July 2021

# Winter 2021/22 under COVID-19

## Online public dialogue for the Academy of Medical Sciences

Sarah Castell, Michael Clemence, Antonia Lopez & Roya Kamvar

The Academy *of* Medical Sciences

Ipsos MORI · Ipsos

# Contents

# Preparing for this winter's challenges

This report details the full findings from five workshops carried out by Ipsos MORI between March and June 2021 on behalf of the Academy of Medical Sciences, covering public experiences and perceptions of the pandemic over the winter of 2020/2021 and looking to their expectations around likely experiences during the winter of 2021/2022.

The workshops were conducted with a panel of thirty members of the public drawn from across the UK, including representatives of ethnic minority groups and those who had been told to shield during the COVID-19 lockdown measures. The panel of members of the public included some participants from a similar research project carried out on behalf of the Academy of Medical Sciences in May-June 2020. Young adults (18-24 years old) from the Academy's Planet DIVOC-91 Young Person UK panel also participated in the workshops.

The key findings and reflections on communications derived from this report are included below:

## Key findings

**Participants' experiences of the pandemic have become increasingly fragmented.**

Compared with last year, the groups displayed a wider range of views on factors including government performance, optimism for the coming months and personal well-being. Echoing other research, while many have adapted well to lockdown restrictions and are satisfied overall with how the pandemic has been dealt with, for others this has been a more difficult time and their view of government actions and available support is more critical.

This can also be seen in the sources of information people use to understand the latest news on the pandemic. Most of the group felt fatigued and were not actively seeking out information on the pandemic, while for the younger people group social media was acknowledged as their primary source, despite concerns about the accuracy of the content.

**Young people's views of vaccination are driven by different factors to older groups.**

Young people tended to view the threat from COVID-19 to their personal health as being negligible and were less likely to be swayed by ideas that getting vaccinated was their 'duty'. This means the risk/benefit calculation they make around vaccination is very different and only a small amount of negative information will move them to become vaccine hesitant. However, as a result these views tended not to be strongly held and may fall away as the vaccination drive is opened to younger people (as was witnessed among the older population).

**Across the group most wanted to continue a cautious approach to reopening.**

The workshops occurred before the postponement of the June 2021 date for lifting COVID-19 restrictions and there was a high level of apprehension about this date. Many felt that the use of measures including masks and restrictions on foreign travel into the UK were justified across the summer if it helped avoid a spike in cases next winter.

**Yet overall there was optimism about this winter.**

Many in the groups felt optimistic about the likely path of the pandemic this coming winter. The successful vaccination drive was the key reason for this optimism, but there was also a widespread belief among participants that the UK governments would learn from the mistakes of 2020 (and from best practice abroad) to help contain the disease. Participants were still focussed

on COVID-19 when asking this question and were not considering other pressures that might contribute, such as a heavy flu season or NHS overload.

**People are looking for distilled, clear information on what is important to them**

Most participants had long stopped monitoring the progress of the pandemic and were instead listening for information on when they would be allowed to do particular activities, especially visiting family indoors and travelling abroad. They said they wanted to have the rationale behind decisions made explained and were also keen to understand roadmaps out of the pandemic. This demand for clear communication of long-term plans is a key tension with the nature of scientific and pandemic driven decision-making.

**The public are looking to science and the Government for a signal of when things might return to 'normal'.**

Low awareness of the spread of the pandemic and what a 'normal' level of transmission might be means the public were unable to say when they thought the pandemic might shift from being a headline threat to the UK to a background disease that does not warrant current social distancing measures. As understanding when things return to normal is among the most important pieces of information the public are looking for, many will likely take an announcement from scientists or the government as the sign that the country has moved from an acute phase of the pandemic to a more chronic stage.

**People want to see that the UK Governments are thinking about making provisions to help people deal with the fallout of the pandemic.**

