COVID-19 weekly update

18th June 2021

clinical management

**Title:** RECOVERY trial: Monoclonal antibody treatment saves lives of seronegative hospitalised COVID-19 patients

National Institute for Health Research | medRxiv | 16th June 2021

The NIHR-supported RECOVERY trial has found that a new monoclonal antibody combination can help save lives of hospitalised patients with severe COVID-19 who were unable to generate an antibody response of their own before beginning treatment.

The investigational treatment called REGEN-COV - a combination of two antiviral monoclonal antibodies - reduced the risk of death and the length of hospital stay for seronegative hospitalised patients with severe COVID-19 (patients who had not mounted their own immune response).

Developed by biotechnology company Regeneron, the antibody treatment works by binding to two different sites on the coronavirus spike protein, neutralising the ability of the virus to infect cells.

The trial assessed the treatment amongst 9,785 hospitalised patients with COVID-19. Participants were randomly allocated to receive usual care plus the antibody combination treatment, or usual care alone.

The researchers have noted that those who received the intervention spent less time in hospital (by an average of 4 days), and their risk of mortality was also reduced. The findings of this arm of the trial indicate that a new monoclonal antibody combination can help save lives of seronegative hospitalised patients with severe COVID-19 who had not been able to produce their own immune response before beginning treatment.

Further detail: [RECOVERY trial: Monoclonal antibody treatment saves lives of seronegative hospitalised COVID-19 patients](https://www.nihr.ac.uk/news/recovery-trial-monoclonal-antibody-treatment-saves-lives-of-seronegative-hospitalised-covid-19-patients/27922)

Full pre-print: [Casirivimab and imdevimab in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial](https://www.medrxiv.org/content/10.1101/2021.06.15.21258542v1) | medRxiv

See also:

* [RECOVERY trial Regeneron’s monoclonal antibody combination reduces deaths for hospitalised COVID-19 patients](https://www.ox.ac.uk/news/2021-06-16-recovery-trial-regeneron-s-monoclonal-antibody-combination-reduces-deaths) | University of Oxford
* [Regeneron’s antibody combination cuts deaths in seronegative patients, trial finds](https://www.bmj.com/content/373/bmj.n1570) | BMJ
* [Another life-saving Covid treatment found](https://www.bbc.co.uk/news/health-57488150) | BBC News

**Title:** Treatment of Multisystem Inflammatory Syndrome in Children

New England Journal of Medicine | 16th June 2021

Evidence is urgently needed to support treatment decisions for children with multisystem inflammatory syndrome (MIS-C) associated with severe acute respiratory syndrome coronavirus 2.

This observational cohort study evaluated immunomodulatory therapy of multisystem inflammatory syndrome in children by comparing IVIG, IVIG plus glucocorticoids, or glucocorticoids alone. The investigators found no evidence of the superiority of any of the three therapies, although significant differences may emerge as more data accrue.

Full paper: [Treatment of Multisystem Inflammatory Syndrome in children](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2102968?articleTools=true)

Related editorial: [Immunotherapy for MIS-C — IVIG, Glucocorticoids, and Biologics](https://www.nejm.org/doi/full/10.1056/NEJMe2108276?query=recirc_curatedRelated_article)

See also: [Steroids may be effective treatment for COVID-19 complications in children](https://www.imperial.ac.uk/news/224013/steroids-effective-treatment-covid-19-complications-children/) | Imperial College London

**Title:** Multisystem Inflammatory Syndrome in Children — Initial Therapy and Outcomes

New England Journal of Medicine | 16th June 2021

The assessment of real-world effectiveness of immunomodulatory medications for multisystem inflammatory syndrome in children (MIS-C) may guide therapy.

This analysis of surveillance data on inpatients younger than 21 years of age who had multisystem inflammatory syndrome in children and were hospitalized between March 15 and October 31, 2020, showed that initial treatment with IVIG plus glucocorticoids was associated with a lower risk of cardiovascular dysfunction and a lower incidence of adjunctive therapy use than IVIG alone.

Full paper: [Multisystem Inflammatory Syndrome in children — Initial therapy and outcomes](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2102605?articleTools=true)

**Title:** Tofacitinib in Patients Hospitalized with Covid-19 Pneumonia

New England Journal of Medicine | 16th June 2021

The efficacy and safety of tofacitinib, a Janus kinase inhibitor, in patients who are hospitalized with coronavirus disease 2019 (Covid-19) pneumonia are unclear.

