An Alternative European Perspective

Roger Steer

January 2022

This edition of the European newsletter marks twelve months of publication with ***NHS***Managers.net. It was first prompted by the diverging paths being taken in Covid management between the UK and Europe, and the perceived need to take a broader perspective in examining health and care issues. In this edition I will look back, taking in two recent reviews of books devoted to the Covid crisis, before re-examining the current situation across Europe and the on-going requirements for action as they are seen in the UK and Europe.

Looking back is important

John Lancaster in his article the December 16 edition of the London Review of Books, *As the Lock Rattles*, attempts to digest an impressive list[1] of books published during 2021 addressing various aspects of the Covid crisis.

He identifies two factors – generational obliviousness and the bias away from good governance of prevention – as explaining why the UK government in particular (but of varying levels of applicability across Europe) was so unprepared despite this being the top risk identified on the national risk register ever since 2008.

I felt strongly that the levers being pulled sometimes had nothing at the end of them…

In part this can be explained by the remoteness of the experience of the Spanish flu in 1918 but also to the generally perceived risks of communicable diseases compared to non-communicable diseases in western countries, which account for 91% of deaths in the West, according to Adam Tooze.

As for governance this was highlighted in my December newsletter as a major theme identified by the WHO and the People's Covid Inquiry (and will be raised again in a discussion of Jeremy Farrar's book, *Spike: The virus vs the People –the inside story*). Broadly, despite the UK being particularly vulnerable (population is relatively old, obese, crowded, unequal and an international travel hub) there were particular failures of preparation and failures of response.

There was, and still is, a deluded '*we are the envy of the world*' mindset with regard to preparedness; chronic shortages of capacity and resilience within the NHS; and an over-reliance on just-in-time deliveries at a point when a pandemic would put supply most at risk.

But it was more than that.

[1] *Breathtaking : Inside the NHS in a time of Pandemic*, Rachel Clarke, September 2021; *Shutdown: How Covid shook the World's Economy*, Adam Tooze, September 2021; *Failures of State : The Inside Story of Britain's battle with coronavirus*, Calvert and Arbuthnot, March 2021; *Covid by numbers: Making sense of the Pandemic by Data*, Spiegelhalter and Masters, October 2021 and *The Covid Consensus: the new politics of global inequality*, Toby Green, April 2021.

Responses were constrained by decades of underinvestment, an unwillingness to spend money on public services and an ingrained lack of responsibility towards the welfare of others. An ethos of individual responsibility led to a failure to take collective action against a common threat.

The UK was particularly affected because of the Boris factor. France and Germany were better prepared and took action quicker. Whereas in Lancaster's words, "*he* [Boris] *didn't understand it (Covid), and didn't take it seriously*". 25,000 UK civil servants were working on Brexit which was turning out to be somewhere on a spectrum between a mistake and a disaster and '*his private life was on the same spectrum*' with ball juggling between arranging a divorce , having a baby, getting married, financing a flat refurbishment and writing a book on Shakespeare.

Managing Covid was not a priority.

Unsurprisingly, again in Lancaster's words, "*the procurement of PPE was a failure, Test and Trace was a failure, the missed circuit–breaker in autumn 2020 was a failure, the decision to go ahead with Christmas was a failure".* As a result old people didn't receive the care they should have expected and many died as a result. Waiting lists shot up and cases are not being addressed. The people who have suffered the most are chefs, cab drivers and bus drivers; as well as ethnic minorities and the poorest. The large wedges of money doled out by government went to the already rich, and those close to government procurement circles.

Other countries also had mixed performance. The UK was 25th in rankings of excess deaths per million (according to Lancaster) but the worst countries in Europe were in Eastern and Central Europe. It is worse still in Latin America, the most unequal continent in the world.

What saved the world was money. $14trn according to the IMF. The rulebook about not monetising debt has been torn up. The financial crash of 2008 destroyed the myth that markets can be trusted to self-regulate.

