COVID-19 weekly update

July 17th 2020

**clinical management**

**Title:** What do we know about “long covid”?

BMJ | 2020; 370: m2815 | 14th July 2020

A new feature in the BMJ looks at Long Covid, as recognition grows that many patients have long lasting effects.

“Long covid” is a term being used to describe illness in people who have either recovered from covid-19 but are still report lasting effects of the infection or have had the usual symptoms for far longer than would be expected. Many people, including doctors who have been infected, have shared their anecdotal experiences on social media, in the traditional media, and through patients’ groups.

Full feature: [What do we know about ‘Long Covid’](https://www.bmj.com/content/370/bmj.m2815)

**Title**: Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID‐19 disease

Cochrane Database of Systematic Reviews | 7th July 2020

Some people with SARS‐CoV‐2 infection remain asymptomatic, whilst in others the infection can cause mild to moderate COVID‐19 disease and COVID‐19 pneumonia, leading some patients to require intensive care support and, in some cases, to death, especially in older adults. Symptoms such as fever or cough, and signs such as oxygen saturation or lung auscultation findings, are the first and most readily available diagnostic information. Such information could be used to either rule out COVID‐19 disease, or select patients for further diagnostic testing.

The objective of this review was to assess the diagnostic accuracy of signs and symptoms to determine if a person presenting in primary care or to hospital outpatient settings, such as the emergency department or dedicated COVID‐19 clinics, has COVID‐19 disease or COVID‐19 pneumonia.

The results suggest that a single symptom or sign included in this review cannot accurately diagnose COVID‐19. Doctors base diagnosis on multiple symptoms and signs, but the studies did not reflect this aspect of clinical practice.

Full detail: [Signs and symptoms to determine if a patient presenting in primary care or hospital outpatient settings has COVID‐19 disease](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013665/full)

**Title**: Convalescent plasma or hyperimmune immunoglobulin for people with COVID‐19: a living systematic review

Cochrane Database of Systematic Reviews | 10th July 2020

Convalescent plasma and hyperimmune immunoglobulin may reduce mortality in patients with viral respiratory diseases, and are currently being investigated in trials as potential therapy for coronavirus disease 2019 (COVID‐19). A thorough understanding of the current body of evidence regarding the benefits and risks is required.

The objective of this living review is to continually assess, as more evidence becomes available, whether convalescent plasma or hyperimmune immunoglobulin transfusion is effective and safe in treatment of people with COVID‐19.

Full detail: [Convalescent plasma or hyperimmune immunoglobulin for people with COVID‐19: a living systematic review](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013600.pub2/full)

**Title**: Experts criticise claim that remdesivir cuts death rates

BMJ | 2020; 370: m2839 | 14th July 2020

Experts have criticised pharmaceutical firm Gilead Sciences after it released data suggesting that its antiviral drug remdesivir can reduce death rates for patients with covid-19. They say the research is intrinsically flawed and that the claimed benefits are overhyped and inappropriately promoted in press releases.

Full news story: [Experts criticise claim that remdesivir cuts death rates](https://www.bmj.com/content/370/bmj.m2839)

**Title**: Palliative care for patients with severe covid-19

BMJ | 2020; 370: m2710 | 14th July 2020

* Many patients with severe covid-19 experience distressing symptoms, including breathlessness and agitation. Palliation of suffering is an important part of care irrespective of prognosis
* Patients with severe covid-19 may deteriorate rapidly. It is therefore useful to have a strategy in place for managing deterioration and potential death (for those not suitable for escalation to intensive care), which runs alongside the acute medical management plan
* Clear and timely communication with the patient (if they are able) and their carers is essential. Conveying hope that treatments will help needs to be sensitively balanced with explicit acknowledgement that patients are sick enough to die

Full detail: [Palliative care for patients with severe covid-19](https://www.bmj.com/content/bmj/370/bmj.m2710.full.pdf)

**Title**: Informing critical care drug requirements in response to the COVID-19 pandemic

European Journal of Hospital Pharmacy | 13th July 2020

This article describes a model constructed and used across Northern Ireland, to map critical drug requirements to available stock in Trusts and wholesalers/suppliers, enabling identification of treatment capacity for these medicines regionally.

