

**William Laing, Chairman LaingBuisson**

### **32,000 older care home residents in England have died from Covid-19 and collateral damage by end June 2020 – cutting occupancy by 13%**

On March 19 this year, NHS England sent out a letter instructing NHS Trusts to free up capacity to make way for Covid-19 patients needing intensive care. *“To do this we need to organise the safe and rapid discharge of those people who no longer need to be in a hospital bed. The new default will be discharge home today”*, the letter said. A narrative has since emerged that ‘seeding’ of Covid in care homes via untested discharges started from here. Perhaps it did, though we now know, from supplementary statistics published by NHS England<sup>1</sup>, that there was in fact no post-instruction surge in discharges to care homes. Rather, during the rest of March and April, NHS hospital discharges to care homes actually dropped to around half of the normal rate of about 1,000 a day. So, if care homes were being ‘seeded’ with Covid from hospitals, discharge safety rather than discharge numbers was the issue. The other thing that is clear from NHS statistics is that the number of emergency admissions (the other side of the two-way traffic between hospitals and care homes) dropped by about 40% in April – about which more later.

Faced with a threat of unknown scale, no-one could doubt the government was right to take radical action to scale down other hospital activity in order to achieve the primary goal. But since then, it seems, a law of unintended consequences has played out. The main casualties can now be seen as older care home residents. Two charts based on deaths published by official sources tell the story very clearly. They relate to England, but the same story probably holds for the devolved administrations as well. The first chart looks at all Covid plus non-Covid ‘excess deaths’ in England.

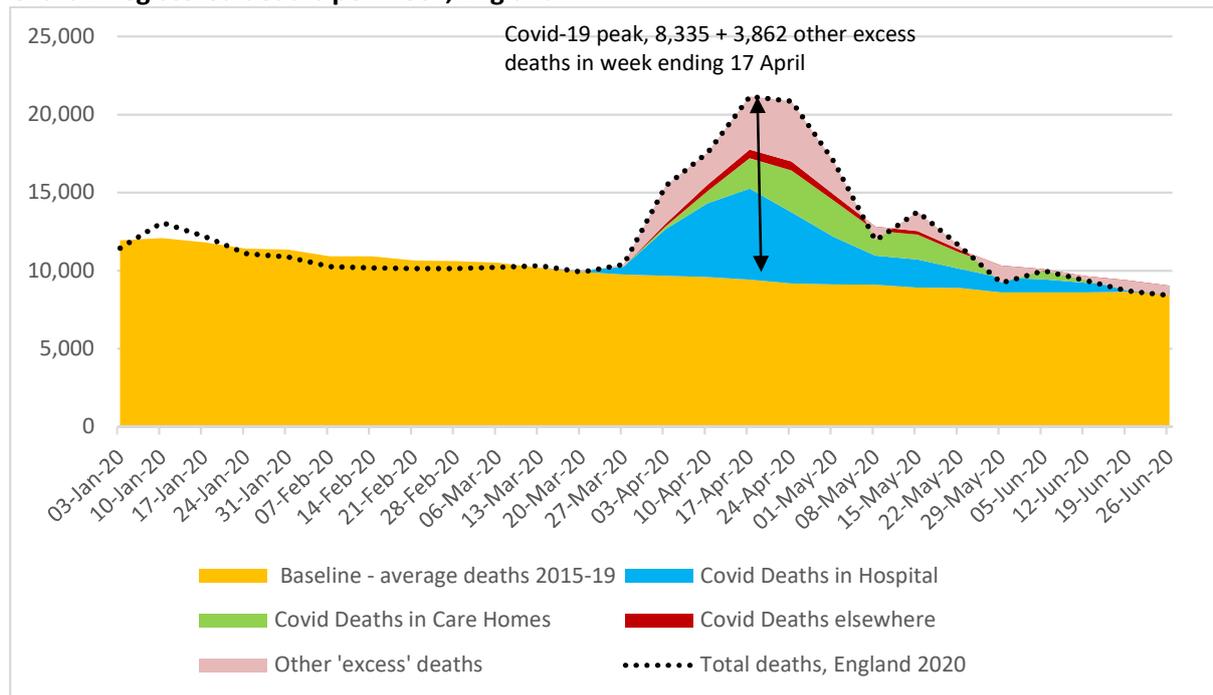
Most of the time, death rates are fairly steady and predictable. It's what makes the life insurance business work. The first chart shows how deaths in England during the early part of 2020 closely tracked the five-year (2015-19) average, which ranges from around 12,000 a week at the winter peak to around 8,500 a week in mid-summer. The first deaths from the Covid pandemic were recorded in March and rapidly accelerated in April. An unexpected observation, which commentators immediately picked up on, was the fact that deaths attributed to Covid-19 (through a positive test or mentioned in death certificates) formed just part of the ‘excess’ deaths being recorded. By the week ending April 17, the weekly death toll from Covid had reached a peak of 8,335, including deaths in hospitals, care homes and the community. At the same time, other ‘excess’ deaths (i.e. deaths over and above the baseline and additional to Covid-19) also reached a peak, of 3,862. **To understand the full picture, it is essential to count the two together as being either directly or indirectly caused by Covid.** In other words, about 12,200 Covid + non-Covid excess deaths a week at its peak, over and above the expected level of 9,400 based on average mortality over the last five years.