But it's beginning to look like the rich countries are deliberately withholding money to vaccinate the world, when the cost estimated at $25bn is very nearly the same ($20.2bn) as the US military spent on air conditioning each year in Afghanistan and Iraq. This may seriously undermine the legitimacy of governments around the world.

Read this book as the best and most readable story of the past two years, with the most positive messages.

Lancaster reminds us that 44% of the world is unvaccinated and without this the disease will spread, variants will develop, and the pandemic will be prolonged.

Which is a good place to start to discuss Jeremy Farrar's book (co-written with Anjana Ahuja) *Spike: The virus vs the People –the inside story*.

Farrar was until recently a government adviser, a member of SAGE, and the Chairman of the Wellcome Foundation.

He is an insider and as the book reveals well connected with those entrusted to manage Covid at a worldwide level.

He cannot be lightly dismissed when he quotes Dominic Cummings approvingly, "*Nothing worked. The preparations were a farce, the plan was a catastrophe and had to be abandoned and the management of critical things was a disaster*" or in Farrar's own words,

> *"I felt strongly that the levers being pulled sometimes had nothing at the end of them"* or, *"it's just unarguable from my perspective that everything we did should have happened earlier. Fewer people would have died, lockdown would have been shorter and we would have had less economic destruction."*

Farrar's book focusses on the early period as the first news and first responses were being made in January 2020 to Covid. He describes action that helped greatly to develop vaccine trials and production, to co-ordinate and fund initiatives and promoted the global efforts to manage the pandemic. The reader is transported back in time to appreciate how it felt as news came out, advice was given and action or inaction followed.

…the full impact has yet to be felt and it will vary across countries according to their ability to cope with increased use of hospital and ICU capacity.

He acknowledges uncertainty, the problems of getting good quality data and the respective roles of advisers, policy makers and decision makers. We continue to follow events from the initial lockdown, to 'Liberation' day, delays in reintroducing the circuit breaker in September 2020, and in advance of Christmas 2020, through to more recent controversies about the need for further public health precautions.

In the end however he comes across as exasperated, feeling that by not speaking out more he is being complicit in government decisions, as convinced as ever about the classical nostrums of public health professionals and his lack of confidence in the Prime Minister to heed them.

His final words are addressed however to a worldwide audience. In his words,

> *"the pandemic has been a catastrophic failure of global diplomacy at just the time we need cooperation. The world is facing a deluge of transnational crises that cannot be navigated by individual countries alone: climate change, drug resistance, energy demand, water scarcity, conflict and migration….If we can find a way of tackling pandemics together, it will provide a blueprint for the other grave challenges that lie in store".*

But he is not just pie in the sky,

> *"there are things we can do now: spend money on health, in terms of staff, research and buildings, fix health inequalities today, improve data flows in public health to make timely decisions, co-ordinate and speed up decision making across government, unite local and regional authorities with central government ; develop a crisis playbook for the cabinet office; make supply chains resilient; know when to step outside of the usual structures to get things done quickly ; be prepared to learn from other countries when it comes to governance and management; and practise better crisis messaging"*

Read this book as the best and most readable story of the past two years, with the most positive messages.

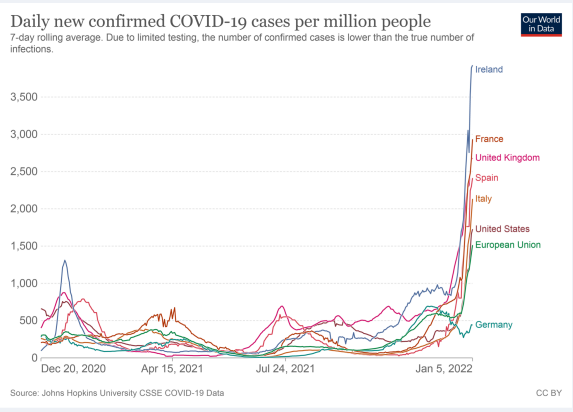
Where are we now?

