

The CV 19 Inquiry

The Opposition parties spurred on by Mr Cummings want an immediate CV 19 Inquiry. The government rightly points out it is not over yet so why not wait until the pandemic has officially passed.

At the heart of the argument is the issue of how many have died from CV 19 and whether fewer would have died with a different policy. The Opposition want the narrative to be that lockdowns work so any period without full lockdown risked more deaths. The global figures however do not show any simple relationship between intensity of lockdowns and death rates. Nor does this approach allow us to explore the alternative some of us preferred to full lockdown, the safeguarding of the groups of people most at risk from a disease which does not offer much threat to healthy younger people.

Today I renew my request of the NHS that they review the accuracy of the data. The U.K. has now the 17 th highest deaths per million people on worldometer figures, below countries like Belgium, Czechia and Hungary that did lockdowns. It is however high up the table of deaths in relation to case numbers, because the U.K. has done a better job at limiting case spread than many. 50 countries have had more cases per million than us. I have defended the NHS by suggesting that the U.K. overcounted Covid deaths in the early months. In the early months some people were put down as CV19 deaths without a positive test result. They may have shown cold, flu, catarrh or other respiratory symptoms. Throughout people dying of a range of other conditions have been recorded as a Covid death if they had a positive test result up to 28 days before death. The CV19 may have little or nothing to do with their actual death. In contrast a country like Germany seems to have taken a much tougher line in demanding proof that someone died of Covid before so recording it.

If the NHS review disagrees with my assumption and concludes the death figures are right then the NHS has to ask why we had one of the worst death rates from people getting the disease. There then needs to be analysis of infection control, discharges policy and treatments used. I and others raised a number of issues from early on about infection control, use of isolation hospitals, discharge of patients and testing of potential drugs which will be relevant if there is a high death rate to examine. The U.K. may have had a higher case rate amongst the most vulnerable groups leading to a higher death rate in relation to cases.