COVID-19 recovery

9th October 2020

**Title:** How mental health charities are responding to Covid-19

Centre for Mental Health | 7th October 2020

Covid-19 has put extra pressure on many people’s mental health, and charities that provide helplines or support have reported increasing demands for help. Mental health organisations have had to quickly adapt their services to meet these needs and find ways of meeting additional demand with reduced resources. Charities that do not provide direct support have also been working hard to highlight the mental health impact of the pandemic and ensure people with mental health difficulties are considered in Government policy at every turn.

This short briefing summarises the activities of a group of seventeen national mental health organisations that have been working together to respond to the Covid-19 crisis in England since March 2020. The report outlines the ways in which our organisations have sought to understand and act on the mental health impacts and implications of Covid-19, the issues that we are all concerned about, and the steps each organisation is taking to support people’s mental health during the crisis.

Full briefing: [How mental health charities are responding to Covid-19](https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMentalHealth_SectorVoicePaper.pdf)

**Title:** The Chancellor’s Post-Pandemic Choices

Institute of Economic Affairs | 5th October 2020

This briefing uses historical data and analysis to identify those policies that could maximise government revenue growth following the coronavirus crisis. It includes an analysis of public finances.

Full briefing: [The Chancellor’s Post-Pandemic Choices](https://iea.org.uk/wp-content/uploads/2020/10/The-Chancellors-Post-Pandemic-Choices-FINAL-1.pdf)

**Title**: SARS-CoV-2 Vaccine Development & Implementation; Scenarios, Options, Key Decisions

The DELVE Initiative | 1st October 2020

The SARS-CoV-2 pandemic has led to a global effort to develop, test, manufacture and distribute effective vaccines at unprecedented speed. There are currently over 200 vaccine candidates in development and the results of initial large-scale trials are expected soon; however, to deliver a successful vaccination programme, many challenges remain.

This report discusses the key issues involved in developing, evaluating, manufacturing and distributing a vaccine for COVID-19, the impact of those challenges and future strategies to mitigate their effects.

Full report: [SARS-CoV-2 vaccine development & implementation; scenarios, options, key decisions](https://rs-delve.github.io/reports/2020/10/01/covid19-vaccination-report.html)

**Title:** Long-term Health Consequences of COVID-19

JAMA Network | 5th October 2020

With more than 30 million documented infections and 1 million deaths worldwide, the coronavirus disease 2019 (COVID-19) pandemic continues unabated. The clinical spectrum of severe acute respiratory syndrome coronavirus (SARS-CoV) 2 infection ranges from asymptomatic infection to life-threatening and fatal disease.

Current estimates are that approximately 20 million people globally have “recovered”; however, clinicians are observing and reading reports of patients with persistent severe symptoms and even substantial end-organ dysfunction after SARS-CoV-2 infection.

Because COVID-19 is a new disease, much about the clinical course remains uncertain - in particular, the possible long-term health consequences, if any.

Full detail: [Long-term health consequences of Covid-19](https://jamanetwork.com/journals/jama/fullarticle/2771581?guestAccessKey=a50c1379-a7cd-47a6-939d-e94fbc90ee7f)

**Title**: Pandemic fatigue. Reinvigorating the public to prevent COVID-19

World Health Organisation

Despite documented public support for pandemic response strategies across the WHO European Region, Member States are reporting signs of pandemic fatigue in their populations – here defined as demotivation to follow recommended protective behaviours, emerging gradually over time and affected by a number of emotions, experiences and perceptions.

Responding to a request from Member States for support in this field, this document provides a framework for the planning and implementation of national and subnational strategies to maintain and reinvigorate public support to prevent COVID-19.

Pandemic fatigue is an expected and natural response to a prolonged public health crisis – not least because the severity and scale of the COVID-19 pandemic have called for the implementation of invasive measures with unprecedented impacts on the daily lives of everyone, including those who have not been directly affected by the virus itself.

The framework is intended to support pandemic prevention and management. Given the complex nature of pandemic fatigue, a multifactorial action plan is needed. Actions must be based on the barriers and drivers experienced by people, and must be implemented in an integrated way across all levels of society. Strategies to maintain and reinvigorate public support must be informed by public health, societal, cultural and economic considerations, and must ensure that no one is left behind.

Full document: [Pandemic fatigue. Reinvigorating the public to prevent COVID-19](https://apps.who.int/iris/bitstream/handle/10665/335820/WHO-EURO-2020-1160-40906-55390-eng.pdf)

**Title**: Protecting surgery through a second wave

Royal College of Surgeons of England | 6th October 2020

Restoring elective services in the context of COVID-19 represents one of the most complex challenges that the NHS has ever faced. Following the suspension of non-urgent elective procedures earlier in the pandemic, planned surgery is now re-starting again in many parts of the country thanks to the extraordinary hard work and dedication of surgeons, their teams and colleagues across the health service. This survey of 970 surgeons working in hospitals across the UK highlights the challenges that persist.