For many in the groups the pandemic has heightened attention on the inequalities experienced by different people as well as the unequal impacts on different sectors of the economy. Addressing this is an important factor for many and participants were keen to understand the practicalities of support that is available – for instance on how to make social distancing more accessible for businesses, public sector such as schools and individuals who are in need. Other types of support that were mentioned included financial assistance, greater mental health provision and improved sick pay for those forced to isolate.
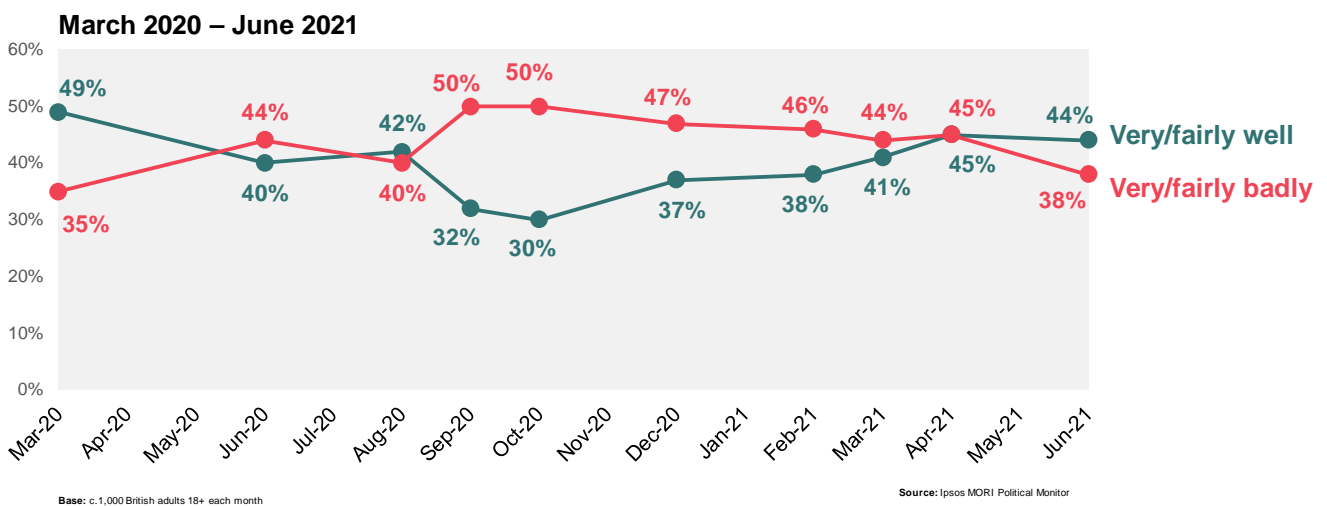
# Experiences of the past year

Perceptions of the pandemic varied strongly between group members according to their individual experiences, with factors including life stage, wealth, employment status and pre-existing health conditions all contributing to framing what the pandemic has been like for different people.

The group encompassed people with very different COVID-19 experiences, including lockdown living conditions, experiences of isolation, economic turbulence, social distancing and postponement of social, medical and educational events. A large section however had limited experience of negative impacts from the virus and tended to view the government's performance as good overall. This is echoed in recent polling which shows that although views on government performance remain sharply divided, the proportion who are satisfied overall has been rising sharply. This direction of travel could be seen in the workshops and among many participants in England, Scotland and Wales there was a feeling that the UK governments had generally done a good job, in the circumstances.

## The Government's handling of the Coronavirus outbreak

**Overall, how well or badly do you think the Government has handled the coronavirus outbreak so far?**

**March 2020 – June 2021**



**Base:** c.1,000 British adults 18+ each month      **Source:** Ipsos MORI Political Monitor

However, there was still dissatisfaction and some participants said that the government, (especially the Westminster Government) was too 'soft' on the public and had failed to be sufficiently decisive and assertive in enforcing social distancing measures. The idea that responses to the pandemic could prioritise health or the economy was also mentioned, with those mentioning this saying they felt like the UK government was prioritising the economy over health where it could. Some in the groups mentioned stories about procurement deals for friends of the government and the high cost of getting tests to allow people to travel abroad as further evidence of their suspicions about the UK Government's motives.

*"The communications from the government got so confusing, other [countries] had military and police - in UK there were only soft fines. People were blatantly breaking the rules here."*

*"[It] will be interesting to see when they have the inquiry what the scientists recommended but the government decided against."*

## Looking back over 2020

Many participants found it easy to pick out positives from their experience of life under lockdown over 2020 – especially those who were older or in middle age. There was an element of nostalgia for the first lockdown in the early days of the pandemic and over the summer, which was a seen as a more comfortable and even fun experience than the more recent lockdown over winter:

*"I think it was a little bit worse because we were in winter whereas the first lockdown was in summer, we could all go out and have barbecues in the garden, enjoy the sun a bit."*

Over the year, some had adapted to their somewhat constrained horizons and felt that life had fewer stresses than it had before. For one participant who had suffered a bereavement of a close family member since the workshops in summer 2020, the requirement to stay at home and not speak to many people was seen as a help to get her through her grief, although she felt it would not be positive into the longer term.

*"My home is like a comfort blanket right now and I know I need to shrug that off and I know I need to face up and go on with it, which I will do."*

*"It just takes all the stress out of life out of me because my limitations are much narrower… I feel very stress-free since last summer and if there's another lockdown, it won't bother me in the slightest."*

Yet there was also a feeling that the pandemic had been dragging on for too long and younger participants in particular were keen to get out and meet friends. One of the younger participants had travelled out of the UK for a month during the summer of 2020 and over the winter into this year she was starting to feel that a long period stuck at home was damaging for her mental health.

