

# Excess deaths in the time of Covid reflect the British state's indifference to how society really works<sup>1</sup>

## Introduction

With the UK now at the top of the European deaths table for Covid-19, simple comparisons between headline numbers have little left to tell. Several [researchers](#) have turned their attention to excess deaths to provide more insight: that is, the difference between the actual number of deaths taking place and the number usually recorded at this time of year.

Thanks to data that are updated weekly by the Office for National Statistics (ONS), keeping track of excess deaths in England and Wales is now straightforward. Before doing that, using three graphs which draw on these official statistics, we want to step back for a moment and reflect. Data on death in the time of Covid is not normal data – not even normal mortality data. Besides the shock that so many people are dying in this country from something that we'd barely thought about two months ago, the circumstances of a death from Covid-19 – the victim isolated, the family dispersed, the carers at risk of succumbing themselves – mean that the gravity of what is being measured here goes beyond any picture painted with numbers.

Yet the numbers have a story to tell. The most important thing they show is that the image of what this crisis is about and where it is happening has not been right.

## Total deaths and excess deaths

Figure 1 compares the actual number of deaths each week in England and Wales with the average number of deaths in that week over the last five years. The first bar shows the weekly average for the first 10 weeks of 2020, up to week ending (w/e) 6<sup>th</sup> March. The other bars show each of the weeks since, up to w/e 1<sup>st</sup> May, data for which was published on 12<sup>th</sup> May. Three numbers are shown for each week:

- The actual number of deaths where Covid-19 has been mentioned on the death certificate (the grey part of the bar).
- The average number of deaths for that week over the past five years (the dotted line) – about 10,500 per week in March and April – which is taken as a measure of what we would normally have expected to see.

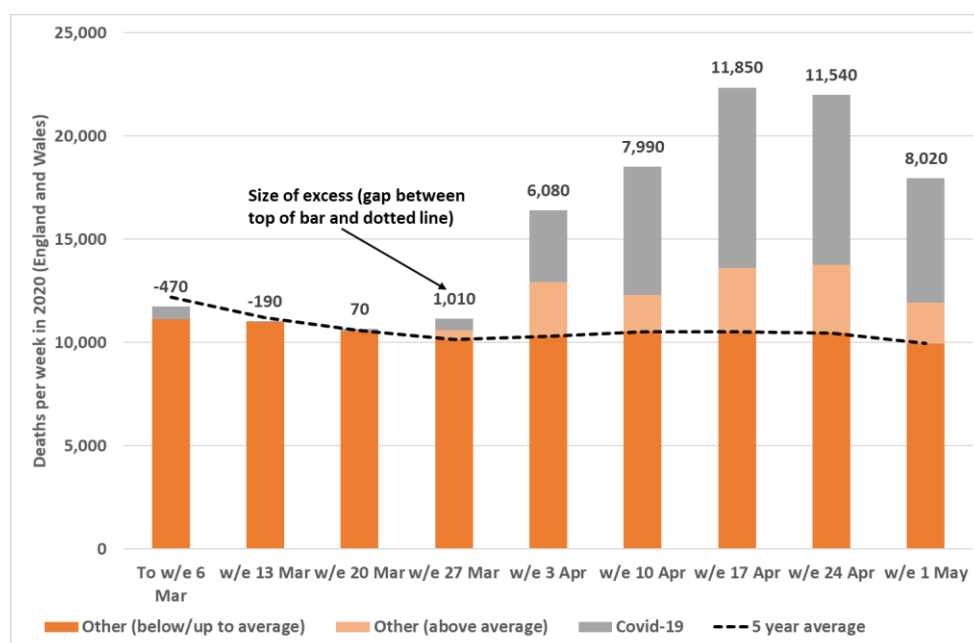
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<sup>1</sup> By Peter Kenway and Josh Holden: 13<sup>th</sup> May 2020. *An earlier version of this report first appeared as a [blog](#) on the [NPI](#) website using data to weekend ending 24<sup>th</sup> April 2020. This update uses data to 1<sup>st</sup> May 2020 and extends the argument in the light of the new findings.*

- The actual number of deaths where Covid-19 has not been mentioned: “other” deaths (the orange part of the bar). The segment – “excess” other deaths – above the dotted line is a lighter shade of orange than the segment below it.

