

THE SITUATION IS DETERIORATING

1. **Incidence rates are growing and the NHS is under increasing pressure.** The ONS now estimate that an average of 568,100 people, or 1 in 100 people (1.04% of the population) in England have Covid-19, compared to 1 in 2,300 in July and 1 in 200 at the beginning of October. On our current trajectory, SPI-M have assessed that the NHS will, on 30/11/20, surpass fixed and surge bed capacity, even after electives are cancelled.¹ Even if doubling times slow, so long as R is above 1 we will breach capacity limits.
2. **The growth is national.** While prevalence is worse in parts of the North, R is above 1 everywhere. And it is growing as, if not more, quickly in those areas which have lower incidence rates; the South East's doubling time is now faster than the North West and the East and West Midlands have the fastest doubling times in the country.² That means that every region will come to face increasing pressure on the NHS if we do not act.

THEREFORE WE WILL ACT

3. **There is a growing case to act nationally.** As long as R remains above 1, we will need to act in all regions to manage NHS pressure. The South West could be where the North West is today by 27 November³. Acting across the country now helps to minimise prevalence ahead of Christmas. In addition, acting nationally avoids a perception of unfairness in the treatment of different regions.
4. **We need to go for a significant package.** The current approach was only likely to bring R below 1 only if the full range of Level 3 options were implemented. This has not been the case. A further intervention needs to be more likely to bring R below 1. There is a case for following a response similar to France in order to slow hospital admissions and bring R below 1. The package would include closing all hospitality, leisure and non-essential retail, limiting the use of public transport but prioritising schools and keeping them open as normal. We should put the stay at home order in legislation. If we are asking people to stay at home, we should close non-essential retail. The economic fallout would be significant, as hospitality, leisure, personal care and non essential retail would all close.
5. **For all of November.** A month-long package of stringent measures should drive a more significant reduction in infections, allowing us to carefully open up again on a local/regional basis. Wales is the only government that has opted for a shorter, two weeks circuit breaker; most that have introduced measures are going for longer, including France, Germany and Israel.

BY DOING THIS WE ACHIEVE...

¹ SPI-M forecasts indicate that we will exceed fixed and surge bed capacity by this date. Surge capacity includes re-allocated resource and Nightingale resource.

² Based on most recent ONS infection survey.

³ Based on SPI-M forecast.

6. **Crucially, by taking decisive action now, we can stop the demand for the NHS's acute beds from surpassing capacity.** Even if we act now, it will take 3-4 weeks to play through into hospitalisations. If hospitals run out of capacity, they will need to postpone elective surgery (as they have just announced in Leeds) and reduce occupancy of other emergency patients by discharging early as we saw in the spring. This contributed to 67,000 excess deaths from all causes in the spring. Regardless of the action taken now, we should be realistic that it will get worse before it gets better. It is already too late to avoid surpassing, in mid-November, the first wave peak for acute bed occupancy.
7. **It saves us from a situation where we have to take more severe action out of necessity later.** We are still in control of the situation. If we do not act decisively now, we will quickly reach the limit of our current tiers structure (with most of the country in tier 3), the pressure on the NHS will grow and we may be forced into a longer, harder intervention over Christmas and beyond.
8. **But we should be realistic about the additional economic consequences of this move.** There is an argument that costly action now may avert more costly action later. But the thing we can be certain of is that the economic impact of the action proposed here will be severe. Firms are in a weaker position than in March. We are working with HMT to analyse these impacts.
9. **Additionally, taking decisive action now allows us to buy time to deploy mass testing.** We will be launching whole-town pilots in Accrington, Redcar and Bury St Edmunds on 23 November to trial various approaches to overcoming the logistical and engagement challenges associated with getting whole populations to come forward for testing — and, crucially, to isolate if they test positive. Once we've ironed out the delivery kinks, we should have the volume of tests and the military manpower to roll out quickly across large parts of the country.
10. **And mass testing should allow us to prevent schools, unis and workplaces from closing,** either by regularly screening asymptotically or potentially by repeatedly testing the bubbles of people who test positive rather than sending them home. Part of this will involve publishing the protocols/ specifications and securing UK supply so that employers can use mass testing on their own staff at their own expense to keep their facilities running.
11. **A combination of time, therapeutics, mass testing and viable vaccines is the route to normality.** The CMO has advised that a vaccine is a realistic but uncertain possibility in the first quarter of 2021.

AND THIS GIVES US A CHRISTMAS (AND A FAMILY BREAK FOR EVERYONE?)

12. **We hope that through this plan we can reduce cases and admissions sufficiently to allow families to come together at Christmas,** safe in the knowledge that prevalence is lower (though probably still higher than in the summer) and that mass testing means they can spend the festive period with their families.