COVID-19 recovery

27th November 2020

**Title:** Increasing adherence to Covid-19 preventative behaviours among young people

Scientific Advisory Group for Emergencies | November 2020

This paper explores the ways in which adherence to preventative behaviours in young people can be increased. The authors focus on how messaging and communication in conjunction with other techniques can be used to promote adherence in young people.

The paper was heard at Scientific Advisory Group for Emergencies (SAGE) in October. As new evidence emergences, SAGE will update its advice accordingly.

Full paper: [Increasing adherence to Covid-19 preventative behaviours among young people](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933228/S0829_SPI-B_-_Increasing_adherence_to_Covid-19_preventative_behaviours_among_young_people.pdf)

**Title**: Oxford University breakthrough on global COVID-19 vaccine

University of Oxford | 23rd November 2020

The University of Oxford has announced its interim trial data from phase III trial; the data indicates that the vaccine is effective at preventing SARS-CoV-2.

Key findings:

* Phase 3 interim analysis including 131 Covid-19 cases indicates that the vaccine is 70.4% effective when combining data from two dosing regimens
* In the two different dose regimens vaccine efficacy was 90% in one and 62% in the other
* Higher efficacy regimen used a halved first dose and standard second dose
* Early indication that vaccine could reduce virus transmission from an observed reduction in asymptomatic infections
* There were no hospitalised or severe cases in anyone who received the vaccine
* Large safety database from over 24,000 volunteers from clinical trials in the UK, Brazil and South Africa, with follow up since April
* Crucially, vaccine can be easily administered in existing healthcare systems, stored at ‘fridge temperature’ (2-8 °C) and distributed using existing logistics
* Large scale manufacturing ongoing in over 10 countries to support equitable global access

Full detail: [Oxford University breakthrough on global COVID-19 vaccine](https://www.ox.ac.uk/news/2020-11-23-oxford-university-breakthrough-global-covid-19-vaccine)

See also:

* [Oxford University breakthrough on global COVID-19 vaccine](https://oxfordbrc.nihr.ac.uk/oxford-university-breakthrough-on-global-covid-19-vaccine/) | NIHR
* [Oxford vaccine is up to 90% effective, interim analysis indicates](https://www.bmj.com/content/371/bmj.m4564) | BMJ
* [Oxford University vaccine is highly effective](https://www.bbc.co.uk/news/health-55040635) | BBC News

**TITLE:** MANAGING UNCERTAINTY: COVID-19 AND THE NHS LONG TERM PLAN

The Health Foundation | 24th November 2020

This publication from The Health Foundation considers the impact and cost of COVID-19, estimates new funding needs, as well as outlining non-NHS health budgets and explains total spending pressures before summarising the challenges that lie ahead.

Some of the key points made by the report:

* The coronavirus (COVID-19) pandemic has already led to significant costs for the NHS in 2020/21, with increased spending of at least £34.9bn – almost 24% of the planned health budget this year. For this financial year as a whole COVID-19 costs for the health system could be in the region of around £47bn.
* The biggest areas of spending have been NHS Test and Trace (£12bn) and PPE (£15bn). Even with a vaccine on the horizon, there will be ongoing COVID-19 costs for the health system in 2021/22. Maintaining a test and trace system, ensuring infection prevention and control measures are sustained, delivering sufficient capacity and rolling out any prospective vaccine will all require further funding. The total direct costs associated with managing the pandemic could be around £27bn next year.
* The number of patients the NHS can treat has inevitably fallen as COVID-19 has placed new demands on the health system and changed the way care is provided. NHS productivity is likely to be lower in 2021/22 and 2022/23. If productivity falls by 5% in 2021/22 this would increase funding needs by around £7bn. Catching up lost productivity will take time and by 2023/24 front-line NHS services will need £3bn more than currently allocated to deliver core services.
* The pandemic has led to a backlog of care. For elective care there are 4.7 million ‘missing patients’ who have not been referred for treatment (compared with 2019). If three-quarters of these patients are referred for treatment in the coming months, the waiting list could grow to 9.7 million by 2023/24.