So, where did these other ‘excess’ deaths come from? One obvious possibility is that Covid-19 was being under-recorded (false negatives). There were plenty of anecdotal reports in support of this. But equally, there were anecdotal reports of false positives. Another explanation was that people had become wary of seeking hospital treatment and failed to seek it when needed. There may be some truth in that, and future mortality rates for cancer will certainly be scrutinised to see if there is a significant step up in cancer mortality in the coming months and years, as delayed treatment during the coronavirus emergency takes its longer-term toll. But the next chart makes it crystal clear that the impact on the general population has been limited and that most non-Covid ‘excess’ deaths were in fact taking place among a small population of care home residents.

---

<sup>1</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/supplementary-information/>

**Chart 1 Registered deaths per week, England <sup>1</sup>**

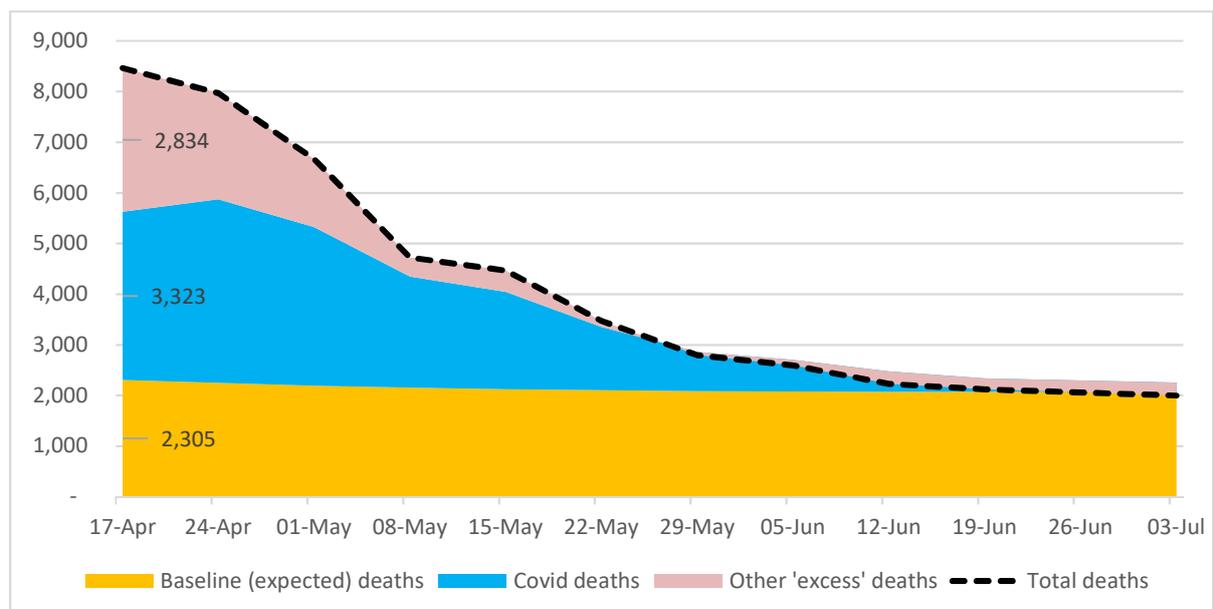


<sup>1</sup> Deaths where COVID-19 was mentioned on the death certificate

Source: Office for National Statistics. Figures represent death at the date of registration. There can be a delay between the date a death occurred and the date a death was registered. The bank holiday on Friday 8 May will have caused some registrations to be delayed to the next week, which is likely to account for the dip and resurgence in registered deaths for the weeks ending 8 May and 15 May.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending15may2020>

**Chart 2 Notified deaths per week among CARE HOME RESIDENTS ONLY, all places of occurrence, England**



Source: Office for National Statistics and Care Quality Commission

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland>

Because the first official statistics focused on NHS hospital deaths only, and did not include deaths in care homes and the community, a new data series was established by the Office for National Statistics from the week ending 17 April, based on deaths notified by care homes to the Care Quality Commission. Because they are notifications rather than registrations there may be a small time lag between the two sets of statistics, but not sufficient to invalidate comparisons. It is also important to note that death notifications to CQC include deaths of care home residents wherever they take place, including NHS hospitals. The new ONS / CQC numbers from the week ending 17 April, therefore, in principle represent the entirety of the care home death toll. The only caveat is that there may be some undercounting because some care home residents do not have their care home listed as their place of residence.

