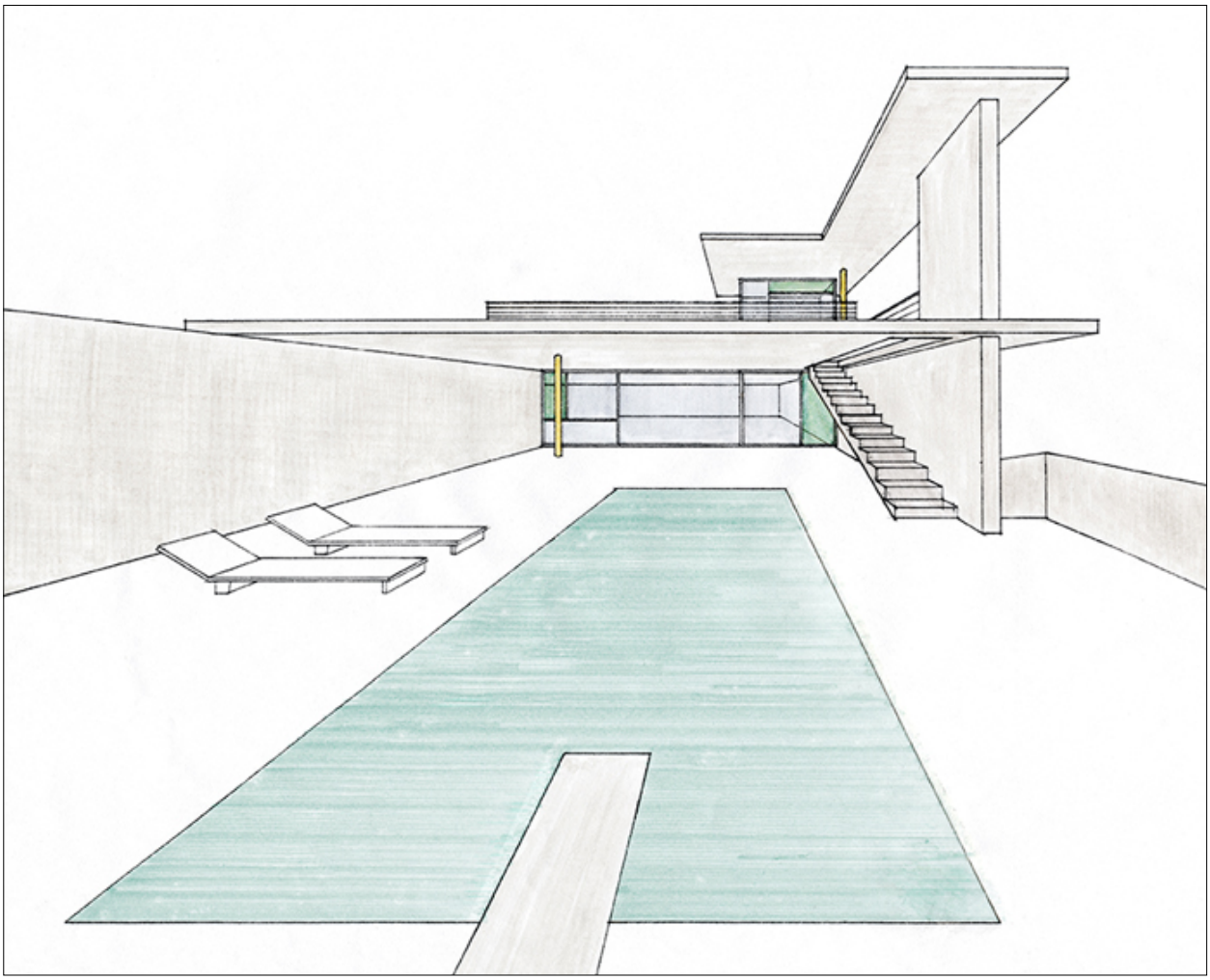
WILL WE BE ABLE TO INVITE ANY GUESTS TO OUR POOL PARTY THIS SUMMER?



