



COVID-19

UK Political Analysis

By Tim Hames, Senior Adviser | 22nd January 2021



Decisions, Decisions. The key data and hard choices for next month.

We are almost three weeks in to the third national lockdown in England. The restrictions are due to be reviewed by Monday February 15th, which is also the target date for the first four priority groups to have been “offered” their initial vaccination. There are few in Whitehall who think that there will be anything more than an incremental and symbolic easing of the rules (and there are many who doubt even that) and most believe that while it might be possible to argue that all or almost all of the up to 15 million people in the first wave of vaccinations might technically have been “offered” their injection by that date, it is unlikely that 15 million people (or that proportion of them who are willing to participate in the programme) will have had the vaccine administered to them. While the capacity to conduct vaccination is increasing rapidly, it cannot reach the maximum possible until the intense pressure on the NHS from very large numbers of new cases eases substantially, which would allow other resources to be released for vaccinations.

This does not mean that mid-February has become an inconsequential moment either in the history of this lockdown or that no decisions of any importance will be taken before or about that time. In fact, a set of significant assessments and decisions will be reached which, in time, will prove pivotal not only to the tentative timetable by which lockdown

restrictions will be eased, but more longer-term questions about the degree to which what becomes the “new normal” in the UK is permanently different to the old normal.

EXECUTIVE SUMMARY

- While high drama in terms of dramatic liberalisation of the lockdown is very improbable by mid-February, it is still likely to prove a period of real importance.
- By that point, the extent to which the existing restrictions can themselves drive down the reproduction number and the rate of new cases should be considerably clearer than it is for ministers and officials at the present time.
- This should also be the moment when all of the numbers of new infections, the level of COVID-19 hospital admissions and the daily fatality rate should have passed their peak. This should allow NHS resources to be reassessed again.
- At around this time, a critical decision will be made as to the extent to which schools, particularly primary schools, can be reopened in advance of what would have been the end of this term, or whether this would be an unacceptable risk in that it might lead to a sizeable rise in new cases before the benign impact of the vaccination drive has its effect. There will be a strong lobby among the scientific advisers who will make the case for deferring the restoration of mass education. Yet such a postponement does have significant social and economic side-effects.
- Again around this period, a comprehensive plan should be in place for the next phase of the vaccination process (covering some 17 million people) as well as a provisional timetable for all remaining adults and some estimates made as the extent to which COVID-19 vaccination will be a regular event for certain people.

The new case rate and the NHS.

The lockdown has manifestly had an impact on the numbers of new cases. At the start of this month, the official figure was in excess of 60,000 a day and this was certainly an underestimate allowing for the numbers who contract the virus without symptoms but have the ability to transmit it to others who might be much more badly ill than they are. Other estimates ran as high as 100,000 new cases a day, rivalling that of Spring 2020. The combination of the imposition of Tier Four in much of the country and then the third

lockdown across the whole of England (along with similar regimes in the rest of the UK) has seen, with the occasional exception, the headline daily new case rate fall to about 35,000-40,000 cases or a drop of 35% to 40% since the intense post-Christmas week.

On that basis, it is reasonable to assume (bar a sudden decline in compliance with the lockdown) that this wave of new cases, enhanced in its force by the new variant of the virus, has reached its peak, that hospital admissions are likely to reach their height in the course of the next ten days (in some parts of the country they may already be flat) and that daily deaths (by whatever measure is used) will reach their peak a week or so later. The NHS has been placed under incredible strain by this surge in cases and there will be long-term consequences in terms of consultations and operations, but for the moment there is very cautious optimism that the pressure will fall short of systemic collapse.

All of which is obviously positive news. Some realism about what it means is also required. A daily case rate of around 37,500 cases (which we know to be a figure that is short of the real total) is well above that which compelled ministers to engage in a spectacular reversal of policy and introduce the second lockdown back in November. Even allowing for the fact that the number of people who would be most likely to die if they were to contract the virus will be falling thanks to vaccinations by March (as mass immunity in the four priority groups becomes apparent), that number of new cases would still produce a high flow of new admissions into hospitals, distracting medical attention from what would otherwise be other urgent instances and limiting the ability of the NHS to release human and physical resources to supplement the vaccination drive.

What ministers and officials do not know as of today but should have a much better idea of after three more weeks is whether the number of new cases will continue to decline, and at what sort of rate, or whether they will plateau at a level which would be deemed too high to contemplate anything other than an extremely marginal easing of the rules. As set out in the FTI Analysis of last week, there are a range of options which could be implemented if policy had to be tightened and modelling on what their effect might be.

Opinions vary among scientific advisers as to what sort of number of new cases might be deemed “safe” in the context of rising vaccination levels but few would take comfort from a headline number of more than 10,000 cases a day and there is an argument that it should be substantially lower on a sustained basis before lockdown really starts to lift. Matters would be further complicated if new and more virulent virus mutations were to be seen in the UK (hence the arguably belated decision to close the old travel corridors). As Sir Patrick Vallance said publicly on Wednesday, we are a very long way from a point where vaccination can be considered the principal means of controlling the virus. Those hoping for a pint with a friend in The Dog & Duck still have a wait of months, not weeks.