In this study, patients who were hospitalized with Covid-19 pneumonia were randomly assigned, at a median of 10 days after symptom onset, to receive tofacitinib or placebo. At 28 days, the risk of death or respiratory failure was lower in the tofacitinib group.

Full paper: [Tofacitinib in patients hospitalized with Covid-19 pneumonia](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2101643?articleTools=true)

**Title:** Discontinuation versus continuation of renin-angiotensin-system inhibitors in COVID-19 (ACEI-COVID)

The Lancet Respiratory Medicine | 11th June 2021

SARS-CoV-2 entry in human cells depends on angiotensin-converting enzyme 2, which can be upregulated by inhibitors of the renin–angiotensin system (RAS). The authors of this study aimed to test their hypothesis that discontinuation of chronic treatment with ACE-inhibitors (ACEIs) or angiotensin II receptor blockers (ARBs) mitigates the course o\f recent-onset COVID-19.

Discontinuation of RAS-inhibition in COVID-19 had no significant effect on the maximum severity of COVID-19 but may lead to a faster and better recovery. The decision to continue or discontinue should be made on an individual basis, considering the risk profile, the indication for RAS inhibition, and the availability of alternative therapies and outpatient monitoring options.

Full article: [Discontinuation versus continuation of renin-angiotensin-system inhibitors in COVID-19 (ACEI-COVID): a prospective, parallel group, randomised, controlled, open-label trial](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900214-9)

**Title:** Lung Transplants for COVID-19 - The Option of Last Resort

JAMA | 17th June 2021

This Medical News article is an interview with Ankit Bharat, MD, a surgeon at Chicago’s Northwestern Memorial Hospital who performed the first bilateral lung transplant for COVID-19 in the US.

Full detail: [Lung transplants for Covid-19 - the option of last resort](https://jamanetwork.com/journals/jama/fullarticle/2781358)

**Title:** Thromboinflammation in COVID-19: The Clot Thickens

British Journal of Pharmacology | 14th June 2021

The pathophysiology of COVID-19 is complex, which is evident in those at higher risk for poor outcome. Multiple systems contribute to thrombosis and inflammation seen in COVID-19 patients, including neutrophil and platelet activation, and endothelial dysfunction.

This mini-review states that understanding how the immune system functions in different patient cohorts (particularly given recent emerging events with the Oxford/AstraZeneca vaccine) is vital to understanding the pathophysiology of this devastating disease and for the subsequent development of novel therapeutic targets and to facilitate possible drug repurposing strategies that could benefit society on a global scale.

Full paper: [Thromboinflammation in COVID-19: The clot thickens](https://bpspubs.onlinelibrary.wiley.com/doi/epdf/10.1111/bph.15594)

**Title:** Imatinib in patients with severe COVID-19: a randomised, double-blind, placebo-controlled, clinical trial

The Lancet Respiratory Medicine | 17th June 2021

The authors of this report intended to assess the efficacy and safety of oral imatinib in hospitalised patients with COVID-19 requiring supplemental oxygen administration. To this end they studied patients at 13 large hospitals across the Netherlands.

In this, the first randomised clinical trial assessing the effects of imatinib in hospitalised patients with COVID-19 requiring supplemental oxygen, the researchers report that this trial failed to meet its primary outcome, defined as time to discontinuation of ventilation and supplemental oxygen for more than 48 consecutive hours. However, a clinical benefit was suggested by reductions in mortality and duration of mechanical ventilation in the imatinib group compared with the placebo group.

Full paper: [Imatinib in patients with severe COVID-19: a randomised, double-blind, placebo-controlled, clinical trial](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900237-X)

recovery

**Title:** NHS sets up specialist young people’s services in £100 million long COVID care expansion

NHS England | 15th June 2021

The NHS is setting up specialist long COVID services for children and young people as part of a £100 million expansion of care for those suffering from the condition. The 15 new paediatric hubs will draw together experts on common symptoms such as respiratory problems and fatigue who can directly treat youngsters, advise family doctors or others caring for them or refer them into other specialist services and clinics.

Some £30 million will also go to GPs to improve diagnosis and care for those with long COVID while the new investment will also boost online services. The boost to dedicated services for young people is part of a package of investment in a range of measures to help young people and adults with long COVID, including a major focus on specialist treatment and rehab services.

