

Easing the lockdown – principles and priorities

Key points

- On 23 March 2020, restrictions were introduced on individuals' movements and businesses' operations across the UK, to limit the spread of COVID-19 and to prevent NHS services being overwhelmed.
- In the next phase of managing the pandemic, the priority must be the continued protection of the public's health, maintaining suppression of COVID-19, while resuming economic and social activity.
- Easing restrictions can only be delivered effectively once there is sufficient capacity to test, track, isolate, support and follow-up confirmed and suspected cases of infection, in every area of the UK.
- The process should be gradual, flexible and carefully managed, led by the best available science, data and research and learning from how other countries have relaxed restrictions.
- There needs to be guaranteed provision of PPE supplies; a widescale, accurate and systematic strategy for track, trace, isolate, support and follow-up of clinically suspected and confirmed cases of COVID-19; and actions to prevent people from contracting and spreading the virus when carrying out essential activities.

Introduction

On 23 March 2020, restrictions were introduced on the public and businesses to limit the spread of COVID-19 and to prevent NHS services from being overwhelmed.^{1,2,3,4} While recognising the impact of these restrictions, the BMA agreed they were necessary to protect the most vulnerable in society and the health service.⁵

While 'lockdown' restrictions have been effective at ensuring the NHS has adequate capacity to treat COVID-19 patients, this has come at a significant cost to the physical and mental health of the nation as well as to the UK economy and individual finances. These measures have also exacerbated inequalities linked to employment, housing and personal finance,⁶ have led to the delay of vital routine patient care and worsening of health outcomes, increases in reported incidents of domestic abuse⁷, and are likely to increase mental health issues across the UK in the future.

The health threat of COVID-19 will likely be around for a long time and the wider impact will continue long into the future. Until there is an effective vaccine and/or effective anti-viral or other treatments it will not be possible to completely eradicate the virus. Although we cannot prevent new cases emerging during this time, we can minimise the risks of new cases leading to increased mortality and further peaks later in the year or subsequent years. Given the health impact, it is clear now that we must adopt a cautious and gradual easing of lockdown restrictions.

However, any revision to the restrictions must be evidence-based; well-timed to avoid significant worsening in the rate of COVID-19 transmission; communicated clearly; and it must protect the NHS, key workers and vulnerable populations. It can only be delivered once there is sufficient capacity to test, track, isolate, support and follow-up of people doctors suspect clinically to be infected and confirmed cases of infection, in every area of the UK.

All UK nations have powers to relax or impose lockdown restrictions in their country to tackle the COVID-19 outbreak.⁸ This paper outlines the BMA's view on the key principles and actions that are needed to safely and effectively relax lockdown restrictions across the UK.



What the BMA wants to see

The priority must be the protection of the public's health and focus on maintaining suppression of the pandemic, saving lives while limiting the wider health impact including physical, mental and social health and wellbeing. Resuming economic and social activity should be gradual, managed and communicated effectively. Although it will not be possible to prevent new cases emerging during this time, we can minimise the risks of new cases, increased mortality and further peaks through targeted strategies to protect the most vulnerable and by adopting an effective system of test, track, isolate and follow-up.

BMA principles to underpin measures to ease lockdown restrictions:

