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ACUTE PERSPECTIVE

David Oliver: What parliament omitted from its “lessons learnt” on coronavirus

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On 12 October the parliamentary committees on health and social care and science and technology published a joint report, *Coronavirus: Lessons Learned to Date*,¹ attracting much media traffic and political comment. What the report says is excellent, sensible, and well evidenced. In well over 100 pages it covers the themes of “pandemic preparedness,” “lockdowns and social distancing,” “testing and contact tracing,” “social care,” “at-risk communities,” and “vaccines,” finishing with a series of punchy conclusions and strong recommendations.

I have no issue with what’s there, but the report glosses over some aspects or avoids them completely. First, while it acknowledges that the capacity in NHS beds, intensive care beds, staffing, and social care meant that they were already struggling and thus had little headroom when covid struck, it fails to mention that this resulted from years of cuts to local government funding, failure to provide long term social care solutions, sustained “flat funding” of the NHS over the past decade, and a lack of workforce planning and immigration policy.²⁻⁵

Second, while it recognises that more use should have been made of “boots on the ground” expertise and local knowledge of regional public health teams—with the response being too centralised—it swerves the issue of public health support grants and budgets being deliberately cut for years.⁶ It fails to emphasise that Public Health England, as an executive agency of the Department of Health and Social Care,⁷ was always accountable to the health secretary, so political distancing from blame doesn’t ring true.

Third, it acknowledges that ethnic minorities, disabled people, and vulnerable older people were hit hardest, but it ignores the finding—now in plain sight in several independent reports—that socioeconomic deprivation and inequalities put people at the highest risk. Poverty kills.^{8,9}

Fourth, while the report discusses the failure to heed lessons from pandemic preparedness reports and a reliance on scenarios based on flu rather than SARS- or MERS-type coronaviruses, it doesn’t mention other exercises specifically based on those viruses, such as Exercise Alice.¹⁰ Nor does it note that the recommendations of these reports had to be dragged from a secretive government through FOI requests and judicial reviews—the government’s excuse being that releasing them was a threat to national security.¹¹

Fifth, although the report discusses the fragmented approach to outsourced test and trace programmes and PPE supply chains, it’s silent on cronyism in

awarding key public contracts and paid roles, the huge waste and poor value for money from these contracts, and the links many companies and individuals have to the Conservative Party, despite the National Audit Office identifying these problems.¹²

Sixth, we know that frontline NHS staff had a much higher risk of infection or admission than other occupational groups and that hundreds of health and social care staff have died from covid, probably caught at work.^{13,14} Yet the failure of employers (and hence the government) to protect them, and the long term impact on their health, is barely mentioned.

Finally, while the report goes into some detail about the scientific advice from government medics and official advisory committees and the extent to which this was followed, it gives no sense of how much ministers or number 10 followed expert advice, took it into consideration, or ignored, over-ruled, or reacted late to it. Although it’s clear that politicians remain the decision makers, we don’t know what happened behind the scenes. And the prime minister gave no evidence to the joint committee.

I don’t want to see key decisions kicked into the long grass while we wait for a public inquiry, but we probably still need one to get beyond the carefully selected and curated topics in this report. Despite their current backbench roles, the chairs of these committees (Greg Clark and Jeremy Hunt) were government ministers in the years of austerity, cuts, ducked social care decisions, and failed workforce policy—and Hunt was the longest serving health secretary in history, leaving office only in 2018.¹⁵

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