Some estimates suggest that 340,000 people may need support for the condition including 68,000 who will need rehab or other specialist treatment.

Full detail: [NHS sets up specialist young people’s services in £100 million long COVID care expansion](https://www.england.nhs.uk/2021/06/nhs-sets-up-specialist-young-peoples-services-in-100-million-long-covid-care-expansion/)

**Title:** Long COVID: the NHS plan for 2021/22

NHS England | 15th June 2021

The Long Covid Plan 2021/22 builds on the previous five-point plan announced in October 2020 and outlines 10 key next steps to be taken by the NHS to support people living with Long Covid. The plan highlights the need for equity of access, outcomes and experience in Long Covid support, as well as committing to extending the Your COVID Recovery website, collecting and publishing data.

At the NHS Confederation Conference on the 15 June 2021 Sir Simon Stevens, Chief Executive of the NHS, announced a further package of support for Long Covid for 2021/22. This includes a £100 million investment, £30 million of which will go towards an enhanced service for general practice to support Long Covid care. The remaining £70 million will be used to expand other NHS Long Covid services and establish 15 ‘paediatric hubs’ to coordinate care for children and young people.

This investment underpins The Long Covid Plan 21/22. This outlines 10 key next steps to be taken to support people living with Long Covid:

1. £70 million to expand Long Covid services to add to the £24 million already spent on Post-Covid Assessment Clinics.
2. £30 million for the rollout of an enhanced service for general practice to support patients to be managed in primary care, where appropriate, and enable more consistent referrals to clinics for specialist assessment and treatment.
3. Care coordination.
4. Establish 15 Post-Covid assessment children and young people’s hubs across England in order to coordinate care across a range of services.
5. Develop standard rehabilitation pathway packages to treat the commonest symptoms of Long Covid.
6. Extend the use of the Your Covid Recovery online rehabilitation platform.
7. Collect and publish data to support operational performance, and clinical and research activities.
8. Focus on equity of access, outcomes and experience.
9. Promote good clinical practice through the national learning network on Long Covid for healthcare professionals.
10. Support our NHS staff suffering from Long Covid.

 Full document: [Long Covid: the NHS plan for 2021/22](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/06/C1312-long-covid-plan-june-2021.pdf)

**Title:** Inequalities in healthcare disruptions during the Covid-19 pandemic: Evidence from 12 UK population-based longitudinal studies

medRxiv | 12th June 2021

The purpose of this study was to investigate inequalities in healthcare disruption during the COVID-19 pandemic in 12 population based longitudinal studies, to help inform targeting of policy responses as we move out of the acute phase of the pandemic.

In particular, the researchers investigate healthcare disruptions (including prescription or medication access, procedures or surgery, clinical appointments) by sex, age, ethnicity, education, and occupational social class and we explore whether associations differ by age, or for those who have been recommended to ‘shield’ due to clinical vulnerability.

The authors conclude that the COVID-19 pandemic has led to unequal healthcare disruptions, which, if unaddressed, could contribute to the maintenance or widening of existing health inequalities.

Full paper: [Inequalities in healthcare disruptions during the Covid-19 pandemic: Evidence from 12 UK population-based longitudinal studies](https://www.medrxiv.org/content/10.1101/2021.06.08.21258546v1.full)

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

**Title:** Longitudinal changes in psychological distress in the UK from 2019 to September 2020 during the COVID-19 pandemic: Evidence from a large nationally representative study

Psychiatry Research | June 2021

COVID-19 may have a profound and enduring influence on population mental health. Few studies have tracked changes in mental health before and during the pandemic.

In this large (*n*=10918), national, longitudinal probability-based sample of UK adults the prevalence of clinically significant psychological distress rose from prepandemic levels of 20.8% in 2019 to 29.5% in April 2020 and then declined significantly to prepandemic levels by September (20.8%).

By September 2020 distress levels were indistinguishable from prepandemic levels. This recovery may reflect the influence of the easing of restrictions and psychological adaptation to the demands of the pandemic.

