

Professor Sir IAN DIAMOND

THE ANDREW MARR SHOW

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National Statistician, Chief Executive of UK Statistics Authority

*(Rough transcript, check against delivery)*

AM: Sir Ian Diamond is the UK's national statistician, the head of the Office of National Statistics, the government are waiting for his latest figures before they finalise details of the first phase of the unlocking to announced next week. He's running a massive study with up to 300,000 people to see just how far the virus has really spread in the UK, and I spoke to him just before we came on air. I asked him, to begin with, what he thinks the true number of people who have died because of Covid19 in the UK is right now.

ID: Well, I think the numbers on the podium yesterday were 28,131. I think that's a good starting point, because I think Public Health England have done a very good job recently to bring in care home deaths. But let's remember, those are only the deaths where there's been a positive test that has shown Covid19. I think we need to add to that a number that we will find as we get registrations where the medical practitioner, without a test, has placed Covid19 on the death certificate. And I suggest that that will push us towards 30,000. But I think we also need to remember that at the moment we are seeing the highest number of deaths each week that we at the Office of National Statistics have recorded since weekly records started in 1993. And I think, just before I comment, I think it's worth saying that each one of these deaths represents a family grief, friends being really upset, and we always remember that at the Office of National Statistics. But when we see these very, very high levels of deaths, not all of them are the result of Covid19. Last week we had records for the excess was approaching 12,000 deaths of which, I would suggest, between eight and nine thousand were Covid, and then the rest were what we call indirect deaths. Those could be, for example,

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people who would normally have gone into hospital for some reason but the beds were not available. To give you an example, in my late mother's last couple of years of her life she went into hospital and back out again a few times. Had she not been able to go in one of those times she may well have died a little earlier than she did. And so I think it's important to recognise that there are indirect deaths as well as the Covid-related deaths. We have a piece from the Office of National Statistics that we've done jointly with the government actuaries department, the Home Office and Department of Health, coming out in the next few days which will show also a third group, which will come out over the next few years, where changes in the prioritisation of the health service, for examples, reductions in cancer screening, will lead to deaths over the next few years. And the final thing I would just like to say, Andrew, is that if we have a lengthy and deep recession, then we know that that can lead to increased deaths as people are pushed into lengthy periods of unemployment. So the actual, if you like, the headline numbers that I started with need to be adjusted and added to by those indirect deaths.

AM: And so looking again for a total, perhaps something like north of 30,000 is what you seem to be implying. And can I add to that this excess deaths measurement? The Financial Times, Chris Giles, has done an assessment and he says he thinks about 60 per cent more than the hospital deaths that are being announced is the kind of figure we should be looking at.

ID: Well, Chris Giles is a very good statistical journalist. I'm not going to go to 60 per cent, because I think - you know, what he's projecting there - and it's very, very difficult to do that - but absolutely certainly the indirect deaths that come on top of the actual Covid19 deaths are not insignificant.

AM: It sounds to me as if what you're saying, that we may be heading indeed for the worst death toll in Europe at the moment.

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ID: I wouldn't say that at all. And I would say that making international comparisons, Andrew, is an unbelievably difficult thing to do. We, in this country, have in my opinion – and let me be clear, I would say this wouldn't it – but I think we have the best reporting, most transparent reporting and the most timely reporting, because we include death registrations and we've been pushing our death registration reporting as fast as we possibly can. And then even after you look at the actual deaths, it's incredibly important to recognise the context. So deaths are going to be more concentrated, as I've already indicated, in inner cities. If you have a rural country, then it's likely that your death rates will be lower. I'm not saying that we're at the bottom of the league, potential league tables; it's almost impossible to calculate a league table, but I'm not prepared to say that we're heading for the top.

AM: And can I be clear, does this mean that we will never, ever know?

ID: Well, we'll certainly be able to give you some very, very accurate data around, obviously Covid19, we will be able to make some pretty accurate estimates in the short to medium term around many of those excess deaths. But as I said, the estimation of the deaths that might come if there were – and let me be clear, so much is being done to avoid a lengthy recession, but if there were to be a lengthy recession it would be very, very difficult to get an absolutely accurate count there.

