



Department  
of Health &  
Social Care

*From the Office of the Chief Medical Officer &  
Government Chief Scientific Adviser*

Simon Case CVO  
10 Downing Street  
London  
SW1A 2AA



Government  
Office for Science

39 Victoria Street  
London  
SW1H 0EU  
[www.gov.uk/](http://www.gov.uk/)

26 May 2020

***Sent by email***

Dear Simon

Congratulations on your new role, we are all very pleased to see someone with your experience returning to lead and coordinate COVID-19 work at such a crucial moment.

Since the initial peak of the COVID-19 pandemic in mid-late April, there has been careful scientific and policy consideration into how we lift the lockdown without triggering a second wave. This would have the well-recognised risk of endangering lives, generating renewed pressure on the NHS and delaying many aspects of routine healthcare whilst also returning many businesses to a state of standstill.

Given the economic impact of COVID-19, it is right and inevitable that different government departments are eager to restart their industries. We are also acutely aware of the harm that economic downturns can have on the health and welfare our societies, especially the most vulnerable. The societal impact of social distancing is also significant and there are clear reasons to reduce this when it is safe to do so.

We are comfortable with small, individual releases of specific industries in a 'COVID-safe' manner as laid out by SAGE. We need to think however not only about individual decisions but about the totality of the changes, how they interact in linking households and the pace at which these are planned to occur. Multiple, small changes, appearing reasonable when examined in isolation, can easily lead to R going above 1, and we will be at severe risk of a second wave. There is always a temptation to push the risk just a little bit further on every decision; this is happening across government, often by people unaware of the other changes.

Given the time lag between the implementation of changes and the impact on disease activity (typically 3 weeks allowing for incubation period, disease progression and requirement for medical care) there is a significant risk that we will only recognise we might lose control of the disease when it has regained appreciable momentum. As we have already seen, it then takes several months to reverse.

We also need to think through how we meet the Government's commitment to evaluating the measures already announced (e.g. partial return of children to schools) to allow them to progress to the next stage.

Our biggest concern is however that the combination of multiple small decisions across government, all made in good faith and if taken in isolation, unlikely to push R above 1, do not lead in aggregate to a significant risk of a return to exponential growth. We also need to get the tone right so that the decision to release several sectors in a safe way does not inadvertently send a signal that people can relax social distancing. No individual department can see the totality of the changes made, and you and your team are central to leading in government and ensuring the whole package is coherent and safe.

We all look forward to working closely with you over the coming months.

Yours sincerely

PD

**PROFESSOR CHRIS WHITTY  
CHIEF MEDICAL OFFICER**

PD

**SIR PATRICK VALLANCE  
GOVERNMENT CHIEF SCIENTIFIC  
ADVISER**

PD

**PROFESSOR JENNY HARRIES  
DEPUTY CHIEF MEDICAL OFFICER**

PD

**PROFESSOR JONATHAN VAN TAM  
DEPUTY CHIEF MEDICAL OFFICER**