Full document: [Informing critical care drug requirements in response to the COVID-19 pandemic](https://ejhp.bmj.com/content/ejhpharm/early/2020/07/12/ejhpharm-2020-002368.full.pdf)

**Title:** Improving the care of older patients during the COVID-19 pandemic

Aging Clinical and Experimental Research | 11th July 2020

This article predicts that the current pandemic will lead to substantial changes in health care systems, and suggests some key guide principles that could inspire the provision of healthcare services to older people and their families.

These principles are primarily directed to physicians and nurses working in the geriatric field but could also be useful for other specialists.

Full document: [Improving the care of older patients during the COVID-19 pandemic](https://link.springer.com/content/pdf/10.1007/s40520-020-01641-w.pdf)

**Title**: COVID-19 preparedness and response at a large UK major trauma operating theatres department

Journal of Perioperative Practice | Vol. 30 (7 & 8) p210–220

This article aims to describe the early experience of a large major trauma operating theatres department in the East of England during the outbreak of the coronavirus disease 2019 (COVID-19) pandemic.

To date and to our knowledge, a small amount of reports describing a surgical department’s response to this unprecedented pandemic have been published, but a well-documented account from within the United Kingdom (UK) has not yet been reported in the literature.

The authors describe their preparation and response, including: operating theatres management during the COVID-19 pandemic, operational aspects and communication, leadership and support.

**Title**: SARS-CoV-2 and the Role of Orofecal Transmission: Evidence Brief

Centre for Evidence-Based Medicine | 16th July 2020

Various observational and mechanistic evidence presented throughout this evidence brief, support the hypothesis that SARS-CoV-2 can infect and be shed from the human gastrointestinal tract.

Policy should emphasise routine surveillance of food, wastewaters and effluent. The importance of strict personal hygiene measures, chlorine-based disinfection of surfaces in locations with presumed or known SARS CoV-2 activity should form part of public policy and education campaigns.

Stool testing should be carried out in dischargees from the hospital or other holding facilities well before discharge date and discharge should be conditional either on cessation of fecal excretion or strict quarantine and personal hygiene measures in those still excreting viral particles by stool independently from respiratory excretion.

Full Evidence brief: [SARS-CoV-2 and the Role of Orofecal Transmission: Evidence Brief](https://www.cebm.net/wp-content/uploads/2020/07/SARS-CoV-2-and-the-Role-of-Orofecal-Transmission-Evidence-Brief-2.pdf)

**recovery**

**Title**: Rebuilding the NHS: Improving medical pathways for acute care

Royal College of Emergency Medicine (RCEM) | 13th July 2020

The RCEM, together with the Royal College of General Practitioners, Royal College of Physicians and the Society for Acute Medicine, have made recommendations for the immediate transformation of the urgent and emergency care pathway. As the Covid-19 pandemic continues, the public must be confident that they will receive urgent and emergency care in a safe environment The statement set out some principles and makes ten recommendations.

Full document: [Improving medical pathways for acute care](https://www.rcgp.org.uk/-/media/Files/News/2020/improving-medical-pathways-acute-care-rcgp-130720.ashx?la=en)

**Title:** Levelling Up Yorkshire and Humber: health as the new wealth post-COVID

NHS Confederation | 13th July 2020

This report, produced together with Yorkshire & Humber Academic Health Science Network and Yorkshire Universities, provides a plan to tackle ever-increasing socio-economic inequalities and boost health outcomes in Yorkshire and the Humber by encouraging and supporting more cross-sector working. Health and the economy are bound tightly together and interventions designed to improve health, inclusive growth and wellbeing in Yorkshire and the Humber are in the interests of all local, regional and national partners, businesses and communities and should be a shared priority and endeavour.

Full report: [Levelling Up Yorkshire and Humber: health as the new wealth post-COVID](https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/LevellingUpYorkshireandtheHumberReport130720.pdf)

**Title:** Building a country that works for all children post Covid-19

Association of Directors of Children’s Services | 14th July 2020

The purpose of this short discussion paper is to put children, young people and their lived experiences of Covid-19 front and centre in national recovery planning; to articulate what is needed to restore the public support services they rely on; and, to capture the positives and gains made during a very complex national, and indeed, global emergency.