*"I think it's a little bit worse because we was in winter, whereas the first lockdown was in summer, we could all go out and have barbecues in the garden, enjoy the sun a bit. And obviously, over the winter, especially Christmas, like, it's awful not being able to see all your family on Christmas. So, it's been alright but it's just that I'm so used to it now, it just feels like it's gone on for so long."*

Others were concerned about the impact of the pandemic on their education and career prospects. They had all experienced disruptions to further and higher education including long periods of home education and there was a feeling that this would disadvantage them in the future. Concerns were raised about the longer-term picture, including disruption in social development and negative impacts on mental health as well as whether their qualifications (some of which were awarded by teachers rather than under exams) would be viewed equally to those held by people a few years older or younger than themselves.

Some of those who have been shielding felt the burden of isolation more and talked of continuing anxiety about meeting people as the country begins to open up

*"I don't leave my house. I do not meet anybody unnecessarily because I have a young son at home who is shielding because he has lung issues."*

## Views of scientific modelling

Participants in the March workshop (who also participated in workshops during summer 2020) were shown the modelling for winter 2020 that was shared with them last year. This showed that there was a very close fit between the projections shared and the actual progress of the disease:

**Figure 1.1: Stimulus from the March workshop**



How have model projections fared against reality?
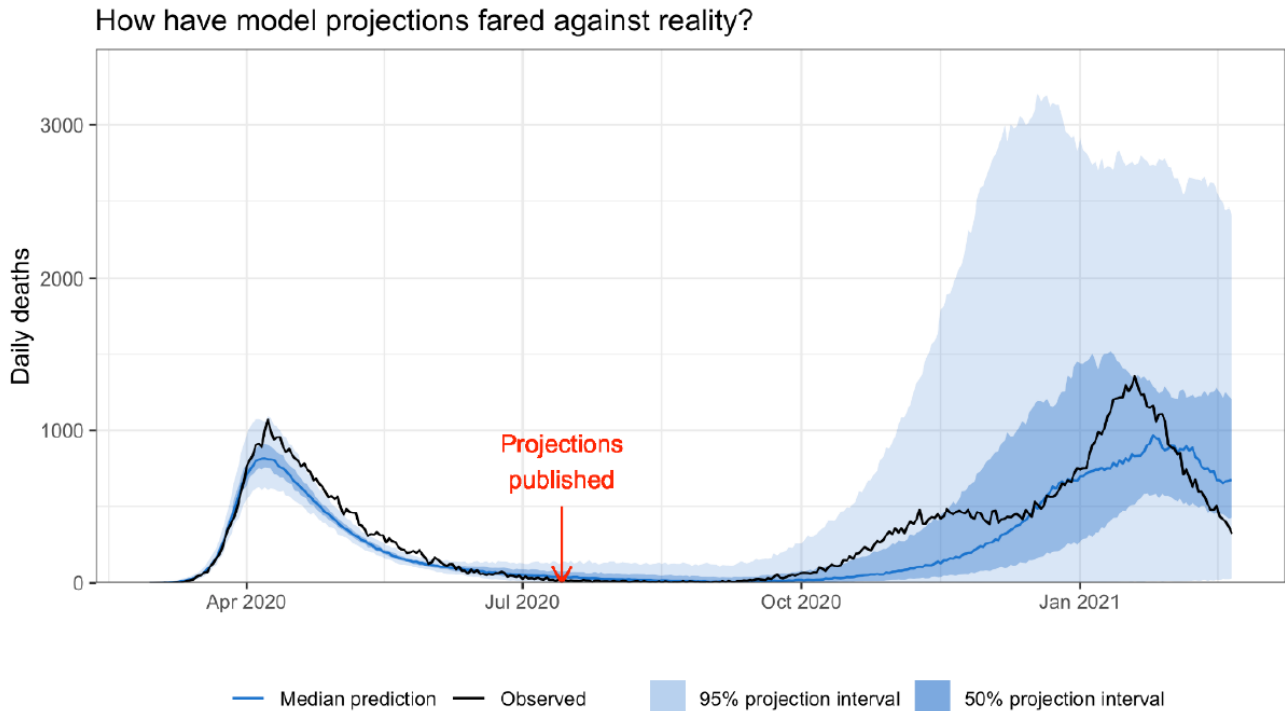
However, there was limited surprise from the group that the projection had turned out to be accurate and overall the view from the group was that the observed pattern was inevitable rather than avoidable. In many cases participants turned to specific anecdotes of bad behaviour as reasons for why the winter turned out in the way that it did. This led some to wonder about why the country was not more prepared for the caseload over winter.

*"In the summer everybody was out and about so we all knew there was going to be a second wave".*

As a result, participants were most likely to say that the government could have done more to avoid or mitigate the second peak by stricter enforcement of social distancing rules, which it was felt were only enforced during the first lockdown in spring 2020. This sense of inevitability also meant that some participants did not feel they could blame the government, or any other single reason, for the death toll over winter:

*"I think it's a bit of both really. Like, the way that the government has dealt with it isn't great… they're not really big enough laws for people [to want] not to break them… It's also some people's faults as people are still choosing to go out and go to parties and do things".*

When assessing the accuracy of the projection participants displayed strong "hindsight bias" – the tendency to assume that events which occur are more predictable than they actually were. As a result, at times some participants downplayed the importance of listening to scientific evidence or were more fatalistic about the connections between individual behaviours and the course of the virus.

