COVID-19 recovery

21st May 2021

**Title:** Initial learning from the government’s response to the COVID-19 pandemic

National Audit Office | 19th May 2021

Over the last year, the National Audit Office has reported on the breadth of government’s response to COVID-19. This report draws out the initial learning from this work to help government evaluate its performance, capitalise on new ways of working and better manage potential future emergencies.

Like many countries, the UK was not as prepared for the pandemic as it could have been, and government lacked detailed contingency plans to manage the unfolding situation. To deal with the crisis, government has had to streamline decision-making and coordinate efforts across multiple departments, public and private sector bodies. There are many examples of impressive national and local responses to the urgent need for healthcare and economic support on an unprecedented scale.

The response to the pandemic has provided a vast amount of new learning, both from what has worked well and what has not. It has highlighted the importance of government adopting a more systematic approach to preparing for crises, improving the resilience of key services and making better use of data. Working at pace naturally introduces greater levels of risk, but being transparent, properly documenting decisions and managing conflicts of interest is essential if government is to maintain public trust that taxpayers’ money is being spent appropriately and fairly.

COVID-19 has also laid bare existing fault lines within society and has exacerbated inequalities. An unreformed adult social care system, workforce shortages, issues caused by legacy IT systems, and the financial pressure felt by central and local government all require long-term solutions.

Full report: [Initial learning from the government’s response to the COVID-19 pandemic](https://www.nao.org.uk/wp-content/uploads/2021/05/Initial-learning-from-the-governments-response-to-the-COVID-19-pandemic.pdf)

**Title:** Prevalence and changes in food-related hardships by socioeconomic and demographic groups during the COVID-19 pandemic in the UK: A longitudinal panel study

The Lancet Regional Health - Europe | 17th May 2021

Food insecurity concerns have featured prominently in the UK response to the COVID-19 pandemic. This paper assesses changes in the prevalence of food-related hardships in the UK population from April to July 2020.

Food-related hardships increased substantially in the UK between April and July 2020, largely driven by reports of an inability to eat healthy and nutritious food. The Coronavirus Job Retention Scheme and Self-Employment Income Support Scheme appeared to have conferred some protection, but more could have been done to mitigate the problems we describe in obtaining affordable food.

Full paper: [Prevalence and changes in food-related hardships by socioeconomic and demographic groups during the COVID-19 pandemic in the UK: A longitudinal panel study](https://www.thelancet.com/action/showPdf?pii=S2666-7762%2821%2900102-2)

**Title:** Support and follow-up needs of patients discharged from intensive care after severe COVID-19: a mixed-methods study of the views of UK general practitioners and intensive care staff during the pandemic’s first wave

BMJ Open | 11th May 2021

The aim of this study was to identify follow-up services planned for patients with COVID-19 discharged from intensive care unit (ICU) and to explore the views of ICU staff and general practitioners (GPs) regarding these patients’ future needs and care coordination.

The authors obtained 170 survey responses and conducted 23 interviews. Over 60% of GPs were unaware of the follow-up services generally provided by their local hospitals and whether or not these were functioning during the pandemic. Eighty per cent of ICUs reported some form of follow-up services, with 25% of these suspending provision during the peak of the pandemic and over half modifying their provision (usually to provide the service remotely).

Common themes relating to barriers to provision of follow-up were funding complexities, remit and expertise, and communication between ICU and community services. Discharge documentation was described as poor and lacking key information. Both groups mentioned difficulties accessing services in the community and lack of clarity about who was responsible for referrals and follow-up.

The pandemic has highlighted long-standing issues of continuity of care and complex funding streams for post-ICU follow-up care. The large cohort of ICU patients admitted due to COVID-19 highlights the need for improved follow-up services and communication between specialists and GPs, not only for patients with COVID-19, but for all those discharged from ICU.

Full paper: [Support and follow-up needs of patients discharged from intensive care after severe COVID-19: a mixed-methods study of the views of UK general practitioners and intensive care staff during the pandemic’s first wave](https://bmjopen.bmj.com/content/bmjopen/11/5/e048392.full.pdf)

**Title:** Post-covid reforms: can we avoid fighting the last war?

BMJ | 2021; 373: n1184 | 19th May 2021

Covid-19 has exposed glaring gaps in the global system for preventing, detecting, and responding to potential pandemics. Attention to, and political momentum for, reform is building with a series of high level international reviews, and calls for a pandemic treaty by more than 25 heads of state and the director general of the World Health Organization.

This BMJ analysis explains why post-pandemic reforms are unlikely to leave the world fully prepared for the next emergency and argues for a focus on strong monitoring systems and flexible arrangements.