Key recommendations:

* Funding for ring-fenced ‘COVID-light’ surgical beds in every region
* Guarantee access to speedy COVID tests for surgical teams, to keep surgery safe
* Use of the independent sector to provide ‘COVID-light’ sites must be maximised, not as an alternative to, but in addition to NHS hospitals
* Ensure the equitable allocation of nursing staff, theatre staff and anaesthetic staff, to support the continuation of surgery through the winter
* Every opportunity must be taken to support surgical trainees to gain experience and training time and complete their training

Full report: [Protecting surgery through a second wave](https://www.rcseng.ac.uk/-/media/files/rcs/coronavirus/report-protecting-surgery-through-a-second-wave--6-oct.pdf)

See also: [Surgeons call for ring-fenced beds to avoid ‘tsunami of cancellations’ during second COVID wave](https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/rcs-restoration-elective-services-report/)

**TITLE:** CARE HOMES REPORT

Amnesty International UK | 4th October 2020

As lockdown began, thousands of patients were sent from hospitals into care homes. In three months 18,562 people living in Care Homes died with COVID-19. This report *As if Expendable* highlights the UK Government's failure to protect older people in care homes during the COVID-19 pandemic. Cases of coronavirus are rising again in the build-up to winter, and the report states the government must learn lessons from its disastrous decisions and not repeat the same mistakes.

Full report: [As if Expendable. The UK government’s failure to protect older people in care homes during the Covid-19 pandemic](https://www.amnesty.org.uk/files/2020-10/Care%20Homes%20Report.pdf?kd5Z8eWzj8Q6ryzHkcaUnxfCtqe5Ddg6=)

**Title:** Inequalities In Relation To Covid-19 And Their Effects On London

Greater London Authority | updated October 2020

This report highlights the disproportionate effect of Covid-19 in relation to disability, ethnicity, religion, gender, sexual orientation, gender identity, socioeconomic position, age and other factors, including homelessness and being in prison. It also finds that voluntary and community sector organisations play a crucial role in reaching those disproportionately impacted and marginalised groups, including disabled people.

Full report: [Rapid Evidence Review - Inequalities in relation to COVID-19 and their effects on London](https://data.london.gov.uk/dataset/rapid-evidence-review-inequalities-in-relation-to-covid-19-and-their-effects-on-london)

**Title**: Which rapid tests is the UK pinning its hopes on?

BMJ | 2020; 371: m3868 | 7th October 2020

Rapid diagnostic tests are integral to the government’s Moonshot plan to carry out up to 10 million covid-19 tests a day by early next year. This briefing looks at the options being developed and trialled.

Full detail: [Which rapid tests is the UK pinning its hopes on?](https://www.bmj.com/content/371/bmj.m3868)

**Title**: People are gathering again, but can crowds be made safe?

BMJ | 2020; 371: m3511 | 2nd October 2020

The human desire to gather is a deeper behavioural need than we might expect. This BMJ Feature examines why and how we might factor this into the pandemic response.

Full detail: [People are gathering again, but can crowds be made safe?](https://www.bmj.com/content/371/bmj.m3511)

**Title**: Infection rates have risen in hotspot areas despite local lockdowns, analysis shows

BMJ | 2020; 371: m3912 | 7th October 2020

Almost all areas of England that have been under covid-19 lockdown restrictions for two months have seen an increase in infection rates despite the measures, an analysis by the Labour Party has shown.

Currently, 20 areas in England are under restrictions, which were announced from 29 June to mid-September. Many of these are in the north west of England. But Labour’s analysis shows that 19 of these areas have seen infection rates increase since the restrictions were announced (see table).

Examples include Bolton, which has been under restrictions since 30 July but has seen its infection rate rise from 20 to 255 per 100 000 people; Bury, which has been under restrictions since 31 July but has seen its infection rate increase from 20 to 266 per 100 000; and Burnley, which has been under restrictions since 31 July but has seen its infection rate increase over 20-fold, from 21 to 434 per 100 000.

Full detail: [Infection rates have risen in hotspot areas despite local lockdowns, analysis shows](https://www.bmj.com/content/371/bmj.m3912)

**Title**: Effect of school closures on mortality from coronavirus disease 2019: old and new predictions

BMJ | 2020; 371: m3588 | 7th October 2020

The objective of this study was to replicate and analyse the information available to UK policymakers when the lockdown decision was taken in March 2020 in the United Kingdom.

It was predicted in March 2020 that in response to covid-19 a broad lockdown, as opposed to a focus on shielding the most vulnerable members of society, would reduce immediate demand for ICU beds at the cost of more deaths long term. The optimal strategy for saving lives in a covid-19 epidemic is different from that anticipated for an influenza epidemic with a different mortality age profile.