*"I haven't seen a correlation between the numbers of people having parties and increases in the virus. The virus seems to be taking a course, a natural course of its own of peaks and troughs and currently, we're heading into a trough and who knows, there may be more peaks".*

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# Where are people now?

Participants remained cautious in their approach to the pandemic overall; while many were tired of measures including lockdowns, restrictions on gatherings and use of facemasks, they acknowledged that the goal of ending the pandemic was still worth the measures required to reach it. This new caution for the public has been replicated in a range of surveys, for instance polling at the time of the workshops found that only half of the public are comfortable sharing handshakes and hugs in the way they used to.[1] More broadly, other polling has found a drop in hedonistic sentiment among Britons which reinforces the idea that the pandemic has pushed the public into a more inward-looking and cautious outlook on the world.[2]

Yet overall, **participants were broadly optimistic** about the UK's path through the pandemic. The primary reason for this was the UK's vaccination programme, which all agreed had been a turning point in the pandemic. During the group in March it was a source of pride for some and seen as a key differentiator between the UK and the rest of Europe, although some voiced concerns about the prioritisation and ordering of the vaccinations. By May these stories were less common, except among the younger people group who were not eligible for vaccination at the time of the workshops.

The risk/benefit calculation for vaccination appears to be very different for younger people, who were more likely to voice concerns about the vaccination itself, with some being notably hesitant to get it. As younger people tended to hold the view that that COVID-19 was not a serious illness for them (few had heard of or recognised the threat of post-acute COVID syndromes or 'Long Covid'), they were not especially concerned about catching it. Additionally, other factors such as getting vaccinated to protect other family members or as an act of citizenship did not resonate strongly either, so for many in this group there appeared to be little benefit in receiving the jab. As a result, only a small amount of concern was required to tip the balance and make the vaccination appear risky to this group, which led to some vaccine hesitancy. However in most cases this view was not strongly held, so as the vaccination drive becomes a reality for younger groups much of this hesitancy may fall away.

*"I'm young enough to fight it off, I personally just don't feel like I want something injected into me that's been created in six months."*

While most of the participants felt it was important for people to be vaccinated, there was little support for mandatory vaccinations, or for the use of 'vaccine passports' to control who could do different activities. Participants were open to the idea that some people might not want to have the vaccine (as well as not being able to have it) and were unwilling to try and restrict their freedom to take part in activities unduly.

Although many were positive about the trajectory of the pandemic, there was a perception that **guidance from the UK Government was confusing and changed frequently.** What participants said they were looking for was a clear and unchanging set of guidelines on how to live with the pandemic, which poses difficulties for guidance based on the changing scientific understanding of a new disease. This is reinforced by recent polling which shows that while three in ten of the British public see the government changing course as a sign of effective evidence-use, more than a third say a change in policy undermines their confidence in how government uses evidence.[3]

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[1] https://www.ipsos.com/ipsos-mori/en-uk/only-half-britons-would-be-comfortable-greeting-people-handshakes-and-hugs-same-way-they-did

[2] https://www.ipsos.com/ipsos-mori/en-uk/lets-party-its-1945-sharp-post-pandemic-drop-hedonism

[3] https://www.ipsos.com/sites/default/files/ct/news/documents/2020-11/editedevidence_under_the_microscope_prdeck_kb_final.pdf

This feeling of inconsistency was one reason given for a loss of interest in information about the pandemic by some participants, which contributed further to the fragmentation of knowledge and attitudes observed in the groups this year.

These views were held across England, Scotland and Wales when it came to the UK Government, which was perceived as setting rules that it did not then abide by itself. By contrast, those living in Scotland and Wales tended to view the performance of the devolved nation governments more positively than the UK government. Yet this was not a universal view; unlike in the 2020 groups, some participants from all three nations said that the different national lockdown measures had been confusing and that they would have preferred a UK-wide approach.

*"I don't like people who don't practice what they preach and I feel like Boris Johnson and the rest of them tell us not to do something but then they'll do things that they're not supposed to do."*

*"Nicola Sturgeon, she's on a daily basis giving updates and how positive she's feeling about the upcoming restrictions being lifted. She's encouraging people to be careful but at the same time enjoy yourself."*

*"There should have been one approach for all of the UK, it caused confusion among the population... This was health, politics should have been set aside."*

**Most participants were bored of hearing news about the pandemic.** They had generally switched off from government updates and press conferences and were also paying little attention to updates on figures of cases or deaths. Instead, most were listening only for updates on when restrictions were being lifted so they knew what they were allowed to do in their day-to-day lives. But most remained well-informed on key aspects of the pandemic such as the vaccine rollout and variants so they were still absorbing information: this tended to be from other people and, for younger people especially, social media. Experiences of misinformation being shared through Facebook and other platforms were common.