The possible outcomes post lockdown and the huge dangers for the elderly

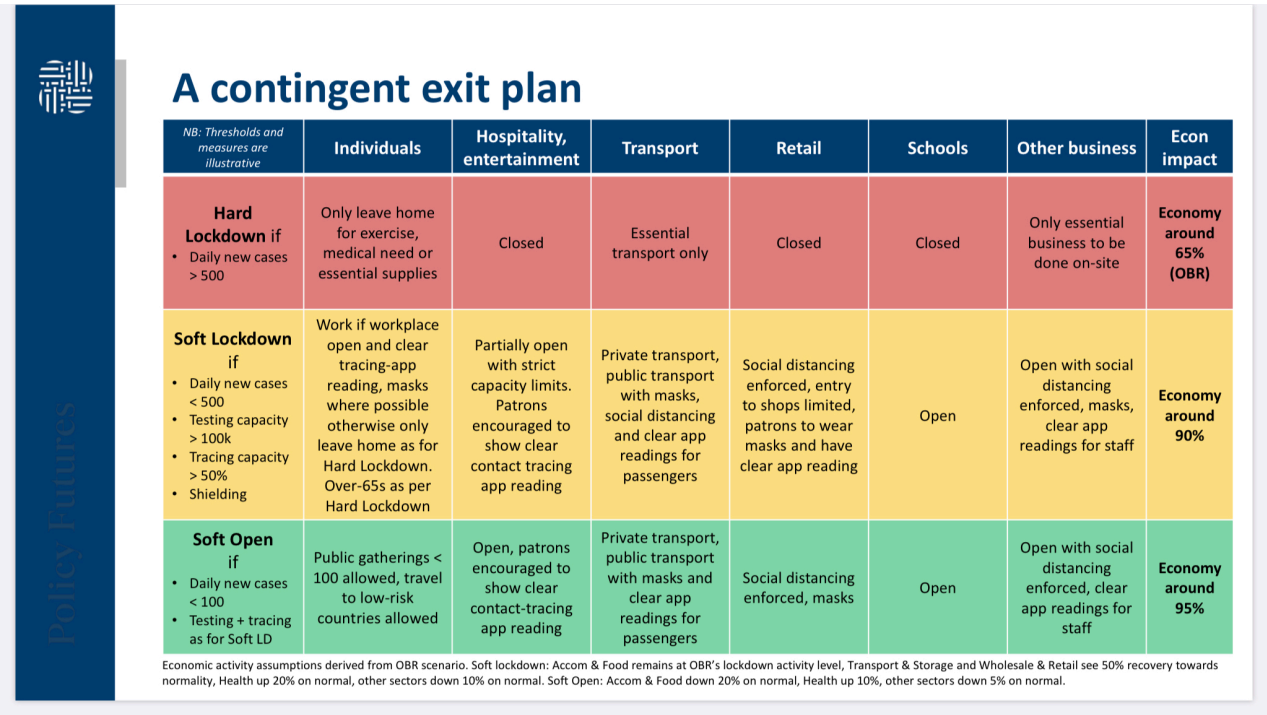
By Tom Rowland. All of this is guesswork but given the six-cylinder idiots running the UK Government right now you can make a few sensible predictions about the way things are likely to go.

Reliable estimates for UK deaths from Covid-19 are now around the 40,000 mark, meaning Government figures have been under-reporting to the tune of 50 per cent in the last weeks by ignoring care homes.

SO WHAT NEXT?

Can the clowns paint themselves out of the corner?

Best analysis I have seen comes from the saintly Tony Blair's Global Institute. Here is a link to the full report. https://tinyurl.com/y9267lrl. In a nutshell, best outcome this year is "Soft Open" which still means social distancing; carrying an intrusive contact app on a smartphone (Epidemiologists at Oxford [BDI] estimate that 60 per cent app use could end the epidemic) and wearing masks most places in public. That's the best and making it safe then depends on having less than 100 new confirmed cases of Covid-19 daily and the UK would need a much more robust testing and tracing regime than it has so far managed.



