



# COVID-19

## UK Political Analysis

By Tim Hames, Senior Adviser | 24<sup>th</sup> April 2020



### The Year that Disappeared. UK options for loosening the lockdown are limited and laborious.

The balance of probability is that the UK, like much of Europe, has passed, or is passing, the peak in terms of initial coronavirus cases, hospital admissions and deaths. Mortality will be the last number to improve. This allows ministers, officials and a host of commentators to think about and speculate upon how the lockdown could be loosened or at least softened. This has already started in certain smaller countries such as Austria and Denmark. Germany is set to be the first of the most sizeable nations in Europe to undertake the operation. Even there, the emphasis is on a gradual transition.

The FTI UK Political Analysis last week looked at certain common challenges faced almost universally and other features which were more distinct to the UK as a country, economy and a society.

Those common challenges were that estimating the reproduction number with precision is difficult and almost impossible in “real time”, that the infection rate appears to be too low for herd immunity to come to our assistance, leaving plenty more potential recipients of the virus, and that the drive for an antibody test that could be martialled at

scale and ideally through home testing kits seems to have come to halt almost everywhere and will not be about in the early stages of lifting a lockdown. This hugely complicates the process of attempting to return life to what was considered “normal”.

The features which are specific to the UK are a population density and distribution that is strikingly different to other larger European states and an economic structure which means more travelling to work in a manner that means extra contact with other people than elsewhere all but inevitable. The offsetting element is the age profile of the population (we have a lower proportion of people who are 65 and over than the European norm) and they typically live either on their own or in a couple and not in care homes or with an extended family. This makes the isolation of such citizens easier. Ministers and officials are now wrestling with the Rubik’s Cube that is devising a re-entry strategy.

## What are the options for loosening the lockdown?

We know much more today about coronavirus than we did a month ago. What does this tell us?

- That individuals develop symptoms after an average of six days during which they are capable of infecting other people. Indeed, it now appears that half of all infections take place before the infector themselves has any indication that they are infected.
- Subsequent to symptoms emerging, the average infected person is infectious for another six days before, in most circumstances, the virus has worked its way out of their system.
- A significant minority of those who are infected are asymptomatic and hence conduct their affairs without realising that they may be accidentally transmitting the virus to other people.
- The above element is softened somewhat by the fact that both those who are asymptomatic and those with very mild infections are less likely to cough the

virus on to others through the atmosphere because they either have no cough at all or a minor and manageable one. When compared with individuals who have more pronounced symptoms, mildly infectious people are now believed to be 0.48 times as infectious and the asymptomatic are 0.29 times as infectious.

While helpful, this is still an ability to infect others that has to be modelled in.

- The probability of contracting the virus is highest in so-called “small world networks” (households) and lower (but still important) in “secondary world networks” (workplaces, schools, certain social settings) and in “random world settings” (mass transit, gathering events and mass settings) but with more risk if these usually occur inside and not outside.
- The virus consistently not merely affects older people and those with pre-existing health troubles (which is not surprising or unusual), it appears to almost target such individuals. The probability of hospitalisation, ICU treatment and death are all dependent on age.

This is a set of discoveries which only demonstrate how much more difficult it will be to lift the lockdown than imposing it in the first place. It should also be noted how different this virus is from SARS in imagining how to respond to it. SARS started attacking the body via the upper part of it. Infected individuals displayed very clear symptoms very quickly, rather than harbouring them for the better part of a week. Virtually no one who had it proved to be asymptomatic. The death rate was much lower and less skewed within the community. Social distance was not required as a reaction.

If you put all that information together then, in theory at least, there are five broads means by which one could devise an approach to loosening the lockdown in the conditions that operate in the UK.

The first is on coronavirus status. You could release all those who have had the virus back into the outside world. If, as was hoped and expected about six weeks ago, there was a mass antibody test ideally through a drop of blood taken in the home with results available in minutes, then this might be the most rational route to adopt. As we stand, however, it is fraught with difficulties. The number of people who we know for certain through antigen tests have had the virus and have recovered and are thus not infectious

is small and it will not reach any sort of scale for some time yet. Just releasing them would not do much for the economy nor for offering any sense that a return to ordinary life for the majority of people was conceivable. One could be bolder and also liberate fully all of those who believe that they have detected the symptoms and so self-isolated for the required period of time. To do so without rigorous social distancing would be a wager. Many will have self-diagnosed wrong. Coronavirus status will, in time, be part of a re-entry strategy but as of now it is not the essence of it.