*"At the start I was interested, it felt like a sci-fi movie! But now I am getting news about [COVID-19] off social media, which makes it feel less serious now, which is a good and bad thing."*

*"I struggle with a lot of conspiracy theories and things people share [online], it's difficult not to get submerged in information. We're not designed to be fed this much information- it's quite draining and can be scaremongering."*

Underlying these reactions was a generalised feeling that people are being overwhelmed by the sheer volume of information available on different channels. For some, the emotional nature of the information being provided (such as daily death counts and case numbers) made this even more overwhelming and drove them to disconnect.

*"I prefer to go ahead in blissful ignorance, at the start [news about COVID-19] gave me loads of anxiety – now nothing is going to change, at the moment I need to block it out."*

*"I find it depressing – I just don't watch it at all. It's not that I don't care, but I almost don't care. The bits I don't care about I'll ask my stepdad. I only want to know about holidays."*

Participants instead tended to focus on news about the pandemic which felt most relevant to them. For instance, many were interested in the 'test events' being held at the same time as the groups, which felt like a positive step towards normality, as well as a good news story as few people appeared to have been infected during those events. Other interesting stories included the appeal of stories and 'real life' case studies. Interest in case numbers and deaths could also be limited to a person's local area, as this lets them know how concerned they should be about the locations they were most likely to visit.

*"The sources I look for are people's lived experience, on Insta and Twitter, which sounds bad but there are scientists and doctors sharing their lived experience [too]... I'm interested to hear about local infection rates as this is where I am going outside."*

However, one regular point of national interest across the groups was the status of international travel restrictions between the UK and other countries. Reflecting a wider interest in clear communication, the 'traffic light' system for international travel was a key focus, especially for those who had trips postponed over the past year or who wanted to travel for events or to see family. This was also an area highlighted by many as one where the UK government had been slow to act, especially on red-listing pandemic hotspots.

*"I don't know if this is true, but I did read that something like 11 planes still came into the UK after India was put on the red list... We talked about this before, the loopholes, if people can fly into Turkey, and then from Turkey to the UK. Where are people actually coming from?*

**Variants were seen as a new threat for this year**, that most participants had not considered last year. At the time of the main workshop the "delta" variant first identified in India was spreading in the UK and this caused some concern for participants. In both the March and May workshops participants felt that the spread of variants was a new threat for 2021 which hadn't been considered by the government or scientists in 2020, which caused some frustration as they worried that this might prolong the pandemic.

*"I think it's quite worrying that we've been through all this right now, and we're basing it on what the virus was at day one, and we've got [different] variants... we've been through all this, to get ourselves vaccinated diligently and it could be for nothing?"*

*"We've got friends who have got family in India, and they're desperate to get their parents out... I'm so conflicted, because I can understand that, but I feel like, 'That makes me feel quite uncomfortable.' It's a very difficult decision."*

The increase in reporting and coverage of COVID-19 variants moving between countries combined with a strong interest in travel to give some participants a more global view of the pandemic. For some, this led to concern about the rapid spread of the virus in India and other (at the time) mostly unvaccinated countries and a feeling that the UK and other wealthy nations would have to help with a global effort to contain the disease through vaccination. However others were more focussed on closing borders to control the entry of variants.

*"The goal posts are changing, [which it needs to] but we're very reactive, and if we were like Australia where they locked everything down we'd be in a better place now. I would rather have a year of not doing anything and freedom thereafter, than going back and forth. Our border should have been shut as soon as it started."*

# Looking to the future

## Winter 2021/22

As noted in previous sections, **participants were broadly optimistic about this winter**. The vaccination programme was the main reason for this view, but participants also expressed optimism about other factors including the ability of the NHS to deal with cases this winter and the prevalence of other winter diseases. It is worth noting that in the workshops in the summer of 2020 participants expressed similar sentiments about winter 2020/2021 however.

Unlike in 2020, there was an expectation that there would be a spike in cases over the winter – but participants felt that this would be managed effectively. Again, the vaccination campaign was seen as the primary reason it would not be a repeat of last winter, but this was set against new variants, a lack of adherence (and compliance) with social distancing rules, and the fact that diseases like COVID-19 tend to rise in numbers during the winter.

*"[This winter there will be] a bit of a spike but not as bad, with second doses people's cases won't be so severe."*

Concern about the backlog of diseases and strain on the NHS was not generally being considered by participants. While they were aware of the backlog and that some people are experiencing delays, they did not hold in their minds an image of the scale of the backlog and so tended not to see it as a big issue for the health service. More generally there was confidence that the NHS could handle the caseload, with some providing anecdotes of how local practices and hospitals had been reorganised to deal with COVID-19 and other diseases more effectively.

