**[Inquiry into excess deaths in Scotland since the start of the pandemic](https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-covid19-recovery-committee/business-items/excess-deaths-in-scotland-since-the-start-of-the-pandemic-inquiry)**

COVID-19 Recovery Committee

January 2022

**Age Scotland and About Dementia’s joint submission to the COVID-19 Recovery Committee’s call for views to inform its inquiry into the cause of excess deaths in Scotland since the start of the pandemic.**

We welcome the opportunity to respond to the Committee’s investigation into excess deaths in Scotland. At the time of writing, recorded deaths in Scotland have been above average in each of the last 30 weeks.[[1]](#footnote-2) Scotland’s ageing population will, on average, be spending a greater proportion of their life in poor health. We believe there is a risk that future excess death rates could remain high if the backlog in those waiting for social and health care is not cleared.

COVID-19 has had a devastating impact on the health and wellbeing of older people in Scotland – with 87% of deaths to date being among those over the age of 65.[[2]](#footnote-3) It has also indirectly impacted on older people in a variety of ways, including its negative impact on mental health, wider physical health, and access to services. It is likely that COVID-19 has also contributed to an increased number of non-virus-related excess deaths being recorded since the start of the pandemic. Significantly, there was a sharp increase in early excess deaths recorded in April to June 2020 from dementia, diabetes and other causes which coincided with the first national lockdown period. Dementia deaths during this time were 24.5% higher than the five-year average and diabetes deaths increased by 26.2%. We are concerned that the removal of social care packages in March and April 2020 and resulting difficulties in accessing support may have contributed to these excess deaths.

The impact of the pandemic has been unequal, and its direct and indirect impacts have been felt with different levels of severity across society. In 2020, people living in the most deprived areas of the country were 2.4 times as likely to die from the virus as those in the least deprived areas.[[3]](#footnote-4) This may partly be due to underlying health issues such as diabetes, obesity and lung disease being more common in more deprived areas, and the same research showed that the death rate for all causes was 1.9 times higher in the most deprived areas compared to the least deprived ones. With the gap in 2017-19 based healthy life expectancy figures for men and women in the most and least deprived areas at 25.1 years and 21.5 years respectively, it is clear that much more needs to be done to address inequalities in society which have been exacerbated by the pandemic as we continue to respond to and recover from it.[[4]](#footnote-5)

1. **Has the public health emergency shifted from COVID-19 deaths to deaths from non-COVID-19 conditions?**

While there has been a reduction in the number of COVID-19 deaths since the roll-out of the vaccination programme, cases are rising again due to the rapid spread of the Omicron variant. It is therefore difficult to judge if the public health emergency brought about by COVID-19 is ending. However, in addition to COVID-19 deaths, the indirect impacts of the virus have had a cumulative effect on non-COVID-19 related deaths and excess deaths. We would argue we are experiencing a concurrent public health emergency related to non-COVID deaths which is likely to intensify over the coming months.

1. **Is there evidence that patients are now presenting in a more acute condition?**

It is possible that barriers in accessing healthcare over the course of the pandemic may have worsened health outcomes. More than half of respondents to a survey carried out by the Scottish Older People’s Assembly reported their ability to access GP and dental services was negatively impacted by the pandemic.[[5]](#footnote-6) 17% of those surveyed had accessed private health or dental care due to the inability to access NHS services. Age Scotland’s own engagement has found that people’s experiences of accessing GP practices has been mixed, with one participant in a focus group we facilitated about falls treatment pathways describing their local GP as “pulling up the drawbridge” since the start of the pandemic.[[6]](#footnote-7) While there have been positive advances in Near Me and other digital treatment options since March 2020, there is an ongoing need to ensure that patients can access face-to-face services if this is their preferred option. Virtual and telephone consultations are convenient for many, but for those who can’t get online or who find it difficult to explain their health needs using these platforms, in person options must be available.

During the first lockdown, the number of people seeking medical treatment fell sharply, and although the NHS is Open campaign was launched in late April 2020, we believe many people continued to be reluctant about using healthcare services. Even more recently, YouGov polling suggests that 25% of people would avoid contacting a GP practice for immediate non-COVID-19 health concerns now.[[7]](#footnote-8) It is possible that this reluctance to seek medical treatment combined with difficulties in accessing healthcare may have led to delayed diagnosis for some patients and could have contributed to excess death levels since March 2020.

