COVID-19 recovery

3rd December 2021

**Title:** NHS backlogs and waiting times in England

National Audit Office | 1st December 2021

According to this report, recovering elective and cancer care performance to the standards required will be a huge and lengthy challenge for the NHS, and there is a real risk that the waiting list for patients seeking elective care will be longer in 2025 than it is today.

The report highlights how tackling the difficulties ahead will require:

* extra beds and operating theatre capacity beyond the levels that were planned before the COVID-19 pandemic;
* managing the ongoing pressure on the NHS workforce, including long-standing staff shortages; and
* ensuring that existing health inequalities are not perpetuated or exacerbated

Full report: [NHS backlogs and waiting times in England](https://www.nao.org.uk/wp-content/uploads/2021/07/NHS-backlogs-and-waiting-times-in-England.pdf)

Press release: [NHS backlogs and waiting times in England](https://www.nao.org.uk/press-release/nhs-backlogs-and-waiting-times-in-england/)

**Title:** State of Health Visiting in England

Institute of Health Visiting | 1st December 2021

This report aims to capture the experiences of frontline health visiting practitioners working with families across the United Kingdom in the wake of the Covid-19 pandemic. It finds that the needs of babies, young children and families are increasing, there are not enough health visitors to meet these rising levels of need, and families are experiencing an ongoing postcode lottery of support.

Full report: [State of Health Visiting in England. "We need more health visitors!"](https://ihv.org.uk/wp-content/uploads/2021/11/State-of-Health-Visiting-Survey-2021-FINAL-VERSION-25.11.21.pdf)

Press release: [Survey confirms babies, young children and families’ needs are increasing in the postcode lottery of support](https://ihv.org.uk/news-and-views/news/survey-confirms-babies-young-children-and-families-needs-are-increasing-in-the-postcode-lottery-of-support/)

**Title:** Doing a lot more with only slightly more: the NHS’s Covid-19 recovery and public expectations

The King’s Fund | 1st December 2021

Covid-19 demanded that the government commit massive increases to the health budget: over the past two years it has spent £80 billion on tackling the pandemic, 40 per cent above previous health spending plans. While it is hoped that health spending will not need to return to these levels in the near future, the legacy costs of responding to the acute phase of the pandemic are great.

These legacy costs are not just financial costs; they are also opportunity costs. The NHS went into the pandemic with growing waiting lists, routinely missed performance targets and a severe workforce shortage. This article explains that responding to the pandemic has served to divert attention away from tackling these issues and has exacerbated them.

Full detail: [Doing a lot more with only slightly more: the NHS’s Covid-19 recovery and public expectations](https://www.kingsfund.org.uk/blog/2021/12/nhs-covid-19-recovery-public-expectations)

**Title:** Misconduct in public office: why did so many thousands die unnecessarily? Report of the People’s Covid Inquiry

Keep Our NHS Public | 1st December 2021

A panel of four, chaired by Michael Mansfield QC, heard evidence from over 40 witnesses including bereaved families, frontline NHS and key workers, national and international experts, trade union and council leaders, and representatives from disabled people’s and pensioners’ organisations. This report summarises the concerns raised, including NHS preparedness, government response, the impact on various population groups, the impact on frontline staff, inequalities and discrimination and more.

Full report: [Misconduct in public office: why did so many thousands die unnecessarily?](https://36085122-5b58-481e-afa4-a0eb0aaf80ca.usrfiles.com/ugd/360851_14d399accc1848cbb7649ad101546e66.pdf)

Report summary: [Misconduct in public office: why did so many thousands die unnecessarily?](https://36085122-5b58-481e-afa4-a0eb0aaf80ca.usrfiles.com/ugd/360851_62aeecaeb6944934b6c55d41708d7eeb.pdf)

See also: [Government was “grossly negligent” in its handling of pandemic, says people’s inquiry](https://www.bmj.com/content/375/bmj.n2955) | BMJ

**Title:** Government agrees new deals to future proof vaccine rollout in light of new variant

Department of Health and Social Care | 2nd December 2021

The government has signed new contracts to secure the supply of our vaccine stock to future proof the country’s vaccine programme. The new contracts with Pfizer/BioNTech and Moderna were accelerated in light of the new variant, as part of the ongoing efforts to ensure the government is doing everything it can while scientists across the world learn more about Omicron. These future supply deals include access to modified vaccines if they are needed to combat Omicron and future Variants of Concern, to prepare for all eventualities.