Full detail: [Managing uncertainty COVID-19 and the NHS long term plan](https://www.health.org.uk/publications/long-reads/managing-uncertainty#lf-section-105781-anchor)

**Title**: Suggested steps for increased localisation of testing and tracing

Local Government Association | 20th November 2020

Information in this resource draws on a wide range of feedback from councils, it identifies actions that could increase localisation of testing and tracing. Some of the benefits of increasing localisation are:

* Councils know their communities better and how best to engage with them, particularly in diverse communities. We estimate that local contact tracing systems have a 97.1 per cent success rate at finding close contacts and advising them to self-isolate, compared to 68.6 per cent of close contacts reached by national Test and Trace.
* Quicker access to local support, for example through community hubs.
* Talking to a local is more likely to generate compliance, as well as understand wider context of the family and the household to explain why self-isolation is crucial.
* Local tracing will generate much richer data and information. Local tracers know and understand the local area and community. Hence they can have a much more engaged conversation and are more likely to pick up of fragments of information that relate locally.

Full briefing: [Suggested steps for increased localisation of testing and tracing](https://www.local.gov.uk/parliament/briefings-and-responses/suggested-steps-increased-localisation-testing-and-tracing-20)

**Title:** Coronavirus: Support for rough sleepers

House of Commons Library | 23rd November 2020

Rough sleepers are vulnerable to coronavirus (Covid-19); they are more likely to have underlying health conditions than the wider population and to face difficulties in following public health advice on self-isolation, social distancing and hygiene. They can also face barriers in accessing public health information and healthcare. Shared facilities used by rough sleepers – such as day centres, hostels and night shelters – increase the risk of transmission of the virus.

The Covid-19 outbreak in spring 2020 prompted an unprecedented public health response from the UK Government, local authorities and the voluntary sector to protect the rough sleeping population.

This briefing paper outlines the measures taken in England to support rough sleepers, and those at risk of rough sleeping, during the coronavirus (Covid-19) outbreak. It discusses the impact of these measures and stakeholder comment.

Full briefing: [Coronavirus: Support for rough sleepers](http://researchbriefings.files.parliament.uk/documents/CBP-9057/CBP-9057.pdf)

**Title:** Staying mentally well this winter

Department of Health & Social Care | 23rd November 2020

This year has seen an unprecedented change to our lives, as COVID-19 has disrupted our routines, our livelihoods, and our way of life. For some, the pandemic has led to positive changes which have improved their wellbeing, such as greater flexibility in work schedules, or a sense of strong community spirit.

However, we know this sense of optimism has not been shared by everyone, with many reporting feelings of worry, anxiety, frustration or loneliness. Darker winter months and the measures in place from 5 November to control the spread of the virus may put strain on people’s resilience, particularly the most vulnerable in our communities and neighbourhoods. These feelings are completely understandable when life unexpectedly alters in a way which is sudden, dramatic, and out of our control.

This plan sets out the support that will be in place in the immediate term to help mitigate the impacts of the pandemic on people’s mental health and wellbeing this winter.

Full detail: [Staying mentally well this winter](https://www.gov.uk/government/publications/staying-mentally-well-winter-plan-2020-to-2021/staying-mentally-well-this-winter)

**Title:** Spending Review 2020: Priorities for the NHS, social care and the nation’s health

The Health Foundation | 24th November 2020

This report from The Health Foundation warns that the government risks losing sight of the action needed now to shore up the future of health and care post-COVID. The analysis reveals the scale of funding increases needed to meet the demands of COVID-19, make the improvements to services laid out in the NHS Long Term Plan, fix social care and secure the nation’s health for the long term.

The report shows that this year and next, COVID-19 alone is likely to result in extra health service costs of around £40bn a year. Most of these costs are temporary and directly related to managing COVID-19 (£27bn for PPE and test and trace), but not all. While huge uncertainty remains, the analysis indicates that beyond next year, the health service could still require ongoing funding increases of around £10bn per year by 2023/24. This includes the costs of addressing the backlog of care while accounting for lost productivity, meeting rising demand for mental health care and delivering the service improvements set out in the NHS Long Term Plan.