It is clear that the pandemic, ensuing lockdown and enduring social distancing measures have simultaneously exposed and heightened the impact of stark disparities between disadvantaged children and their more affluent peers, from ill-health and poor-quality housing to children’s access to technology and therefore opportunities to learn at home.

Full report: [Building a country that works for all children post Covid-19](https://adcs.org.uk/assets/documentation/ADCS_Building_a_country_that_works_for_all_children_post_Covid-19.pdf)

**Title**: COVID-19 Speech and language therapy rehabilitation pathway

Royal College of Speech & Language Therapists | 14th July 2020

This guidance informs models and pathways for speech and language therapy services in the provision of high-quality rehabilitation.

The speech and language therapy guidance has been developed as part of the Intensive Care Society’s Rehabilitation Working Party’s work on a rehabilitation framework for COVID-19 patients. This will inform what high quality rehabilitation service models and pathways could look like for COVID-19.

Full detail: [COVID-19 Speech and language therapy rehabilitation pathway](https://www.rcslt.org/-/media/docs/Covid/RCSLT-COVID-19-SLT-rehab-pathway_14-July-2020_FINAL.pdf?la=en&hash=0DFDCB62CB2766E1ED6475752D986ACC6599D561)

**Title**: Persistent Symptoms in Patients After Acute COVID-19

JAMA | 9th July 2020

In Italy, a large proportion of patients with coronavirus disease 2019 (COVID-19) presented with symptoms (71.4% of 31 845 confirmed cases as of June 3, 2020).Common symptoms include cough, fever, dyspnea, musculoskeletal symptoms (myalgia, joint pain, fatigue), gastrointestinal symptoms, and anosmia/dysgeusia.However, information is lacking on symptoms that persist after recovery.

This paper assessed persistent symptoms in patients who were discharged from the hospital after recovery from COVID-19.

This study found that in patients who had recovered from COVID-19, 87.4% reported persistence of at least 1 symptom, particularly fatigue and dyspnea.

Full detail: [Persistent symptoms in patients after acute COVID-19](https://jamanetwork.com/journals/jama/fullarticle/2768351?utm_source=silverchair&utm_campaign=jama_network&utm_content=covid_weekly_highlights&utm_medium=email)

**Title**: How cancer services are fighting to counter covid-19’s impact

BMJ | 2020; 370: m2747 | 15th July 2020

Behind the headlines of delayed referral, diagnosis, and treatment, clinical teams have been continually adapting care settings and treatment to try to mitigate the impact on patients. They are now preparing for a delayed surge in patients as this BMJ Feature reports.

Full detail: [How cancer services are fighting to counter covid-19’s impact](https://www.bmj.com/content/370/bmj.m2747)

**Title:** Rising to the triple challenge of covid-19, Brexit, and climate change

BMJ | 2020; 370: m2798 | 15th July 2020

This letter discusses the need to mitigate the longer term effects of the covid-19 pandemic in an equitable way.  Plans for the United Kingdom need to tackle the triple public health challenge it faces from covid-19, climate change, and Brexit.

Further detail: [Rising to the triple challenge of covid-19, Brexit, and climate change](https://www.bmj.com/content/370/bmj.m2798)

**Title**: 12 Lessons learned from the management of the coronavirus pandemic

Health Policy | Vol. 124 (2020) p577–580

The Coronavirus SARS-CoV-2 has spread rapidly since the first cases hit Wuhan, China at the end of 2019, and has now landed in almost every part of the world. By mid-February 2020, China, South Korea, Singapore, Taiwan, and – to some extent – Japan began to contain and control the spread ofthe virus, while conversely, cases increased rapidly in Europe and the United States.

In response to the pandemic, many countries have had to introduce drastic legally mandated lockdowns to enforce physical separation, which are ravaging economies worldwide. Although it will be many months or even years before the final verdict can be reached, we believe that it is already possible to identify 12 key lessons that we can learn from to reduce the tremendous economic and social costs of this pandemic and which can inform responses to future crises. These include lessons around the importance of transparency, solidarity, coordination, decisiveness, clarity, accountability and more.