Full paper: [Longitudinal changes in psychological distress in the UK from 2019 to September 2020 during the COVID-19 pandemic: Evidence from a large nationally representative study](https://reader.elsevier.com/reader/sd/pii/S0165178121002171?token=E00178AB47E514E66FBDBB7CDB11E831DAC4262400EFAB435908A726D399EEA50E250BA6D592FF0FD18F262CF0152C6D&originRegion=eu-west-1&originCreation=20210618092234)

Infection control

**Title:** Safety, Immunogenicity, and Efficacy of a COVID-19 Vaccine (NVX-CoV2373) Co-administered With Seasonal Influenza Vaccines

medRxiv | 13th June 2021

The safety and immunogenicity profile of COVID-19 vaccines when administered concomitantly with seasonal influenza vaccines has not yet been reported. This sub-study aimed to evaluate the safety, immunogenicity, and efficacy of NVX-CoV2373 when co-administered with a licensed seasonal influenza vaccine.

The pre-print presents the results of a sub-study of a phase 3 UK trial that assessed the safety and efficacy of two doses of NVX-CoV2373 compared with placebo. The study demonstrates the safety, immunogenicity, and efficacy profile of a COVID-19 vaccine when co-administered with seasonal influenza vaccines. The results suggest concomitant vaccination may be a viable immunisation strategy.

The full paper is available from medRxiv, ahead of publication in *The Lancet.*

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

Full paper: [Safety, Immunogenicity, and Efficacy of a COVID-19 Vaccine (NVX-CoV2373) Co-administered With Seasonal Influenza Vaccines](https://www.medrxiv.org/content/10.1101/2021.06.09.21258556v1)

**Title:** UK to donate 100 million coronavirus vaccine doses

Prime Minister's Office, 10 Downing Street | 11th June 2021

* The UK will donate at least 100 million surplus coronavirus vaccine doses within the next year, including 5 million beginning in the coming weeks
* Donation is in addition to UK work to support Oxford-AstraZeneca’s contribution to fighting COVID and financial backing to COVAX
* G7 leaders are expected to agree to provide 1 billion doses via dose sharing and financing to end the pandemic in 2022

Full detail: [UK to donate 100 million coronavirus vaccine doses](https://www.gov.uk/government/news/uk-to-donate-100-million-coronavirus-vaccine-doses)

Related: [G7 vaccine promises fail to meet scale of challenge, say critics](https://www.bmj.com/content/373/bmj.n1520) | BMJ

**Title:** Comparing COVID-19 Booster Vaccinations (COV-BOOST)

COV-Boost | 15th June 2021

Clinical trials have begun in Cambridge to see which Covid-19 vaccine works best as a third "booster" jab. Researchers at the Addenbrooke's Hospital site are recruiting about 180 participants for a national trial, which will test seven vaccines.

The Cov-Boost study will give people a third dose of a vaccine to see whether it offers better protection against the virus than the standard two injections.

Full detail: [Comparing COVID-19 Booster Vaccinations (COV-BOOST)](https://www.covboost.org.uk/about)

See also: [Vaccine booster study begins in Cambridge](https://www.bbc.co.uk/news/uk-england-cambridgeshire-57467632) | BBC News

**Title:** Vaccines effective against COVID-19 Delta variant but hospitalisations higher

National Institute for Health Research | The Lancet | 14th June 2021

Infections from the rising Delta variant of COVID-19 lead to a higher risk of hospital admission than other strains, according to NIHR-funded research. Data analysed from across Scotland indicated that the Delta variant – first identified in India – has surpassed the Alpha – or Kent – variant to become the dominant form of coronavirus in the country and is twice as likely to lead to hospitalisation.

Despite higher severity and greater transmissibility, the research showed that two vaccine doses still provided strong protection against the Delta strain.

The study, published in a research letter in The Lancet, showed that in community cases, at least two weeks after a second jab, the Pfizer-BioNTech vaccine provided 79% protection against the Delta variant, compared with 92% against the Alpha variant. The Oxford-AstraZeneca vaccine offered 60% protection against the Delta variant and 73% against the Alpha variant. People with underlying conditions were more at risk of being hospitalised from both variants.

Researchers believe the discrepancy between the vaccines could mean it takes longer to develop immunity with the Oxford-AstraZeneca jab.

Further detail: [Vaccines effective against COVID-19 Delta variant but hospitalisations higher](https://www.nihr.ac.uk/news/vaccines-effective-against-covid-19-delta-variant-but-hospitalisations-higher/27917)

Research letter: [SARS-CoV-2 Delta VOC in Scotland: demographics, risk of hospital admission, and vaccine effectiveness](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2821%2901358-1/fulltext) | The Lancet

**Title:** Vaccines highly effective against hospitalisation from Delta variant

Public Health England | 14th June 2021

This new analysis by Public Health England (PHE) shows for the first time that 2 doses of COVID-19 vaccines are highly effective against hospitalisation from the Delta (B.1.617.2) variant.