Over the course of the pandemic, many “non-essential” NHS services have been paused or cancelled. We are concerned about the long-term consequences of this on older people’s health. Even before the Omicron variant caused a fresh wave of cancellations, we warned that the backlog of operations and treatments accrued since the start of the pandemic would take years to clear. Increasingly, delays and cancellations are creating a two-tier health system where the people who can afford to will pay for private healthcare while others who cannot have to wait. While such elective treatments are classed as being of a lower clinical priority, they can be transformative for patients and relieve pressure in other areas of the health and care system. We are also concerned about the impact of the pandemic on screening services, including the pause on breast screening for women over 70, and the resultant impact on waiting times for treatment courses to start may have contributed to excess deaths.

1. **What accounts for the deaths from non-COVID-19 conditions?**

National Records of Scotland statistics on winter mortality during 2020-21 show there were 4,330 additional deaths recorded, which was the second highest seasonal increase in mortality for 20 years.[[8]](#footnote-9) COVID-19 was the underlying cause of 2,850 of these additional deaths and the causes with the next largest seasonal increases were dementia and Alzheimer’s disease and coronary heart disease – both with 210 additional deaths. It is concerning that in the reporting period, for people aged 85 and over there were 13 additional deaths per 1,000 population, compared to fewer than 1 per 1,000 for under 65s.

More recently, deaths registered in the week to 10 October 2021 were 30% higher than the pre-pandemic average (equivalent to 315 more deaths than the average for the same week in 2015-19). This also represented the highest rate of excess deaths recorded since the first week of January 2021.

It is possible that some non-COVID excess deaths could be explained by an undiagnosed COVID-19 infection, particularly during the earlier stages of the pandemic when testing was not as accessible. However, it is likely that at least some of the excess deaths since March 2020 have been due to reduced use of health services and public health restrictions in place.

People with long term physical and mental health conditions have been especially impacted by restrictions on social contact and changes to support services. Service disruption over the course of the pandemic may have led to a deterioration in their existing health conditions and future health outcomes.

We are particularly concerned that the removal of social care packages, initially in March and April 2020, and issues with accessing care in communities may be responsible for some of the excess deaths in Scotland in the early months of the pandemic. The slow resumption of social care packages since then, especially where levels of support are lower than the individual’s needs assessment originally determined, will also have had a negative impact on health outcomes.

In September 2020, Age Scotland wrote to the then Cabinet Secretary for Health and Sport, Jeanne Freeman MSP, and Chief Medical Officer, Dr Gregor Smith, expressing concern at the excess death figures for April to June 2020 which showed a steep rise in excess deaths from dementia, diabetes, and other causes during the peak months of the first national lockdown period. The number of deaths from dementia were a quarter higher (24.5%) in this period compared to the five-year average, and deaths from diabetes rose by 26.2%. Deaths from diseases of the genitourinary system rose by 22.5%, Cerebrovascular deaths increased 5.3% and cancer deaths by 1.5%.

Age Scotland sought the Scottish Government’s analysis of these figures and asked whether they knew of the full extent of where social care packages had been removed or reduced and how this correlated with deaths between April and June 2020. In their November 2020 response, the Minister for Mental Health at the time, Clare Haughey MSP, stated that the Scottish Government’s “Dementia Transition and Resilience Plan”, which was being created, aimed to understand the relationship between COVID-19 and dementia.

This plan was renamed “Dementia and Covid-19 – National Action Plan To Continue To Support Recovery For People With Dementia And Their Carers” andpublished in December 2020. Commitment 15 was for research to be commissioned and published *“*to help inform and enhance clinical and other professional responses to people with dementia who contract COVID-19 in the vaccination and recovery phase*”.* The intention of the research was to understand not only if there was a relationship between COVID-19 and dementia, as per the Minister’s response to Age Scotland, but also to explore contemporary health outcomes among those with dementia across all care settings. More than a year later, this work is yet to be completed, or indeed demonstrate evidence of any progress. With a subsequent national lockdown, restrictions, and extraordinary pressures on social and health care since, its findings could have been helpful.

1. **Is there enough of a strategic focus on the indirect health impacts of the pandemic?**

While dealing with the direct impacts of COVID-19 on health has understandably underlined the Scottish Government’s response to the pandemic, consideration of the wide range of indirect health impacts of lockdowns and public health restrictions should be given more focus. Indirect harms associated with the virus – such as a reduction in physical exercise – may also lead to excess deaths in the medium and long term and will be felt across society for many years to come.

