MyTEF4aWlclFwvNXUramFJbTJoMTU2d0lKSih6YzZcL2VxUmZBN-VFLR2pTdjhMeDN4a2NMeG5sNmp3NHBRs1I0eHJ3T1hlaFFOak5zNOFXTTMifQ%3D%3D

39 <https://www.childrenscommissioner.gov.uk/report/mental-health-services-2020-21/>

40 <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers#annex-3-tiers-of-national-restriction>

In the interim, Governments must urgently put in place measures to reduce the adverse impact of school closures, with immediate rollout of greater support for remote learning, including more widespread broadband coverage. Local authorities are often best placed to implement local measures and should be enabled to do so through additional ringfenced funding, to ensure they can look after the needs of vulnerable children when schools are closed.

Care homes

Governments must ensure that care homes and hospices are supported to allow safe visiting by family and friends, particularly once residents and staff have had the opportunity to be vaccinated. Visiting guidance for these settings will need to be updated in light of vaccine rollout to residents and staff, and to ensure that visiting methods are appropriate and not unduly restrictive. Insurance policies must not prevent visiting, and Government should support provision of indemnity for the care sector.

The BMA has previously supported calls by the National Care Forum and others for regular testing of care home visitors, support for care homes to create COVID-safe visiting spaces and the provision of training and PPE for visitors, rather than simply face coverings, to reduce the risk of infection. We believe these measures continue to be appropriate while the virus is circulating at high levels within the community and given that no vaccine can offer 100% protection. Consideration must be given in the longer term to increased training on infection control in care homes.

Taking a long term view

The measures set out in this document are intended to protect the NHS and support decisions taken as the nations of the UK begin to exit their current lockdowns and over the coming months, while vaccine coverage in the wider population remains limited. Once the majority of adults are vaccinated, low rates of new infection are maintained, test, trace, isolate and support systems and local health protection teams are able to effectively control outbreaks, and a robust system is in place to prevent the reintroduction of infection – especially new variants from outside the UK – we should gradually be able to move to more widespread ‘normal’ behaviours across all sectors of society.

It is however likely that some preventive measures will be with us for a significant period of time, and that there will be a need for long term surveillance of COVID-19 infection and vaccine efficacy. There may also be a need to establish systems for mass delivery of regular booster vaccinations, similar to seasonal influenza, and options for delivering these vaccines together should be explored.

As we emerge from this pandemic there will be major challenges to address, including worsening health inequalities, educational and economic disadvantage, mental ill health and physical health worsened by treatment delays, a huge backlog of NHS work and a large number of people, including healthcare staff, with long-COVID. Successfully addressing these challenges will depend in large part on ensuring that the new public health system in England, alongside the wider NHS, is fit for purpose, properly resourced in all its functions as well as integrated both vertically and horizontally with other public services. Also critical will be a period of recovery and stability for the NHS and its staff, recognising their contribution to managing the pandemic, supported by major Government investments in finance and capacity.