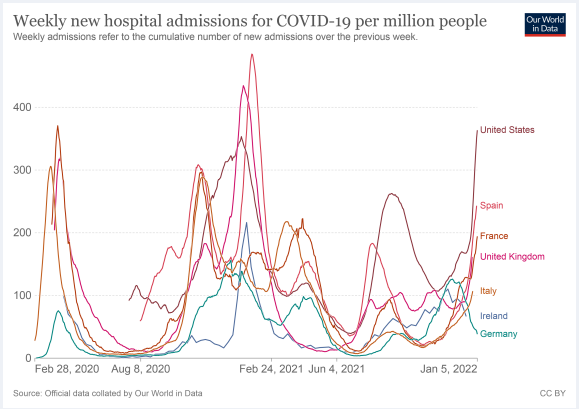
These charts provide a picture up to early January 2022 of progress of the pandemic across a number of countries. Interpretation of the data can be tricky. Clearly cases are rising everywhere in line with the spread of the more infectious strand of the Omicron variant of Covid. Most countries in Europe are experiencing a dramatic increase in cases although Germany seems to be bucking the trend so far. This is leading to increased hospitalisation and greater occupancy of intensive care beds in many countries although the UK is so far flatlining on use of IC beds even though admissions are on the increase, and Ireland and Germany are showing a decline in both hospitalisation and IC bed use. However, both tend to lag reported cases; as do deaths.

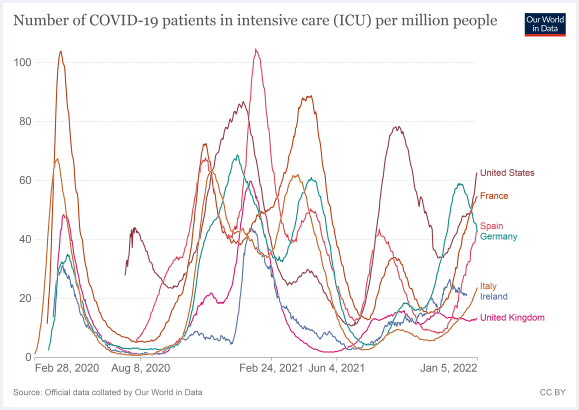
Thus, the full impact has yet to be felt and it will vary across countries according to their ability to cope with increased use of hospital and ICU capacity.

The anxiety in the UK is that many older patients are not receiving hospital or intensive care for reasons of lack of capacity with admissions protocols designed to ration scarce resources rather than allocate according to ability to benefit criteria.

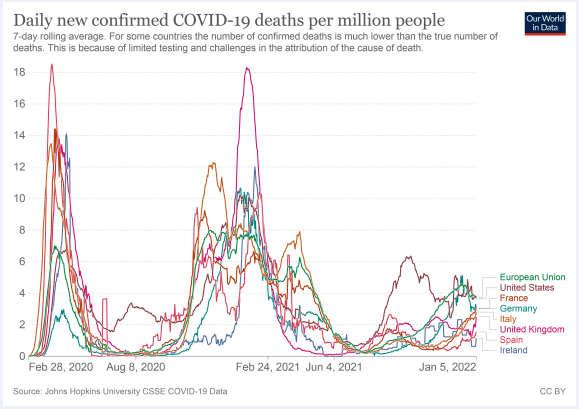
The Sunday Times made this allegation in September 2020 against the NHS but there are also similar accusations in France, Switzerland, Netherlands, Sweden, and the US.