Full detail: [Post-covid reforms: can we avoid fighting the last war?](https://www.bmj.com/content/373/bmj.n1184)

**Title:** Public reminded to let in fresh air when meeting others indoors to reduce the spread of COVID-19

Department of Health and Social Care | 17th May 2021

Everyone across England is being encouraged to remember, ‘when you let friends in, let fresh air in too’ in a new government advertising campaign. The public information campaign has launched on the same day groups of 6 people, or 2 households, will once again be able to meet indoors, and indoor hospitality, leisure and entertainment industries are reopening their doors.

As more people begin to spend time with friends and family inside, the campaign continues to highlight the importance of letting in fresh air. Fresh air helps disperse infected COVID-19 droplets in the air that may carry the virus, helping prevent the spread of the disease. The public are being encouraged to open windows when socialising at home and businesses are asked to ensure adequate ventilation at indoor venues.

Full detail: [Public reminded to let in fresh air when meeting others indoors to reduce the spread of COVID-19](https://www.gov.uk/government/news/public-reminded-to-let-in-fresh-air-when-meeting-others-indoors-to-reduce-the-spread-of-covid-19)

**Title:** Most UK adults had antibodies after one dose of AstraZeneca or Pfizer vaccine, data suggest

BMJ | 2021; 373: n1274 | 18th May 2021

More than nine in 10 UK adults have antibodies to SARS-CoV-2 following one dose of the Oxford AstraZeneca or Pfizer BioNTech vaccine, while almost everyone does after a second dose, preliminary data suggest.

A study of 8517 adults in England and Wales by University College London’s Virus Watch project found that 96.42% of people who had either vaccine had developed antibodies 28 to 34 days after their first dose, rising to 99.08% (95% CI 97.8 to 99.62) within seven to 14 days of the second dose.

Seropositivity rates and spike antibody levels rose more quickly following the first dose of the Pfizer vaccine (89.27%) than for AstraZeneca (66.27%) at 14 to 20 days, but were equivalent for both vaccines by 4 weeks.

Full detail: [Most UK adults had antibodies after one dose of AstraZeneca or Pfizer vaccine, data suggest](https://www.bmj.com/content/373/bmj.n1274)

Related research: [Spike-antibody responses following first and second doses of ChAdOx1 and BNT162b2 vaccines by age, gender, and clinical factors - a prospective community cohort study (Virus Watch)](https://www.medrxiv.org/content/10.1101/2021.05.12.21257102v2.full.pdf)

**Title:** The epidemiological impact of the NHS COVID-19 App

Nature | 12th May 2021

The authors of this observational study investigated the impact of the NHS COVID-19 app for England and Wales, from its launch on 24 September 2020 through to the end of December 2020. During this period it was used regularly by more than a quarter of the total population.

The researchers' analysis indicates that a large number of COVID-19 cases were averted by contact tracing via the NHS app, ranging from approximately 100,000 to 900,000 depending on methodological details. For comparison, 1.9 million cases actually arose.

Full article: [The epidemiological impact of the NHS COVID-19 App](https://www.nature.com/articles/s41586-021-03606-z_reference.pdf)

**Title:** Generation COVID: The Economic Impact Of Covid-19 On Young People In The United Kingdom

All-Party Parliamentary Group (APPG) on Youth Affairs | 20th May 2021

An inquiry into the economic impact of COVID-19 launched by the All-Party Parliamentary Group (APPG) on Youth Affairs finds that young people have had their financial, emotional and vocational wellbeing inordinately affected by the pandemic, and that a holistic approach is needed in order to aid their recovery.

In addition to job losses, educational disruption and financial pressures, young people have also experienced increased family strain, heightened anxiety and exacerbated mental health issues as a result of the pandemic. The APPG on Youth Affairs inquiry found these areas to be inexorably interlinked, and further compounded by the overall uncertainty of employment prospects for young people in the future.

In order to help counteract these issues and safeguard the economic future of young people, the group of MPs propose a considered and collective approach in order to provide support at a number of key levels. The first two recommendation are for an extension to key provisions and schemes currently benefitting young people, such as the £20 uplift to Universal Credit and Kickstart, Apprenticeship and Trainee schemes.

As part of a wider support system, the report also proposes that plans for a dedicated youth strategy be brought forward, providing long-term, stable funding for universal youth service provision, as well as inclusion of young people in the policy decisions that affect them following on from the pandemic.

Full report: [Generation Covid : The economic impact of Covid-19 on young people in the United Kingdom](https://www.ymca.org.uk/wp-content/uploads/2021/05/Youth-Affairs-Report-2021.pdf)

See also: [Members of Parliament fear for the future of young people post COVID and outline support needed for recovery](https://www.ymca.org.uk/latest-news/members-of-parliament-fear-for-the-future-of-young-people) | YMCA

**Title:** Wellbeing across the four UK countries during the pandemic

Nuffield Trust | 20th May 2021

The last year has had an unprecedented impact on every aspect of our society, from health care and education to work and travel. Despite restrictions easing, the ramifications of Covid-19 on people’s lives and livelihoods are extensive. This article and accompanying charts explores just how the pandemic has affected wellbeing across the UK.