The agreements signed through the Vaccine Taskforce are building on existing partnerships with the vaccine companies, and will see the government procure a total of 114 million additional doses of the Pfizer/BioNTech and Moderna vaccines for 2022 and 2023. This is in addition to the 35 million additional doses of Pfizer/BioNTech ordered in August for delivery in the second half of next year, and the 60 million Novavax and 7.5 million GSK/Sanofi doses expected in 2022.

Full detail: [Government agrees new deals to future proof vaccine rollout in light of new variant](https://www.gov.uk/government/news/government-agrees-new-deals-to-future-proof-vaccine-rollout-in-light-of-new-variant)

See also:

* [Omicron may be more transmissible than other variants and partly resistant to existing vaccines, scientists fear](https://www.bmj.com/content/375/bmj.n2943) | BMJ
* [Omicron may require 'very stringent response', say Sage scientists](https://www.bbc.co.uk/news/health-59484322?at_medium=RSS&at_campaign=KARANGA) | BBC News

**Title:** All adults to be offered COVID-19 boosters by end of January

Department of Health and Social Care | 30th November 2021

All eligible adults in England aged 18 and over will be offered a COVID-19 booster vaccine by the end of January.

Following advice from the independent experts at the Joint Committee for Vaccination and Immunisation (JCVI), everyone who is currently eligible - including those aged 40 and over, health and social care workers and those at increased risk from the virus due to health conditions - will be able to book their jab from three months after their second dose, meaning an additional 7 million people over 40 are now eligible.

The government and the NHS are urging younger people to wait until they are called forward by the NHS – with the more vulnerable continuing to be prioritised for their booster, to top up their immunity to the virus as soon as possible.

Full detail: [All adults to be offered COVID-19 boosters by end of January](https://www.gov.uk/government/news/all-adults-to-be-offered-covid-19-boosters-by-end-of-january)

**Title:** UK vaccine response to the Omicron variant: JCVI advice

Department of Health and Social Care | 29th November 2021

This statement sets out the JCVI’s advice on extending the UK COVID-19 vaccination programme to offer:

* booster doses to adults aged 18 to 39 years
* second doses to children and young people aged 12 to 15 years

Full detail: [UK vaccine response to the Omicron variant: JCVI advice](https://www.gov.uk/government/publications/uk-vaccine-response-to-the-omicron-variant-jcvi-advice)

See also: [Omicron may require 'very stringent response', say Sage scientists](https://www.bbc.co.uk/news/health-59484322?at_medium=RSS&at_campaign=KARANGA) | BBC News

**Title:** Government takes decisive action against new COVID-19 variant

Department of Health and Social Care | 28th November 2021

Temporary and precautionary measures to prevent the spread of the new COVID-19 Omicron variant in the UK will come into force on Tuesday, the government has confirmed.

From 30 November face coverings will be compulsory in shops and other settings such as banks, post offices and hairdressers, as well as on public transport unless individuals are exempt from doing so.

All travellers arriving into the country from 4am on Tuesday 30 November will be required to take a PCR test on or before day 2 and self isolate until they have received a negative test result. These PCR tests can be purchased from private providers.

Full detail: [Government takes decisive action against new COVID-19 variant](https://www.gov.uk/government/news/government-takes-decisive-action-against-new-covid-19-variant)

**Title:** Safety and immunogenicity of seven COVID-19 vaccines as a third dose (booster) following two doses of ChAdOx1 nCov-19 or BNT162b2 in the UK (COV-BOOST)

The Lancet | 2nd December 2021

Few data exist on the comparative safety and immunogenicity of different COVID-19 vaccines given as a third (booster) dose. To generate data to optimise selection of booster vaccines, this study investigated the reactogenicity and immunogenicity of seven different COVID-19 vaccines as a third dose after two doses of ChAdOx1 nCov-19 (Oxford–AstraZeneca; hereafter referred to as ChAd) or BNT162b2 (Pfizer–BioNtech, hearafter referred to as BNT).

All study vaccines boosted antibody and neutralising responses after ChAd/ChAd initial course and all except one after BNT/BNT, with no safety concerns. Substantial differences in humoral and cellular responses, and vaccine availability will influence policy choices for booster vaccination.

