Care homes in England had greatest increase in excess deaths at height of the COVID-19 pandemic

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Care homes in England experienced the highest increase in excess deaths at the height of the COVID-19 pandemic compared to those in the rest of the UK, according to new research.

A study—co-ordinated from the University of Stirling’s Management School—found that care homes in England recorded a 79 percent increase in excess deaths, compared to 66 percent in Wales, 62 percent in Scotland and 46 percent in Northern Ireland.

Professor David Bell is lead author of the research, which analyzed excess deaths in care homes—those above the five-year average—in each country. The findings form part of a larger study offering crucial insights into the impact of the COVID-19 pandemic on the UK’s care sector.

Professor Bell said: "Given the variation in testing and death registration practices across the UK, it will never be possible to unequivocally assign care home deaths during the pandemic to COVID-19 or other causes. Therefore, measuring excess deaths presents the most reliable approach by which to assess the relative failure or success in handling the pandemic in care homes. Based on that internationally recognized approach, Scotland, Wales, and particularly England appear to have performed poorly."

Of all deaths registered as COVID-19 related in the UK, 17,127 (31%) occurred within care homes and at least 21,775 (40%) were accounted for by care home residents.

In Scotland, 47 percent of deaths attributed to COVID-19 occurred in care homes. This compares with 42 percent in Northern Ireland, 30 percent in England and 28 percent in Wales.

While Scotland had the highest proportion of care homes affected by COVID-19 and the highest proportion of care home deaths attributed to the virus, it had a lower proportion of excess deaths in these facilities compared to England and Wales.

Northern Ireland had both the lowest share of care homes infected and the lowest level of excess deaths in care homes. This may reflect differences in testing practices and death registrations across the nations, the experts said.

The research team analyzed comparable datasets on deaths in care homes for each of the UK nations, and on the number and share of care homes where an infection took place.

Gaps

The study revealed significant gaps in the availability of data, including a lack of accurate and timely information on the transfers of patients from hospital and into care homes, and reliable data on...
the testing of residents and staff. It also identified an "erratic" testing strategy, constrained by the availability of tests.

England is the only UK nation that has released COVID-19 mortality data on those receiving care at home.

Co-author Elizabeth Lemmon, from the University of Edinburgh, said: "The COVID-19 pandemic has brought to the fore the urgency of appropriately funding long-term care. This includes the need to develop robust data collection and infrastructure that will allow us to understand and meet the needs of those individuals receiving care across the UK, not only during a pandemic. A crucial next stage for the analysis of the impact of COVID-19 in care homes will be to understand how the virus got into care homes in the first place. This will be very difficult with currently available data. There is also a huge gap in our understanding on how the pandemic has impacted those receiving social care in their own homes—this needs to be addressed."

**Deficiencies**

Co-author Dr. Dermot O'Reilly, of the Center for Public Health, Queen's University Belfast, added: "The production of this report was significantly hampered by the dearth of accessible and timely data about those in contact with social services. This is in stark contrast to the quality and availability of data relating to patients within the health system. These deficiencies, although acknowledged in previous government reports, have been dramatically highlighted during the recent COVID-19 pandemic. There is an urgent need to improve the quality of social services statistics to better understand the lived experience of the most vulnerable members of society."

The analysis covers the period from the registration of the first COVID-19-related death, in the week ending 13 March, until the week ending 26 June.


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