Full paper: [Effect of school closures on mortality from coronavirus disease 2019: old and new predictions](https://www.bmj.com/content/bmj/371/bmj.m3588.full.pdf)

 **TITLE:** PANDEMIC THREATENS PRIMARY CARE FOR LONG TERM CONDITIONS

BMJ | 2020; 371: m3793 | 5th October 2020

This BMJ editorial suggests we must learn the important lessons from covid-19 and previous pandemics to avoid suboptimal management of long term conditions contributing to avoidable excess mortality in the medium term. Primary care must be sustainable, with a workload that is manageable, safe, and equitable. Clear, realistic, and fully resourced priorities must now be agreed through collaboration between the public, providers, and commissioners.

Full detail: [Pandemic threatens primary care for long term conditions](https://www.bmj.com/content/371/bmj.m3793)

**Title**: how to prioritize worse-off populations in allocating safe and effective vaccines

BMJ | 2020; 371: m3795 | 5th October 2020

How should we decide which population groups receive covid-19 vaccines before others? This BMJ Feature piece examines the existing frameworks and argues that prioritising worse-off groups is urgent, justified, and feasible.

Full detail: [Covid-19: how to prioritize worse-off populations in allocating safe and effective vaccines](https://www.bmj.com/content/371/bmj.m3795)

**Title**: Covid-19, unemployment, and health: time for deeper solutions?

BMJ | 2020; 371: m3687 | 8th October 2020

As covid-19 drives unemployment rates around the world to levels unseen in generations, once radical economic policy proposals are rapidly gaining a hearing. This BMJ analysis examines how job guarantee or universal basic income schemes might support better health and better economics.

Full detail: [Covid-19, unemployment, and health: time for deeper solutions?](https://www.bmj.com/content/bmj/371/bmj.m3687.full.pdf)

**Title:** CQC shares practical examples to harness learning from COVID-19 in emergency departments

Care Quality Commission | 5th October 2020

In preparation for a difficult winter CQC shares practical examples from emergency department staff to help trusts harness the learning from coronavirus (COVID-19)

The Coronavirus pandemic led to different ways of working within hospital Emergency Departments (EDs) and fewer attendances gave staff greater flexibility to ensure effective social distancing and robust infection control. With ED attendances now rising, balancing that increased demand alongside continued COVID-19 care will bring significant challenge – particularly as we head into winter, with the additional risk that subsequent spikes of the virus may coincide with seasonal flu, creating even greater problems.

CQC has worked with a group of frontline clinicians from good and outstanding EDs across the country to better understand what lessons can be learnt from the impact of the pandemic and what good practice can be harnessed to support long term service improvements.

Patient FIRST, is an online resource aimed at helping ED staff, hospital trusts and the wider system to build on the positive changes brought in during the peak of the pandemic. Produced in partnership with clinicians, it presents practical examples that hospitals can apply now in their preparations for the winter ahead and is a valuable quality assurance tool for trust leaders.

The resource focuses on five key areas; Flow, Infection control, Reduced ED attendances, Staffing and Treatment (FIRST). It suggests actions that can be taken at a departmental, trust and wider system level to maximise capacity, maintain effective patient flow and keep staff and patients safe.

Full detail: [Project reset in emergency medicine. Patient FIRST](https://www.cqc.org.uk/sites/default/files/20201001-Patient-FIRST.pdf)

**Title:** COVID-19 and clean air: an opportunity for radical change

The Lancet Planetary Health | October 2020

The COVID-19 pandemic has caused more than 30 million infections and 960 000 deaths, causing disease in almost every country worldwide. Like all pandemics, it has laid bare and exploited social inequalities, and caused disproportionate damage to low-income families, people with poor health, and minority and marginalised groups.

A further consequence of this pandemic has been economic havoc of a magnitude not seen since 1932. This downturn is projected to wipe out 200 million jobs worldwide. The previously unimaginable prospect of a second Great Depression seems possible.

There has however, also been a remarkable worldwide reduction in ambient air pollution. Ambient air pollution is responsible for more than 5 million deaths annually—deaths caused by heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, diabetes, pneumonia, and premature birth.

COVID-19-related improvements in air quality translate into fewer deaths from pollution-related disease. Thus, cleaner air is estimated to have saved 11 000 lives (95% CI 7000–21 000) in Europe in April, 2020, and 77 000 lives in China in January and February.

These great gains show that cleaner air is possible.

Full detail: [COVID-19 and clean air: an opportunity for radical change](https://www.thelancet.com/action/showPdf?pii=S2542-5196%2820%2930201-1)

**TITLE**: NICE & SIGN ANNOUNCE LATEST RAPID COVID-19 GUIDELINE WILL ADDRESS LONG COVID

National Institute for Health & Social Care | 5th October 2020

NICE and the Scottish Intercollegiate Guidelines Network (SIGN) have announced they will work with the Royal College of General Practitioners (RCGP) to develop a guideline on persistent effects of Covid-19 (Long Covid) on patients.