Full paper: [Safety and immunogenicity of seven COVID-19 vaccines as a third dose (booster) following two doses of ChAdOx1 nCov-19 or BNT162b2 in the UK (COV-BOOST): a blinded, multicentre, randomised, controlled, phase 2 trial](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902717-3)

See also: [Pfizer and Moderna jabs give best overall boost, UK trial finds](https://www.bbc.co.uk/news/health-59489988) | BBC News

**Title:** Reinfection with new variants of SARS-CoV-2 after natural infection: a prospective observational cohort in 13 care homes in England

The Lancet Healthy Longevity | December 2021

Understanding the duration of protection and risk of reinfection after natural infection is crucial to planning COVID-19 vaccination for at-risk groups, including care home residents, particularly with the emergence of more transmissible variants. This paper reports on the duration, neutralising activity, and protection against the alpha variant of previous SARS-CoV-2 infection in care home residents and staff infected more than 6 months previously.

SARS-CoV-2 reinfections were rare in older residents and younger staff. Protection from SARS-CoV-2 was sustained for longer than 9 months, including against the alpha variant. Reinfection was associated with no or low neutralising antibody before reinfection, but significant boosting occurred on reinfection.

Full paper: [Reinfection with new variants of SARS-CoV-2 after natural infection: a prospective observational cohort in 13 care homes in England](https://www.thelancet.com/action/showPdf?pii=S2666-7568%2821%2900253-1)

**title:** Risk of COVID-19 hospital admission among children aged 5–17 years with asthma in Scotland: a national incident cohort study

The Lancet Respiratory Medicine | 30th November 2021

There is an urgent need to inform policy deliberations about whether children with asthma should be vaccinated against SARS-CoV-2 and, if so, which subset of children with asthma should be prioritised. The authors of this study were asked by the UK's Joint Commission on Vaccination and Immunisation to undertake an urgent analysis to identify which children with asthma were at increased risk of serious COVID-19 outcomes.

School-aged children with asthma with previous recent hospital admission or two or more courses of oral corticosteroids are at markedly increased risk of COVID-19 hospital admission and should be considered a priority for vaccinations. This would translate into 9124 children across Scotland and an estimated 109 448 children across the UK.

Full paper: [Risk of COVID-19 hospital admission among children aged 5–17 years with asthma in Scotland: a national incident cohort study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900491-4)

See also: [Poorly controlled asthma increases risk of hospital admission among children sixfold, finds study](https://www.bmj.com/content/375/bmj.n2959) | BMJ

**Title:** Population level physical activity before and during the first national COVID-19 lockdown: A nationally representative repeat cross-sectional study of 5 years of Active Lives data in England

The Lancet Regional Health Europe | 29th November 2021

To limit the spread of COVID-19 in March 2020, the population of England was instructed to stay home, leaving only for essential shopping, health-care, work, or exercise. The impact on population activity behaviours is not clear. This paper describes changes in duration and types of activity undertaken by adults ≥16 years in England between March and May 2016-19 and 2020, by socio-demographic strata.

Findings showed that population activity declined substantially after the restrictions were introduced. Compared to 2016-19 levels, the odds of reporting any activity in 2020 were 30% lower The largest declines were amongst non-white ethnicities, the youngest and oldest age groups, and the unemployed. The odds of participating in walking for leisure and gardening were 11% and 15% higher, respectively, whereas the odds for team and racket sport and walking for travel participation were 76% and 66% lower, respectively.

Restrictions introduced in Spring 2020 likely reduced physical activity levels in England. The magnitude of the declines were not uniform by demographic groups or by activity type, which future policies should consider.

Full paper: [Population level physical activity before and during the first national COVID-19 lockdown: A nationally representative repeat cross-sectional study of 5 years of Active Lives data in England](https://www.thelancet.com/action/showPdf?pii=S2666-7762%2821%2900251-9)

**Title:** Non-pharmaceutical interventions during the roll out of covid-19 vaccines

BMJ | 2021; 375: n2314 | 2nd December 2021

Non-pharmaceutical interventions (NPIs) such as mask wearing and contact tracing were the only available measures to control the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) before vaccines became available. The emergence of highly transmissible variants of SARS-CoV-2 such as the delta variant are a serious concern. As a result, even countries with high vaccination rates have required continued use of NPIs.

 However, NPIs impose restrictions on people’s lives and may adversely affect the economy; they are also difficult to sustain for a long time. In 2021, now that many countries are vaccinating their populations, the continued use of many NPIs has been questioned.