The schools decision.

The above forms part of the backdrop to what is likely to prove to be the most difficult decision that ministers will find it hard to avoid contemplating by mid-February. It has been the consistent ambition of the Government that schools should be open to pupils and that if this proved to be impossible then they should be the very first section of society to return to more normal practice. Privately, few of those involved in the debate ever thought that all primary schools, let alone secondary schools as well, would return en masse after what would conventionally be the February Half Term week (which actually varies over two weeks in England), but there is an official ambition to seek to restore schooling, at least to some extent, before the end of the Easter Term itself. This was restated, albeit as a “hope”, not a target, by the Education Secretary yesterday.

The arguments for that aspiration are considerable. The reality is that home schooling and online learning are much harder to organise for primary school pupils than their older peers. There will be a striking class and income bias in the quality of tuition that is received and this will have an impact that goes beyond a single essentially missed term. The absence of formal education also disrupts family life and has a sizeable impact of the economy as nominally full-time employees become, of necessity, de facto part-timers. Ministers at the Department for Education desperately want to have the vast majority of children back in classrooms before what would be the start of Summer Term (in April).

Whether that will be able to happen is a matter of serious doubt. The notion that mass testing (via the lateral flow techniques) might prove to be the key innovation which would ease the return of mass schooling was always contentious but now does not look to be credible. The attempt to use it as an alternative to insisting on whole class isolation if confirmed or suspected cases emerge has now been “paused”, whether it will ever be at the heart of policy again is extremely debateable. There are too many inaccuracies.

So ministers are destined for an unwanted ring-side seat between competing sets of experts. The education lobby will be able to produce reams of material as to just how damaging an extended closure of primary schools (for the second year running) would be. The public health lobby will have charts aplenty to demonstrate that until the full effect of the vaccination campaign has started to make a serious impact of the virus then it is a racing certainty that if primary schools threw open their doors again, the number of new infections would rise and the reproduction number would increase. This would only be an acceptable risk if there was sufficient “headroom” for an increase in cases.

An outright decision in mid-February would only occur if the statistics on new infections were very stark in one direction or the other. There would be a host of plausible reasons for waiting longer, perhaps combined with some incremental changes in policy. It is, though, a call that will fall for the Prime Minister to make the final choice. As of now, a betting person would probably wager on schools staying very largely shut until April.

The shape of the vaccination campaign.

For understandable reasons attention on the vaccination drive is concentrated on how swiftly the four initial priority groups involving 14.6 million people can be vaccinated. In public health terms, as they are the most vulnerable sections of society accounting for 88% of deaths from the virus in the UK, this is fundamental. It is not the only matter relating to vaccination that will need to be considered once mid-February is reached. There are three other areas of importance: how swiftly the next set of categories of people can be injected; then the rest of the adult population and longer-term policy.

The target for the 17.2 million people who fall in the next five categories is “April”. If this is to be understood to mean “up to and including April 30th” then it is a viable aim. If new cases fall and the full focus of the public health effort can turn to vaccination then a target of three million injections a week is challenging, but not ridiculous. If it is reached, then the aspiration of a return to considerable social and economic normality by May is achievable. At this stage, the question of the remainder of the adult population is more ambiguous. The decision that in principle every adult should be offered a vaccination has already been taken (this is not the case elsewhere in the developed world). The target is “the Autumn” which sounds a little tardy when the numbers concerned are 21 million but finding accurate information on where these people live and convincing them of the need to undertake not one but two vaccinations when they are unlikely to fall sick due to the virus may be challenging. It may also matter less if herd immunity levels are reached.

The final question is the one that intrigues many advisers the most, in part because they will not have the data that they need to reach a conclusion for some time yet. How many people will require further vaccinations, how regularly, and with which vaccine ideally? It might seem an academic consideration as a time of such emergency and urgency. It is, however, the one that will ultimately determine the impact of the virus on our society. Scientists are already prodding often reluctant politicians to start to open up more on it. That process is likely to become more public once the first wave of vaccination is done.

Conclusion

The FTI Analysis published last week noted that ministers were facing three distinct but interlinked public health challenges at the same time. These are (a) managing the pre-lockdown surge in virus cases triggered by the new strain of COVID-19 in a manner that did not see the NHS overwhelmed to the extent that it could not perform its basic role, (b) ensuring that the latest lockdown was strong enough to force the number of new cases and the reproduction number down to a low enough level before the positive effect of mass vaccination started to register itself and (c) implementing a vaccination campaign of unprecedented scale starting with a dash to inject the most vulnerable.

It will take until mid-February to reach solid conclusions as to where England stands in these three areas. As of today, ministers would be entitled to quiet confidence that they had the infrastructure for an enormous vaccination effort steadily coming into place and would be crossing their fingers that the NHS will be able to endure the massive pressure that it is presently under without becoming totally knocked sideways with dire effects. Where they may be most nervous is whether the lockdown as it stands will lead to new virus cases and the reproduction number falling as fast as needed. Time will soon tell.

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