

The Right Honourable Boris Johnson
10 Downing Street
London
SW1A 2AA

13 July, 2021

Dear Prime Minister,

We are writing to you regarding the next phase of the Covid response, and the need to urgently address very clearly the rights and needs of people who remain at high risk from the virus. National Voices is the leading coalition of health and social care charities in England. We have 180 members covering a diverse range of mental and physical health conditions and communities, connecting us with the experiences of millions of people. We work together to strengthen the voices of patients, service users, carers and families.

Remaining risk

You will be aware that only a proportion of adults have received both doses of the vaccine, which gives them a high degree of protection from severe illness but not complete protection against infection. Most young people, children, and a significant number of people from marginalised or poorer communities, remain unvaccinated. You are hopefully also aware that for some people, notably those who are immune suppressed (for example, some people living with cancer, transplants or arthritis) the vaccine does not generate a strong protective effect. The evidence is not entirely clear yet, but it is becoming apparent that a sizeable proportion of the population may remain highly vulnerable to infection, and also to poor outcomes should they fall ill.

The need to keep infections, not just hospitalisation, low

Quite apart from the risks of new, potentially more dangerous variants, it is clear that around 10% of people infected with Covid develop long Covid – currently around at least one million people, of whom more than 600,000 report that this causes them substantial difficulties with everyday living, including their ability to work. Long Covid services are only just being set up, but are already unable to cope with demand, with many people not being referred, or put on very long waiting lists.

A sizeable number of people acquiring chronic ill health or even a disability as a consequence of a Covid infection will create significant problems for the NHS and social care, social security, community resilience and productivity in years to come. But of even more immediate concern is that an NHS that will become unavoidably busy again with Covid care (if we reach the very high infection rates now predicted) cannot look after all the people who have already lost out on more than a year of normal healthcare.

False dichotomies

We understand that the backlog of treatments and care is a priority for your government, and we welcome your urgent attention. But existing Covid control measures are not what materially holds back the recovery of non-Covid services. The continued prevalence of high Covid infection rates is holding back the recovery. We can only crack on with the crucial recovery of non-Covid healthcare if we keep Covid infections and the ongoing need for Covid care low.

We also reject that the economy and health are in tension on this, or that we can only protect one or the other. If we have thousands of people falling very ill again with Covid, it will damage the economy and the health system both in the short and long term more than the continued use of moderate Covid control measures, such as mask wearing and improved ventilation. All recovery can only happen if rates of infection are kept low.

Rolling back protective measures also makes it much harder for those at risk to remain part of the recovery – for example, it might make it harder for people who remain vulnerable to the virus to return to work if measures such as ventilation or masks are dropped.

Learning from the vaccine roll-out

The massive success of the vaccine programme stems from its commitment to prioritise those at greatest risk. This focus is what has broken the link between infections and deaths for now. We need to apply this thinking to the next phase: by focusing on those who remain at risk, we can minimise further harm and additional pressures on the NHS.

We urge you to urgently reconsider the decision to lift virtually all infection control measures.

Your approach to the next phase of the pandemic needs to explicitly address the rights and needs of those who remain at risk of Covid infections and ill health or even death:

- Their rights at **work** – to be safe and to be able to participate equally in the labour market
- Their rights to **benefits and furlough** where they cannot safely return to work – this has never been clarified despite our best efforts to work with Government on this
- Their rights to **healthcare** – which will be impacted if the NHS needs to turn

- significant resource over to Covid care again
- Their right to **transparency** and much clearer information and communication - currently people are largely in the dark about their level of protection from the vaccine, the risks of activities of everyday living, or even the length of waiting lists for their treatments. Their hopes and aspirations to be part of the recovery, to be able to travel safely on public transport, to contribute to the economy or to attend school would be significantly enhanced by consistently emphasising the need to use masks and improve ventilation indoors.

Recent moves to encourage the public to take responsibility for infection control, we feel, fall short of the clear reassurance people most vulnerable to the virus need.

We are of course very happy to discuss these issues with you or your team in person.

With best wishes for now,

Dr Charlotte Augst, Chief Executive, National Voices

With the support of 56 National Voices member charities, as follows:

Morgan Vine, Independent Age
 Heather Baumoh-Johnson, Arthritis Action
 Tracey Bleakley, Hospice UK
 Paul Bristow, Kidney Care UK
 Sue Brown, Arthritis and Musculoskeletal Alliance
 Sandie Burns, DIAL (Disability) Peterborough
 Jabeer Butt, OBE, Race Equality Foundation
 Georgina Carr, The Neurological Alliance
 Co Chairs, Learning Disability England
 PLEA CIC, Patient-Led Engagement for Access
 Dr Dale Webb, National Axial Spondyloarthritis Society
 Marion Dalton, Turning Point
 Dr Daniel R Walsh, Cyclical Vomiting Syndrome Association UK
 Lucy Dixon, PCD Support UK
 Vivienne Evans OBE, Adfam
 Sue Farrington, Scleroderma & Raynaud's UK
 Bev Fitzsimons, The Point of Care Foundation
 Peter Gibb, ICUsteps
 Ceinwen Giles, Shine Cancer Support
 Ropinder Gill, Lymphoma Action
 Andrew Glass, Addison's Disease Self Help Group
 Dawn Golde, FND Hope UK
 Thorrun Govind, Royal Pharmaceutical Society
 Gemma Griffiths, Help2Change CIC
 Tanya Harrison, BRAME (Blue Ribbon for the Awareness of Myalgic Encephalomyelitis)
 John Hibbs, The Hibbs Lupus Trust

Paul Howard, LUPUS UK
 Conrad Hughes, Stickler Syndrome UK
 Sara Hunt, Alex The Leukodystrophy Charity
 Clare Jacklin, National Rheumatoid Arthritis Society
 Robert Johnstone, Access Matters
 Gosia Kwiatkowska, RIX Research and Media
 Philip Lee, Epilepsy Action
 Sally Light, Motor Neurone Disease Association
 Ian Lush, Total Digital Inclusion Ltd
 Kamran Mallick, Disability Rights UK
 Sammie McFarland, Long Covid Kids
 Anne Milstead, PPG Network
 Kirit Mistry, South Asian Health Action
 Nick Moberly, MS Society
 Shān Nicholas, Parkinson's UK
 B.Notay, Kerataconus Self Help and Support Group UK
 Gemma Peters, Blood Cancer UK
 Silvia Petretti, Positively UK
 Rachel Power, The Patients Association
 Sophie Randall, Patient Information Forum
 Dr Robin Dover, Imperial Health Charity
 Jonathan Senker, VoiceAbility
 Sarah Sleet, Crohn's & Colitis UK
 Rose Thompson, B'Me Against Cancer
 Bridget Turner, Diabetes UK
 Susan Walsh, Immunodeficiency UK
 Catherine Woodhead, Muscular Dystrophy UK
 Sarah Woolnough, Asthma UK and the British Lung Foundation
 Louise Wright, Action for Pulmonary Fibrosis
 P.M. Lyne, Mobility and Support Information Service



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