

OBSERVATIONS

BODY POLITIC

The curious case of 600 extra deaths a week

Nobody knows why mortality has risen so sharply, but the NHS reforms cannot be to blame

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Here's a headline I'm astonished I haven't already read: "NHS reforms blamed for 600 extra deaths a week." That's the number of additional deaths in England and Wales that occurred in the first half of 2013 when compared with the years immediately preceding the Health and Social Care Act. Nobody knows why deaths have risen so sharply, but imperfect knowledge has seldom stood in the way of the critics of that piece of legislation.

The figures are fairly sensational, given the long experience of steadily falling mortality and rising life expectancy. Starting in 2012 and persisting into the middle of this year, deaths have been consistently higher, and by strikingly big margins, than they were in the years 2008 to 2011. Up to 65 years of age there are no changes, but in older age groups there are sharp increases, especially marked in those aged over 85. A summary of the data by Tom Hennell of the Office for National Statistics shows that mortality of women aged over 85 rose by 5% in 2012, and male mortality in the same age group rose by 3%. The first 27 weeks of 2013 show a further deterioration, though recent weeks show a return nearer to trend.

Averaged over the first 26 weeks of 2013, there have been about 10 500 deaths a week, which is roughly 600 more than would have been expected, a 5.6% increase. That's enormous. If it had happened during a flu outbreak, these tens of thousands of deaths would have been attributed to flu and the flak would be flying. But there is no epidemic, no obvious cause, and no public fuss at all. It is all very curious.

Is failure of care responsible? It can't be ruled out. NHS budgets are flat, staff are stretched, and the reforms in England and Wales were an additional burden that may have contributed to declines in care. But it would be unwise to leap to that conclusion. Professor Sheila Bird of the MRC's Biostatistics Institute at Cambridge looked at the data in Scotland and found a similar story there.

In 2012, she says, deaths across all age groups in Scotland rose by 2% compared with the average for the three preceding years—by a very small amount in men, but by 3.5% in women. As in England and Wales, the additional deaths were concentrated in the elderly or very elderly. In those aged over 85, deaths were up by 10% in men (540 additional deaths) and

by 7.6% in women (821 extra deaths). In the 75-84 year age group, an increase was recorded for women but not for men.

Scotland, of course, did not enjoy the questionable benefits of the Health and Social Care Act, but seems to have shown similar (albeit slightly smaller) rises in deaths in the elderly as England and Wales. So to attribute the rise to the effect of the reforms would be hasty. Flat budgets did apply to both countries, so "austerity" might still be blamed.

The Office for National Statistics analysis adds a little more by comparing the average for England and Wales with the Spearhead local authorities (the fifth of authorities with highest mortality and lowest life expectancy). The trends are very similar, with not much evidence that areas of higher mortality showed the greatest deterioration, which might be expected if pressure on services were the cause. There is a hint that mortality trends in women over the age of 75 may have been worse in the Spearhead areas, but it is not enough to build a theory on.

If the cause is not a decline in healthcare, what else might it be? Mortality has been falling so steadily and for so long that a reversal of the trend is a true "sit up and take notice" event. Since the 1960s, average death rates for those aged 80-99 have declined in developed countries at a rate of 1-2% a year for women and at 0.5-1% for men, and the pace of improvement has been accelerating.

Allocating the credit for this improvement has long been a source of disagreement. But one theory suggests that improved childhood health is strongly correlated with lower morbidity and mortality in adulthood. If this is true, then the increases in life expectancy among today's old people can be linked to lower incidence of childhood infections when they were young. The first 40 years of the 20th century saw childhood mortality fall by a factor of five, but most of the improvement was in place by 1940, when today's 80 year olds were children. It may be that the benefits of good child health have now all fed through into adult mortality, and we are about to see the curve of rising life expectancy flatten.

An alternative theory is that an undiscovered infectious cause is responsible, which would gain plausibility if pre-2012 trends were to resume after the infections pass. The main proponent of this theory is Dr Rod Jones, a statistician who has published

a series of papers blaming a cytomegalovirus not only for the increase in deaths but also for the periodic surges in emergency admissions and attendances at emergency departments, which are also hard to explain. He admits his claims have been ignored, and they are certainly pretty bold. The Scottish statistics show that increases in deaths from cancer, mental and behavioural disorders, diseases of the nervous system and the sense organs, and respiratory disorders accounted for much of the overall increase. An undetected infectious agent with such a broad impact seems implausible.

However, the effect is real whatever its cause. It's an interesting challenge for the public health community under its new

management, Public Health England—a true whodunnit with enormous implications for the future. I hope to see lots of speculation better informed than my own and, with luck, an explanation.

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