Full detail: [Spending Review 2020: Priorities for the NHS, social care and the nation’s health](https://www.health.org.uk/publications/long-reads/spending-review-2020)

Press release: [New analysis reveals daunting scale of financial challenge facing health and care post-COVID](https://www.health.org.uk/news-and-comment/news/new-analysis-reveals-scale-of-financial-challenge-facing-health-care-post-covid)

**Title**: What do we know about the late stage vaccine candidates?

BMJ | 2020; 371: m4576 | 24th November 2020

As some phase III trials of covid-19 vaccine candidates report early and unpublished results, this piece summarises what we know so far about the University of Oxford and AstraZeneca vaccine, the Pfizer and BioNTech vaccine and the Moderna and US National Institutes of Health vaccine.

Full detail: [What do we know about the late stage vaccine candidates?](https://www.bmj.com/content/371/bmj.m4576)

**TITLE:** NHS WILL GET £3BN OF “RECOVERY” FUNDING TO TACKLE PANDEMIC FALLOUT

BMJ | 2020; 371: m4651 | 26th November 2020

The NHS will receive an additional £3bn next year to help services recover after the covid-19 pandemic, the UK chancellor has announced.

In his spending review setting out investment plans for 2021-22, Rishi Sunak said that the extra £3bn would include around £1bn to begin tackling the elective backlog and cut waiting lists, around £1.5bn to help ease existing pressures in the NHS caused by covid-19, and around £500m to improve access to mental health services and invest in the NHS workforce.

Full detail: [NHS will get £3bn of “recovery” funding to tackle pandemic fallout](https://www.bmj.com/content/371/bmj.m4651)

**Title:** England will return to regional restrictions amid rapid testing push

BMJ | 2020; 371: m4577 | 24th November 2020

England will move to a revised system of regional, tiered restrictions when the current national lockdown ends on 2 December, the prime minister has announced.

In a statement to the House of Commons on 23 November Boris Johnson set out a covid-19 winter plan, confirming that current national restrictions would revert to a modified version of the previous three tier system.

The winter plan sets out indicators to help determine which tier each area will go into, including latest data on case detection rates in all age groups, the rate at which cases are rising or falling, the positivity rate in the local population, and current and projected pressures on the NHS.

It also pledges an extra £7bn (€7.87bn; $9.35bn) “to expand testing and improve contact tracing,” bringing the total expenditure on test and trace to £22bn this financial year.

Full detail: [England will return to regional restrictions amid rapid testing push](https://www.bmj.com/content/371/bmj.m4577)

**TITLE**: PSYCHOLOGICAL DISTRESS AND COVID-19–RELATED STRESSORS REPORTED IN A LONGITUDINAL COHORT OF US ADULTS IN APRIL AND JULY 2020

JAMA | 23rd November 2020

This study used an online survey to assess how psychological distress has changed over the course of the coronavirus disease 2019 (COVID-19) pandemic from April to July 2020.

Full detail: [Psychological distress and Covid-19–related stressors reported in a longitudinal cohort of US adults in April and July 2020](https://jamanetwork.com/journals/jama/fullarticle/2773517)

**Title:** Older Adults and the Mental Health Effects of COVID-19

JAMA | 20th November 2020

This Viewpoint summarizes evidence suggesting that, counter to expectation, older adults as a group may be more resilient to the anxiety, depression, and stress-related mental health disorders characteristic of younger populations during the COVID-19 pandemic.

Full detail: [Older adults and the mental health effects of COVID-19](https://jamanetwork.com/journals/jama/fullarticle/2773479)

**Title:** Three households can mix over Christmas in UK

Cabinet Office | 24th November 2020

Up to three households will be able to meet up during a five-day Christmas period of 23 to 27 December, leaders of the four UK nations have agreed. People can mix in homes, places of worship and outdoor spaces, and travel restrictions will also be eased. A formed "Christmas bubble" must be "exclusive" and would not be able to visit pubs or restaurants together.