NB: Thresholds and measures are illustrative	Individuals	Hospitality, entertainment	Transport	Retail	Schools	Other business	Econ impact
Hard Lockdown if • Daily new cases > 500	Only leave home for exercise, medical need or essential supplies	Closed	Essential transport only	Closed	Closed	Only essential business to be done on-site	**Economy around 65% (OBR)**
Soft Lockdown if • Daily new cases < 500 • Testing capacity > 100k • Tracing capacity > 50% • Shielding	Work if workplace open and clear tracing-app reading, masks where possible otherwise only leave home as for Hard Lockdown. Over-65s as per Hard Lockdown	Partially open with strict capacity limits. Patrons encouraged to show clear contact tracing app reading	Private transport, public transport with masks, social distancing and clear app readings for passengers	Social distancing enforced, entry to shops limited, patrons to wear masks and have clear app reading	Open	Open with social distancing enforced, masks, clear app readings for staff	**Economy around 90%**
Soft Open if • Daily new cases < 100 • Testing + tracing as for Soft LD	Public gatherings < 100 allowed, travel to low-risk countries allowed	Open, patrons encouraged to show clear contact-tracing app reading	Private transport, public transport with masks and clear app readings for passengers	Social distancing enforced, masks	Open	Open with social distancing enforced, clear app readings for staff	**Economy around 95%**

Economic activity assumptions derived from OBR scenario. Soft lockdown: Accom & Food remains at OBR's lockdown activity level, Transport & Storage and Wholesale & Retail see 50% recovery towards normality, Health up 20% on normal, other sectors down 10% on normal. Soft Open: Accom & Food down 20% on normal, Health up 10%, other sectors down 5% on normal.

If you are over 65

Office for National Statistics data show deaths are overwhelmingly among older people. Mortality for under 40s is one in 100,000. Covid-19 mortality rises to 25.5 for 40-65s; for over 65s it's 491. Men are overrepresented at every age.

There is perilously little head room in the UK

Current estimates from Imperial College have the reproduction number (R) for Covid-19 in the UK at around 0.7. Over 1.0 and it starts to accelerate again.

Their estimate of the impact of different suppression measures suggests that just allowing schools to return could raise R close to one.

Adding other relaxation measures could cause the spread of the virus to accelerate again.

Random sampling in Iceland showed that the virus had a much wider spread in the community than had been assumed from original screening of high- risk people, indicating the importance of a broader testing regime.

The EU is supporting/urging national governments to coordinate exits from lockdown. Brussels advises:

Criteria for releasing restrictions are the decreased spread of Covid-19 (significantly and sustained) and sufficient hospital capacity for any increase in cases.

And as we know, the UK government is quite capable of reacting to a downturn by relaxing the lockdown without taking seriously the bit about "sustained" or the second part of the advice about "sufficient" hospital capacity.