Full paper: [12 Lessons learned from the management of the coronavirus pandemic](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7227502/pdf/main.pdf)

**TITLE:** EXPERT CONSENSUS ON PROTOCOL OF REHABILITATION FOR COVID-19 PATIENTS USING FRAMEWORK AND APPROACHES OF WHO INTERNATIONAL FAMILY CLASSIFICATIONS

Aging Medicine | June 2020

Coronavirus disease 2019 (COVID-19) has widely spread all over the world and the numbers of patients and deaths are increasing. According to the epidemiology, virology, and clinical practice, there are varying degrees of changes in patients, involving the human body structure and function and the activity and participation.

Based on the World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF) and its biopsychosocial model of functioning, this paper uses the WHO Family of International Classifications (WHO-FICs) framework to form an expert consensus on the COVID-19 rehabilitation program, focusing on the diagnosis and evaluation of disease and functioning, intervention and service delivery of rehabilitation, and to establish a standard rehabilitation framework, terminology system, and evaluation and intervention systems based the WHO-FICs.

Full paper: [Expert consensus on protocol of rehabilitation for COVID-19 patients using framework and approaches of WHO International Family Classifications](https://onlinelibrary.wiley.com/doi/pdf/10.1002/agm2.12120)

**Title**: Follow-up study of the pulmonary function and related physiological characteristics of COVID-19 survivors three months after recovery

EClinicalMedicine | published by The Lancet | 14th July 2020

The long-term pulmonary function and related physiological characteristics of COVID-19 survivors have not been studied in depth, thus many aspects are not understood.

Radiological and physiological abnormalities were still found in a considerable proportion of COVID-19 survivors without critical cases 3 months after discharge. Higher level of D-dimer on admission could effectively predict impaired DLCO after 3 months discharge. It is necessary to follow up the COVID-19 patients to appropriately manage any persistent or emerging long-term sequelae.

Full paper: [Follow-up study of the pulmonary function and related physiological characteristics of COVID-19 survivors three months after recovery](https://www.thelancet.com/action/showPdf?pii=S2589-5370%2820%2930207-8)

**Title**: Meeting the Transitional Care Needs of Older Adults with COVID-19

Journal of Aging & Social Policy | published online 31st May 2020

Older adults with COVID-19 who survive hospitalizations and return to their homes confront substantial health challenges and an unpredictable future. While understanding of the unique needs of COVID-19 survivors is developing, components of the evidence-based Transitional Care Model provide a framework for taking a more immediate, holistic response to caring for these individuals as they moved back into the community.

These components include: increasing screening, building trusting relationships, improving patient engagement, promoting collaboration across care teams, undertaking symptom management, increasing family caregiver care/education, coordinating health and social services, and improving care continuity.

Full document: [Meeting the Transitional Care Needs of Older Adults with COVID-19](https://www.tandfonline.com/doi/pdf/10.1080/08959420.2020.1773189?needAccess=true)

**Title**: COVID-19 AND THE NATION'S MENTAL HEALTH

Centre for Mental Health | 17th July 2020

Covid-19 is increasing levels of psychological distress around the world, and the mental health impacts are greatest among those most closely affected. This includes people living in areas where there are local outbreaks of the virus and people with long-term physical or mental health conditions.

This briefing warns that the combination of a possible rise in Covid-19 cases combined with seasonal flu, the absence of financial safety nets such as the furlough scheme, and a no-deal Brexit may affect the whole UK economy and have a major knock-on effect on mental health.

Full briefing: [Covid-19 and the nation's mental health: July 2020](https://www.centreformentalhealth.org.uk/sites/default/files/2020-07/CentreforMentalHealth_COVID_MH_Forecasting2_Jul20_0.pdf)

**Infection control**

**Title**: For patients, the public and professional users: a guide to COVID-19 tests and testing kits

Medicines & Healthcare products Regulatory Agency | 10th July 2020

Updated 10 July: this guidance has been rewritten to include updated information for members of the public, patients, professionals and industry about COVID-19 tests and testing kits, including how they work, the different types of tests and the specifications manufacturers need to follow.

Tests are only reliable if used in the way intended by the manufacturer. It is always important to follow the manufacturer’s instructions for use.

Full detail: [For patients, the public and professional users: a guide to COVID-19 tests and testing kits](https://www.gov.uk/government/publications/how-tests-and-testing-kits-for-coronavirus-covid-19-work/for-patients-the-public-and-professional-users-a-guide-to-covid-19-tests-and-testing-kits)

**Title**: In-person coronavirus testing continues to deliver results the next day

Department of Health and Social Care | 16th July 2020

Sixth week of NHS Test and Trace figures shows anyone getting a test at a regional test site or mobile testing unit can expect their result by the next day.