AM: Can I ask you about this very important R number, which is the rate of reproduction of the disease, the rate of spreading of the disease, and if it's under one that's a good thing and if it's above one that's a very bad thing. What is your current estimate of the R number?

ID: Well, I'm very clear that it's under one. From the estimates that one can make. And we're doing everything we can to support the really excellent and high level modelling that is being done by

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colleagues right across the country, who are making some of those estimates.

AM: Now, the ONS is carrying out this big national survey, what do you think it's going to tell us?

ID: Well, we are through the initial peak, I'm really clear in my mind about that. What we now need to do over the next year or so – or until we have a vaccine or a really good treatment – what we now need to do is we need to monitor the course of the epidemic to understand the proportion of people at any time who are carrying the virus and also the proportion of people who have antibodies against the virus. And that's why we have worked with colleagues at the University of Oxford, Wellcome Trust, to be able to design a really good national survey which will enable us to understand both those things.

AM: Does it give you any indication yet at all of how many people have had Covid19 in Britain?

ID: It's too early, Andrew. I'd be delighted to come back a few weeks' time and give you an authoritative answer to that. Surveys like this typically take months to put into place, and we've managed to put this in the field in ten days. And we're just starting to get some initial results, but it's too early to be able to give you an estimate of R, or indeed an estimate of prevalence.

AM: Now, you said the peak we've passed in the country – I don't know whether you've got any indication of when we passed the peak, but I wonder why you think care homes are still such a problem.

ID: Well, I think care homes represent a real challenge, and of course some of the reasons for that is we know that here are a group of people often with co-morbidities, often very old. So we have been working hard with our colleagues in Public Health England to design some studies properly to look at that, and I'm

hoping that we'll be going into the field in the next very short while with that.

AM: This week the ONS published data on the larger proportion of poorer people who are dying of Covid19, and I wondered what your thoughts on them – there's lots and lots of reasons why this might be happening, but what are your indications as to why? Is it to do with kind of density of population, or obesity, or co-morbidities or what?

ID: Well, I'd certainly say it's likely to do with density of population. It is likely also to be with co-morbidities, also people in poorer areas are probably going to be in jobs which make them less likely to be able to work from home. So they may be more exposed. And of course inner cities are the most risky places. But I have to say, having said that, these numbers are stark, but we've known for a very, very long time that ill health and mortality has a gradient towards the poorest and most disadvantaged members of our society. And it is sad that that is shown clearly also with regard to Covid19.

AM: I suppose there's an allied question about so-called BAME or ethnic minority deaths. Now, I know the ONS doesn't track ethnicity and I wonder whether you're going to do that, and what your thoughts are about the higher number of BAME people who are dying of this.

ID: I think it's very clear that a higher number of BAME people are dying, and we, in our next study – it will come out, I hope, later this week – are looking at that issue. And I think it's important to recognise that what we try to is look at it at the same time as occupation, so that we are able to really understand the link between occupation and Covid and also between BAME and Covid. And we'll be doing that this week. I think it's something that we need to look at and we are looking at incredibly carefully.

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AM: Finally, if I may, everybody's now starting to think about the timing and the how of the ending of the lockdown. And I wonder whether you've picked up anything about people's anxieties about going back to work, anxieties about the end of the lockdown that might have some influence on how ministers will eventually decide to do this?

ID: Well, our job is to inform government with risk data, and one of the things we have done is that we have been doing a weekly survey of people's attitudes to, and indeed adherence to, the lockdown. And the results show, yes, people, very large numbers of people, over 80 per cent are reporting that they are concerned still, that they are worried about not being able to make plans, and that they are worried about the future. On the other hand, we're seeing a reduction in them being concerned about things like being able to get staples and being able to get food and other goods. And we are finding those people who are home schooling are feeling able to do that. So we are informing government both that that the adherence to the lockdown – I think it has been very successful – has been very, very good. And we're giving all the information we can about what people are feeling about that lockdown. At the end of the day ministers have a very difficult decision to make.

AM: They do. Thank you very much indeed for talking to us, Sir Ian, much appreciated and absolutely fascinating. Thanks.

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