

4 November 2020

Learn lessons, address issues we know matter

Statement in response to the
announcement of a second lockdown



National Voices statement in response to the announcement of a second lockdown.

Let's learn the lessons from the first lockdown and address the issues we know matter

Following the announcement of a second lockdown for England, National Voices stands ready to help. We have a wealth of [insight data](#) about people's experiences of the first lockdown, gathered with our member health and social care charities.


We know [what people need now](#) to confidently access health and care services and are committed to working with political and health and care leaders, as well as those designing and delivering services, to help them respond to these needs in order to minimise the harms of this lockdown using the knowledge we have gathered.

We welcome the Prime Minister's reassurance that the NHS is open for people to use, as well as the recognition of the harmful mental health effects of shielding.

At the same time, people have told us they need much more detail about *how* they will be kept safe when they come for care – otherwise, in reality, they won't access it. We also know that those waiting for treatment need to be supported. Finally, we are clear that those who are at higher clinical risk of COVID-19 need much better communication and detail about what extra *precautions* they should take and what extra *protections* they will be given.

People are unsure about their services and whether they are safe

The Prime Minister [stated](#): "Unless your clinicians tell you otherwise, you should continue to use the NHS, get your scans, turn up for your



appointments and pick up your treatments ... You should continue to use the NHS, now and through the winter.” Yet our members tell us that some surgeries, including transplants and joint replacements, are already being cancelled at the most hard-pressed hospitals.

People have also [told us](#) they will only access care if they are reassured that everything is being done to keep them safe when they do so, and that they are supported to understand risks in their lives so they can make informed decisions about their care.

Our member Macmillan Cancer Support has told us health services need to start “communicating with individuals directly to explicitly address any concerns over the safety of treatment, to build confidence in the system and to ensure that people are involved in decisions about their care and have the support they need.”

Waiting for care

People understand they may have to wait for care, especially given the backlog in treatment caused by delays and cancellations during the first lockdown. But services can and must provide a ‘better’ wait to alleviate the uncertainty and anxiety of not knowing.

[Our recent report Patient. Noun. Adjective.](#) recommends health services send people: confirmation of their referral; average length of wait; an expected timeline; information about peer support and self-management; emergency contact details; advice on what to do if they experience new or changing symptoms. We are working with NHS England to ensure all service providers employ these practices as standard.

Supporting and protecting clinically at-risk groups

The Prime Minister [said](#): “I know how tough shielding was, and we will not ask people to shield again in the same way.” Acknowledging the emotional toll of extreme self-isolation is welcome. But, again, what advice and support is being given in its place? What are the “extra precautions” the Chief Medical Officer referred to?



This time around, schools and universities remain open, and our members tell us people are already worrying about whether they should send their children to school if they themselves are vulnerable.

Nobody should lose their job because they are “Extremely Clinically Vulnerable”, yet [the current guidance](#) only says that those who cannot work from home “may be eligible” for the small amount of Statutory Sick Pay. Does it not warrant an automatic right to furlough for those on the shielding list?

One person told us in the summer: “I’m afraid. I’m only in my 50s and I feel like I’ve so many years to lose if I get this virus and die so it feels like so much is at stake ... I am frightened of how long I might need to be isolated - maybe a year until there is vaccine maybe a bit longer. I am fortunate to have a small garden but when your whole world is a small house and garden it’s so hard. But I won’t break isolation no matter how hard, I have to stay isolated”.


Shielding also brought with it government support for food and other essentials. What will happen this time around? How will the government ensure supply to meet the demand for food shopping deliveries, such an issue during the last peak?

We know so much more now – let's use that knowledge to minimise harms

People are understandably anxious, scared and weary. But let’s remember we know so much more this time around, about effective treatments for coronavirus, about what people need to access care, and what can sustain their quality of life while treatments are disrupted. As well as what can help alleviate the strain for those who are at higher clinical risk of COVID-19 and other people more affected by a lockdown.

Our members are already actively supporting people with practical, emotional, financial, and at times, clinical needs. And all at a time of substantially reduced income for these organisations.

We will continue to work for better support for people who are more vulnerable to the virus or the effects of lockdown and isolation.



Let us focus on those who bear the biggest burden of ill health, disability and risk during this winter, use what we know now, and find solutions to the problems we know users of health and care services will face in this lockdown.

Dr Rebecca Steinfeld
Head of Policy
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National Voices

National Voices is the leading coalition of health and social care charities in England. We work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them. We have more than 160 members covering a diverse range of health conditions and communities, connecting us with the experiences of millions of people.

020 3176 0738

info@nationalvoices.org.uk

www.nationalvoices.org.uk

[@NVTweeting](https://twitter.com/NVTweeting)