* Despite an increase in tests this week, fewer people have tested positive and there have been fewer outbreaks or complex cases
* New data shows that more than a million tests have now been carried out at care homes across the UK since the pandemic began

Full detail: [In-person coronavirus testing continues to deliver results the next day](https://www.gov.uk/government/news/in-person-coronavirus-testing-continues-to-deliver-results-the-next-day?utm_source=372259cb-003f-4b71-bb5f-da9191a332d7&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title**: Face coverings to be mandatory in shops and supermarkets from 24 July

Department of Health and Social Care | 14th July 2020

Health and Social Care Secretary Matt Hancock statement about plans to make face coverings mandatory in shops and supermarkets from 24 July 2020.

Full detail: [Face coverings to be mandatory in shops and supermarkets from 24 July](https://www.gov.uk/government/speeches/face-coverings-to-be-mandatory-in-shops-and-supermarkets-from-24-july?utm_source=c6b2ee0b-9d00-4bab-9401-7e2afb1f6d21&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title**: Types and uses of coronavirus (COVID-19) tests

Department of Health and Social Care | 14th July 2020

Information on:

* the different types of coronavirus test
* which type of test to use and when
* what you should do when you receive a test result
* testing in the future

Full guidance: [Types and uses of coronavirus (COVID-19) tests](https://www.gov.uk/government/publications/types-and-uses-of-coronavirus-covid-19-tests/types-and-uses-of-coronavirus-covid-19-tests)

**Title**: Physical distancing interventions and incidence of coronavirus disease 2019: natural experiment in 149 countries

BMJ | 2020; 370: m2743 | 15th July 2020

The objective of this study was to evaluate the association between physical distancing interventions and incidence of coronavirus disease 2019 (covid-19) globally.

The results showed that, on average, implementation of any physical distancing intervention was associated with an overall reduction in covid-19 incidence of 13%.

Full research paper: [Physical distancing interventions and incidence of coronavirus disease 2019: natural experiment in 149 countries](https://www.bmj.com/content/bmj/370/bmj.m2743.full.pdf)

See also linked editorial: [Lockdown-type measures look effective against covid-19](https://www.bmj.com/content/370/bmj.m2809)

**Title**: Rates fell rapidly on Isle of Wight after test and trace launch, early data show

BMJ | 2020; 370: m2861 | 16th July 2020

The Isle of Wight moved from having one of the worst covid-19 reproduction rates in England to one of the best after the test, trace, and isolate programme and app were introduced there, a preliminary analysis has found.

A preprint paper from researchers at Oxford University found that the island saw a rapidly declining total incidence, per capita incidence, and reproduction number (R) levels among hospital and community tested cases after a pilot of the UK’s test and trace programme was launched on 5 May 2020.

Full detail: [Covid-19: Rates fell rapidly on Isle of Wight after test and trace launch, early data show](https://www.bmj.com/content/370/bmj.m2861)

**Title**: Social distancing, population density, and spread of COVID-19 in England: a longitudinal study

BJGP Open | 7th July 2020

The aim of this research was to explore the spreading of COVID-19 in relation to population density after the introduction of social distancing measures.

The study found that after the introduction of social distancing measures, the incidence rates per 100 000 people dropped stronger in most densely populated areas.

Full paper: [Social distancing, population density, and spread of COVID-19 in England: a longitudinal study](https://bjgpopen.org/content/bjgpoa/early/2020/07/07/bjgpopen20X101116.full.pdf)

**Title**: Transmission of SARS-CoV-2: implications for infection prevention precautions

World Health Organisation | Scientific Brief | 9th July 2020

This scientific brief provides an overview of the modes of transmission of SARS-CoV-2, what is known about when infected people transmit the virus, and the implications for infection prevention and control precautions within and outside health facilities. This scientific brief is not a systematic review. Rather, it reflects the consolidation of rapid reviews of publications in peer-reviewed journals and of non-peer-reviewed manuscripts on pre-print servers, undertaken by WHO and partners.