Full guidance: [Making a Christmas bubble with friends and family](https://www.gov.uk/government/publications/making-a-christmas-bubble-with-friends-and-family/making-a-christmas-bubble-with-friends-and-family)

**TITLE:** WHAT CAN COVID-19 TEACH US ABOUT HOW TO REBUILD A MORE EQUAL SOCIETY?

The Health Foundation | 25th November 2020

Fozia Irfan, an expert advisor for The Health Foundation’s COVID-19 impact inquiry, talks about how the pandemic is both exposing existing inequalities in our society, and creating new ones. She hopes that the work of the inquiry ‘will provide the evidence needed to make change happen’.

Full interview: [What can covid-19 teach us about how to rebuild a more equal society?](https://www.health.org.uk/news-and-comment/newsletter-features/what-can-covid-19-teach-us-about-how-to-rebuild-a-more-equal-society?utm_source=charityemail&utm_medium=email&utm_campaign=nov-2020&pubid=healthfoundation&description=nov-2020&dm_i=4Y2,757R5,6ZKZT4,SWZ65,1)

**TITLE:** MENTAL HEALTH IMPACT OF ADMISSION TO THE INTENSIVE CARE UNIT FOR COVID-19

British Journal of Community Nursing | 7th November 2020

The pandemic caused by Covid-19 has long term ramifications for many, especially those patients who have experienced an intensive care unit (ICU) admission including ventilation and sedation. This paper explores aspects of care delivery in the ICU regarding the current pandemic and the impact of such on the mental health of some of these patients.

Post discharge, patients will be returning to a very different community incorporating social distancing, and in some cases, social isolation and/or shielding. Many may experience a multitude of physical and mental health complications which can ultimately impact upon each other, therefore a bio-psycho-pharmaco-social approach to discharge, case management, risk assessment and positive behavioural support planning is recommended.

Full detail: [Mental health impact of admission to the intensive care unit for COVID-19](https://www.magonlinelibrary.com/doi/abs/10.12968/bjcn.2020.25.11.526)

**Title**: Reducing healthcare inequalities and enhancing the NHS

Imperial College London | 24th November 2020

The COVID-19 pandemic has imposed unique challenges on health services and individuals across the globe. The impact of this pandemic has disproportionately affected people that live in the most deprived areas, further exacerbating health and social inequalities in the UK.

The effects of COVID-19 on health service capacity, and the ability for the National Health Service (NHS) to diagnose and treat disease, are predicted to persist for several years. There has never been a more important time to ensure that access to high-quality healthcare is fairly distributed and nobody is left behind.

Through the analysis of a range of health outcomes in the UK, this report examines existing and new research findings relating to healthcare inequalities. Some of the questions that this report attempts to answer include: How can health inequalities in the UK be reduced? and What is the role for data and digital technologies in evening-out health outcomes, enhancing the NHS and allowing people to live their best lives?

Full report: [Reducing healthcare inequalities and enhancing the NHS](https://images.philips.com/is/content/PhilipsConsumer/Campaigns/CA20162504_Philips_Newscenter/CA20162504_Philips_Newscenter-en_GB-AAA-5228_uk_healthcare_inequalities_research_report.pdf?_ga=2.196532524.1636837397.1606307560-323960183.1606307560)

See also: [Rapid acceleration of community diagnostics urgently required to alleviate pressures on the NHS, findings by researchers from Imperial College London and Philips UKI reveals](https://www.philips.co.uk/a-w/about/news/archive/standard/news/press/2020/20201711-rapid-acceleration-of-community-diagnostics-urgently-required-to-alleviate-pressures-on-the-nhs)

**Title:** Social isolation during COVID-19 pandemic linked with high blood pressure

Via ScienceDaily | 19th November 2020

A new study finds that lockdown due to the COVID-19 pandemic is associated with an increase in high blood pressure among patients admitted to emergency.

