

UK: NHS anticipates year-long coronavirus crisis and 8 million hospitalised

Thomas Scripps
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A leaked document by Public Health England (PHE) for senior National Health Service (NHS) doctors and officials has given the lie to all previous official discussions of the gravity of the Covid-19 pandemic and its impact.

The PHE expects that the UK's coronavirus epidemic will last a year and that up to 7.9 million people will require hospitalisation in this time.

The number of cases is forecast to increase rapidly over the next 10 to 14 weeks, reaching a roughly one-month peak from the end of May to mid-June. A 10-week decline in cases and deaths is expected to follow, falling to a relatively low level during the summer months. The authors of the report are concerned that the virus could then resurge in autumn and winter.

According to the document, obtained by Britain's *Guardian* newspaper, "As many as 80 percent of the population are expected to be infected with Covid-19 in the next 12 months, and up to 15 percent (7.9 million people) may require hospitalisation."

Assuming a fatality rate of just 1 percent, the infection of over 50 million people would mean 531,100 deaths. Even by Chief Medical Officer Professor Chris Whitty's estimate of 0.6 percent, the death toll would be over 318,000. But the global fatality rate is currently around 3.4 percent.

This staggering assessment is yet another indictment of the government's *laissez-faire* approach to the pandemic and their worthless assurances that services will be able to cope. The UK, along with much of the rest of the world, faces a prolonged social emergency which will affect the lives of millions. Over the weekend, a new-born baby in London tested positive for coronavirus. Italian doctors are reporting that a new wave of younger patients is now being hospitalised.

Dr. Luca Lorini, head of anaesthesia and intensive care at a northern Italian hospital, said, "The type of patient is changing. They are a bit younger, between 40 to 45 years old. People are arriving who got ill six or seven days ago and treated themselves at home, and then their conditions became more and more critical."

The PHE document is explicit in its fear that the overstretched NHS and other social services will be unable to cope. Work considered vital—"in essential services and critical infrastructure" such as the NHS, social care, policing, transport and the fire brigade—will not be able to function normally. The document warns, "it is estimated that at least 10 percent of people in the UK will have a cough at any one time during the months of peak Covid-19 activity," meaning they would have to self-isolate for at least seven days under the government's guidelines. This equates to a shortfall of half a million vital workers.

PHE admit that the health service cannot come close to testing everyone with suspected symptoms for the virus, including NHS staff. Only the very seriously ill in hospital or those in prisons or care homes where the virus has already been detected will be tested.

The scale of the crisis is so apparent that Conservative Prime Minister Boris Johnson was forced to announce a series of new measures yesterday that were previously scheduled to come into force in several weeks' time. These include advising whole households in which one member has a cough or fever to self-isolate for 14 days; telling people to avoid pubs, theatres and other social venues; to avoid "non-essential" contact with others and "unnecessary" travel; and to work from home "where they possibly can." People in "at risk" groups will soon be asked to be "largely shielded from social contact" for 12 weeks.

In a sign of what is to come, Health Secretary Matt

Hancock has said the NHS will cancel or delay all non-emergency operations.

Social services are so stretched that the effective and humane implementation of Johnson's measures is impossible.

Isolating the elderly for three months would, in many cases, be as effective a death sentence as catching Covid-19. Britain's 500,000 care home residents and 548,000 over 65s receiving long-term social care are already criminally under-resourced. According to executive chairman of the National Care Association, Nadra Ahmed OBE, the sector is already suffering 120,000 staff vacancies. She told the *Sun*, "The potential of self-isolation and the impact of that is fundamentally going to render services unable to continue.

"If we don't have the workforce to deliver the services then we are going to be substantially challenged. People with the highest need will receive the care but people with medium needs who need the support may be waiting."

The normal sickness rate among care workers is 3 percent. If 10 percent are forced to self-isolate during the peak of the epidemic (and the number is likely to be higher), then the sector will be short a further 100,000 workers.

This reduced workforce will then be forced to spend extra time dealing with the coronavirus crisis, the policy director of the United Kingdom Homecare Association Colin Angel has warned. Social workers' home care visits would take "well longer than the usual expected time while dealing with people who are unwell."

His concerns echoed those of Professor Martin Green, chief executive of the charity Care England, who said last week, "Domiciliary care services are really important. If we get a lot of domiciliary care workers off ill that will be a big problem. People who need that care will not be getting support, they won't get fed, and they won't get washed or toileted." He criticised the government for showing "no evidence of a plan" to address these needs.

Responding to these criticisms, ministers passed responsibility onto local councils, who were told on Friday to design plans for supporting the most vulnerable and high-risk people in their areas. Councils in England lost 77 percent of their funding from central

government between 2015-16 and 2017-18 and cut 75,891 jobs in the five years up to 2019.

Lack of resources for social care and the NHS could also create a vicious circle. Helen Buckingham from the Nuffield Trust said, "With hospital beds so squeezed, patients will really need care services to keep functioning well enough to stop people being admitted if it can possibly be avoided."

Ian Hudspeth, chair of the Local Government Association's community wellbeing board (LGA), warned that the stretched demand for adult social care "could be further impacted by hospitals needing to discharge people even sooner than at present owing to the pressures on them."

The government's response to this danger has been pitiful. Besides aimless and empty calls for an "army of volunteers," officials have suggested redeploying care workers to look after the elderly in virus hotspots. They are also reviewing whether criminal record background checks, required to work in close contact with vulnerable people, can be loosened to fill vacancies.

As one care worker explained to the *Guardian*, plans to parachute care workers into affected areas ignores the fact that the people they look after often have highly complex individual needs and threaten to exacerbate the problem of staff sickness. "You are going to be putting people into a hot zone where people are infected. It creates a vicious circle."

She warned that universally low-paid care staff would feel pressured to lie about whether they felt ill: "They fear they won't be paid. Nobody can survive on statutory sick pay."

The spread of private, profit-seeking concerns throughout the health and social care services in recent years has turned this problem into a mass concern. Last Friday, cleaning, portering and catering staff walked out of Lewisham Hospital after the outsourcing firm ISS refused to pay them properly.



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