The authors of the paper estimate effectiveness of the BNT162b2 (BioNTech, Pfizer) and ChAdOx1 (Oxford Astra Zeneca) vaccines against Delta as compared to Alpha. Their anlaysis of symptomatic cases (n equal to 14 019 symptomatic cases with Delta), 166 of whom were hospitalised. Their findings show:

* the Pfizer-BioNTech vaccine is 96 per cent effective against hospitalisation after 2 doses
* the Oxford-AstraZeneca vaccine is 92 per cent effective against hospitalisation after 2 doses

Further work remains underway to establish the level of protection against mortality from the Delta variant. However, as with other variants, this is expected to be high.

This paper is available as a pre-print, it has not been certified by peer review.

Further detail: [Vaccines highly effective against hospitalisation from Delta variant](https://www.gov.uk/government/news/vaccines-highly-effective-against-hospitalisation-from-delta-variant)

Full paper: [Effectiveness of COVID-19 vaccines against hospital admission with the Delta (B.1.617.2) variant](https://khub.net/documents/135939561/479607266/Effectiveness%2Bof%2BCOVID-19%2Bvaccines%2Bagainst%2Bhospital%2Badmission%2Bwith%2Bthe%2BDelta%2B%28B.1.617.2%29%2Bvariant.pdf/1c213463-3997-ed16-2a6f-14e5deb0b997?version=1.4&t=1623689315431&download=true)

**Title:** Vaccination programme accelerated as Step 4 is paused

Prime Minister's Office, 10 Downing Street | 14th June 2021

Step 4 will be delayed by up to four weeks and the vaccination programme accelerated to respond to the rapid spread of the Delta variant, the Prime Minister has confirmed.

By 19 July, all adults will have been offered a first dose and around two thirds of all adults will have been offered two doses of the vaccine. Second doses for all over 40s will be accelerated by reducing the dosing interval from 12 weeks to 8 weeks to provide strongest protection against Delta variant sooner.

Data suggests that the Delta variant is between 40% and 80% more transmissible than the Alpha variant and is rapidly driving up case numbers. There are currently around 8,000 cases a day, the highest since the end of February, and these are increasing by around 64% each week. Hospitalisations are starting to rise, with the average number of people admitted to hospital increasing in England by 50% per week, and 61% per week in the North-West.

Full detail: [Vaccination programme accelerated as Step 4 is paused](https://www.gov.uk/government/news/vaccination-programme-accelerated-as-step-4-is-paused)

See also: [Delaying end of lockdown will allow more people to be vaccinated, UK government announces](https://www.bmj.com/content/373/bmj.n1552) | BMJ

**Title:** Delta variant: What is happening with transmission, hospital admissions, and restrictions?

BMJ | 2021; 373: n1513 | 15th June 2021

More than 71 million doses of covid-19 vaccine have been administered in the UK, and in many areas lockdown has eased. However, as the delta variant dominates, this article looks at the possibility of another wave on the horizon, asking:

* Are covid-19 hospital admissions increasing?
* Is this because of the delta variant?
* What is different about the delta variant?
* Why is delta able to transmit more easily?
* Does delaying the easing of covid-19 restrictions make a difference?
* Even if the death rate with delta is lower, could the healthcare system still be overwhelmed?
* Are more children becoming ill?

Full detail: [Delta variant: What is happening with transmission, hospital admissions, and restrictions?](https://www.bmj.com/content/373/bmj.n1513)

**Title:** resurgence of SARS-CoV-2 infections in England associated with increased frequency of the Delta variant

Imperial College London | 17th June 2021

The Real-time Assessment of Community Transmission (REACT) programme is the largest, most significant piece of research looking at how the virus is spreading across the country.

The study is being carried out by a world-class team of scientists, clinicians and researchers at Imperial College London, Imperial College Healthcare NHS Trust and Ipsos MORI, and was commissioned by the Department of Health and Social Care.

REACT scientists tested almost 110,000 people between 20th May and 7th June. They found evidence that England's epidemic is growing exponentially, with the prevalence of infection increasing by 50% since the last testing round, from 0.1% to 0.15%. The R number was found to be 1.44. Analysis of positive swabs also found that the majority were the Delta variant first identified in India.