Another common view supporting participants' optimism was the idea that government and scientists have learned a lot about the disease since 2020 and should be able to use this knowledge to prepare more effectively compared with last summer. This expectation was two-fold: firstly, participants felt that the experience of last winter meant the UK government should better understand how to contain outbreaks within the UK and which measures were most effective. But also there was an expectation that the government should learn from best practice abroad, especially from countries in Asia which had suppressed the virus at an earlier stage.

*"[We can learn from] more mask wearing countries and countries that are maybe a bit further ahead of us and I know we spoke about this last time but I'm always quite interested in Israel, how are they doing and they're fully vaccinated, are they still wearing masks?"*

Australia was commonly given as an example, but there was also some consideration given to China and Japan, with participants noting that we may be able to learn something from habitually "mask wearing" countries. However, others wondered if these countries had very different social cultures that might make measures adopted there more difficult to implement in the UK.

*"I'm going to say something really ignorant but in China, why did they continue to wear masks for such a long time? Was that because of SARS or is that for another purpose and what might be able to learn from them as a country?"*

*"I saw [the differing death rates] as an example of different political cultures: the US and UK have the highest rates and the greatest focus on liberty. European countries are more socialist and put the collective first a bit more, and had lower peaks."*

Despite this optimism, **most participants said they were committed to doing 'whatever it takes' to stop the pandemic from spreading**. Across the groups there was wide support for further lockdowns and continued restrictions on international travel should these be required, especially if the country was facing new variants. However these calls tended to be strongest from those who had found living under lockdown easier, or who were less interested in foreign travel.

*"On the one hand they had said that we were allowed to travel, so places like Portugal, and then on the other hand they were saying there's a new Indian variant. So, I don't understand why they can let you travel when all of a sudden this new Indian variant's come along."*

Participants saw compliance with the rules as the most important factor which would decide the likelihood of avoiding a winter spike. As elsewhere, there was a general suspicion that 'other people' are not following the rules and a common demand that the government be stricter in enforcing them. This may also explain some of the appeal of lockdowns to many: they provide clear rules and have clear punishments for infringements. By contrast it was felt that the rules on face masks were easy to circumvent (e.g. by claiming you are exempt) and were not being followed.

*"You still get people out in a restaurant and pub and they're wearing masks... [but] the minute you're outside the smoking area, it's like a free for all. Everyone is hugging everyone because they haven't seen each other in so long. There's no social distancing at all, really"*

However, the use of facemasks was typically seen as a small step everyone can take that can help to make a difference. Across the groups participants said that they weren't keen on wearing them, but they were an obvious way to help control an airborne disease. At the time of the groups the easing of social distancing restrictions in England had not yet been delayed from 21 June, but few in the groups were looking forward to this date as they worried it was too soon. Many felt that if wearing facemasks through to the winter would help contain the disease, it was a small price to pay.

*"I hate wearing masks, personally. I wear glasses, so for me, it's a nightmare... I've tried a million different types of masks, I've done the washing-up liquid on my glasses, everything. I really do hate them, but I can see that, in terms of the droplets, coming to me, and me exhaling the droplets, that makes a lot of sense."*

More broadly, many in the groups were willing to 'stop where we are' in loosening restrictions for the rest of the year to avoid the threat of another wave of infections as a result of the delta variant of COVID-19. Some noted that case levels were very low last summer but this still led to a large caseload in winter, so a more measured approach this year might be a more sustainable approach. As participants were able to visit shops and see their family in small groups they felt this might be a position they could stay in for a longer period if it meant that the pandemic would be less of an issue this winter.

## Looking further forward

While participants generally said they were willing to follow future guidance and requirements to control the pandemic, in line with the wider fragmentation of experienced and attitudes it was clear that they were starting to take more personalised judgements on what steps are acceptable for them. Behaviours

are starting to become informed by people's attitudes towards (and appetite for) risk, in part as a response to a perception that many of the rules in place now have been left open to interpretation. The key question for participants was beginning to shift from "What am I allowed to do?" to "how can I do what I want whilst incurring the least risk?"

Those in the group were starting to compare different events or actions in terms of what they considered to be the risk of exposure for themselves and for others. These tended to be micro-level decisions rather than focusing on the bigger picture – which often contained overwhelming amounts of information. Key decisions and moments participants focussed on included what holidays they can go on, who they decide to socialise with, or how their place of education or work are relaxing or tightening restrictions.

These informed their approach to, for instance, whether they can go to their son's wedding in Italy or justifying hugging their grandmother indoors as being less risky than going to large outdoors events because the former only involves interacting with one person.