The study was conducted in the emergency department of Favaloro Foundation University Hospital, and included 12,241 patients. During the social isolation period, 391 (23.8%) patients admitted to emergency had high blood pressure. This proportion was significantly higher compared to the same period in 2019, when it was 17.5%, and compared to the three months before social isolation, when it was 15.4%

Full detail: [Social isolation during COVID-19 pandemic linked with high blood pressure](https://www.sciencedaily.com/releases/2020/11/201119083923.htm)

**Title**: Long COVID: what you need to know

RCN | November 2020

While there’s still so much we don’t know about COVID-19, a growing body of research indicates that many patients are not experiencing a straightforward recovery. Initial findings from the King’s College London COVID Symptom Study in June showed that one in 10 people were still suffering symptoms three weeks or more after their illness began, while the Department of Health and Social Care said 10% of people with mild COVID still had symptoms after four weeks.

As research into the long-term impact of COVID-19 continues, this article explores the symptoms and how patients’ recovery can be supported.

Full detail: [Long COVID: what you need to know](https://www.rcn.org.uk/magazines/bulletin/2020/nov/long-covid-need-to-know-guide)

**Title**: COVID-19: vaccination programme guidance for healthcare practitioners

Public Health England | 27th November 2020

This document about the COVID-19 vaccination programme is intended for healthcare staff involved in delivering the programme. It includes detailed information on:

* the background of the programme
* the vaccines (as they become available)
* vaccine recommendations and eligibility
* contraindications and precautions
* vaccine administration issues

Full detail: [COVID-19: vaccination programme guidance for healthcare practitioners](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/938999/COVID-19_vaccination_programme_guidance_for_healthcare_workers.pdf)

**Title:** Who is lonely in lockdown? Cross-cohort analyses of predictors of loneliness before and during the COVID-19 pandemic

Public Health | September 2020

This study compared data from 31,000 UK adults during 2017-2019 with 60,000 UK adults during the COVID-19 pandemic. The authors found:

• Some risk factors for loneliness were the same as in ordinary circumstances (e.g. women and people living alone)

• Other groups experienced even greater risk of loneliness than usual (e.g. younger people and people of low income)

•Some groups were at risk of loneliness who are not usually considered high risk (e.g. students)

Full detail: [Who is lonely in lockdown? Cross-cohort analyses of predictors of loneliness before and during the COVID-19 pandemic](https://reader.elsevier.com/reader/sd/pii/S0033350620302742?token=64A9FF7B8067B37F38FCD7229ABCBFEEE58BD56DAAF0F4DE9BBFBA22EC2F617889CA75893B1910A5E6F0EEAC8746006C)

**Title**: Trajectories of anxiety and depressive symptoms during enforced isolation due to COVID-19: longitudinal analyses of 36,520 adults in England

medRxiv | November 2020

There is currently major concern about the impact of the global COVID-19 outbreak on mental health. A number of studies suggest that mental health deteriorated in many countries prior to and during enforced isolation (“lockdown”), but it remains unknown how mental health has changed week by week over the course of the COVID-19 pandemic. This study explored trajectories of anxiety and depression over the 20 weeks after lockdown was announced using data from England, and compared the growth trajectories by individual characteristics.

The findings suggest that the highest levels of depression and anxiety are in the early stages of lockdown but decline fairly rapidly as individuals adapt to circumstances. They also suggest the importance of supporting individuals in the lead-up to lockdown measures being brought in to try and reduce distress and highlight that emotionally vulnerable groups have remained at risk throughout lockdown and its aftermath.

Full detail: [Trajectories of anxiety and depressive symptoms during enforced isolation due to COVID-19: longitudinal analyses of 36,520 adults in England](https://www.medrxiv.org/content/10.1101/2020.06.03.20120923v3.full.pdf)

*This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.*

**Title**: Coronavirus and the social impacts on Great Britain

Office for National Statistics | 27th November 2020

Indicators from the Opinions and Lifestyle Survey (OPN) measuring the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain. Includes breakdowns by age, sex, underlying health condition, region and country.

Full detail: [Coronavirus and the social impacts on Great Britain](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/datasets/coronavirusandthesocialimpactsongreatbritaindata)

We

[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

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