The number at the top of each bar shows excess deaths in the week, that is, the amount by which total actual deaths for the week, whether Covid-19 has been mentioned or not, exceed the five-year historic average deaths for the week. For the first 11 weeks of 2020, to w/e 13<sup>th</sup> March, excess deaths had been negative (meaning there had been fewer deaths than in the previous years). In the week before the lockdown was announced, excess deaths numbered 70. In w/e 17<sup>th</sup> April, excess deaths peaked at 11,850. Over the eight weeks to w/e 1<sup>st</sup> May, excess deaths totalled 46,380.

**Figure 1: total weekly deaths and five-year average deaths, England and Wales, 2020<sup>2</sup>**



The most important point in the graph is that excess deaths are not just deaths where Covid-19 was mentioned on the death certificate. Over the eight weeks to 1<sup>st</sup> May, 33,380 death certificates mentioned Covid-19. All of these are treated here as excess deaths. There are then a further 13,010 additional deaths that make up the overall excess and which are part of the wider pool of other deaths that did not mention Covid-19. Those 13,010 add 39% to the Covid-19 total.

<sup>2</sup> Office for National Statistics, [Deaths registered weekly in England and Wales, provisional, weekly figures 2020 and Covid-19 – place of occurrence](#)

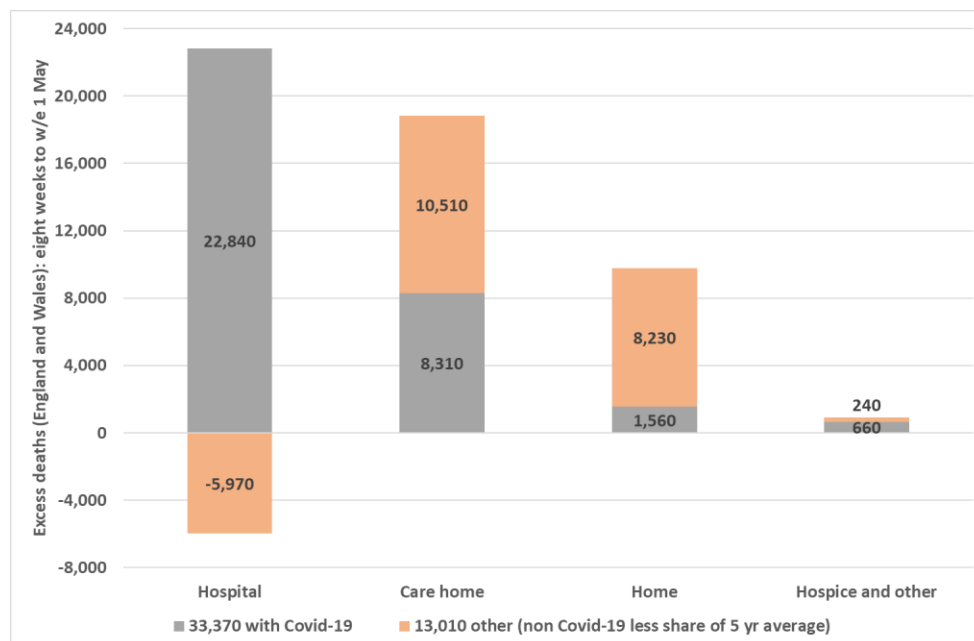
The same thing can be seen in Scotland, where over the seven weeks to w/e 24<sup>th</sup> April, 2,672 out of 3,740 excess deaths mentioned Covid-19 on the death certificate.<sup>3</sup>

It is also clear from the graph that these “other” excess deaths only started to appear once people started to die from Covid-19. That some of these “other” deaths are really due to Covid-19 but weren’t classified as such must be beyond doubt. But unless all of them were, the implication is that some people have died not as a result of Covid-19 itself but as a result of the way that health and care services have changed to cope with Covid-19. Deaths in the time of Covid are not restricted to deaths directly attributable to Covid itself.

### Excess deaths by setting

Figure 2 shows our estimate of how the 46,380 excess deaths in the first graph over the eight weeks to w/e 1<sup>st</sup> May are divided across the four settings in which a death may take place (hospital, care home, home or hospice and other). Again, all deaths where Covid-19 was mentioned are treated as excess. Each setting’s other excess is calculated as the total number of other deaths in the setting less the setting’s share of the five-year average.