*"I'm not in a rush to start hugging people! Except my family and close friends. It's more the norm to keep your distance."*

*"The thing is, for me, I will be quite safe, and I'll do distancing, and wear masks, and follow the rules. When I come back from holiday, if I get to go, the people I worry most about, like my gran, I'll not go and see her for 2 weeks, and I'll probably lay quite low. I'll not isolate, but I will lie quite low when I come back. I get not everybody would do that. I just feel like everyone's got to make the decision that's best for them."*

In this context the provision of accurate information assumes greater importance to avoid people making riskier decisions under the impression they are safer – for instance the perception that being close with family is safer than being in a large open-air event may be false, especially if that person has older family members such as grandparents.

## Responses to optimistic and pessimistic winter scenarios

While some participants could see that in future people would have to view COVID-19 as a more typical winter disease and learn to live with it, few were able to envisage when the UK might reach this stage. As a result, when the participants were asked to think about the most appropriate responses to dealing with more and less severe waves of COVID-19 over the coming winter, not only were the principles of their response similar, but they also suggested similar government responses regardless of the potential threat the pandemic posed:

- Almost all participants were comfortable with continuing wearing face masks into the summer if it would help prepare for the winter.

- Vaccines and lockdowns were seen to be safe and reliable control measures (as they are proven to work), so participants often fell back on suggesting lockdowns where they were unsure what else to recommend.

- Ensuring access to support for those who need it and addressing exposed inequalities was an increasing concern for participants too. Mental health emerged as a particular area of focus, especially for younger participants.

- In both cases some participants felt that this winter was the right time to start thinking about economic recovery and felt a need to change the balance of virus control measures and allowing

shops and the economy to stay open – for instance by having less stringent lockdowns where these are required.

Nevertheless, there were some nuances to the public view dependent on the potential severity of a COVID-19 wave this winter.

In a **more positive winter**, where there was no large spike in cases of COVID-19 or any winter diseases like flu, COVID-19 vaccinations provide long-lasting protection and anti-viral treatments are available, the public began to think about steps that could be taken to help the NHS recover. Some felt that a less severe winter scenario would allow some 'headspace' for the government to invest in the NHS and prepare it to deal with future pandemics and with the backlog of other care that had built up. Participants still felt it would be important to follow some social distancing guidelines such as use of facemasks to avoid cases of COVID-19 from increasing this winter and were also open to the use of further lockdowns if it would help to end the pandemic.

In a **more negative reality**, where this winter sees a large wave of COVID-19 cases alongside a surge in other winter illnesses, COVID-19 vaccinations provide protection for less than a year and there are no anti-viral treatments available, participants held the same views they had about dealing with the virus this summer: they were willing to take whatever measures were necessary to contain the virus. Participants often called for lockdowns to be instigated more quickly (as they tended to feel the government had been too slow in previous waves), wanted stringent restrictions on people arriving from abroad and supported social distancing and use of face masks. But they also called for more support for businesses to survive the prolonged and repeated lockdowns which might be required. Vaccination was still an important tool in this scenario and participants expected there would be annual booster campaigns, as well as educational campaigns to help convey the importance of regular vaccinations.

In both cases, participants were starting to think about how life can return to normal in a world where COVID-19 is a factor. Although there was no clarity on what measures might signify that COVID-19 has moved from being the biggest health hazard to a seasonal condition – there was discussion of using case or death numbers but no one had a clear idea of what an acceptable level would be – some were interested in beginning to have this discussion.

*"I was supposed to be meeting friends this weekend, but due to the Indian variant they are maybe cancelling. We just live with flu so they need to stop making it a priority and discuss other things"*

# Communications recommendations

Across the workshops, participants tended to say they had the same information needs: there was a call for more **distilled and digestible information, rooted in topics relevant to their day-to-day lives**. For instance, participants wanted more detail and scientific information on why the Government was able to set specific dates for the lifting of restrictions, as well as how vaccines work. Another area of interest was anti-viral treatments: few had heard much about them but thought they offered a positive, scientific message about how the country can move past the pandemic.

Other key communications findings from this research are included below:

- There was a **clear interest in communicating the facts people need**. There are some areas where there are clear factual messages that many in the public are still unaware of: for instance, the wider social benefits behind why younger people should take the vaccine, the progress and efficacy of the vaccines themselves and what and new variants might mean for existing vaccines.

- Participants were also interested in **the government 'showing its working'** in a limited but clear way. Many in the groups suspected that the government was not following the pure scientific advice; while it was acknowledged that politicians may have different objectives to scientists and that these can be as legitimate as public health, the groups still wanted to know how the actions of the government differed and what the rationale was for this divergence.

- This desire to see the rationale behind the steps the government takes was also reflected in calls for **a clear roadmap out of the pandemic**. Participants wanted to see a full arc showing how the country would progress from full lockdown to the lifting of restrictions, with clear measures and signposts explaining why it was safe to take each successive step. Some in the groups were also interested in seeing a plan for this winter which acknowledges the likelihood that cases would rise and explains what measures might be needed at different levels of severity.