The charts show how levels of anxiety, happiness and feelings of worthwhileness and life satisfaction compared across the four countries of the UK between April 2019 and March 2020, and April to September 2020.

From last April, feelings of worthwhileness, life satisfaction and happiness fell across the whole of the UK. There was also a marked increase in anxiety (albeit only marginally in Northern Ireland). Increased anxiety was particularly seen in areas that had on average poorer health status, and among people who considered their own health to be ‘bad’ or ‘very bad'.

Full detail: [Wellbeing across the four UK countries during the pandemic](https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-wellbeing-across-the-four-uk-countries-during-the-pandemic)

**Title:** Suicide prevention and COVID-19: the role of primary care during the pandemic and beyond

British Journal of General Practice | May 2021

The COVID-19 pandemic has brought with it multiple threats to mental wellbeing — the possibility or reality of serious physical illness; complex COVID-related bereavement; lockdowns that cause isolation and inhibit social contact, or that can increase exposure to abuse in the family; caring for children unable to go to school; and precarious employment and redundancy, failing businesses, and financial insecurity.

The pandemic has exacerbated the longstanding pressure on resources and underinvestment in both statutory mental health and wider community services. Against this background, this editorial outlines the current evidence for impact of COVID-19 on self-harm and suicide rates, and considers how primary care can contribute to suicide prevention during COVID-19 and after the acute crisis has passed.

Full detail: [Suicide prevention and COVID-19: the role of primary care during the pandemic and beyond](https://bjgp.org/content/bjgp/71/706/200.full.pdf)

**Title:** COVID-19 vaccine booster study launches in UK

Department of Health and Social Care | 20th May 2021

Thousands of volunteers will receive a booster COVID-19 vaccine in a new clinical trial. The Cov-Boost study, led by University Hospital Southampton NHS Foundation Trust and backed by £19.3 million of government funding through the Vaccines Taskforce, will trial seven vaccines and will provide vital data on the impact of a third dose on patients’ immune responses.

It will give scientists from around the globe and the experts behind the UK’s COVID-19 vaccination programme a better idea of the impact of a booster dose of each vaccine in protecting individuals from the virus. The initial findings, expected in September, will help inform decisions by the Joint Committee on Vaccination and Immunisation (JCVI) on plans for a booster programme from autumn this year.

Further detail: [COVID-19 vaccine booster study launches in UK](https://www.gov.uk/government/news/world-first-covid-19-vaccine-booster-study-launches-in-uk--2)

See also:

* [COV-Boost study](https://www.covboost.org.uk/)
* [Third dose of Covid jab to be trialled in UK](https://www.bbc.co.uk/news/health-57174733) | BBC News

**Title:** 7 in 10 UK adults receive first dose of coronavirus (COVID-19) vaccine

Department of Health and Social Care | 19th May 2021

More than 70% of UK adults have received a first dose of a COVID-19 vaccine, the latest figures show. Health services across the UK have now administered a total of 57.8 million vaccines between 8 December and 18 May, including 36.9 million people with their first dose (70.2%) and 20.8 million with both doses (39.6%), ensuring they have the strongest possible protection against COVID-19 from a second dose.

Full detail: [7 in 10 UK adults receive first dose of coronavirus (COVID-19) vaccine](https://www.gov.uk/government/news/7-in-10-uk-adults-receive-first-dose-of-coronavirus-covid-19-vaccine)

**Title:** Post-COVID syndrome in non-hospitalised patients with COVID-19: a longitudinal prospective cohort study

The Lancet Regional Health – Europe | 17th May 2021

While the leading symptoms during coronavirus disease 2019 (COVID-19) are acute and the majority of patients fully recover, a significant fraction of patients now increasingly experience long-term health consequences. However, most data available focus on health-related events after severe infection and hospitalisation. The authors of this study present a longitudinal, prospective analysis of health consequences in patients who initially presented with no or minor symptoms of severe acute respiratory syndrome coronavirus type 2 (SARS-CoV-2) infection. Hence, we focus on mild COVID-19 in non-hospitalised patients.

The on-going presence of either shortness of breath, anosmia, ageusia or fatigue as long-lasting symptoms even in non-hospitalised patients was observed at four and seven months post-infection and summarised as post-COVID syndrome (PCS). The continued assessment of patients with PCS will become a major task to define and mitigate the socioeconomic and medical long-term effects of COVID-19.