Unsurprisingly, levels of loneliness have risen during the pandemic, with 53% of respondents to Age Scotland’s Big Survey reporting that they felt lonelier and 10% saying they feel lonely all or most of the time.[[9]](#footnote-10) Chronic loneliness can significantly increase an older person’s risk of heart disease, dementia, strokes and can lead to depression. Although the scale of mental health problems experienced by older people is often under-reported due to stigma and not knowing where to access support, one third of respondents to the Big Survey said their mental health had deteriorated over the last five years and 25% of respondents cited difficulties with their own mental health or that of someone else in their household as an issue they experienced during the pandemic. It is likely that the pandemic will have a long-term impact on older people’s confidence, mental health, and wellbeing due to the sustained period of time where interaction with others has been limited.

Many older people have also experienced physical deconditioning since March 2020 due to being less active in light of public health restrictions. 64% of respondents to the Big Survey stated they had been less active since the start of the pandemic and around half were worried they had lost strength and mobility due to spending more time at home. Physical deconditioning can lead to loss of muscle strength, reduction in balance and reduced overall mobility. It can manifest in immediate difficulty in daily living and lead to increased risk of falls, a loss of independence, and increased likelihood of requiring social care support.

Those living in care homes have been greatly impacted by the pandemic. It is welcome that the COVID-19 public inquiry will cover care homes and consider the transfer of residents, visiting restrictions, and infection prevention and control, as well as how Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions had been used. Restrictions on visiting have resulted in increased levels of loneliness and there has been a noticeable deterioration in the health of individuals such as those living with dementia. It is positive that the vital role played by family and friends in care home residents’ health, wellbeing and quality of life is being recognised via proposals to enact Anne’s Law. We would also highlight that in addition to deaths from COVID-19 in care homes, there are concerns that care homes globally have seen a rise in non-COVID related excess deaths, mainly linked to neglect and loneliness, and we would welcome the Committee’s consideration of this.[[10]](#footnote-11)

Since March 2020, many people living with dementia have experienced a deterioration in their conditions. This may be because they have been unable to access community-based care including day centres, meeting centres, and peer-support groups, which may have had to close due to the virus. About Dementia are aware of numerous cases where Post-diagnostic Support has not been delivered within the 12-month target for newly diagnosed people. Home-based care has also been affected by pandemic pressures, with many care packages being reduced or even removed altogether. During various engagement events, the About Dementia team have heard that people living with advanced dementia continue to feel the effects of the pandemic, even as lockdowns and more intense restrictions subsided.

The pandemic has also increased the pressure being faced by unpaid carers, many of whom started caring because of COVID-19 and the pressures it placed on other parts of the health and care service. With less support available to them, and a lack of time to look after their own health, unpaid carers face the impact of physical and mental health challenges going untreated or undiagnosed for longer periods of time.

The pressures on our health and care services are clear, and it has been reported in recent months that several local authorities and Health and Social Care Partnerships have asked family and friends to help with care or told service users their support levels might be cut. Delayed discharges have also climbed to pre-pandemic levels as people await social care packages or a place in a care home.

1. **What are the realistic options open to the government in addressing the indirect health impact of the virus in winter 2021/22?**

The Scottish Government should embed a human rights-focused approach, which is person-centred and considers intersectionality, in all aspects of its response to the virus and its indirect health impact.

Boosting capacity and resilience in health and social care services must be a priority in order to improve health outcomes and tackle waiting lists and backlogs. Many of the pressures faced by the system stem from staffing and recruitment issues which are being exacerbated by the Omicron variant. With regards to the social care in particular, staff shortages were already an issue before the pandemic and have only grown due to the sustained pressure faced by the sector. Even with the hourly pay increase announced for social care workers in the Government’s £300m Winter Support Plan, the sector is struggling to recruit staff and dealing with absences due to COVID, self-isolation and other sickness. There were also reports that due to funding delays, some care workers would not receive the pay increase before the end of 2021. More must be done to urgently embed Fair Work within the social care sector, which will help to improve working conditions, recruitment, and retention of staff.