- The groups also were interested in hearing **positive stories of medical and scientific progress**. This included any news on anti-viral drugs, the progress of vaccination and the relative strengths of different jabs (as well as the side-effects of vaccination). The use of 'test events' was another area of interest that the public saw as a positive development where science and the government were working together to ensure people are able to return to the things they enjoyed prior to the pandemic. This contrasts with daily statistical updates which few were still listening to by this stage.

- Thinking about the coming winter and into the next few years, there remained a clear information gap around **the level of risk different activities and actions pose to individuals and their families** and this should also be a priority for communications. Across the groups, participants expressed misconceptions about the relative risk of different activities – for instance, hugging a close family member was seen to be less risky than meeting a large group of people outside. As government restrictions are lifted and people fall back on their own assessments of risk, ensuring the public have the right information to inform these decisions will be an increasingly important factor in the future path of the pandemic.

- Finally, it remains the case that the public are cautious when it comes to dealing with the pandemic and most will prioritise measures to control the spread over loosening restrictions to help the economy. However as participants acknowledged that restrictions are proving challenging for some groups of the population **they are interested to know what support is available for those who**

**have been affected by existing inequalities**, and how the government plans to redress these issues in the recovery.

# Methodological Annex

## Research Objectives

This report summarises the key findings from five online workshops conducted with members of the public to understand their views and priorities for the UK in coping with a possible resurgence of COVID-19 infections over the winter of 2020-2021. The workshops involved group discussion and stimulus in the form of videos, a presentation of information, and scenarios.

The workshops were held to bring the public's voice into the wider, scientific, discussion around planning for a winter during the COVID-19 pandemic. This report feeds into wider work carried out by the Academy of Medical Sciences exploring what challenges might be faced this winter when coronavirus and other seasonal diseases are present and the steps the country can take to prepare for this.

As with any qualitative research the findings are descriptive and illustrative and are not statistically or nationally representative – they cannot be said to be the views of a wider population. Instead, its key strength is that it gathers a wide range of spontaneous and considered attitudes and allows moderators to ask open-ended questions and develop lines of enquiry as they emerge during the discussion. In including people from a wide range of backgrounds and with a variety of demographic characteristics, the widest possible set of perspectives are sought, and these are reflected in the analysis and reporting.

## Methodology

There were three main phases to fieldwork:

- **Pilot group:** A single two-hour online workshop was held in March 2021 with eight participants who took part in the workshops from the research carried out in 2020.

- **Reconvened Workshops**: Two sets of two three-hour workshops were held online between 12 May – 3 June 2021. One set was conducted with 14 young adults (aged 18-24) from the Academy of Medical Sciences' Planet DIVOC-91,[4] whose demographic information was not gathered. The other set was conducted with a group of 32 members of the public, comprising the eight panel members from the pilot group supplemented with 24 new participants recruited for the workshop. This group was recruited to provide similar numbers of participants from three groups:

  - **General public**: A third were recruited from across England, Scotland and Wales, with quotas to ensure a balance of genders, age group and social grade. Additional quotas ensured parents of school age children were also represented.

  - **Vulnerable or 'shielding' groups**: A second group were recruited from across England, Scotland and Wales with a quota to ensure they had received a letter from the NHS telling them they were part of a higher-risk group and would be required to 'shield' themselves during the lockdowns, or that participants had cared for someone in this position. Additional quotas ensured a mix of ages, genders and ethnic backgrounds.

  - **Ethnic minority backgrounds**: The third group recruited participants from across England, Scotland and Wales with a quota to ensure representation of the views of people from ethnically diverse backgrounds, including people from South Asian, African and Caribbean backgrounds.

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[4] https://planetdivoc91.com/

In addition, quotas ensured representation across age groups, genders and social grade, as well as experience of Covid-19 infection.

Further detail on the types of people who participated in the general public group are provided in the table below.

**Table 1.1: General public workshop: demographic details**

| Gender | Ethnicity | Age | Social grade[5] |
|---|---|---|---|
| ▪ 18 women<br>▪ 14 men | ▪ 21 White<br>▪ 11 Ethnic minorities | ▪ 11 aged 16 – 34<br>▪ 9 aged 35 – 54<br>▪ 12 aged 55+ | ▪ 8 AB<br>▪ 16 C1C2<br>▪ 8 DE |

## Moderating the panel and workshops

Given the potentially upsetting nature of the topics discussed in the workshops, the moderating team consisted of researchers who have had extensive training and experience of working with the public and vulnerable people.

In the recruitment phase and again in the sessions, participants were reassured that they did not need to share details of their first-hand experiences and were free to leave the research at any point. All participants were sent a care sheet after their participation with web links for advice on maintaining well-being during lockdown.

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[5] Social grade is a market research classification that sorts people according to the occupational status of the household. More detail can be read here: https://www.ipsos.com/ipsos-mori/en-uk/social-grade

# For more information

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