The second concern is age. One prominent paper from the Centre for Comparative Advantage on the Global Economy at Warwick University argued that ending the lockdown should start with releasing those aged 20 to 30 who either live alone or exclusively with other people in the same category. The assessment here was that the 4.2 million people involved constituted the safest experiment. It was a set with a very low critical care admission rate (0.06%) and an even lower death rate (0.03%). It is also a large enough cohort to have some impact on the economy and offer some hope to others. It is also the group most likely to rebel against the lockdown if was imposed upon them for too long. It would be a first wave to be followed by the other age sections thereafter up until the age of 65 plus. Intellectually this is an appealing approach. One suspects that policing it in practice would be hard. Ministers will not be wild about making carrying birth certificates compulsory central to their policy.

The third relates to household size. If the highest risk of infection is in “small world networks”, then why not release those who live alone and have no one they could infect when they return home? Singletons come in two camps. A shade more than half of them (3.9 million) are aged between 16 and 64 and are mostly male (58.5%). A little less than half (3.8 million) are 65 and over and mostly female (66.5%). They would have to be shielded unless it was known that they had had the virus. Again, conceptually this is far from an irrational notion but making it work on a day-to-day basis would be immensely awkward. How would one prove beyond doubt that one lived by oneself?

The fourth involves location. The spread of the disease has not been even across the country. It would be perfectly possible to declare certain places to be now safe in which to live and to work. This has largely been the means deployed in China towards lifting the

lockdown. There are a host of reasons why it would be much more difficult to make the heart of the approach in this country. The UK is, obviously, much smaller and more compact than China and it is far more urban (91.1% of our residents live in a small town or larger setting compared with 53.2% in China). Unless opting for a totally Police State approach, it would be very difficult to prevent people escaping to those areas in which the lockdown had been lifted and constitute a public health menace in their movements. The experience in Italy where Lombardy was put into lockdown triggering a stampede to other regions is not an encouraging example. Furthermore, the UK entered the lockdown as one unit, forcing those sections of the country which have only just started observing more cases and deaths from the virus to endure a longer confinement than the capital city where it started would not be a popular stance. With the single possible exception of Ulster, where the border with the Republic of Ireland has to be taken into account, the starting point for ministers would be that location should not dictate policy. Indeed, when asked directly at the daily press conference yesterday whether as London appeared to be passed the peak it should be released first, Sir Patrick Vallance, was clearly cool about the idea.

Finally, there is categorisation based on social and economic activity. An early thesis for this analysis was produced by Gerard Lyons and Paul Ormerod for Policy Exchange and it sought a novel synthesis between epidemiological models and behavioural economics. It set out a “red”, “amber”, “green” basis for rolling out lifting the lockdown. In the first instance (“red”), shops would reopen but subject to social distancing requirements of the sort that the supermarkets and small grocery stores have had to introduce. More travel on foot or cycle would be allowed but other forms of it discouraged. Most international flights would be banned. A few weeks later (“amber”), more movement around would occur but probably with masks and gloves as an obligation for the public. Unlimited motor travel would be accepted. Restaurants and certain sorts of gastropubs could reopen with social distancing. Last, (“green”) contingent on the demonstrated impact of the amber phase, mainstream bars and clubs would come on stream once more (again with social distancing), mass outdoor gatherings will be resumed, and certain sorts of mass transit restored (once more with a degree of social distance).

There have been a number of different versions of this suggested strategy, but they differ only in the detail and not the fundamentals. That Dr Lyons was Boris Johnson's Chief Economic Adviser when he was the Mayor of London is thought to make the process that he has outlined more plausible. He and his co-author are convinced that there is little alternative to it. "In our view", they assert, "it is not feasible or credible to allow the lockdown to end at different dates, for different groups. Human behaviour suggests it would not work, and it would be hard to enforce". Many other experts concur.

## Is there an App for tracking the solution?

There has been a lot of interest in tracking via an App as a possible solution that might well make softening the lockdown more straightforward. Technologies of these types have been employed in East Asia. Matt Hancock, the Health Secretary, stressed yesterday that he wanted to bring in an App.

A major study of how it could best be implemented in the UK entitled Effective Considerations of a Digital Tracing App was published last week by a consortium involving the Pathogen Dynamics Group, Big Data Institute, Nuffield Department of Medicine, Oxford University, the Wellcome Trust for Ethics and the Humanities, faculty.ai, IBM UK and UCL/Alan Turing Institute. It is a great read.