The Scottish Government can improve support for those living with dementia, for example, by investing in dementia support and day care services to ensure they have all the resources required to re-open, after being closed or only opening sporadically for such a long period of time, as they support people living with dementia and their unpaid carers to live well. If we are to see improvement within dementia care and within health and social care services in general, there needs to be a focus maintained on early, preventative support.

With our NHS and social care services under unprecedented strain, keeping people out of hospital by preventing illnesses should be a focus of the Scottish Government this winter.

The cold winter weather can have a significant impact on someone’s health and preventing them getting ill in the first place by ensuring that they are living in a warm home is key. Targeted extra financial support for those who are least able to afford the increasing costs of household energy, and to heat their homes to a safe level in the first place, live in the poorest health and face barriers to claiming what is available to them would be vital this winter.

As domestic energy prices, cost of living, and inflation (surging in October to the highest rate in almost 10 years at 4.2%) have risen considerably in recent months, pensioners on low and fixed incomes face a particularly challenging winter period. Ensuring that they have enough money to meet the increasing cost of heating their homes to a safe level will mean that illnesses linked to the cold such as pneumonia, influenza, stroke and heart attack could be avoided.

Age Scotland wrote to the First Minister in November 2021 calling for the Scottish Government to issue a one-off payment of £50 to pensioners who receive Council Tax Reduction linked to Pension Credit (identifiable pensioners on the lowest incomes). This would give older people on low and fixed incomes reassurance that they can use their heating without having to worry about the extra cost and reduce demand on our NHS and social care services by helping to avoid the need for hospital admission for conditions linked to the cold.

This measure is backed by Citizens Advice Scotland, Energy Action Scotland, the Stroke Association, Chest, Heart and Stroke Scotland, The Scottish Older People’s Assembly, and the Scottish Pensioners Forum.

We estimate the measure would cost £6.65m, but if it prevents just 831 people from being admitted to hospital it will have paid for itself.

In 2017/18, 108,822 people were admitted to hospital in Scotland with diseases of the respiratory system. On average, it costs more than £8,000 to treat a patient in hospital when admitted in an emergency. This is based on 2017/18 figures for the average stay for emergency admissions of 6.8 days and the 2017/18 average daily cost of hospital services and treatment at £1,190. It does not include the extra costs which might be incurred by health and social care after discharge to support the patient with their recovery.

Preventatively spending £50 to mitigate against the 12% average rise in energy costs for those on the lowest incomes, and likely in the poorest health, could save the NHS millions of pounds and reduce admissions this winter.

**Want to find out more?**

As Scotland’s national charity supporting people over the age of 50, Age Scotland works to improve older people’s lives and promote their rights and interests. We aim to help people love later life, whatever their circumstances. We want Scotland to be the best place in the world to grow older.

Our Policy, Communications and Campaigns team research, analyse and comment on a wide range of public policy issues affecting older people in Scotland.

Our work is guided by the views and needs of older people themselves.

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1. <https://data.gov.scot/coronavirus-covid-19/detail.html#excess_deaths> [↑](#footnote-ref-2)
2. <https://www.nrscotland.gov.uk/covid19stats> calculated as of week 50 [↑](#footnote-ref-3)
3. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/stats-at-a-glance/registrar-generals-annual-review/2020> [↑](#footnote-ref-4)
4. <https://www.nrscotland.gov.uk/news/2021/healthy-life-expectancy-decreases> [↑](#footnote-ref-5)
5. <https://s3-eu-west-1.amazonaws.com/s3.spanglefish.com/s/31982/documents/consultation-events/final-survey-report-v2.1.pdf> [↑](#footnote-ref-6)
6. <https://www.ageuk.org.uk/globalassets/age-scotland/documents/policy-and-research/age-scotland---falls-treatment-pathways-report.pdf> [↑](#footnote-ref-7)
7. <https://data.gov.scot/coronavirus-covid-19/detail.html#people_avoiding_contacting_gps> [↑](#footnote-ref-8)
8. <https://www.nrscotland.gov.uk/news/2021/covid-19-drives-increase-in-winter-deaths> [↑](#footnote-ref-9)
9. <https://www.ageuk.org.uk/scotland/our-impact/policy-and-research/political-briefings/big-survey/> [↑](#footnote-ref-10)
10. <https://www.express.co.uk/news/uk/1538335/Care-home-resident-non-covid-deaths-urgent-inquiry> [↑](#footnote-ref-11)