

Coronavirus: Record weekly death toll as fearful patients avoid hospi...

England and Wales have experienced a record number of deaths in a single week, with 6,000 more than average for this time of year.

Only half of those extra numbers were attributed to the coronavirus. Experts said they were shocked by the rise, particularly in non-Covid-19 deaths, and expressed concern that the lockdown might be having unintended consequences for people's health.

There are fears that patients are not seeking help for life-threatening conditions, including heart attacks, because they are worried about catching coronavirus in hospital.

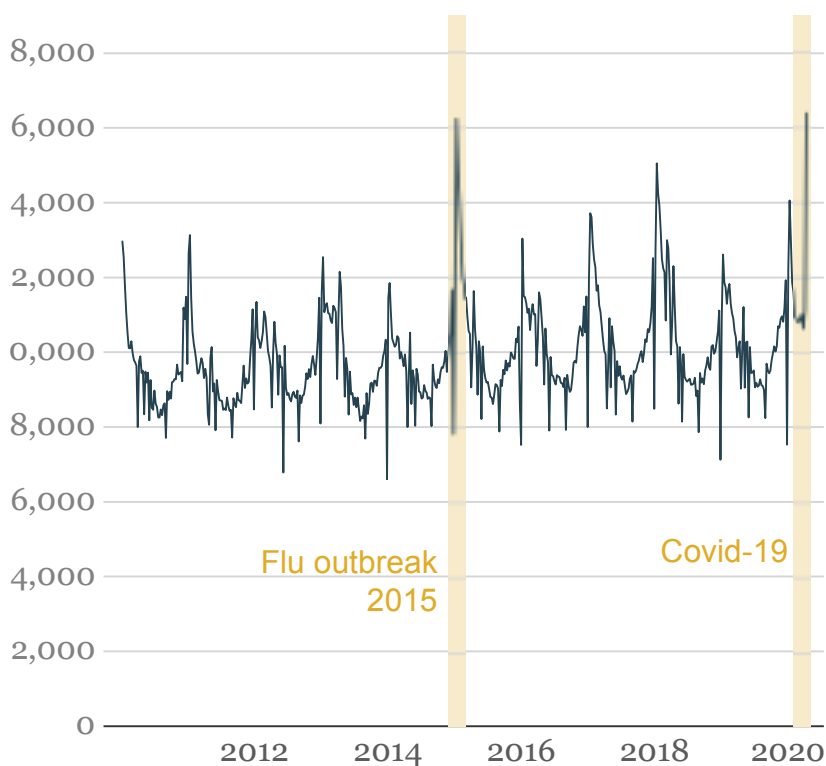
Experts said that conditions such as diabetes or high blood pressure may also be proving harder to manage during the lockdown.

The latest figures are for the week ending April 3. They record certified deaths throughout the country, rather than only those recorded in hospitals.

The figures from the Office for National Statistics (ONS) showed the highest weekly death total in England and Wales — 16,387 — since recording began in 2005, but many were not recorded as being related to Covid-19.

The number of deaths above the five-year average, at more than 6,000, was far greater than the number recorded as related to coronavirus, at 3,475.

The ONS numbers came as the government announced that the daily coronavirus death toll, solely of hospital fatalities, was up 778 to 12,107.



The ONS said that one coronavirus death in ten took place in a community setting. Some 5 per cent were in care homes, backing up warnings from the sector that there were outbreaks among residents that had not been picked up.

Labour said the figures showed that social care needed “a much greater priority and focus than it has had so far” from the government, and called for ministers to set out when care staff could expect personal protective equipment and testing.

The ONS data revealed a death toll 52 per cent higher than the total that had been announced by the government for the week ended April 3: 6,253 compared with 4,093.

Tom Dening, professor of dementia research at the University of Nottingham, said that there were likely to be many reasons for the increase in “other” deaths. “These include people not feeling able to attend their GP surgeries, call an ambulance or attend A&E,” he said.

“Therefore, some serious conditions may present too late for effective treatment. Another possibility is that some people with serious conditions, like cancer or chronic kidney disease, are either unable or unwilling to attend hospital on the usual regular basis, so their treatment regimes may lapse.”