The consortium sets out how an "NHS App" based on low-energy Bluetooth "signatures", would work. Everyone with a smartphone (and concentration is highest among those aged 15-65) would be urged to download the App (except the old and vulnerable) and then allowed to re-enter society but embrace social distancing as much as possible. If they found that they had come into contact with another person (the "index contact") who had diagnosed themselves with the virus and to an extent that was deemed an excessive risk, they would be alerted via their telephone. The index contact, their immediate household, the alerted person and their immediate household would self-isolate. Rapid testing of the index contact would confirm whether a 7 or 14-day isolation was needed or not. This formula should minimise the amount of inappropriate quarantine. Normal(ish) life is returned.

An App may well be an important supplement to a strategy for loosening the lockdown but it is by no means a silver bullet. It comes with a host of issues. Compliance will need to be high (80% of the 70% of the public with smartphones) to be effective and many will have concerns about privacy. It takes time to bring in as the App would need to be downloaded and making contacts for at least a week before the lockdown could be lifted (because of the typical six-day passage of time before an infected person develops symptoms). It does not negate the need for continued social distance.

There are more complexities to contemplate as well. Some are very demanding. What is too high a risk of a contact resulting in infection? The official guidance from Public Health England is to avoid being closer than two metres from another person for 15 minutes or longer. This is dismissed as an “aide memoire” by the research team. They prefer an equation based on proximity of contact, the duration of contact, the number of contacts, the location of the contact (household versus non-household), the time of contact in relation to symptom onset, the severity of symptoms in the index case and the age of both the source and the potential recipient of the infection. This is eminently reasonable but the “individual infection risk” calculation that would take place would not be perfect. The length of the chain is contestable (should it include the contacts of the alerted person and their households and, if so, does the process of informing of a risk continue indefinitely?). What do we do about the asymptomatic who will not report that they think they have acquired the virus because they do not believe, or have reason to deduce, that they are wandering around transmitting a virus?

The challenges continue. It will require a huge amount of swift testing (probably a lot more than 100,000 examples a day) to ensure that misidentification of symptoms does not trigger immensely disruptive bursts of short but needless self-isolation (a de facto second lockdown for those affected). The App would be of little use for health and social workers who would surely trigger a warning that they might have been in close contact with an infected person on a continuous basis. It does not do anything for the elderly and vulnerable who would still need to be cut off until a vaccine is secured. Then there are the quirks of life. Take our Underground systems. Some 97%, or 263 out of 270, of stations on the Tube now have wi-fi access (the exceptions, for quiz fans, are Bond Street, Heathrow T5, Kensington Olympia, Moorgate, Watford, Willsden Junction and Whitechapel) but for the most part, as Transport

for London concedes on its website, there is “no signal in tunnels”. So, in this crucial part of the economy, the App would have to be complimented by some social distancing which would extend commuting times substantially and/or mandatory wearing of masks and gloves. The App is well worth having and it will probably be offered within weeks but it is not a magic wand.

## **What, therefore, is the most likely strategy to be adopted?**

The most likely basis for loosening the lockdown is one that is based on social and economic activity. The Red-Amber-Green structure set out by Lyons and Ormerod will be there in essence, but factors surrounding age and household size will influence which activities are chosen to fall in what section. There will be a few tweaks to it. The first phase will probably involve more time permitted outside (but still rationed to an extent) and the re-opening of almost all shopping facilities with new social distancing requirements. This will not transform the economy or life more generally overnight. The App will probably not arrive until the second phase (although it could be trialled in the initial one). In terms of the education sector, it would be safe to reopen nurseries from phase one if desired but other schools probably do not throw open their doors again until phase two (after what would have been the May Half Term week) and universities are probably off the agenda until the Autumn. It is quite likely that the practical difficulties of making social distancing work in airports and many other forms of mass transit means that, in reality, this will become a “phase four” all of its own standing. The Government will vigorously demand that companies whose line of business is such that their employees could work from home carry on doing that (even if inconvenient) for as long as possible.

One does not need to be a Professor of anything to divine the implications. Lifting the lockdown will be long, hard, complicated, expensive and involve a lot of trial and error. It will not end until we reach a “phase five” when the comparatively elderly and vulnerable (some 20 per cent of UK residents) have access to a vaccine. The only development which could really accelerate the timetable for everybody else would be acquiring mass antibody testing at

scale that can be speedily utilised at home. If not, then for society at large (not just the old and exposed) it will need a vaccine to restore normal life. Progress on that front looks good. At its fastest, though, 2020 will still be the year that disappeared.

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