Full paper: [Post-COVID syndrome in non-hospitalised patients with COVID-19: a longitudinal prospective cohort study](https://www.thelancet.com/action/showPdf?pii=S2666-7762%2821%2900099-5)

**Title:** Risk of clinical sequelae after the acute phase of SARS-CoV-2 infection: retrospective cohort study

The objective of this study was to evaluate the excess risk and relative hazards for developing incident clinical sequelae after the acute phase of SARS-CoV-2 infection in adults aged 18-65.

14% of individuals aged ≤65 who were infected with SARS-CoV-2 developed at least one new type of clinical sequelae that required medical care after the acute phase of the illness, which was 4.95% higher than the 2020 comparator group.

An increased risk of specific clinical sequelae after the acute infection was noted across a range of organ systems, including cardiovascular, neurologic, kidney, respiratory, and mental health complications.

The risk for incident sequelae increased with age, pre-existing conditions, and admission to hospital for covid-19, but in adults aged ≤50 and those with no pre-existing conditions or not admitted to hospital for covid-19, the risk for some clinical sequelae was still elevated.

The results indicate the excess risk of developing new clinical sequelae after the acute phase of SARS-CoV-2 infection, including specific types of sequelae less commonly seen in other viral illnesses. Although individuals who were older, had pre-existing conditions, and were admitted to hospital because of covid-19 were at greatest excess risk, younger adults (aged ≤50), those with no pre-existing conditions, or those not admitted to hospital for covid-19 also had an increased risk of developing new clinical sequelae. The greater risk for incident sequelae after the acute phase of SARS-CoV-2 infection is relevant for healthcare planning.

Full paper: [Risk of clinical sequelae after the acute phase of SARS-CoV-2 infection: retrospective cohort study](https://www.bmj.com/content/bmj/373/bmj.n1098.full.pdf)

**Title:** COVID-related spending on education in England

Institute for Fiscal Studies | 20th May 2021

Over the past year, the government has allocated about £160 billion in additional funding for public services. Most of this has been directed towards the health service, with large sums allocated for personal protective equipment (PPE) and the Test and Trace scheme.

The government is due to spend about £4.3 billion on education in England in response to the pandemic over the two years 2020–21 and 2021–22, covering the early years, schools, further education and universities. However, about £1.3 billion of this is currently due to be funded from underspending or from existing budgets, so the net increase in government spending is likely to be about £3.0 billion.

This briefing note describes the range and level of COVID-related spending on education in England.

Full detail: [COVID-related spending on education in England](https://www.ifs.org.uk/publications/15439)

**Title:** COVID exacerbates healthcare inequalities for autistic people

BMJ Open | 17th May 2021

According to a new study published in BMJ OPEN, the COVID-19 pandemic has further exacerbated existing healthcare inequalities for autistic people and has likely contributed to disproportionate increases in morbidity and mortality, mental health/ behavioural difficulties and reduced quality of life.

Researchers, clinicians and the autism community are calling for urgent updates to policies and guidelines regarding the accessibility of COVID-19 (and broader healthcare) services to prevent the widespread exclusion of autistic people, which represents a violation of international human rights law.

Further detail: [COVID exacerbates healthcare inequalities for autistic people](https://www.kcl.ac.uk/news/covid-exacerbates-healthcare-inequalities-for-autistic-people) | Kings College London

Full research: [COVID-19 health and social care access for autistic people: European policy review](https://bmjopen.bmj.com/content/bmjopen/11/6/e045341.full.pdf)

**Title:** Bereavement care during and after the COVID-19 pandemic

British Journal of General Practice | May 2021

The scale of the impact Covid -19 has had on bereavement is now emerging: for every Covid-19 death it is estimated that up to nine people are affected by bereavement, and those bereaved are likely to display higher levels of prolonged grief symptoms.

For all people bereaved during this period, whether from Covid-19, other conditions, or deaths prior to the pandemic, there are multiple risk factors for complex grieving: an increase in sudden and unexpected deaths; restrictions on visiting family members at the end of life; disruption to mourning practices and funerals; and reduced access to social support networks.

Healthcare professionals, including GPs and other primary care practitioners, have also faced multiple challenges during this period in supporting bereaved people; adapting to remote technology, managing the increased complexities of bereaved relatives’ grief, and dealing with their own professional and personal experiences of bereavement.

This editorial believes it is timely to address the role of primary care in bereavement care, and to ask how general practice can better support bereaved people, and how practitioners can themselves be better supported in caring for bereaved people during and after the pandemic.

Full editorial: [Bereavement care during and after the COVID-19 pandemic](https://bjgp.org/content/bjgp/71/706/198.full.pdf)

We

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