1. The **epidemic must be controlled**, with reliable data showing the number of community cases, mortality rates and the reproduction factor decreasing and at a level that can be managed through a 'test, track, isolate, support and follow-up' strategy.
2. The **strategy needs to be health driven (including physical, social and mental health, as well as wellbeing)** and informed by: expert scientific advice; multi-professional and multi-sectoral expertise, including working collaboratively with patient groups and the public; the available evidence; ethical considerations; and international experiences.
3. The **decision-making process must be open**, with the scientific and clinical communities able to interrogate the data and advice being considered at the same time as governments develop their guidance and plans.
4. It must **protect the NHS, emergency services, public health and infection control service capacity and capability**. It must manage the workload of health care and other front-line workers, and protect their physical, mental health, well-being, and other essential needs. It should only be delivered when health and social care is able to manage the demand of potential COVID-19 cases.
5. Implementation must be underpinned by:
 - assured **supplies of appropriate PPE** for health and social care workers and other public-facing key workers;
 - **diagnostic testing** for new infections, **accurate detection** in the community and health and care sector and **expanded contact tracing**;
 - regular testing of health and social care staff;
 - the rapid deployment of **reliable antibody tests** as soon as possible; and
 - **ongoing research**, continued disease surveillance and characterisation of risk factors should underpin the actions that are taken as part of an ongoing review of the success of the strategy based on emerging evidence and research.
6. **Vulnerable and high-risk groups** must have their **physical, mental and social needs prioritised** and this should be guided by a health in all policies and mental health in all policies approach.
7. **Health and social inequalities considerations** must be factored into planning and implementation.
8. **Decision making should be taken at the individual nation level, while seeking to align measures across the UK**. It is important that the **rationale for this should be consistent across the UK**, based on the collaboration and participation of the population, but with the capacity to respond appropriately to circumstances based on geographic need, when they are in the interests of the public's health.
9. **Public communication and education** should emphasise messaging on maintaining social distancing, hand hygiene and the importance of isolating and wearing face coverings. It must be clear to understand and accessible to all at every stage and in all the languages used in the UK. This should include messaging about the potential re-imposition of any restrictions. There must be a focus on groups that are not normally heard, such as minority communities, with ongoing engagement with their leaders.
10. The long-term consequences, including on **mental health and the economy, need to be recognised and key considerations when planning** on easing lockdown restrictions.

Priority actions for easing the lockdown restrictions

1. **Urgently address the PPE stock shortfall and guarantee supply.**
 - We must have an adequate stockpile and sufficient ongoing supply of appropriate PPE for health, social care and other key workers for immediate and ongoing health and public service needs.
 - We need a guaranteed means of supply and distribution for the future across all essential services, including domestic production.

- 2. Prioritise the ongoing needs of NHS and social care, public health staff, key workers and their dependents.**
 - It is vital that schools remain open for the children of key workers, including NHS staff, and there is adequate childcare provision and care needs for vulnerable dependents in place.
 - Schools should only reopen more widely as soon as it is safe to do so.⁹
 - Childcare providers must be given additional financial and logistical support to be able to open safely and to prevent permanent closures where there is ongoing reduced demand.
 - Local authorities should work with NHS employers and childcare providers in their local area to ensure there are sufficient places for healthcare and other key workers.
 - National leadership should be focused on addressing the direct and indirect impacts of COVID-19 on NHS and social care staff, including physical, mental and social health and wellbeing impacts and support offered to the workforce.
- 3. There must be a widescale, accurate and systematic approach to test, track, isolate, support and follow up with people with COVID-19 symptoms or those who have come into contact with people with symptoms.**
 - Local public health expertise should be used to devise and plan the implementation of the test, track, isolate, support and follow-up strategies which will most effectively and efficiently help to identify and control new cases or outbreaks.
 - All governments across the UK must assess the current local public health capacity and urgently seek to expand, reinforce and supplement any deficiencies, with adequate funding provided to deliver this programme and for the longer term.
 - Healthcare professionals should be regularly tested, in line with the latest available evidence, to understand the spread of the infection.
 - Data sharing from public health agencies across the public health community should enable prompt and effective action at a local level.
- 4. Use additional resources, innovative new care pathways and new uses of technology to gradually restart routine care and address pre-COVID-19 capacity issues.**
 - Ensure the protection of staff workloads and wellbeing, including through appropriate rest and recuperation, as well as ensuring vital PPE supplies are not depleted.
 - While time limits on GMC membership allow it, to utilise additional workforce capacity created in response to COVID-19, to ensure that staff working during the pandemic do not become excessively fatigued and have their wellbeing prioritised.
 - Build on new uses of technology and other beneficial efficiencies of working adopted during the outbreak.
 - Work with patient groups to ensure public expectations of restarting routine services are managed when addressing previously suspended appointments.
 - Ensure local public health input into decisions regarding priorities for the resumption of routine care.
- 5. Ensure the NHS can flex back to a COVID-19 footing if there is a national 'second wave' or local outbreaks of the pandemic.**
 - There must be adequate critical care capacity and appropriate surge planning, including for PPE, to support the NHS, social care and local public health teams to respond to further outbreaks when they occur.
- 6. Take mitigating actions to prevent the public from contracting and spreading the virus while carrying out essential duties.**
 - As long as PPE shortages continue, medical grade masks must be prioritised for health and social care workers. Key workers who cannot practise social distancing (e.g. transport workers, shopkeepers and supermarket staff, of whom a significant proportion are from BAME populations) should, however, be provided with suitable face-protection to protect themselves as well as reduce spread to others.
 - The public should be encouraged and supported to wear face coverings or masks in situations where physical distancing is not possible, for example on public transport or while shopping.
 - Employees should only be encouraged to return to their place of work if they cannot work at home and their employer can minimise the risk within the workplace consistent with social distancing guidelines, including appropriate adaptations and PPE where required.

