Covid-19 inquiry: Experts clash with political leaders over effects of austerity

This week the UK’s covid-19 public inquiry kicked into gear, hearing evidence from high profile witnesses. Gareth Iacobucci summarises the key developments

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Experts and medical leaders have heavily criticised the former UK prime minister David Cameron and his chancellor George Osborne after they denied that the austerity programme they implemented while in government had any adverse effects on the UK’s preparedness for the covid-19 pandemic.

Between 19 and 21 June the inquiry heard evidence from Cameron and Osborne, who were prime minister and chancellor from 2010 to 2016, along with Jeremy Hunt, the current chancellor, who served as England’s health and social care secretary between 2012 and 2018, and Sally Davies, England’s chief medical officer from 2011 to 2019.

Impact of austerity

Challenged by barrister Kate Blackwell KC about pandemic preparedness under their watch and austerity’s effects on the NHS, social care, and health inequalities, Cameron and Osborne issued a staunch defence of the agenda they implemented from 2010 onwards in response to the financial crisis that began in 2008.

Asked if he agreed that austerity had left the UK with “a depleted health and social care capacity and rising inequality,” Osborne replied: “I completely reject that.”

“If we had not had a clear plan to put the public finances on a sustainable path, then Britain might have experienced a fiscal crisis, and we would not have had the fiscal space to deal with the coronavirus pandemic when it hit seven years later,” he said.

Osborne’s contention that there was “no connection whatsoever” between austerity and the effects of covid being felt more keenly by the most disadvantaged people in society was described as “staggering” by the BMA’s president, Martin McKee.

“The removal of the social safety net, the cutting and reallocating of public health budgets, the underfunding of public services—all of this had its greatest impact on the most disadvantaged,” McKee said.

“Tens of thousands of excess deaths in the poorest areas were attributed to austerity policies even before the pandemic hit, with ill health among the key causes. Austerity left the poorest exposed to the worst of this catastrophe. In the decade after 2010 life expectancy in the UK hardly improved at all, lagging ever further behind all other high income countries except the US.”

The BMA’s chair of council, Phillip Banfield, a consultant obstetrician, sounded a similar note. “I have seen at first hand the damage wrought by years of austerity and a failure to prioritise the nation’s health,” he said. “The UK was severely on the back foot when covid took hold, and this proved disastrous—for the doctors I represent and the millions who suffered at the hands of the virus.”

Michael Marmot, professor of epidemiology at University College London and director of the UCL Institute of Health Equity, whose own evidence to the inquiry on 16 June stated that the UK entered the pandemic with “public services depleted, health improvement stalled, health inequalities increased, and health among the poorest people in a state of decline,” gave a withering response to the former Tory leaders’ denials.

“David Cameron’s ignoring of the evidence in his covid inquiry testimony was irritating. George Osborne’s was worse,” Marmot said on Twitter.1

Restricted NHS funding

Cameron and Osborne also defended their funding of the NHS during the austerity period, arguing that unlike, other public services, health budgets went up in real terms.

Cameron said he did “not accept” that health budgets set by his government were inadequate or that they harmed the NHS’s ability to provide an adequate service leading up to the pandemic.

But in response online the Nuffield Trust’s Leonora Merry and Sally Gainsbury pointed out that the real terms increases in the NHS’s budget during the 2010s were effectively flat, given the rising demand.2 “Our own work, and that of many others, has indicated that austerity was a contributing factor to declining resilience in the NHS in the years leading up to the pandemic, hampering its ability to manage the shock of covid,” they wrote.

Banfield pinpointed workforce as a particularly crucial area of neglect. “This failure to ensure the NHS was properly staffed and resourced in the decade leading up to the pandemic meant that, when it did arrive, there was no capacity to meet the tsunami of demand.”

In her evidence Davies said the NHS’s system did not compare favourably internationally in terms of how resilient it was to a pandemic. “Compared with similar countries, per 100 000 population we were at the
bottom of the table on the number of doctors, number of nurses, number of beds, number of ITUs, number of respirators and ventilators,” she said.

Hunt said he recognised and agreed with Davies’s concerns and insisted he had tried to tackle them as health secretary by initiating increases in training places for doctors, nurses, and midwives and in the NHS budget. “I thought the NHS needed more capacity to increase the doctors per head to closer to western European levels. But... there was also a financial crisis, so it was going to take some time to address those issues,” he said.

“I think that we should be better at long term workforce planning,” he added.

Banfield, however, gave short shrift to Hunt’s evidence. “He blames poor workforce planning—as if he wasn’t in charge of health services for six of the last 11 years and as if he is not the one who, as chancellor, has the power to fund the comprehensive NHS workforce plan that we are still so desperately waiting for.”

Too focused on flu

In their evidence Cameron, Osborne, and Hunt all admitted that the government made a mistake in focusing on preparing for a flu pandemic at the expense of other potential threats, leaving the UK exposed and vulnerable when covid hit.

Cameron insisted that the “architecture of planning and resilience” that he set up in 2010 to look at, judge, and plan for risks was robust exposed and vulnerable when covid hit.

Hunt concurred, echoing comments he made in a 2021 interview with The BMJ, in which he acknowledged there was “groupthink” in the UK’s pandemic planning that meant that areas such as quarantining, community testing and contact tracing, and stockpiling personal protective equipment and ventilators were neglected.

“We hadn’t given nearly enough thought to other types of pandemic that might emerge and that was, with the benefit of hindsight, a wholly mistaken assumption,” Hunt told the inquiry.

For example, Hunt said that during October 2016’s Exercise Cygnus—a cross government simulation to test the UK’s response to a serious flu pandemic—there was no reference to testing or quarantining because with flu there was no asymptomatic period.

“Those are not things that we put any energy into,” Hunt admitted.

Hunt said that, before covid, “there was a sense that, with perhaps the exception of the United States, there wasn’t an enormous amount we could learn from other countries... I don’t think people were really registering particularly Korea as a place that we could learn from.” He said it was “very notable” that South Korea, which had the experience of dealing with the MERS and SARS outbreaks, avoided a lockdown in the first year of the pandemic, because of its strategy of wide scale testing and quarantining.

Davies agreed that the UK and other rich countries were too focused on flu. “Clearly, we could have done more thinking. The system, which included me, needed more challenge,” she said.

During her evidence Davies also admitted that “no one thought about lockdown” during the planning process for future pandemics and that the UK should have balanced biomedical advice more with other factors such as education, the economy, and social cohesion.

“I don’t think we as a nation considered those issues effectively,” she said. “The damage I now see to children and students from covid and the educational impact tells me that education has a terrific amount of work to do. We have damaged a generation, and it is awful.”

4 Iacobucci G. Jeremy Hunt: I was too slow to boost the NHS workforce—the government must, and can, act now. BMJ 2021;372: doi: 10.1136/bmj.n335 pmid: 33568341