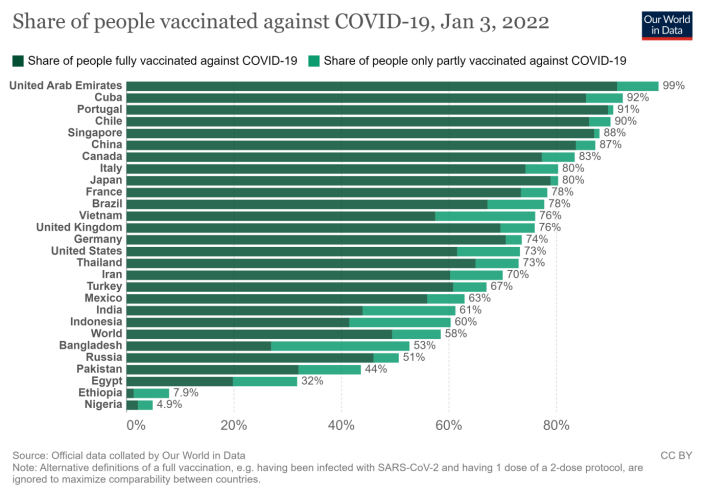


Possible good news is that frontline reports suggest that Omicron is less fatal than earlier variants and hopes are high this will be prove to be reflected in the longer term data. We have seen nothing like the level of deaths in earlier waves, although there are some signs of this also beginning to increase.



Meanwhile both the increased rate of infection and the implication this has for the unvaccinated (who were perhaps relying on herd immunity as low as 70% of the population to protect them) means that there is a rush to vaccinate as many people as possible with three doses. The chart below shows the

comparative vaccination position across countries.



Progress however remains slower than the pace of infection and it appears that children previously deemed at very low levels of risk are more vulnerable to the Omicron variant. The FT thus reports an ongoing debate on the implications,

"As Omicron-led infections surge across Europe, a drive to vaccinate children aged five to 11 against Covid-19 is dividing opinion: while some parents welcome the opportunity to protect their young, others are unconvinced of the benefits to their health.

Regional opinion polls show 70 per cent of parents in Denmark and Spain plan to vaccinate their younger children, but only 40 per cent in Germany, Italy and the Netherlands. Fewer than a third of French parents say they are willing to do so.

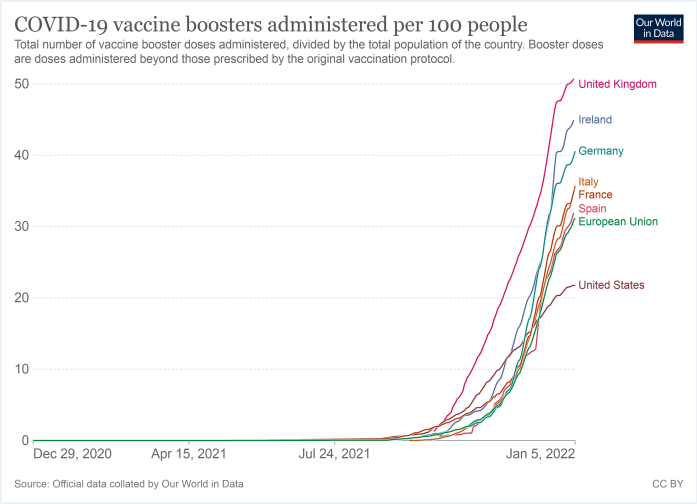
So far, vaccination is not mandatory for children and no country has demanded five- to 11-year-olds be jabbed before taking part in any activity.

But governments have taken a markedly different approach to vaccinating the young. Some, including Denmark, France, Spain, and Italy recommend all children get the jab, while the UK opts to immunise only vulnerable children.

The lack of a common message means Europe may struggle to convince parents to vaccinate their children, depriving the region of a tool to fight the latest Covid surge."

Credit has to be given to the UK in speeding the distribution of boosters compared to others and which may explain the continuing lack of use of intensive care beds.

But before I can agree that I would want a persuasive explanation of why the French occupy almost three times the number of intensive care beds as the UK.



The conclusion that most people across Europe have reached is to continue to be cautious and to follow WHO advice: both to become vaccinated **AND** to obey public health advice to take precautions where possible.

Nonetheless a significant minority remain unvaccinated and are either in denial of the risks they run or complacent as to the consequences.

It seems clear that the pandemic is not going away . It will continue to spread more quickly amongst the unvaccinated in the world and deaths will be in the tens of millions. There is not enough vaccine production in place to catch up. And vaccines are being targeted at the already vaccinated.

Where do we go from here?

There are three grounds for making the bullshit call, a term that was introduced in my earlier newsletters.

