COVID – the choices ahead – Private Secretary note

We are going to win the battle against COVID. What we do not yet know is how long it will take. With vaccines, we have landed on the beaches at Normandy. What is our equivalent path from D-Day to VE Day, and how far along it are we?

This note sets out my personal thoughts on the judgements you'll have to face in the coming months. Much is uncertain. So, we need to set the framework and expectations ourselves, or risk others doing so in an unhelpful way. The note looks beyond January, assuming the current lockdown staves off disaster in the coming weeks.

The overarching strategy is simple. The doctor has given the English patient two prescriptions: recover safely, and stay healthy. Recovering safely is the balancing act of releasing restrictions as quickly as we can, while avoiding NHS collapse. Staying healthy means putting in the resilience for the next thing that hits us, so hard-won gains are protected. However, both simple prescriptions have difficult choices underneath.

Let's start with recovering safely. The vaccination programme will let us lift NPIs. We know that if uptake is high across JCVI 1-4, if the vaccine is as effective as we think, if it prevents transmission, and if there is no early mutation breaching its defences, we will stop a huge number of deaths compared to releasing measures without it. These are big ifs though.

Uptake is key. A spike in prevalence from releasing NPIs without protecting a very large majority of the vulnerable will lead to many deaths. You could argue that mortality caused by an individual's choice not to be vaccinated is not the State's responsibility: they had their chance. But we know it will become the State's problem if this leads to huge pressures on the NHS - individual action has societal cost. So, as well as doing everything possible to maximise uptake, we need to look at the maths and understand how far we need to go to avoid significant deaths. Incidentally, this looks like a much bigger problem in France, where vaccine scepticism is very high.

Let's say, for argument's sake, that this group has now been protected through vaccination. The next challenge is those who are less likely to die but still get severely ill. As CMO has said, this group will continue to place significant pressures on the NHS long after we have depressed mortality figures, especially if cases rise. Currently around a quarter of hospitalisations – nearly 1,000 a day – are made up of under-55s. On the face of it, a hospitalisation is much less of an emotive issue than a death. But it's worth thinking through the duties of the State here. These millions of individuals are further behind in the queue for a jab – they won't get the choice to opt in or out of protection until later in the spring. And, because NHS capacity is finite, a bed occupied by them might mean one less – in extremis – for a cancer patient. So, even if deaths fall a lot, it is difficult to allow exponential growth of the virus to return before we are sure we will not see exponential growth in hospital beds from middle-aged patients.

We can perhaps think of it this way: vaccinating the very elderly is about protecting them. Vaccinating those younger than them is more about protecting the NHS as a whole. You will need to decide what you are comfortable with in terms of what that means. We can't let NHS leaders determine this for themselves – it's essential Ministers make judgements on the balance between prioritising and rationalising care, versus other factors such as economy and society. We'll present options to you next week.

How do we know when we've done just enough to release safely? We need to model out the scenarios, but the judgements are going to be difficult. What is clear is that too rapid a release of restrictions with only the most vulnerable offered a vaccine will lead to an uncontrolled epidemic. The starting point for decisions will also be a much higher prevalence

world than when we released measures last summer, especially as compliance falls away when people see their closest relatives vaccinated. There is little room for error.

The above has consequences for the *when* of release. You will also need to think through the *how*. Schools will be first, as soon as possible after half term (and we must win the debate that teachers do not need to be vaccinated before this happens). A reasonable planning assumption would then be to work through in reverse order of the tiers (i.e. non-essential retail first, and nightclubs last). The end-point is difficult to judge – will the public define success as complete back to normal or will they accept some remnants of restrictions remain? How long do we need to tell those who have been vaccinated to continue shielding? What is the right level of prevalence in the young, and do we mind if this happens quickly as the virus moves swiftly through the population? And if protection is conferred relatively equally across regions, do we move back to national rather than local measures? One issue relevant to younger cohorts beyond hospitalisation and being off work while ill will be the extent or otherwise of long-term after-effects in a small group of people; you are right to be sceptical of any tendency to label all ailments as "Long COVID" but we will get you objective clinical advice from Chris on the extent to which this is a reasonable policy consideration.

All these decisions will be taken against a backdrop of increased Parliamentary pressure for a return to normal, reduced compliance and ongoing economic and mental health damage from continuing restrictions. It may well be that we are pushed into earlier release than we want. In this case, we will need to look urgently at mitigating measures such as even more enhanced shielding or segmentation for those in the vaccination queue. Previously unpalatable options may now be on the table. However, we should be realistic about whether any of these would be enough if otherwise we move too soon.

Despite this, imagine we have recovered safely. Now, we need to stay healthy. There are three big parts to this: tackling mutations, a new role for mass testing, and pre-emptive planning for the next pandemic (as well as planning for future endemic COVID).

The question on mutations will be one of borders, testing and vaccines. We have seen how Australia and New Zealand have protected their societies, with aggressive moves at the border. There is a strong case for us to build something equally watertight before a dangerous mutation wreaks havoc here (as discussed in today's borders meeting). This will have big implications for our society, but the cost of inaction could be very high. Alongside this, we also need to work with scientists to respond nimbly to update vaccines against evolved threats.

What is the medium-term role of mass testing? Both PCR and lateral flow tests will become increasingly available. If prevalence is very high, we know tracing is less effective. So, perhaps we will need to focus testing on enabling higher-risk activities. Or it could be used as a second barrier for those who are vaccinated. How can testing mitigate pressures next winter? At the right moment, we need to step back and make sure we are using this asset in the most effective way possible given future, not current, challenges.

Testing will also need to play a core role in pre-emptive planning for future crises. We will need the infrastructure we have built to be ready to turn on in an instant. We should also look carefully at what tools we did not have in this crisis, which we know would have made a difference: pre-planned quarantine facilities and stronger powers of enforcement and compliance. Many countries also have much greater healthcare capacity. Perhaps, once the crisis ebbs, any political appetite for such measures (such that there is now) will reduce even further. Or perhaps, in an honest analysis of why some countries have fared better than others, people will be more ready to embrace the trade-offs for next time.

There are a lot of threads in the above. We're putting time in with you next week with the Taskforce, Chris and Patrick to go through this in more detail. Early steers will allow us to manage expectations on both sides of the debate, so that come the review of 15 February, the country understands there are no easy answers, the judgements remain balanced, but we are committed to restoring freedoms as quickly as we can without losing everything we have protected.

You might think the above is gloomy in places. However, it is worth remembering that our early work on vaccine rollout and the likely high take-up across the UK means we could be in a stronger comparative position to some of our neighbouring countries to bounce back quickly. There could be huge opportunities here, so we should also do the work to see how we translate this into comparative economic advantage in the months and years ahead.

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