

Coronavirus Update in Oxfordshire

As of 14 April, 67 had died of the virus in OUH, with 857 admitted to hospital. We don't know how many cases or deaths there are in care homes or how many cases there are in the county. We only know there will be more.

Two porters in the John Radcliffe have died. Questions have been asked about the level of protective equipment (PPE) given to staff.

We know that Wantage Hospital is not expected to reopen to help the bed situation despite local campaigners' request to Oxford Health (*Oxford Mail*, 9 April). Why?? When the JR is at serious risk of predicted overflow?

At the time of writing, it is predicted that the UK will be the worst affected country in Europe. Why?



Government response to Covid-19

– behind the headlines

The government have known since 2016 that we were shockingly unprepared for a pandemic. But they ignored the warning that was repeated in 2017: the Civil Emergencies Risk Register predicted between 20K and 750k fatalities in a pandemic should it hit us, and the government ignored a warning that they should lay in emergency protective equipment. In 2018 the government were again warned of the lack of resources. With this in mind, why did

they not respond more quickly to the unfolding pandemic in China? Instead of dragging their heels through January and February, right the way until 23 March? It may have been the general single focus of this government, which has continued unperturbed with its planning for leaving Europe [at the expense of any other business](#). Or it may have been their [fanatical drive to shrink the state](#) overrode any other consideration until they were overwhelmed with the hard reality that is Covid-19.

Whatever the reason, the government have attempted to show concern and action to combat the virus from 23 March. They use war metaphors to show their concern and attempt to show the scientific basis for their interventions by appearing daily with scientific and medical advisers on news programmes. But it's worth examining what they have actually done.



The lockdown has conveniently set up the public to be the enemy – if they flout the guidance to ‘stay home’ and ‘keep their distance’, they are public enemy number one. The new draconian laws of enforcement have worrying elements that campaigners will need to get repealed come the end of the present dangers.

The government still hasn't provided adequate PPE, adequate testing kits for tracing, adequate tracing mechanisms. This ought to make the government public enemy no one, not members of the public.

Why have they been so slow? Compared to China? Despite having a National Health Service? The answer lies in successive governments' approach to the NHS over the last 30 years: run it down, starve it of cash, break it up, destroy the old command and control networks between state run hospitals where the responsibility for the NHS could be traced straight back to the Minister of Health.

That had been crumbling before 2012, and was swept away in that 2012 Act. So now, despite the war footing language, the government has countless layers of bureaucracy to fight through to get PPE, staff, ventilators, necessary chemicals, and increased numbers of beds in place. The staffing levels, equipment and beds had already been run down to a dangerously low level, where hospitals were having to run at over 100 per cent occupancy on less staff than required, with long waiting lists and ambulance queues at A&E. Every hospital has a finance department well versed in saying no. And NHS England procures for the nation from outside agencies across the world that obey the laws of the market.

To nationalise the whole health system, to requisition factories to make PPE and ventilators from existing items of kit (in Oxfordshire, a group of medics showed in early March how this could be done) was the obvious solution for a government that truly put the safety of its population above everything.

Instead, private firms are being asked to come up with PPE, ventilators, and testing kits. Private hospitals are being requisitioned (thus keeping them in business). Private firms are being asked to do testing and set up hospitals in stadiums. Nurses and doctors are to be applauded once a week but still not given adequate time to rest or adequate protection. As in some real wars, heroes are praised but denied essential equipment.

PFI debts are still to be honoured – shareholders over patient need. The generous cancelling of NHS Trust loans, all 13.4 billion, can be done with a stroke of a pen since they were a paper exercise anyway. And there is no sign that the fractured infrastructure of health and social care and its deliberate starvation of funds is to be tackled, to bring all our health services together, including so-called ‘social care’ which supports our chronically ill.

So what can we do?

Call out the government as the real enemy number one. Call on them now to repeal the 2012 Health and Social Care Act and nationalise all hospitals and community services again, this time including primary care. They can nationalise parts of the train service, why not health?

Keep up the pressure for testing, tracing, providing PPE for all staff, including firefighters, postmen and women, rubbish collectors. Put pressure on members of parliament, on NHS managers, on councils

Many (early on, most) doctors, nurses, and other carers reported to have died of Covid-19 are black and minority ethnic. Urgent action must be taken to end such inequalities, which reflect wider inequalities in society.

People the government currently praises as ‘key workers’, including in the NHS, will be excluded, under the Immigration Bill introduced in March, from applying for UK visas. Those provisions must be scrapped.

Read: Allyson Pollock, [Why is the UK Government ignoring WHO’s advice?](#), *British Medical Journal*, 30 March 2020