Full detail: [REACT-1 round 12 report: resurgence of SARS-CoV-2 infections in England associated with increased frequency of the Delta variant](https://spiral.imperial.ac.uk/bitstream/10044/1/89629/2/react1_r12_preprint.pdf)

See also:

* [Exponential growth in infections in England is driven by young people](https://www.bmj.com/content/373/bmj.n1568) | BMJ
* [Epidemic growing across England, says study](https://www.bbc.co.uk/news/health-57504172) | BBC News

**Title:** Everyone working in care homes to be fully vaccinated under new law to protect residents

Department of Health and Social Care | 16th June 2021

New legislation means from October – subject to Parliamentary approval and a subsequent 16-week grace period – anyone working in a CQC-registered care home in England for residents requiring nursing or personal care must have 2 doses of a COVID-19 vaccine unless they have a medical exemption.

It will apply to all workers employed directly by the care home or care home provider (on a full-time or part-time basis), those employed by an agency and deployed by the care home, and volunteers deployed in the care home.

Those coming into care homes to do other work, for example healthcare workers, tradespeople, hairdressers and beauticians, and CQC inspectors will also have to follow the new regulations, unless they have a medical exemption.

The decision follows an extensive public consultation with thousands of staff, providers, residents and families. Further consultation will be launched on whether to extend to other health and social care settings. See

Full detail: [Everyone working in care homes to be fully vaccinated under new law to protect residents](https://www.gov.uk/government/news/everyone-working-in-care-homes-to-be-fully-vaccinated-under-new-law-to-protect-residents)

See also: [Vaccination to become mandatory for care home staff and could extend to NHS](https://www.bmj.com/content/373/bmj.n1576) | BMJ

workforce wellbeing

**Title:** Naming the issue: chronic excessive workload in the NHS

The Kings Fund | 14th June 2021

The [Health and Social Care Committee’s report](https://committees.parliament.uk/publications/6158/documents/68766/default/) on workforce burnout and resilience in the NHS and social care is unequivocal. Chronic excessive workload is damaging staff health, patient care and staff’s long-term ability to provide high-quality and compassionate care for people in their communities. This article explains that in a context of inadequate resources including unsatisfactory levels of staffing, equipment, training and supportive leadership, workload is the number one factor predicting ever-increasing levels of staff stress.

Full detail: [Naming the issue: chronic excessive workload in the NHS](https://www.kingsfund.org.uk/blog/2021/06/naming-issue-chronic-excessive-workload-nhs?utm_source=twitter&utm_medium=social&utm_term=thekingsfund)

Related: [Workforce burnout and resilience in the NHS and social care](https://committees.parliament.uk/publications/6158/documents/68766/default/) | Health and Social Care Committee

**Title:** Moral distress and moral injury. Recognising and tackling it for UK doctors

BMA | 16th June 2020

In the last 15 months, the BMA has heard consistently about the moral burden doctors in the UK are facing. The resulting impact on doctors’ health from moral distress and moral injury can be significant, with the concepts being linked to severe mental health conditions such as depression and post-traumatic stress disorder (PTSD).

This is a result of the institutional and resource constraints healthcare staff face, meaning they often cannot provide the high level of care they want and expect to be able to deliver. This is compounded by not feeling supported in difficult decision-making or when needing to challenge decisions of others. Poor workplace cultures can mean doctors are often discouraged from speaking up on these issues.

This report is based on the findings of the BMA’s review of moral distress in the UK medical workforce. This included interviews and discussions with doctors, analysis of academic research, and the first ever pan-profession survey of doctors in the UK on moral distress.

Full report: [Moral distress and moral injury. Recognising and tackling it for UK doctors](https://www.bma.org.uk/media/4209/bma-moral-distress-injury-survey-report-june-2021.pdf)

See also:

[Moral distress in the NHS and other organisations](https://www.bma.org.uk/moraldistress) | BMA

[Covid 19: Eight in 10 doctors have experienced moral distress during pandemic, BMA survey finds](https://www.bmj.com/content/373/bmj.n1543) | BMJ

**Title:** Scottish government failed to act on pre-pandemic advice to bolster PPE supplies

BMJ | 17th June 2021

The Scottish government did not heed warnings before the pandemic that improvements were needed to the supply of personal protective equipment (PPE), and it was not best prepared to respond to covid-19, Audit Scotland has reported.