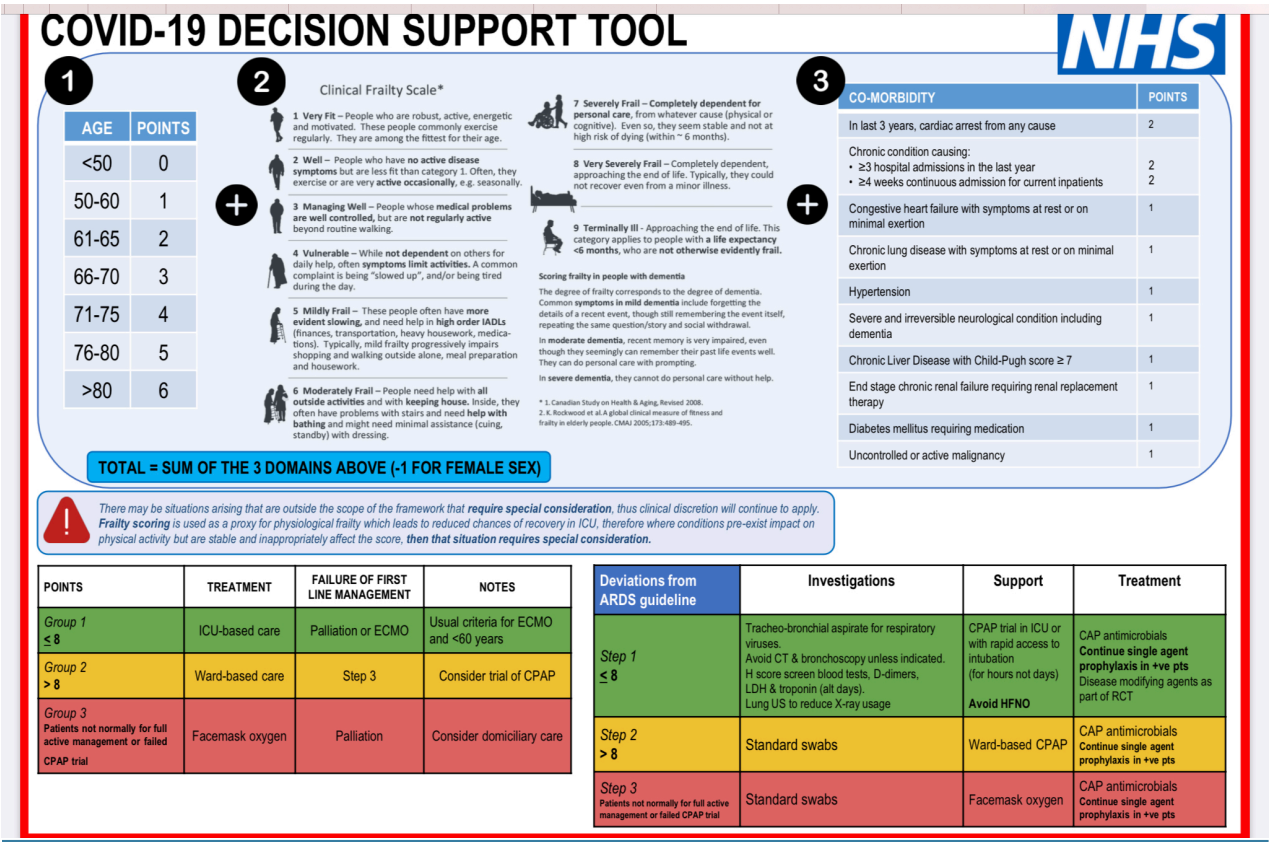
Countries with less testing capacity will be facing a greater likelihood of a second wave of the virus. With about 120,000 tests a week, the UK lags France as Europe's worst performer. Meanwhile Germany tests about 350,000 people per week, with a capacity of 700,000. Italy and Spain each test about 300,000 patients per week.

Can the over-65s trust the NHS?

Absolutely not. Last week The Financial Times published an NHS Covid-19 scoring chart to be used on this group.

Doctors coping with the coming peak of the coronavirus outbreak will have to “score” thousands of patients to decide who is suitable for intensive care treatment using a Covid-19 decision tool developed for use in the National Health Service.

With about 5,000 coronavirus cases presenting every day and some intensive care wards already approaching capacity, doctors will score patients on three metrics — their age, frailty and underlying conditions — according to a chart circulated to clinicians.



COVID-19 DECISION SUPPORT TOOL

NHS

1

AGE	POINTS
<50	0
50-60	1
61-65	2
66-70	3
71-75	4
76-80	5
>80	6

2 Clinical Frailty Scale*

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 Managing Well – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being “slowed up”, and/or being tired during the day.