**Figure 2: excess deaths by setting, England and Wales, eight weeks to w/e 1<sup>st</sup> May<sup>4</sup>**



Each setting’s share of the five-year average is an estimate, based on the assumption that the share is the same as the share of actual deaths in the first 10

<sup>3</sup> National Records of Scotland, [Deaths involving coronavirus \(COVID-19\) in Scotland, figure 6 data](#) (accessed 8<sup>th</sup> May)

<sup>4</sup> Source: as figure 1.

weeks of 2020. This gives 46% for hospitals, 22% for care homes, 24% at home and 5% for hospices. Since these are also very close to the shares for 2018 as whole, the assumption looks robust.<sup>5</sup> We refer to these shares as the pattern of deaths in normal times. The main point about this pattern is that the number of deaths in hospitals equal the numbers of deaths at home and in care homes combined.

Five points stand out in figure 2. First, there were fewer non Covid-19 deaths in hospitals over the eight weeks than the five-year average number of deaths in hospital (the negative “excess” other deaths).

Second, deaths in care homes with Covid-19 on the certificate account for under half of all excess deaths in care homes.

Third, the total number of excess deaths in care homes over the eight weeks is now greater than the total number of excess deaths in hospitals.

Fourth, deaths at home with Covid-19 on the certificate account for less than one in five of all excess deaths at home.

Fifth, once deaths at home are set alongside deaths in care homes, less than two in five of all excess deaths in the time of Covid have actually happened in hospital.

## Total deaths by setting

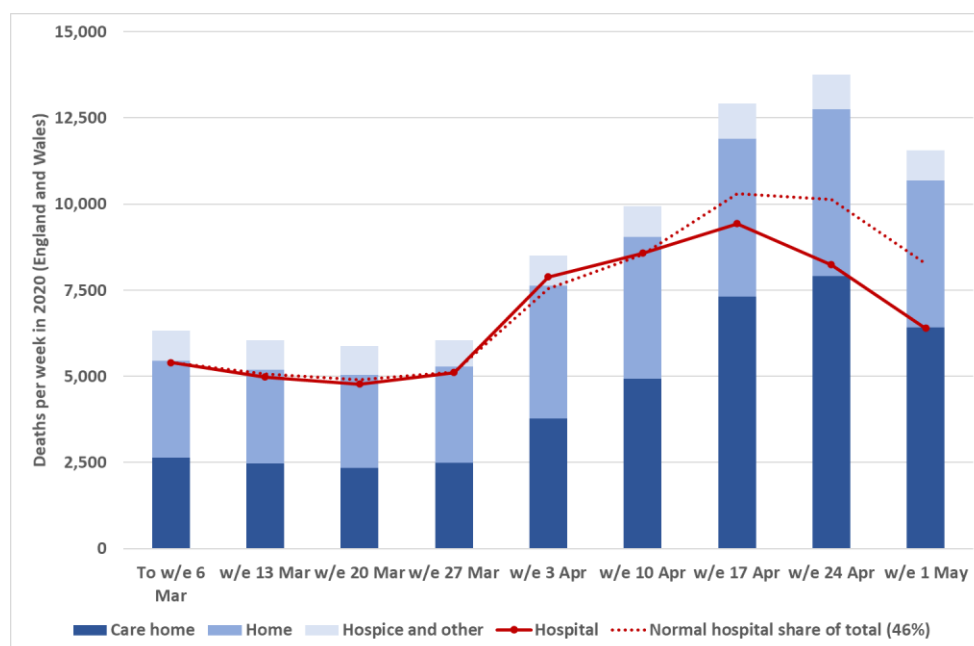
How robust are these findings? It is true that the line between Covid-19 and other deaths is not clear when people have other underlying conditions. The negative orange bar for hospitals could be reduced, eliminated or even reversed if hospital deaths were classified differently. But that does not affect the total height of the hospital bar (grey minus orange here). Nor does it affect the other findings.

What is really driving this is something simple: as figure 3 shows, at the height of the Covid crisis during April, hospitals’ share of all deaths in England and Wales started to drop from its normal level of 46%, to 36% in w/e 1<sup>st</sup> May. As hospitals’ share fell, so care homes’ share rose. By the last week of April, this had reached the point where the total number of deaths in care homes was equal to the total number in hospitals. In normal times by contrast, the total number of deaths in care homes is only around half of that in hospitals.

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<sup>5</sup> Office for National Statistics, [Deaths registered in England and Wales](#) (2018), [table 10](#). Whatever the assumption is made about the normal pattern of deaths against which the excess in each setting is calculated, the sum of the orange bars in figure 2 always equals the sum of the lightly shaded part of the orange bars in figure 1.