Delayed referrals for patients with potentially serious conditions were also likely to play a role, he said, as well as unhealthy lockdown lifestyles such as smoking or drinking more.

Sarah Harper, professor of gerontology at the University of Oxford, said that changes to the age distribution of the population may have led to increased numbers of deaths.

Martin Hibberd, professor of emerging infectious disease at the London School of Hygiene & Tropical Medicine, said weekly death totals would be “very important” as scientists worked to evaluate the government response.

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“We know that for some situations, we may be overplaying the role of Covid-19, for example where [it] was mentioned in a death but where it may have played only a minor role,” he said. “In other situations, a death may not mention coronavirus, even though it may have contributed, possibly as a result of the indirect consequences of lockdown and stretched health services.”

Professor David Spiegelhalter, of the University of Cambridge, said he was disturbed by the rise in deaths. “I don't think I've been as shocked when I looked at something,” he said. “I knew there was going to be a jump in Covid-registered deaths. I hadn't expected such a huge number of deaths which didn't mention it on the death certificate.”

Professor Martin Marshall, chairman of the Royal College of GPs, said: “In the sad case that a patient dies in the community, GPs — or any other competent individual — have the authority to state a cause of death to the best of their knowledge and belief.

“Covid-19 can be recorded as the cause of death based on a reasoned clinical assessment, whether or not they have been tested for the virus. However, a lack of Covid-19 testing at community level makes it difficult for GPs to record causes of death accurately.”

Under new legislation to deal with the pandemic, doctors do not have to physically see a patient to certify their death. Professor Spiegelhalter said: “I could understand many doctors not [being] willing to put Covid on a death certificate when they've neither had the test, nor seen the patient.”

The ONS figures showed that coronavirus deaths were running 52 per cent higher than the total announced by the government in daily briefings. By April 3 there had been 6,253 deaths in England and Wales with Covid-19 mentioned on death certificates. On April 4, the comparable total death toll announced by the government was 4,093. Government announcements cover only deaths in hospitals and many are not confirmed as virus-related or reported for days after they happen.

One death in five in the week to April 3 was caused by Covid-19, compared with one in 20 the week before. In London, almost half of recorded deaths were coronavirus-related, and in the West Midlands one in five. London accounted for a third of coronavirus deaths in the week ending April 3.

The number of deaths for the year to date — 166,436 — is higher than the five-year average, by 2,240. The number of deaths was higher in men than in women in all age groups. In the year to April 3, the ONS said 2,523 men had died of coronavirus and 1,599 women. The highest number of deaths were among those aged 75 to 84, at

1,231.



Podcast

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Analysis

The statistics released by the Office for National Statistics are different from the numbers we hear daily from the government (Kat Lay and Francis Elliott write).

This is because the death tolls given at Downing Street briefings only include those who have tested positive for Covid-19 — and in England, that means they have died in hospital because community testing is not yet widespread.

Ministers and advisers defend using their figures because it is as close as possible to giving a real-time picture of the pandemic's mortality rate and is the one most easily compared with data from other nations.

They said yesterday that they would try to reflect care home deaths in daily updates, amid concern that they were going under the radar. It is harder to compile these because social care services are not part of one big, overarching body like the NHS. Their daily updates do not tell us how many people have died in the past 24 hours, but how many deaths have been reported centrally in that time. Some have not been included for several days after they occurred.

The ONS figure includes all deaths in which Covid-19 appears on the death certificate including those that occurred outside hospital. This data is the most accurate and would inform government decision-making ordinarily but because of the lag needed for deaths to be properly certificated and verified there is a delay of about two weeks.

The numbers released yesterday are still provisional. There are likely to be more that have not yet been registered, particularly because of the bank holidays and register office closures at this time of year.

The ONS reports total weekly death figures, as well as those due to coronavirus. Yesterday this sparked concern after a rise of more than 6,000 compared with the five-year average in the week to April 3, about half of which were not recorded to be coronavirus related.

What we cannot tell from data released so far is why those other people died. It would be useful to find out, to ascertain if there is any group of patients dying earlier than they might have because, for instance, of some restrictions to NHS care during the pandemic.