First, in relation to the UK and other European government that have either relaxed public health controls over the winter holiday period or avoided strengthening them as the more infectious Omicron variant sweeps across Europe. There seems to be a *prima facie* case for tightening controls in the face of a more infectious variant rendering the unvaccinated and younger people more at risk.

COVID has now made it crystal clear that parts of health care do not seem well prepared for such a crisis.

The second ground for speaking out is over the continuing delays in producing sufficient vaccines to vaccinate the world.

The costs are affordable to a world facing the real risk of a prolonged pandemic of increasing transmissibility and of increasing economic disruption. The risk is that failure to hasten early elimination will increase the likelihood of more variants emerging of potentially more devastating impact.

The third ground concerns the hesitancy to do something now about improving the capacity and resilience of health systems. As Jeremy Farrar has pointed out there is no good reason to delay increasing staffing levels and staff in training, building additional facilities and improving social care provision; and putting public health on a more capable footing. Apart that is from the fact that to do so would amount to an admission that years of attempting to do more with less has caused much of the problems across Europe.

Those that have performed most badly in terms of cases and deaths are those like the UK who were worst placed.

But it also needs to be acknowledged that Europe as a whole has fared badly compared to the Far Eastern countries that have had not only better preparations but better means of enforcing public health measures.

This may not be a message dear to Liberals but life is more important than liberty and the case for wider distribution of high-speed broadband and the ability to monitor, influence and control citizens should not be a monopoly exclusive to the technology companies.

To the nonsense that taking precautions is either un-British or un-democratic the obvious response it that it will undoubtedly cost less in the long term to weather the pandemic storm rather than to present the pandemic with further opportunities to spread and do damage.

It is likely that in the short term and possibly longer the normal some people have become familiar with may be a restricted one. But facing reality is better than facing death and disease.

Update on various European commentaries

The European Centre for Disease Control issued its latest risk assessment and recommendations for action on 15 December 2021. All the risk assessments are at very high.

It proposes the following,

> *Urgent and strong action is needed to reduce transmission in order to alleviate the already heavy burden on healthcare systems and protect the most vulnerable in the coming months.*

Rapid reintroduction and strengthening of NPIs (non-pharmaceutical interventions) is necessary to reduce the ongoing Delta VOC transmission, slow down the spread of the Omicron VOC and keep the COVID-19-related healthcare and disease burden manageable. These measures include avoiding large public or private gatherings, encouraging the use of face masks, reduced contacts between groups of individuals in social or work settings, teleworking, expanded testing and strong contact tracing. Authorities should consider advising reduced inter-household mixing and exercising additional caution during travel and/or where intergenerational mixing is foreseen during the holiday season. While the proportion of Omicron VOC cases remains low and resource capacity allows, contact tracing should be prioritised for probable or confirmed cases of Omicron VOC infection, irrespective of vaccination status, in a timely manner and as completely as possible.

Vaccination remains a key component of the multi-layered approach needed to reduce the impact of the Omicron VOC, while also addressing the ongoing circulation of the Delta VOC. Efforts should continue to increase full vaccination uptake in individuals who are currently unvaccinated or partially vaccinated.

Booster doses will increase protection against severe outcomes from the Delta VOC, and preliminary evaluations also suggest boosters could increase protection against the Omicron VOC. The population impact is expected to be higher if a booster dose is administered to most of the adult population and if this booster dose is given as early as possible, although not before three months after completion of the full vaccination course.

Immediate planning should be considered to increase healthcare capacity to treat the expected higher number of cases. Hospital surge capacities should be re-assessed according to emerging epidemiological data on the severity of the Omicron VOC.

Testing of individuals with symptoms, irrespective of their vaccination status, together with isolation of those testing positive, continues to be important in limiting the spread of SARS-CoV-2. Testing strategies should be flexible and rapidly adaptable to the epidemiological situation and available resources. Genomic surveillance remains of utmost importance for early detection of the presence of the Omicron VOC, to enable the monitoring of epidemiological trends and to guide measures.