Full detail: [Transmission of SARS-CoV-2: implications for infection prevention precautions](https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions)

**Title**: England’s PPE procurement failures must never happen again

BMJ | 2020 370: m2858 | 17th July 2020

This editorial discusses the procurement of PPE, and claims that fixing a broken system is an urgent priority ahead of any winter surge in covid-19.

Full editorial: [England’s PPE procurement failures must never happen again](https://www.bmj.com/content/370/bmj.m2858)

**workforce wellbeing**

**TITLE**: EXPOSED, SILENCED, ATTACKED: FAILURES TO PROTECT HEALTH AND ESSENTIAL WORKERS DURING THE PANDEMIC

Amnesty International | 13th July 2020

Amnesty has collated and analysed a wide range of available data showing that more than 3,000 health workers have died after contracting Covid-19 in 79 countries, though the figure is likely to be a significant underestimate due to under-reporting.

According to Amnesty’s monitoring, the countries with the highest numbers of health worker deaths thus far, are: Russia (545), UK (England and Wales: 540, including 262 social care workers), USA (507), Brazil (351), Mexico (248), Italy (188), Egypt (111), Iran (91), Ecuador (82) and Spain (63).

In the UK, early studies indicate that black, Asian and minority ethnic health workers appear to be significantly over-represented in the total number of Covid-19 related health worker deaths, with some reports showing that more than 60 per cent of health workers who died identified as BAME.

Full report: [Exposed, Silenced, Attacked: Failures to protect health and essential workers during the Pandemic](https://www.amnesty.org/download/Documents/POL4025722020ENGLISH.PDF)

Press release: [UK among highest COVID-19 health worker deaths in the world](https://www.amnesty.org.uk/press-releases/uk-among-highest-covid-19-health-worker-deaths-world)

**Title:** The efficacy of PPE for COVID-19-type respiratory illnesses in primary and community care staff

British Journal of General Practice, Online First | 13th July 2020

This article presents findings from rapid reviews conducted regarding PPE for frontline primary care and community care staff, and what circumstances may potentially put HCWs at risk of contagion.

Full paper: [The efficacy of PPE for COVID-19-type respiratory illnesses in primary and community care staff](https://bjgp.org/content/bjgp/early/2020/07/13/bjgp20X710969.full.pdf)

**Title:** IMPACT OF INFECTION OUTBREAK ON LONG-TERM CARE STAFF: A RAPID REVIEW ON PSYCHOLOGICAL WELL-BEING

Journal of Long-Term Care | 13th July 2020

This rapid review looked at the potential impact of infection outbreaks on the psychological state of healthcare staff. The research team also had the secondary aim of exploring suggestions to support and protect this group’s psychological well-being.

Full paper: [Impact of infection outbreak on long-term care staff: A Rapid Review on psychological well-being](https://journal.ilpnetwork.org/articles/40/)

**Title:** Use of personal protective equipment during the COVID-19 pandemic

British Journal of Nursing | 10th July 2020

This article provides an introduction to personal protective equipment (PPE) and looks at the latest guidelines in the context of nursing patients with COVID-19 in the UK.

Full document available with an NHS OpenAthens password: [Use of personal protective equipment during the COVID-19 pandemic](https://www.magonlinelibrary.com/doi/pdf/10.12968/bjon.2020.29.13.748)

**Health management**

**TITLE:** COVID-19: AN OPPORTUNITY TO REDUCE UNNECESSARY HEALTHCARE

BMJ | 2020; 370: m2752 | 14th July 2020

Alongside the human suffering, covid-19 is also threatening the sustainability of health systems. The continuing costs of the pandemic combined with the impending financial crisis will inevitably mean having to do more with less.

The tragedy of the pandemic has paradoxically produced an opportunity to tackle the increasingly recognised challenge of “too much medicine” safely and fairly—to help improve both sustainability and equity in healthcare. This well described problem of unnecessary tests, diagnoses, and treatments causes harm and wastes resources that could be better used for those in genuine need.

Full editorial: [Covid-19: an opportunity to reduce unnecessary healthcare](https://www.bmj.com/content/370/bmj.m2752)

**Title:** The road to renewal: five priorities for health and care

The King’s Fund | 16th July 2020

Covid-19 is the biggest challenge the health and care system has faced in living memory. It is essential that lessons are learned from this experience – whether from the rapid progress achieved in digitising and transforming service delivery, the extraordinary contributions of millions of staff and volunteers, or from the shortcomings and inequalities brought sharply into focus.

