

## SESSION FOUR OF THE ALL PARTY PARLIAMENTARY GROUP

### Pandemic Response and Recovery

Monday 28 March 2022, 5.30-6.30pm, Portcullis House and by Zoom

#### MINUTES

**In Attendance:** Graham Stringer MP (Chair), Steve Baker MP, Chris Green MP, Sir Christopher Chope MP, Sammy Wilson MP, Greg Smith MP, Baroness Morrissey.

**Guest speakers:** Professor Mark Woolhouse, Professor Philip Thomas, Luke Johnson, Nick Stokes.

**Non-voting attendees:** Jemma Moran (Secretariat), Rachel Marcus (Secretariat), Drusilla Summers.

**Apologies:** Rt Hon Esther McVey MP, Sir Graham Brady MP, Miriam Cates MP, Emma Lewell-Buck MP, Dawn Butler MP, Andrew Rosindell MP, Sir Charles Walker MP, Ian Paisley MP, Paul Girvan MP, Lord Moonie, Baroness Noakes, Philip Davies MP, Lord Robathan, The Earl of Leicester, Baroness Fox of Buckley, Baroness Foster of Oxtun, Henry Smith MP, Lord Moylan.

1. The Chair welcomed the APPG members to the fourth session to discuss lockdown as a public health measure.
2. The Chair introduced the four speakers and the Group heard evidence from each:
  - **Professor Mark Woolhouse** Professor of Infectious Disease Epidemiology at the University of Edinburgh, member of the Scientific Pandemic Influenza Group on Modelling (SPI-M) and author of *The Year The World Went Mad* started by asking was it really true that any other approach than lockdown would have led to an even greater death toll? Many were already taking steps ahead of the government announcements and harms to society were not properly considered. Key points included that we did too much too late, a less stringent alternative was needed and earlier action could have been less drastic, more than half the people that died of Covid-19 during the first UK wave got infected during lockdown, and a middle way was needed to suppress the virus sooner and protect the vulnerable which would have saved more lives and avoided lockdown. He concluded that the debate became ideological and protecting the vulnerable was somehow unethical. Lockdowns were a failure of public health policy, they are what you do when you fail to control the virus in other sustainable ways. Avoiding them should have been a policy objective.
  - **Professor Philip Thomas** visiting academic Professor of Risk Management at Bristol University spoke about the J-Value and how it measures the objective balance between how much to spend on safety, the extension of life that health & safety measures bring about and life expectancy, in the context of Covid-19. Using the J-Value and an average life expectancy of 42, Prof Thomas explained how the net cost of the lockdowns to the UK has been 200,000 lives, given the average age of a Covid death is 82.4 compared with those affected by the reduction in GDP as a result of the economic effects of lockdown, if the average person has 42 years of life left. Prof Thomas believes we are also likely to see a stalling in life expectancy growth.
  - **Luke Johnson**, businessman, entrepreneur and writer talked about the economic effects outlining three factors: the cost to the state of £400bil, taking the national debt to over £2.1tril, a cost that will rise, has to be repaid and will result in an increased public sector crowding out private sector and innovation; harms to business and the results of shutting down large parts of the economy, reduce supply, prices rise, inflation and the cost of living goes up; the effect of furlough on productivity. No cost benefit analysis was done, the accepted health economic measure of Quality-Adjusted Life Year (QUALYs) was abandoned in favour of a hysterical approach to save one life. Mr Johnson made the point that in fact the harms of restrictions to the economy will likely have a dramatic effect on the NHS which they were designed to protect.
  - **Nick Stokes**, former NHS trust chairman, who lost his wife to undiagnosed cancer due to Covid-19 restrictions. Nick spoke of his experience as being one example of unintended consequences of policies adopted by GPs instructed by the NHS, when it became the National Covid Service, and fully endorsed by the British Medical Association (BMA) and the Royal College of General Practitioners. He described how it was impossible to get a face-to-face consultation and her concerns were dismissed over the phone as arthritis. When she was finally

urgently referred for scans it was too late. The oncology team were clear that had she been diagnosed sooner they could have saved and treated her. Mr Stokes went on to say that an inquiry must also focus on the deaths that resulted due to lockdown, many more than those directly from Covid-19 due to the practices and policies of lockdown, killed because they either could not continue treatment or could not get diagnosis or the treatment they needed. He ended saying these policies and practices still continue with barely 50% face-to-face GP consultations compared with 80% prior to lockdown despite NHS instructions to return to face-to-face consultations.

3. All the experts argued that lockdowns were a public health failure, caused greater harm than the disease in terms of lives lost, life expectancy and damage to the economy both in the short and long term.

4. The Chair invited Members to ask questions. Members were able to probe the experts further on particular points of concern following examination of the evidence. There was discussion about issues such as the impact to children who were born during lockdown, the silence of big business and the role of Parliament and the Public Health Act 1984 and the government's reliance on worst case scenario modelling and single source scientific advice.

5. The Group then gave consideration to possible actions arising from the discussion, with the main one being a call for reform of the Public Health Act 1984.

6. The Chair thanked all the Members who attended and the speakers, confirmed the date of the next meeting, Monday 25 April 2022 and brought the meeting to a close.