The report called for better long term planning to secure supplies and ensure effective distribution of PPE to frontline services in any future emergency. It recognised that the challenges posed by covid-19 were “significant and unprecedented” and that the global market for PPE early in the pandemic had been complex and volatile.

The report said that the need to improve PPE supplies had been identified in pandemic planning exercises in 2015 and 2018 but that the Scottish government had failed to implement the recommendations. It concluded that Scotland could have been better prepared and could have done more to ensure access to PPE and training in its use for frontline staff.

Further detail: [Scottish government failed to act on pre-pandemic advice to bolster PPE supplies](https://www.bmj.com/content/373/bmj.n1563)

Full report: [Covid-19: Personal protective equipment](https://www.audit-scotland.gov.uk/uploads/docs/report/2021/briefing_210617_ppe.pdf) | Audit Scotland

Health management

**Title:** Outsourcing as a threat to public health: the case for insourcing public sector cleaners and facilities management

New Economics Foundation | 3rd June 2021

The evidence cited in this report suggests that outsourced health facilities management services pose a threat to public health. This represents a major weakness in the UK’s ability to cope with subsequent waves of Covid-19.

As a matter of public health, this paper recommends that: the government should launch an urgent and independent inquiry into the outsourcing of key workers, including cleaners, to assess whether, as the literature suggests, there is a link between outsourcing and higher rates of infection; and as a pandemic precautionary measure, all local authorities and NHS Trusts should immediately assess their portfolio of healthcare facilities management and sanitation workers, and examine opportunities to bring them in-house.

Full detail: [Outsourcing as a threat to public health: the case for insourcing public sector cleaners and facilities management](https://neweconomics.org/uploads/files/outsourcing-threat-public-health-1.pdf)

Related [press release](https://neweconomics.org/2021/06/outsourcing-as-a-threat-to-public-health)

**Title:** Discharge to assess: the case for permanent funding

NHS Confederation | NHS Providers | Community Network | 16th June 2021

This briefing sets out the case for permanent funding to support the ‘discharge to assess’ model based on cost effectiveness for the taxpayer and improved outcomes.

Key points:

* Both acute and community providers are clear that withdrawing funding for the discharge to assess model will lead to a damaging ‘cliff edge’, increased length of stay, delayed discharges and avoidable readmissions
* Central, dedicated funding for the discharge to assess model improved patient care and proved cost effective by contributing significantly to a reduction in average length of stay during winter 2021/22 and facilitating patient flow from acute to community settings.
* Discharge to assess funding helped providers to reduce avoidable admissions during the pandemic and reduced bed days improving quality and benefitting the public purse
* A permanently funded discharge to assess model will help acute trusts and community providers to manage the existing backlog of care through improved patient flow.
* The discharge to assess model aligns with the broader strategic direction of travel for the health and care system to deliver more care within and closer to home for the benefit of both patients and the wider health and care system.

Full detail: [Discharge to assess: the case for permanent funding](https://www.nhsconfed.org/sites/default/files/2021-06/210608%20Discharge%20to%20assess%20funding%20briefing%20for%20HMT_final_new-confed-logo.pdf)

**Title:** How to reposition the nursing profession for a post-covid age

BMJ | 2021, 373: n1105

The pandemic has laid bare the need to invest in nursing for global health and economic security. This BMJ analysis outlines how the profession must transform to maximize its effect on patient care and outcomes.

The analysis states that a bold vision of the profession can stimulate investment for the fundamentally changed healthcare services needed in the decades after the pandemic. Strengthening nurse education and leadership and including a nursing voice in all decisions about the future of health systems and policies, will be essential if we are to create more equitable services and better outcomes for patients and their communities.

Full detail: [How to reposition the nursing profession for a post-covid age](https://www.bmj.com/content/373/bmj.n1105)

**Title:** The NHS needs a comprehensive plan for recovery

BMJ | 2021; 373: n1555 | 18th June 2021

This BMJ editorial believes confronting the challenges of the pandemic will need a solution made up of four key elements: 1) a system-wide response; 2) Long term planning; 3) Funding; 4) a proper conversation with the public.

Full editorial: [The NHS needs a comprehensive plan for recovery](https://www.bmj.com/content/373/bmj.n1555)

other

**Title:** Deaths involving COVID-19 by disability status: a retrospective analysis of 29 million adults during the first two waves of the Coronavirus pandemic in England

medRxiv | 13th June 2021

The objective of this study was to assess the association between self-reported disability and deaths involving COVID-19 among adults in England.