Risk communication activities remain vital and these should emphasise the continued importance of being fully vaccinated and seeking an additional or booster vaccine dose. Messaging should continue to stress the importance of continued adherence to NPIs. Countries should consider investing in social listening activities to rapidly identify and address misinformation.

In the meantime the British have been enjoying their darts and football unconstrained.

But for all the brisk managerialism from the ECDC, their **dashboard** remains clunky.

WHO Europe published a review of 2021 very promptly in contrast with publication of the **Annual Report of the UK DHSC (Department of Health and Social Care)** for 2020/21 which is expected sometime in late January 2022.

Make a note. There will be quite some explaining to do.

The European Health Observatory published the results of a review of the Dutch healthcare market reforms. This is an independent review after 15 years of market reforms. Mixed and underwhelming is my take. It is not a glowing endorsement for the market. Thus,

> *"COVID has now made it crystal clear that parts of health care do not seem well prepared for such a crisis. The government had to put large parts of regulated market forces out of action, for example, we cannot expect an expansion of IC capacity from the market. The government must regulate this"*

And,

> *"Market forces also stimulated new health care provisions like independent treatment centers* (sic)*, outpatient clinics and room for new care models, such as networks. However, scaling up good examples is often difficult. There is no evidence that 'market forces' have worsened the quality of care, although quality was not improved as intended. Mandatory out-of-pocket payments are among the lowest in Europe.*
>
> *As a result of 15 years of 'market forces' differences, however, they have become bigger. There are more 'rich' and more 'poor' institutions; the difference between expensive and cheap policies is increasing; and more and more policyholders are opting for a voluntary deductible and a cheaper budget policy. The practice variation in care provision remains persistently high and hospitals continue to offer the entire spectrum of care.*
>
> *The administrative organization of the system is complex and not always clear. The administrative and regulatory burdens are high, indeed higher than in many other countries. Professionals are increasingly confronted with this."*

I wonder what an independent review of the last fifteen years of UK healthcare market reforms would say.

Euronews produced an up to date review of government responses to the Covid situation across Europe that leads with an expression of incredulity that the UK intends to 'ride out' the wave of infections despite a surge to over 218,000 covid cases.

The Nuffield Trust reviewed how Brexit is going in their report "**Going it alone: health and Brexit in the UK"**

The findings don't make happy reading. Thus,

- *Workforce-related issues such as staffing, sustainability and wellbeing were the most pressing concern to interviewees following the introduction of new immigration rules. The situation in social care is the most urgent, where new immigration rules effectively halt immigration from the EEA.*
- *The medicines, medical devices and life sciences industry in the UK faces great uncertainty. Border bureaucracy has increased dramatically, and clear plans are lacking to keep areas of health care attractive or competitive.*
- *Governments in Scotland, Wales and Northern Ireland are concerned that they have lost some of their control over health protection, improvement of health outcomes and health-related funding.*
- *Pledges to keep the NHS and medicines prices "off the table" in trade*

negotiations mean little without specific commitments on key areas such as patent protections and investment rules. Transparency and engagement with the health sector have both been limited.

- *There does not appear to be a clear agenda to bring any benefits to health in the UK through trade agreements.*
- *Northern Ireland faces serious risks to medicines and devices supply at the end of 2021 should arrangements with Europe simply end without agreements in place. Checks and customs will begin to apply at the border between Northern Ireland and Great Britain without mitigation.*

The European Commission however dampens any European enthusiasm by reminding us that health and social care and social Europe was not in its priorities. Nonetheless there is an EU4Health programme as its response to the Covid Crisis.

Eurointelligence gives a view on the implications for Europe of Macron's leadership (4th January) over the next few months and his coincidental election campaign.

It speculates that if Omicron turns bad for him it could have a major impact on his re-election chances and therefore much else. But the conclusion in their message for 2022 from 23rd December is,

> *"We haven't mentioned Covid for the simple reason that we haven't got the foggiest. As we keep saying, events intrude. So do viruses. Whereof one cannot speak, thereof one must be silent".*

Which seems like a good place to stop, although I suspect there will remain a lot to talk about over the months ahead.

Roger Steer

6.1.2022