The key observation from the Chart 2 is that, from the week ending 17 April to the week ending 26 June – during which time comprehensive figures have been available for deaths among care home residents, wherever they took place (care home, hospital or elsewhere) - the 6,560 non-Covid 'excess' deaths among care home residents (see Chart 2) accounted for 90% of all 7,261 non-Covid 'excess' deaths across the population as a whole during the period - see Chart 1. What this means, if the explanation which follows is valid, is that care home residents have suffered the great majority of what may be called the 'collateral excess mortality' from Covid.

At the peak of the crisis in late March / April, there were widespread reports of normal medical support simply being removed from care homes. Ambulances would not turn up to take emergencies to hospital, since capacity had to be kept clear for Covid cases. Official statistics show a 40% drop in overall emergency hospital admissions in April. It would be illuminating to see by how much emergency admissions from care homes dropped, but unfortunately the statistics do not separate that out. Meanwhile, there were reports of in-person GP house calls to care homes being replaced with occasional telephone calls. In the absence of any expectation of active medical support, care home residents were encouraged to consider what instructions they should give in the case of serious illness from whatever cause, with many opting for DNR (Do Not Resuscitate). At the same time, care homes were being asked by NHS Trusts to accept those discharges that were taking place without knowing the coronavirus status of the patient concerned. Prime Minister Boris Johnson was later to suggest that care homes were not following guidance, but sector representatives have robustly pushed back, pointing out the inconsistency and frequent changes in official guidance. The original sources of infection will never be traced now, but it is likely that discharges of untested patients were the port of entry of coronavirus into some care homes. Meanwhile, shortages of PPE must have aided transmission. **The scenario described here - absence of normal medical care exacerbated by PPE shortages - is the only one that can satisfactorily explain the concentration of collateral damage (non-Covid 'excess' deaths) as well as Covid deaths within the care home population. It is a scandal which will be a major focus of any future inquiry into the UK's handling of the coronavirus emergency.**

The pandemic is now on the wane. With information available up to the end of June, it looks as if Covid-related and non-Covid 'excess' deaths are approaching zero, following Farr's law of a roughly symmetrical bell-shaped rise and fall in mortality. In fact, non-Covid 'excess' deaths have now entered negative territory, perhaps indicating that excess mortality in March, April and May brought forward some deaths which would otherwise have occurred in June. Assuming no second wave, **the final death toll from Covid-19 and other 'excess' deaths combined looks likely to approach 59,000 across the entire English population, of which about 32,000 (54%) will have been care home residents** - nearly

all of them living in care homes for older people, rather than younger adults who have been better shielded and are less at risk because of age.

What does this mean for the care home sector? The 32,000 Covid and collateral deaths which would not otherwise have taken place represents a little over 10% of the pre-Covid client base of 314,000 residents of older people's care homes in England, which is a heavy blow to demand for a regulated part of the service economy which has limited scope to flex its staff and other costs down. The big unknown is new admissions going forward. Under normal conditions, new admissions to care homes roughly balance the number of deaths, but it is now being reported that the new admission rate has fallen significantly, particularly among private payers, as older people and their families fear entering a 'dangerous' care home environment and seek substitutes such as homecare, live-in care, informal care or 'extra care' – all of which have been more shielded from Covid deprivations. Projections are problematic in the absence of reliable, live data on occupancy but on current trends, with limited new admissions and continuing normally expected mortality, LaingBuisson projects that the number of residents of older people's care homes in England may have fallen to about 273,000 by the end of June, which is 41,000 (13)% lower than the pre-Covid baseline.

There is no central collection of new admissions. Occupancy is being tracked through Capacity Tracker, but this is owned by NHS England and there are fears that the data gives a falsely optimistic view of where occupancy stands, which will make it more difficult for the sector to persuade government of the scale of the 'lost revenue' challenge it faces. Even if admissions return to normal over the next few months, it will take a long time for the care home sector to build up to full occupancy again. To make matters worse, severe cost pressures arising from Covid are likely to remain long after excess mortality has worked its way through. PPE will remain in use, if only as a precaution, for several months to come. So too will additional precautionary deep cleans, while staff costs are likely to remain elevated for some time. Over 90% of older people's care home capacity is now in the hands of independent sector providers, mainly for-profit. The whole sector, already in a fragile state in less affluent areas from a decade of austerity, will be under intense financial pressure in the coming months, not only from added costs but also from loss of income as a result of reduced occupancy. Hard data on these costs is only now emerging. To date, the government has pledged £3.2 billion to help local authorities to cover Covid costs and another £600 million has been announced for infection control in care homes. But the £3.2 billion was for all council services, not just social care and not just care homes. Some of it has filtered through to care services, but it looks certain that when the full costs emerge the care home sector will be looking for substantially more financial support from the government than is on the table now, as well as more effective distribution of the money that has been allocated.