

Background

There are concerns the UK could face another wave of COVID-19 this winter, at a time when the NHS and social care system is already stretched to the limit.

The Academy of Medical Sciences was asked by the Government's Chief Scientific Advisor to look ahead to winter 2020/21, forecast the worst-case scenario and then draw up a plan. This report was prepared by leading scientists and doctors, with support from a patients and carers group and a series of discussions with the public.

Key message

The UK must prepare now for another potential wave of COVID-19 this winter that could be more serious than the first. Combined with a growing NHS waiting list, the disruption to the delivery of care caused by the first wave of the coronavirus and the risk of a winter flu epidemic, this poses a serious risk to health.

We do not have long to act – the window for action is from now until the end of the summer. Preparation needs to be based on the best quality scientific advice and must be developed through active engagement with patients, carers, the public and healthcare professionals such as doctors and nurses. We will also need excellent co-ordination, collaboration and the sharing of information – including data on the spread of disease – at all levels.

What is the worst-case scenario?

During a typical winter, the NHS and social care systems are normally at or close to full capacity. Cases of infectious diseases such as seasonal flu rise in the winter, while more people suffer serious health problems such as heart disease, stroke and asthma flare-ups. A colder winter also triggers even more illness, as well as more accidents leading to broken bones for older people, adding to the pressure.

We have identified four serious challenges that will be faced this winter:

1. **Rising cases** - Our models suggest that COVID-19 cases will rise again in the autumn and peak in January/February – the busiest time of year for the NHS. We estimate that in a worst-case scenario there could be 119,900 hospital deaths – at least double the number from the first wave. The figures are based on the assumption that it will not be possible to introduce a lockdown as effective as the one imposed in March 2020. Our models do not take into account the use of new drugs, treatments or potential vaccines.
2. **NHS disruption** - The disruption caused by COVID-19 will make it harder for the NHS to deal with non-COVID patients. The mass reorganisation of staff, beds and hospital services that took place in the first wave of spring 2020 is unlikely to be possible at the same scale this winter because of other pressures, increased staff sickness and the need to treat patients whose care was delayed by the first wave.

3. **Backlog of routine care** - The backlog of non-COVID-19 care following the suspension of routine operations, consultations and tests in spring/summer 2020 will add to the pressure. NHS waiting lists could increase from 4.2 million before the pandemic, to 10 million by the end of the year. Clearing the backlog will be slowed by the measures introduced to prevent the spread of COVID-19. The backlog, combined with the lack of face-to-face consultations and postponed routine scans and tests, means patients will miss out on vital healthcare that keeps them away from hospitals and GP surgeries. It is also likely to lead to a rise in undiagnosed conditions, creating more pressure for the future.
4. **Seasonal flu** - Another wave of COVID-19 this winter is likely to coincide with the flu season. It is impossible to predict how serious flu will be this winter, but the most recent serious epidemic in 2017/18 led to more than 17,000 excess deaths.

What are the priorities for urgent action?

There are four broad areas where we can save lives and ease the coming winter strain on the NHS and social care system.

1. Reduce the spread and impact of COVID-19 in the community

- Develop effective ways to encourage people to help control the spread of the virus through physical distancing, face masks, handwashing, hygiene in the home and good heating and ventilation. Self-isolation where needed and involvement in the test, trace and isolate programme if people develop symptoms or come into contact with an infected person, are also essential.
- Launch a major public information campaign in the autumn to reduce the spread of COVID-19 and boost physical and mental health. The campaign should be particularly tailored to those at risk.
- Create guidance for businesses, homes and public spaces about controlling heating, humidity and ventilation to reduce the spread of the virus indoors.
- Increase the capacity of the test, trace and isolate programme to ensure it can respond quickly and accurately to the overlapping symptoms of COVID-19, flu and other winter infections.

2. Reorganise hospitals and care homes to ensure routine care can take place alongside COVID-19 care

- Reduce the spread of COVID-19 in hospitals through system-wide infection prevention and control measures.
- Make sure there is enough PPE, and PPE training, for the NHS and the social care system.
- Reduce staff movements between sites/hospitals.
- Make more use of remote hospital and GP consultations.
- Test and quarantine patients being discharged into the community or care homes.
- Prioritise the NHS backlog by clinical need – not waiting times – over the summer, before any autumn surge in COVID-19.
- Set up rehabilitation services for the growing number of people with post COVID-19 conditions.

3. Improve monitoring of COVID-19, flu and other winter diseases

- Run population-wide and detailed health monitoring in real-time to spot, investigate and control local COVID-19 outbreaks.
- Carry out large surveys of the public, particularly people most at risk, to create accurate estimates of infection rates.
- Maintain a properly funded, central body to co-ordinate the collection and use of data and work properly with suitably funded local public health bodies.

4. Reduce the spread of flu and its impact

- Make a major effort to get the annual flu vaccine to health and care workers and other priority groups such as the elderly and young children.
- Ensure antiviral drugs are being used properly to reduce the severity of flu, particularly in those high risk patients.

If we take these precautions, plan now and work together with patients, carers and the public, we can ease the strain on the NHS and social system and potentially save thousands of lives.

Information and links

A copy of the report 'Preparing for a challenging winter 2020/21' including a list of the Expert group and Patient and carers reference group can be accessed at www.acmedsci.ac.uk/coronavirus-winter-challenges-report.

A copy of the 'Peoples perspectives' report and their call to action for preparations for a challenging winter 2020/21 can be viewed here www.acmedsci.ac.uk/coronavirus-winter-challenges-peoples-perspective

A report of the Ipsos MORI workshops held with members of the public to inform the development of this report is available at www.acmedsci.ac.uk/coronavirus-winter-challenges-public-dialogue.

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