

Written evidence submitted by Andrew Sims (CLL0126)

I note that Hancock was very evasive and only wanted to provide your committee with evidence of scientific advice made to him and not any operational advice and discussions within departments etc

Clearly he has something to hide. I think the NICE guidance of March 2020 is one thing he would like buried. "Everybody got treatment" is clearly not true.

I have a screenshot pdf captured on 26 March 2020 of NICE's "COVID-19 rapid guideline:critical care (March 2020), NG159, which I think is no longer on their website, attached. A version is still accessible on web.archive.org. This archived version includes a note about updates being made on 25 March 2020 that the Clinical Frailty Scale should not be used for younger people "with stable long-term disabilities, learning disabilities or autism". By implication, previously by design or error, this was not the case.

Unfortunately I only managed to capture the decision flow schema and not the related text, but it clearly shows a "do not treat frail people on admission" attitude. This was at a time when there was a "clear the decks and prepare for the tsunami" attitude in the NHS. I captured this on 26th March 2020 but I believe there was an earlier version, a week or so before, that included an age-specific exclusion decision route. The captured image was on a return visit to the website as I wished to share it with a family member and I was surprised that the age factor had been removed. At the time, in early March, I was trying to find a care home for my elderly mother in England and the homes were having rooms booked in bulk by NHS and some were already refusing any discharges. I presume that the age element was too politically incorrect even during that panic.

I am aware that NICE is not technically part of the health department, but they would be the senior stakeholder and such guidance would have had to have approval from them at the highest levels (Hancock?) to be published.

The use of the frailty score to exclude patients from treatment would obviously reduce the need for beds and ventilators especially amongst those patients who would benefit the least and have the lowest chance of survival, as well as probably take up the most time on the machines, just when the need for more ventilators was seen in public as a national crisis.

I suspect that as an MP on the committee you might be successful in using a FoI to get NICE's initial guidance. I doubt whether Hancock would like to have the associated discussions made public.

June 2021

**Calculate
Clinical Frailty Scale (CFS) score**

Explore patient wishes and expectations, informed by potential outcomes, when considering ceiling of treatment.

**More frail
- for example, CFS score of 5 or more**

Take into account underlying pathologies, comorbidities and acute illness severity.

**Less frail
- for example, CFS score of less than 5 AND would like critical care treatment**

Critical care considered appropriate

Critical care not considered appropriate

Initial management

Initial management outside of critical care

Initial management outside of critical care

Ward-level care safe currently: continue to review

Condition deteriorates

Condition improves

Condition deteriorates

Condition improves

Condition deteriorates

Ward-level care safe currently: continue to review

Ward-level care safe currently: continue to review