5 Mildly Frail – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with **all outside activities** and with **keeping house.** Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill - Approaching the end of life. This category applies to people with **a life expectancy <6 months,** who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia,** recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia,** they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

3

CO-MORBIDITY	POINTS
In last 3 years, cardiac arrest from any cause	2
Chronic condition causing: • ≥3 hospital admissions in the last year • ≥4 weeks continuous admission for current inpatients	2 2
Congestive heart failure with symptoms at rest or on minimal exertion	1
Chronic lung disease with symptoms at rest or on minimal exertion	1
Hypertension	1
Severe and irreversible neurological condition including dementia	1
Chronic Liver Disease with Child-Pugh score ≥ 7	1
End stage chronic renal failure requiring renal replacement therapy	1
Diabetes mellitus requiring medication	1
Uncontrolled or active malignancy	1

TOTAL = SUM OF THE 3 DOMAINS ABOVE (-1 FOR FEMALE SEX)

*There may be situations arising that are outside the scope of the framework that **require special consideration**, thus clinical discretion will continue to apply. **Frailty scoring** is used as a proxy for physiological frailty which leads to reduced chances of recovery in ICU, therefore where conditions pre-exist impact on physical activity but are stable and inappropriately affect the score, **then that situation requires special consideration.***

POINTS	TREATMENT	FAILURE OF FIRST LINE MANAGEMENT	NOTES
Group 1 **≤ 8**	ICU-based care	Palliation or ECMO	Usual criteria for ECMO and <60 years
Group 2 **> 8**	Ward-based care	Step 3	Consider trial of CPAP
Group 3 **Patients not normally for full active management or failed CPAP trial**	Facemask oxygen	Palliation	Consider domiciliary care

Deviations from ARDS guideline	Investigations	Support	Treatment
Step 1 **≤ 8**	Tracheo-bronchial aspirate for respiratory viruses. Avoid CT & bronchoscopy unless indicated. H score screen blood tests, D-dimers, LDH & troponin (alt days). Lung US to reduce X-ray usage	CPAP trial in ICU or with rapid access to intubation (for hours not days) **Avoid HFNO**	CAP antimicrobials **Continue single agent prophylaxis in +ve pts** Disease modifying agents as part of RCT
Step 2 **> 8**	Standard swabs	Ward-based CPAP	CAP antimicrobials **Continue single agent prophylaxis in +ve pts**
Step 3 **Patients not normally for full active management or failed CPAP trial**	Standard swabs	Facemask oxygen	CAP antimicrobials **Continue single agent prophylaxis in +ve pts**

Patients with a combined score of more than eight points across the three categories should probably not be admitted to intensive care, according to the Covid-19 Decision Support Tool, although clinical discretion could override that decision.

This is a complete disgrace. It advised people should be abandoned on the basis of their age and the gate keepers use arbitrary and highly dubious measures which by definition can not be effectively appealed. You would probably be dead. These are discriminatory not only on the basis of age but on the ill person's sex as well. The very group in greatest need it was proposed to abandon.

Once the FT ran the piece the UK Gov backtracked using that old trick of hiding behind a quango, the National Institute for Clinical Excellence. NICE hadn't signed off the scoring tool, the Department of Health protested.

Well, if you believe that you will probably swallow anything.

And it is not even if this is the first time the NHS has played the age-discrimination trick.

In 2012 research by the Royal College of Surgeons, Age UK and MHP Health Mandate, found that surgery rates were declining sharply in older people, particularly after 70, for a number of treatments, including for breast cancer, joint replacements, prostate cancer and hernias. Elderly patients were being denied life-saving treatment purely because of their age.

In the face of this coronavirus crisis it is clear that anybody approaching or over retirement age is better off health wise in Germany, France, Holland or virtually any of the northern EU countries,

In most the local hospitals are currently relatively relaxed about their ability to cope with all the cases that look likely to present, regardless of age; so long as governments do not let that key "R" number of person to person infection creep up over 1.

Here are links to the Sunday Times investigation into the mess the Tories made of handling the first 38 days of the crisis and an interesting piece John Pilger did for Russia Today on how a 2016 report warning of the inadequacy of the NHS ability to deal with a pandemic was suppressed and its recommendations ignored.

https://tinyurl.com/yb5cb9kp

https://tinyurl.com/qrhcgn5

KEEP SAFE

TOM