7. **Support the public in adhering to social distancing measures as restrictions are relaxed**
 - Governments should provide clear guidance on the public wearing face-coverings and ensure provision of, or access to, appropriate masks or coverings for the public as has been done in other nations, including ensuring domestic manufacturing.
 - There must be clear guidance on social distancing in all other relevant public spaces, including for exercise, as any restrictions are relaxed.
8. **Appropriate restrictions, in line with WHO International Health Regulations,¹⁰ on all arrivals into the UK.**
 - A list of exemptions for any restrictions should be set out by the UK Government, for example, those travelling within the Common Travel Area between the UK, the Crown Dependencies and Ireland.
 - Exemptions should allow for key personnel and for the import and export of essential goods and materials.
9. **Clear guidance and continued provision of shielding, with routine updates to allow people to plan, and the recommendation of strict social distancing of the clinically most vulnerable**
 - Maintaining continued provision of shielding the clinically most vulnerable¹¹ with improved protection and support offered, including regular updates to allow these individuals to plan.
 - Recommending continued strict social distancing for those at higher risk, including guidance for those from BAME backgrounds and their families. This should include advice on working from home (where relevant), advice on and where necessary provision for having food delivered to their household and continued emphasis on strict social distancing when leaving their home, including a continued ban on gatherings of large groups during the process of managing the pandemic.
 - Other groups who are vulnerable for reasons unrelated to COVID-19, such as disability, may need targeted practical support to allow priority access to some services
 - Resources should be available to care homes and shielding patients to enable them to have full internet access and, if necessary, iPads or similar devices. This would enable reliable remote consultations and facilitate care delivery over the coming months; help to address digital health inequalities; and help to keep vulnerable patients safe.

References

- 1 <https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020> (last accessed on 13 May 2020)
- 2 <https://www.gov.scot/publications/first-minister-covid-19-update-1/> (last accessed on 13 May 2020)
- 3 <https://gov.wales/first-minister-of-wales-statement-on-new-coronavirus-measures> (last accessed on 13 May 2020)
- 4 <https://www.executiveoffice-ni.gov.uk/news/crucial-new-measures-will-save-lives> (last accessed on 13 May 2020)
- 5 www.bma.org.uk/news-and-opinion/people-must-follow-government-advice-and-stay-at-home-to-help-nhs-warns-bma (last accessed on 12 May 2020)
- 6 www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deaths-involving-covid-19-by-local-areas-and-deprivation/deaths-occurring-between-1-march-and-17-april (last accessed on 12 May 2020)
- 7 <https://www.theguardian.com/society/2020/apr/12/domestic-violence-surges-seven-hundred-per-cent-uk-coronavirus> (last accessed on 22.05.2020)
- 8 Paun A, Sargeant J and Nice A (2020) A four-nation exit strategy: How the UK and devolved governments should approach coronavirus. London: Institute for Government.
- 9 <https://www.bma.org.uk/news-and-opinion/covid-19-statement-on-schools-reopening> (last accessed on 26.05.2020).
- 10 World Health Organization (2005) Revision of the International Health Regulations
- 11 <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/> (last accessed on 14 May 2020)