

# Deaths surge in UK care homes

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As Boris Johnson's Conservative government and a compliant media advance "a roadmap" to restart the UK economy in line with the demands of big business, new statistics confirm that the epicentre of the coronavirus pandemic has shifted from hospitals to care homes.

The Office for National Statistics (ONS) has recorded 30,064 deaths involving coronavirus in England and Wales. Of the 27,356 that were registered by April 24, 19,643 (71.8 percent) occurred in hospitals, 5,890 (21.5 percent) among care home residents, 1,306 in private homes and 301 in hospices.

Johnson has trumpeted declining weekly figures for hospital deaths to justify an easing of lockdown restrictions, even as yesterday registered a death toll of 649 and a massive 6,111 additional cases.

Of growing significance is how care home deaths continue to expand at an alarming rate. Data provided by the Care Quality Commission (CQC), based on death notifications directly from care homes, recorded 6,391 COVID-19 deaths between April 10 and May 1 in English care homes alone. Nearly one-third of these (2,044) occurred in the last week of this period, and the CQC is now receiving around 400 death notifications each day.

Deaths among care home residents are rapidly increasing as a proportion of weekly fatalities from all causes. ONS figures for England and Wales reveal care home deaths constituted 36 percent of all deaths in the week ending April 24, compared with a five-year average of 22 percent. The proportion of overall deaths occurring in private households—where hundreds of thousands of vulnerable people depend on home care services—has also risen to 4,834 deaths, a 5.8 percent increase compared with the previous week.

The number of care home residents dying of any cause has nearly tripled from an average of 2,500 per week in March to 7,300 in a single week in April.

Approximately 2,000 of these were directly related to COVID-19, meaning that thousands of residents have become secondary victims of the pandemic as access to both routine and lifesaving medical treatment has been cut off as health and social care services have been overwhelmed.

Care home deaths also account for a growing proportion of the overall death toll in Scotland. According to the National Records of Scotland (NRS), 43 percent of the country's 2,795 COVID-19 fatalities have occurred in care homes. In the last week for which data is available, between April 27 and May 3, 59 percent of all COVID-19 fatalities occurred among care home residents, although total care home deaths declined marginally to 310 compared with 339 counted in the previous week.

The NRS has begun to identify the causes of excess deaths not related directly to coronavirus infections. Dementia and Alzheimer's accounted for 154 excess deaths in the past two weeks compared to the five-year average. There have also been considerable excess deaths related to heart failure, cancer and other co-morbidities that disproportionately impact the elderly population and other vulnerable groups dependent on social care.

The true scale of fatalities in care is likely much higher owing to a lag in reporting, the absence of mass testing and thousands of excess deaths occurring each week not directly linked to COVID-19. The *Financial Times* estimates that as many as 53,800 have lost their lives either directly or indirectly as a result of the virus.

Nevertheless, the Johnson government has declared that Britain is "past the peak of this disease," basing his assessment on a daily Department of Health count that systematically underestimates fatalities occurring in care homes and individual households. The back-to-work propaganda of the ruling class is based on the fabricated claim that the reproduction rate of

coronavirus is below 1, meaning that each infected person infects on average less than one other individual and the contagion is safely under control, which is impossible to calculate without systematic mass testing.

Hugh Pennington, a microbiologist and emeritus professor at Aberdeen University, has warned that the reproduction rate could be as high as 10 or more in care homes. NHS England's incident director for coronavirus, Professor Keith Willet, has advised National Health Service bosses that the uncontrolled contagion in care homes could spark a second wave of the pandemic and overwhelm hospitals. "The expectation is that for the next few weeks...those care homes will be the epicentres of transmission back into society and feeding the endemic problem that we will have going forward," Willet stated in a leaked online call. "We need to be very careful that we aren't making an assumption that somehow we're on a downward trajectory that's not going to change," he continued, "we can rapidly climb back to where we were in a matter of weeks, possibly in a matter of days."

Downing Street has denied any responsibility for the deadly crisis engulfing care homes. Health Secretary Matt Hancock stated that the sector "has been absolutely at front of mind right from the start." The chief medical advisor, Sir Chris Whitty, has claimed that the high mortality rate in care homes is largely unpreventable, "sadly because this is a very vulnerable group."

The truth is that the Tory government, with support of all the major parties including Labour, has pursued a policy of malign neglect, which has forced care homes into delivering its barely concealed agenda of social euthanasia. Johnson hypocritically lauds austerity-stricken NHS hospitals for weathering the initial outbreak without exhausting capacity, but this has only been possible through systematically denying medical care to the elderly, disabled and infirm, who have been left to die horrendously in care homes and in the community.

Mass deaths in care homes have been fuelled by policies that financially incentivise the largely privatised, for-profit sector to admit elderly patients rapidly discharged from hospitals without first testing them for the virus. This genocidal initiative was only partly revised in recent days, after dozens of care homes refused to admit untested residents, and with a

growing number of families pursuing legal action to remove their elderly relatives from care.

Nevertheless, patients who do test positive are still placed in residential care homes, even though they are neither built to nor equipped to safely quarantine infectious patients. Nor do they employ adequate numbers of medically qualified staff to provide humane care to sick or dying people. Care workers are reporting widespread shortages of the substandard levels of protective clothing and equipment recommended by the government, which is responsible for at least 190 deaths among health and social care workers across the UK.

Researchers at the London School of Economics (LSE) who are studying the long-term care implications of COVID-19 have shown that the few countries that have followed comprehensive testing, contact tracing, and stricter quarantine protocols for residents and staff have recorded relatively low levels of care home deaths (Germany, South Korea) or none at all (Hong Kong).

A recent LSE report states: "While it is early to come to firm conclusions and there are many difficulties with the data, these differences suggest that having large numbers of deaths as result of COVID-19 is not inevitable and that appropriate measures to prevent and control infections in care homes can save lives."



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