There is now not only an imperative to restore service provision while remaining prepared for future waves of the virus, but to build on this learning to bring about positive change and renewal so that the health and care system can support the greatest possible improvements in health and wellbeing for everyone, well beyond this crisis.

This piece sets out five priorities to help guide the approach to renewal across health and care.

Full detail: [The road to renewal: five priorities for health and care](https://www.kingsfund.org.uk/publications/covid-19-road-renewal-health-and-care?utm_source=twitter&utm_term=thekingsfund&utm_medium=social)

**TITLE**: REIMAGINING THE FUTURE OF HEALTH AND SOCIAL CARE. HOW TO LEARN THE LESSONS FROM THE COVID-19 CRISIS FOR A NEXT GENERATION HEALTH AND CARE SYSTEM

Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA) | July 2020

The Covid-19 pandemic has acted as a real-time experiment of the capacity of the health and care system to meet population needs over the coming years. This report looks at what has been learnt about the UK’s health and social care system through the Covid-19 crisis, and how this might translate to profound change within the system.

Full report: [Reimagining the future of health and social care. How to learn the lessons from the Covid-19 crisis for a next generation health and care system](https://www.thersa.org/globalassets/reports/2020/rsa-reimagining-health-social-care.pdf)

**other**

**TITLE:** THE HIDDEN IMPACT OF COVID-19 ON PATIENT CARE IN THE NHS IN ENGLAND

British Medical Association| 12th July 2020

The Covid-19 pandemic led to an extensive shift in the package of care provided by the NHS as hospitals had to prepare for a large surge in patients requiring intensive care. Whilst these changes meant that intensive care did not have to be rationed to Covid-19 patients, data indicates that the shutdown of most non-Covid services, combined with drastic changes in patient behaviour, mean the NHS is now facing a large backlog of non-Covid-19 care, storing up greater problems for the future.

This paper investigates the extent to which non-Covid care has been disrupted over April, May and June 2020, and the likely impact this will have in the longer term.

Full report: [The hidden impact of COVID-19 on patient care in the NHS in England](https://www.bma.org.uk/media/2841/the-hidden-impact-of-covid_web-pdf.pdf)

See also: [BMA doctors tell of patients being neglected and their condition worsening due to Covid](https://www.bma.org.uk/bma-media-centre/bma-doctors-tell-of-patients-being-neglected-and-their-condition-worsening-as-bma-research-indicates-millions-of-patients-in-england-have-had-surgery-and-appointments-cancelled-due-to-covid)

**Title**: PREPARING FOR A CHALLENGING WINTER 2020/21

Academy of Medical Sciences | 14th July 2020

This report states that the UK must prepare now for a potential new wave of coronavirus infections this winter that could be more serious than the first. It stresses that ‘intense preparation’ is urgently needed throughout the rest of July and August to reduce the risk of the health service being overwhelmed and to save lives this winter.

The accompanying [People's perspective report](https://acmedsci.ac.uk/file-download/39133546) calls for these actions to be developed through engagement with patients, carers and the public to ensure services, guidelines and communications work for people, rather than focusing plans on individual medical conditions.

Full report: [Preparing for a challenging winter 2020/21](https://acmedsci.ac.uk/file-download/51353957)

See also:

* [Prepare now for a winter COVID-19 peak, warns Academy of Medical Sciences](https://acmedsci.ac.uk/more/news/prepare-now-for-a-winter-covid-19-peak-warns-academy-of-medical-sciences)
* [UK must prepare now for winter peak or risk many more deaths, scientists warn](https://www.bmj.com/content/370/bmj.m2825) | BMJ

**Title:** COVID-19 pandemic and admission rates for and management of acute coronary syndromes in England

The Lancet | July 14th 2020

Several countries affected by the COVID-19 pandemic have reported a substantial drop in the number of patients attending the emergency department with acute coronary syndromes and a reduced number of cardiac procedures. The authors of this study aimed to understand the scale, nature, and duration of changes to admissions for different types of acute coronary syndrome in England and to evaluate whether in-hospital management of patients has been affected as a result of the COVID-19 pandemic.

