Covid-19: 90% of cases will hit NHS over nine week period, chief medical officer warns

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The BMJ

Nearly all covid-19 cases will hit the NHS in a “heavily concentrated” burst, with 50% of cases predicted to happen over a three week period and 90% over nine weeks, says the chief medical officer for England, Chris Whitty.

Speaking to the Health and Social Care Committee on 5 March, Whitty said that the NHS would be put under huge pressure and would have to push some routine care to before or after the expected peak of cases.

Adding more detail to the government’s suggestion¹ that retired doctors could be called “back to duty,” he said that doctors who had retired in the past two to three years would be considered and that he was “confident” that many would volunteer. He added that final year medical students and doctors in the first year of their foundation training could have their rights extended if the situation required it.

As of 4 March more than 16 000 people had been tested in the UK and 85 had been confirmed as positive, mostly people with a relevant travel history or contacts. However, Whitty said that “very low levels” of community transmission were now “highly likely.”

Spring and summer peak

The government has built its covid-19 planning around four phases: contain, delay, research, and mitigate. The UK is now mainly in the delay phase, said Whitty, meaning that the focus will be to try to push the peak of cases further towards the spring and summer months. He said that this could provide benefits including moving the additional workload away from NHS winter pressures, giving researchers time to better understand the virus, and potentially reducing transmission if there is a seasonal element—as happens with influenza.

Epidemic modelling predicts that the health system will face 50% of all covid-19 cases over a three week period and 90% of cases over a nine week period, when “the NHS could have a huge pressure on it,” Whitty warned.

“We will be able to model this out, and as it starts to accelerate we will try to push things to before or after the peak hits, where that is possible,” he said. “A large number of things can be flexed either way with relatively little impact on people’s health.

“Depending on how high the peak is, this could be anywhere from a rather bad winter—but in spring or summer—for the NHS, through to huge numbers way overtopping the ability of the NHS.”

Replying to questions on bringing back retired doctors, Whitty emphasised that they would be recent retirees and that they would not have to return to practice but that they could choose to. He added that older doctors and those with pre-existing health conditions could be put into “non-patient facing roles that may still be clinical—for example, NHS 111.”

He said, “In terms of willingness, the willingness of my profession to come back is very high: I don’t mean specifically on this, but doctors go into medicine for a reason, and if they saw there was a crisis and they thought they could help, I’m very confident that we would get a lot of volunteers.

“I’m also confident that they would be sensible, and if they thought they were too far removed from practice or [that] their own health would be at substantial risk, they would make that assessment.”

The government will in the coming weeks provide more information of where in the country the cases are, through publicly accessible maps and a dashboard, Whitty announced. This will include a 24 hour delay on updates, to allow the information to be verified and anonymised to help prevent social stigma.

1 Mahase E. Covid-19: UK could delay non-urgent care and call doctors back from leave and retirement. *BMJ* 2020;368:m854. 10.1136/bmj.m854 32127353

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