Figure 3: total deaths per week, by setting, England and Wales, 2020<sup>6</sup>



## Conclusion: the UK's Covid crisis is a crisis of its centralised state

What's going on in these three graphs – where people have been dying and what they have been dying from – will be studied closely. Our concern right now is not to call for more understanding but to correct two misunderstandings.

The first is that excess deaths in the time of Covid are largely restricted to deaths where Covid is mentioned. The second is that coping with the Covid crisis is mainly about hospitals coping.

If the first of these has led to the scale and variety of death in the time of Covid being underestimated, the second has led to a narrow view of where the threat lies, who is actually having to confront it and where support needs to go.

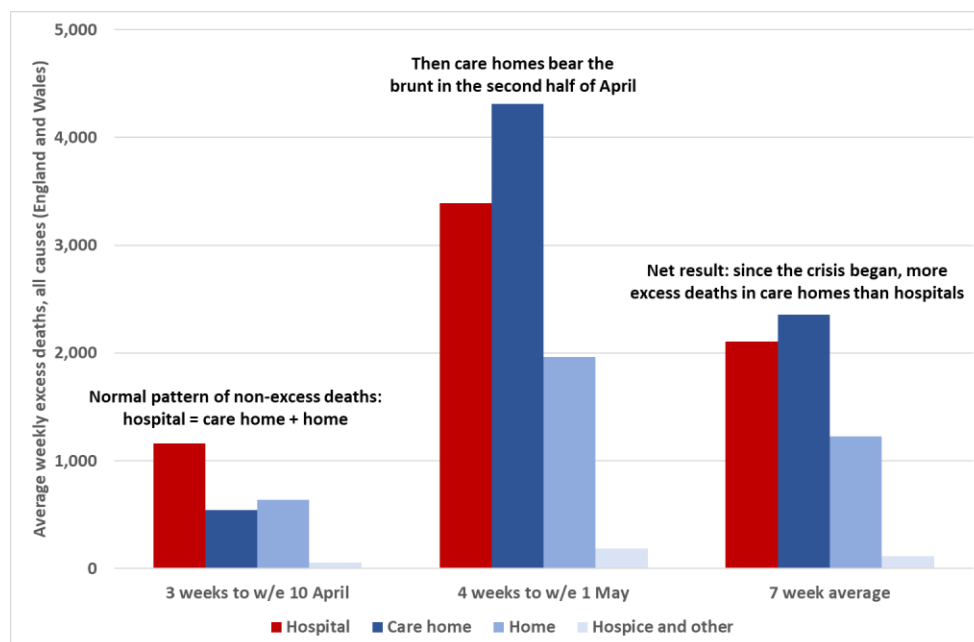
Despite the attention that care homes are now getting, the scale of what they have faced is not fully appreciated. The third finding from figure 2 – that care homes have now seen more excess deaths since the Covid crisis began than hospitals – is open to the simple interpretation that they, the care homes, have been hit hardest of all. Figure 4 (which is closely linked to figure 2), presents this point graphically.

While attention has been directed towards the NHS in general and hospitals in particular, a disaster has been unfolding elsewhere. That “elsewhere” is not just the care homes, but homes and hospices too: in short, within and across society at large. Among the many questions about how this disaster happened is why such a

<sup>6</sup> Source: as figure 1

narrow view took hold of where the threat lay. Even a good sense of the pattern of deaths in normal times might have been enough to focus attention on the community settings in which people die and the threat they might face.

**Figure 4: average weekly excess deaths (all causes), by setting, England and Wales, seven weeks to w/e 1 May<sup>7</sup>**



The attention now paid to care homes needs to be extended to home too, to those dying there and those caring for them; to their need for protective personal equipment; to the conditions in which they are coping, often overcrowded and where self-isolation may not be practically possible.

Inattention to even broad variations across society in the circumstances in which people live their lives has been a hallmark of the UK crisis. For example, advice on self-isolating at home may be easy to follow if there are enough bedrooms and bathrooms but impossible if home is overcrowded and lacks sufficient amenities. If money is short, people are under much more pressure to carry on working and hoping for the best.

Beneath the numbers, the UK's Covid crisis can be seen as the product of a centralised British state which attaches little importance to what society is really like. The question is whether Covid can be overcome without a shift of power to national, regional and local bodies who can be expected to understand better how things vary between people and places – and to act accordingly.

<sup>7</sup> Source: as figure 1.