The authors conclude that disabled people in England had markedly increased risk of mortality involving COVID-19 compared to non-disabled people and should be prioritised within the pandemic response.

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

Full article: [Deaths involving COVID-19 by disability status: a retrospective analysis of 29 million adults during the first two waves of the Coronavirus pandemic in England](https://www.medrxiv.org/content/10.1101/2021.06.10.21258693v1)

**Title:** Locked out: Digitally excluded people’s experiences of remote GP appointments

Healthwatch | 16th June 2021

This report explores people's experiences of digital and remote healthcare and sets out five principles for post-COVID19 care to ensure no one is left behind.

The report investigates the barriers to accessing digital and remote care, drawing on the experiences of people who experienced digital exclusion during the pandemic. This included older people, people with disabilities, and people with limited English. It finds that people can be digitally excluded for various reasons including digital skill level, affordability of technology, disabilities, or language barriers.

The report suggests the need for a programme of investment in digital literacy and online access while emphasising the importance of maintaining face-to-face methods to ensure no one falls through the gaps.

Full detail: [Locked out: Digitally excluded people’s experiences of remote GP appointments](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/Digital%20Exclusion%20v4.pdf)

Press release: [Five principles for post-COVID-19 digital healthcare](https://www.healthwatch.co.uk/news/2021-06-16/five-principles-post-covid-19-digital-healthcare)

**Title:** Alcohol-related harm during the COVID-19 pandemic

The Lancet Gastroenterology & Hepatology | July 2021

In 2020, deaths from alcohol-specific causes in England and Wales increased by almost 20% compared with 2019, according to the UK's Office for National Statistics; 80% of the alcohol-specific deaths were due to alcohol-related liver disease.

While the causes of this increase will be multifactorial and take time to unravel completely, it seems likely that it is at least in part related to the COVID-19 pandemic. When analysed by quarter, rates were much the same in quarter one of 2020 as in quarter one of 2019, but were significantly higher in each subsequent quarter, coinciding with the introduction of lockdown measures.

As the pandemic evolves and health-care provision returns to a greater degree of normality, this editorial states that it is vital that clinicians actively screen for and address alcohol misuse. Collaboration between clinical and alcohol services is needed to ensure these patients have ready access to alcohol counselling and addiction treatments, and for those with alcohol-related liver disease to obtain the care they need.

Full editorial: [Alcohol-related harm during the COVID-19 pandemic](https://www.thelancet.com/journals/langas/article/PIIS2468-1253%2821%2900185-0/fulltext)

**Title:** Risk of hospital admission for patients with SARS-CoV-2 variant B.1.1.7: cohort analysis

BMJ | 2021; 373: n1412 | 15th June 2021

The objective of this retrospective cohort analysis was to evaluate the relation between diagnosis of covid-19 with SARS-CoV-2 variant B.1.1.7 (also known as variant of concern 202012/01) and the risk of hospital admission compared with diagnosis with wild-type SARS-CoV-2 variants.

The results suggest that the risk of hospital admission is higher for people infected with the B.1.1.7 variant compared with wild-type SARS-CoV-2, likely reflecting a more severe disease. The higher severity may be specific to adults older than 30 years.

Full paper: [Risk of hospital admission for patients with SARS-CoV-2 variant B.1.1.7: cohort analysis](https://www.bmj.com/content/bmj/373/bmj.n1412.full.pdf)

**Title:** Surgical activity in England and Wales during the COVID-19 pandemic: a nationwide observational cohort study

British Journal of Anaesthesia | 17th June 2021

A significant proportion of healthcare resource has been diverted to the care of those with COVID-19. This study reports the volume of surgical activity and the number of cancelled surgical procedures during the COVID-19 pandemic.

The volume of surgical activity in England and Wales was reduced by 33.6% in 2020, resulting in more than 1.5 million cancelled operations. The figures include 108,000 (13%) fewer emergency operations, such as for heart disease, appendicitis or broken bones. This deficit will continue to grow in 2021 the research says.

Full article: [Surgical activity in England and Wales during the COVID-19 pandemic: a nationwide observational cohort study](https://bjanaesthesia.org/action/showPdf?pii=S0007-0912%2821%2900273-7)

See also: [Disruption to surgery 'will affect millions'](https://www.bbc.co.uk/news/health-57515472) | BBC News

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

<https://www.trftlibraryknowledge.com/health-newsfeeds.html>