People have reported persistent symptoms of Covid-19 regardless of how ill they were initially or whether they were hospitalised. Longer term impacts can include on-going shortness of breath, fatigue, heart, lung, kidney, neurological and musculoskeletal problems.

It is estimated there could be as many as 60,000 people in the UK who probably have Long Covid.

The guideline will address, among other things, a formal definition of the disease, how to identify on-going symptoms and a definition of best practice investigation and treatment options to support the management of the condition across diverse communities.

Full detail: [NICE & SIGN announce latest rapid Covid-19 guideline will address Long Covid](https://www.nice.org.uk/news/article/nice-sign-announce-latest-rapid-covid-19-guideline-will-address-long-covid)

**TITLE:** THE INTERSECTION OF COVID-19 AND MENTAL HEALTH

The Lancet Infectious Diseases | 8th October 2020

On Oct 6, 2020, WHO published the results of a survey of the impact of COVID-19 on mental, neurological, and substance use (MNS) services in 130 WHO Member States, ahead of World Mental Health Day on Oct 10.

The survey revealed that most countries are experiencing some disruption to MNS services, with the greatest impact on community-based and prevention and promotion services. Reasons for disruption included an insufficient number or redeployment of health workers to the COVID-19 response (in 30% of countries), use of mental health facilities as COVID-19 quarantine or treatment facilities (in 19% of countries), and insufficient supply of personal protective equipment (in 28% of countries).

Although 116 (89%) countries reported that mental health and psychological support was part of their national COVID-19 response plans, only 17% said they had committed additional funding for this.

This report comes on the back of mounting evidence that the COVID-19 pandemic is having monumental effects on the mental health and wellbeing of populations worldwide. With seemingly low capacity to respond, it is unclear how the world will deal with this looming mental health crisis.

Full detail: [The intersection of COVID-19 and mental health](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2820%2930797-0/fulltext)

**Title:** The impact of COVID-19 on mental, neurological and substance use services

World Health Organisation | 6th October 2020

This report of a survey completed by 130 countries during the period June-August 2020 provides information about the extent of disruption to mental, neurological and substance use services due to COVID-19, the types of services that have been disrupted, and how countries are adapting to overcome these challenges.

[The impact of COVID-19 on mental, neurological and substance use services. Results of a rapid assessment](https://apps.who.int/iris/rest/bitstreams/1310579/retrieve)

**Title:** Living with the COVID-19 pandemic: act now with the tools we have

The Lancet | 8th October 2020

The responses of countries to the COVID-19 pandemic have been disparate.  Many countries are reopening workplaces, schools, and social gatherings and striving to adapt their economies and resume international travel. Other countries are attempting to suppress transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by again restricting businesses, industries, and schools while hoping for future COVID-19 vaccines or treatments.

The Strategic and Technical Advisory Group for Infectious Hazards (STAG-IH), the independent advisory group to the WHO Health Emergencies Programme, has reviewed information from countries around the world and has concluded that the most sound approach on the basis of current understanding is to deploy long-term strategies with a focus on preventing amplification of transmission, protecting those most at risk of severe illness, and supporting research to better understand the virus, the disease, and people's responses to them.

This comment piece suggests that with current knowledge, even in the absence of COVID-19 vaccines or treatments and comprehensive knowledge of the immune response to SARS-CoV-2, countries can navigate pathways to reduced transmission, decreased severe illness and mortality, and less economic disruption in the short and longer term.

Full detail: [Living with the COVID-19 pandemic: act now with the tools we have](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932117-6)

**Title:** Mental health: time to invest in quality

The Lancet | 10th October 2020

During a pandemic, good mental health is more important than ever. Without a focus on mental health, any response to COVID-19 will be deficient, reducing individual and societal resilience, and impeding social, economic, and cultural recovery.

2020 has been a difficult year for mental health. The threat of infection, repeated lockdowns, social isolation, and economic uncertainty have created widespread fear and anxiety. A [Rapid Review](https://www.thelancet.com/article/S0140-6736%2820%2930460-8/fulltext) published in *The Lancet* showed the negative psychological effects of enforced quarantines.

Many people who previously thought themselves unaffected by mental health issues have discovered that they, too, are vulnerable. Those with pre-existing mental health conditions have often found their difficulties increased. The precise neurological and psychiatric consequences of infection, meanwhile, remain unknown but demand careful monitoring.

This editorial explores what investment is needed from governments and non-governmental organisations to mitigate the mental health impact of COVID-19 and, more importantly, to improve mental health globally?

Full detail: [Mental health: time to invest in quality](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932110-3)

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.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

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