Compared with the weekly average in 2019, there was a substantial reduction in the weekly numbers of patients with acute coronary syndrome who were admitted to hospital in England by the end of March, 2020, which had been partly reversed by the end of May, 2020. The reduced number of admissions during this period is likely to have resulted in increases in out-of-hospital deaths and long-term complications of myocardial infarction and missed opportunities to offer secondary prevention treatment for patients with coronary heart disease.

Full paper: [COVID-19 pandemic and admission rates for and management of acute coronary syndromes in England](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931356-8)

See also: [Data show 5000 fewer hospital admissions for acute coronary syndrome during pandemic](https://www.bmj.com/content/370/bmj.m2852) | BMJ | 14th July 2020

**Title:** CANCER HAS NOT GONE AWAY: A PRIMARY CARE PERSPECTIVE TO SUPPORT A BALANCED APPROACH FOR TIMELY CANCER DIAGNOSIS DURING COVID-19

European Journal of Cancer Care | 7th July 2020

The COVID‐19 pandemic has had a profound and direct impact on the health and lives of the global population and has placed a huge burden on healthcare systems.

Consequently, timely cancer diagnosis may have been affected, with early reports suggesting that the decreased number of general practitioner consultations, combined with the minimalised capacity for non‐COVID care, may have had a serious impact on the diagnostic pathway.

This commentary suggests it is critical that the cancer diagnostic pathway is preserved. This means we must find mechanisms to prepare for the first wave's impact, adapt to its impact, and/or recover while preparing for the next.

Full detail: [Cancer has not gone away: A primary care perspective to support a balanced approach for timely cancer diagnosis during COVID‐19](https://onlinelibrary.wiley.com/doi/epdf/10.1111/ecc.13290)

**Title:** WHAT COUNTS AS A COVID-19 DEATH?

BMJ | 2020; 370: m2859 | 17th July 2020

One of the many difficulties of the pandemic is accurately recording covid-19 deaths. As countries all over the world struggle for consistency, this BMJ Feature reports on confusion in India.

Full detail: [What counts as a Covid-19 death?](https://www.bmj.com/content/370/bmj.m2859)

**Title:** WHY NO-ONE CAN EVER RECOVER FROM COVID-19 IN ENGLAND – A STATISTICAL ANOMALY

Centre for Evidence-Based Medicine | 16th July 2020

The Centre for Evidence-Based Medicine (CEBM) have produced this ‘explainer’ which explains a statistical flaw in the way that PHE compiles ‘out of hospital’ deaths data.

The piece explains that it seems that PHE regularly looks for people on the NHS database who have ever tested positive, and simply checks to see if they are still alive or not. PHE does not appear to consider how long ago the COVID test result was, nor whether the person has been successfully treated in hospital and discharged to the community. Anyone who has tested COVID positive but subsequently died at a later date of any cause will be included on the PHE COVID death figures.

By this PHE definition, no one with COVID in England is allowed to ever recover from their illness. A patient who has tested positive, but successfully treated and discharged from hospital, will still be counted as a COVID death even if they had a heart attack or were run over by a bus three months later.

Full detail: [Why no-one can ever recover from COVID-19 in England – a statistical anomaly](https://www.cebm.net/covid-19/why-no-one-can-ever-recover-from-covid-19-in-england-a-statistical-anomaly/)

**Title:** LAUNCH OF COVID-19 LIVE FOR MOBILE

British Medical Association | July 2020

The BMA has launched COVID-19 Live, a mobile-optimised site that doctors can use to access all the latest BMA COVID guidance and news.

Visit [Covid-19 Live](https://covid.bma.org.uk/) for further detail

**Title:** Wider impacts of COVID-19 on health monitoring tool

Public Health England | 16th July 2020

This monitoring tool collates metrics across a range of wider impacts to provide stakeholders with a single point of access. This will enable stakeholders to:

* monitor changes over time or against an agreed point in time
* make timely, informed decisions
* intervene early to mitigate against poor outcomes
* understand the wider context on population health

The tool will be updated weekly, this may include the addition of new metrics as they become available or data updates to metrics already included in the tool.

Full detail: [Wider impacts of COVID-19 on health monitoring tool](https://www.gov.uk/government/publications/wider-impacts-of-covid-19-on-health-monitoring-tool)

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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