

The hard questions that must be asked about forecasts, numbers, data and treatments

Throughout this pandemic, I have been dismayed by the poor data and the misleading forecasts produced by some of the official advisers to the government.

On Saturday evening, like many people, I was left trying to read graphs purporting to give the reasons to justify a major curtailment of personal and business freedom, only to be unable to see the varying scales, the sources of the data or the relevant dates. There were as often glaring omissions. Why, for example, are we never given up to date figures of bed occupancies for the NHS either nationally or regionally?

Over the last six months, we have been shown some gloomy forecasts that proved wrong, regular changes in the way figures like the numbers of deaths are computed, misleading international comparisons with countries that compile data differently and a refusal by the advisers to engage in public with legitimate professional concerns of other medical and scientific experts who take a different view.

We hear a stupid mantra that we must follow the science. There is no single agreed scientific view of this disease because it is new and talented scientists and medics are wrestling to understand it and to work out how best to treat it. There are healthy disagreements between them as they seek better knowledge.

It is the worst kind of talking down to tell us there is one perfect settled scientific view which leads to one simple policy prescription of lock down. When I asked about the forecast of four thousand future daily deaths and the huge range in estimates for both deaths and cases into December, there was no convincing answer. The truth is that the government advisers do not know how many cases or deaths there will be next week or month.

I fully accept that for a minority this is a dangerous and potentially lethal disease. For most, it is at worst a flu-like illness; for others, there are no symptoms at all. I am seeking changes to the way that the government responds to the pandemic. I wish them to do all that a government can to save lives, and to help the vulnerable find the protection they need and want from the disease.

I also wish to see the Government avoid measures which do substantial damage to jobs and livelihoods. As we saw, the last national lockdown was unable to stop the virus spreading again come the autumn. The Government's own advisers who think the lockdown itself brought down case numbers and deaths substantially accept that a tough national lockdown does not solve the problem. They recommend continuing with various lockdown measures as long as

we have no cure or preventative vaccine. Others think the virus had peaked at the point where the lockdown was imposed, and maybe the weather and other factors played a part in its temporary demise.

I am urging the government to work closely with medics and pharmaceutical researchers to identify more treatments to cut the death rates. There are various steroids, anti-virals, clot busters and antibody treatments that have now been found to help, or may emerge from trials as useful additions to treatment.

Health professionals have also now discovered using non invasive ways of administering extra oxygen are often best. There are also issues about whether Vitamin D and zinc supplements can help. I have urged more emphasis on qualified people seeking new ways of treating and preventing. There is much medical and pharmaceutical talent in the UK, and it may well make more breakthroughs, as it did with the introduction of steroid treatment.

I have urged better data. The basis of defining a death has been changed several times during the pandemic, and there are issues about whether Covid-19 deaths have been overstated whilst understating other lung infections and serious co morbidities in the mainly elderly people dying. In the early stages, the authorities boosted death numbers from Covid-19 by directing its inclusion on a death certificate even if there was no confirmatory test for its presence, based on reported symptoms.

There was also a wish to ascribe all deaths to Covid-19 where it was present, even though the elderly person concerned may have died from one or more of several other bad conditions they had. Some of the most common tests for the disease may also report false positives, which needs to be taken into account when examining figures for deaths and cases. The latest forecasts for cases and deaths take the form of very wide ranges where the upper figure is three times the lower figure, making them meaningless as planning forecasts.

There is an absence of reliable public data on hospital bed occupancy, which seems to be the main worry of NHS management and the scientific advisers. We must not close the economy down to save the NHS if it can now cope thanks to the building of the Nightingales, greatly expanding intensive care facilities and recruiting many more staff. Why are we not using some hospitals as isolation hospitals specialising in Covid-19, and leaving the rest of the system free of the disease to reassure patients needing many other treatments?

What we do know is a lockdown is very damaging to jobs and business. The first national lock down took around a quarter off our national income and output – an unprecedented fall. We cannot afford to do that again, as government rightly spent a fortune on subsidising public services and private sector employment to cushion the blow.

I am pressing for substantial changes to lockdown plans. I see no need to close outdoor sports facilities. I think a range of specialist retailers should stay open with suitable measures to cut risks of infection spreading. Pubs and restaurants should be allowed to sell drink as well as food for take

away. Government should work with business and offer help to improve air extraction so more can function safely indoors.

I do support the schools staying open as this is important to the development and future prospects of children and teenagers. This disease is usually very mild in young people. I have urged the resumption of non Covid-19 work by the NHS as Ministers seek, as many more people die of causes other than Covid-19 every day.

In order to reduce, the spread of the virus everyone needs to reduce the number of social contacts they have in enclosed spaces with poor air. This requires buy-in by the public. There is no agreed set of laws and controls on our everyday movements that will guarantee success. Government needs to persuade people to reduce social contacts rather than try to find a set of laws they can enforce against the wishes of a significant minority. It could also help by assisting more people and businesses to live with the virus for all the time we have no cures and vaccines.

Can we have more UV sanitising systems deployed in public places? Can we have more assistance to adapt air systems in commercial premises to extract dirty air promptly to make them safer? Can we have some better understanding from government that we need all the small businesses that serve us, and they are the ones that are in danger of being hounded out of work by clumsy generalised lockdowns.

We can adapt our lives to living with the virus by many small steps of a practical nature. This battle cannot be won by taking too many liberties away, and lecturing people to stop their social and business lives. My constituents want the government to work with them to help protect the vulnerable and make normal life safer for the rest. There is no silver bullet or single answer. We all need to help, and that requires a general spirit of collaboration, tolerance and commonsense.

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