This analysis describes the effect of NPIs before and after the introduction of vaccines against coronavirus disease 2019 (covid-19) and discusses whether NPIs should be abandoned after vaccine programmes start, especially when the delta variant is now the dominant circulating strain.

Full detail: [Non-pharmaceutical interventions during the roll out of covid-19 vaccines](https://www.bmj.com/content/375/bmj.n2314)

**Title:** Rapid and sustained containment of covid-19 is achievable and worthwhile: implications for pandemic response

BMJ | 2021; 375: e066169 | 2nd December 2021

Key messages

* Successful containment of highly transmissible SARS-CoV-2 by several countries shows that elimination of an emerging virus that might lead to a pandemic can be achieved using non-pharmaceutical interventions alone at an early stage of an outbreak
* In an increasingly modernised and globalised world, innovative technological and organisational approaches can overcome feasibility, effectiveness, sustainability, and flexibility challenges of non-pharmaceutical interventions that are necessary for containment
* In comparison with strategies for covid-19 mitigation, rapid containment cost less, hastened socioeconomic recovery and normal functioning of the society, and provided better protection of a huge number of vulnerable lives
* Containment should be strongly attempted as the preferred initial response strategy to an emerging pathogen with potential to lead to a pandemic that might rapidly overwhelm medical systems

Full detail: [Rapid and sustained containment of covid-19 is achievable and worthwhile: implications for pandemic response](https://www.bmj.com/content/375/BMJ-2021-066169)

**Title:** GPs need extra staff and capacity to deliver accelerated booster programme, say leaders

BMJ | 2021; 375: n2982 | 2nd December 2021

General practice will require extra staff and capacity to offer covid-19 booster vaccines to everyone over the age of 18 by the end of January, primary care leaders have warned.

The acceleration of the booster programme was announced after the Joint Committee on Vaccination and Immunisation updated its adviceto halve the recommended gap between second doses and boosters to three months. In England alone, this means almost 14 million more adults will now be eligible for a booster.

Full detail: [GPs need extra staff and capacity to deliver accelerated booster programme, say leaders](https://www.bmj.com/content/375/bmj.n2982)

**Title:** Final report on progress to address COVID-19 health inequalities

Race Disparity Unit | 3rd December 2021

This is the final report on progress to address disparities in the risks and outcomes of COVID-19 for ethnic minority groups. It summarises how work across government, and with national and local partners, has led to increases in both positive vaccine sentiment and vaccine uptake across all ethnic groups since the beginning of the year.

The report also includes further analysis of how the impacts of COVID-19 changed for ethnic minority groups between the first and second waves of the pandemic.

Full detail: [Final report on progress to address COVID-19 health inequalities](https://www.gov.uk/government/publications/final-report-on-progress-to-address-covid-19-health-inequalities)

See also:

* [Build on success of vaccination programme in reaching ethnic minority groups, report recommends](https://www.bmj.com/content/375/bmj.n3003) | BMJ
* [Covid risk remains higher for some ethnic groups](https://www.bbc.co.uk/news/health-59507552) | BBC News

**Title:** Coronavirus and the social impacts on Great Britain: 3 December 2021

Office for National Statistics | 3rd December 2021

Indicators from the Opinions and Lifestyle Survey covering the period 18 to 28 November 2021 to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain.

Full detail: [Coronavirus and the social impacts on Great Britain: 3 December 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/3december2021)

**Title:** One in 60 people in UK would test positive for Covid last week

Office for National Statistics | 3rd December 2021

Estimates from the ONS survey suggest that just over one million (1,087,000) people in the UK would test positive for coronavirus in the week ending 27 November. This is up slightly from 1,035,000 last week. This is 1.7% of the population – or one in 60 people in the latest week.

The ONS say the trends for estimated Covid-19 infections continued to increase in Northern Ireland and Scotland, increased in England and was uncertain in Wales.

In England, one in 60 are estimated to be testing positive for coronavirus, it's one in 45 in Wales, one in 45 in Northern Ireland and one in 65 in Scotland.

Full detail: [Coronavirus (COVID-19) Infection Survey, UK: 3 December 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/3december2021)

**Title:** From response to transformation: how countries can strengthen national pandemic preparedness and response systems

BMJ | 2021; 375: e067507 | 29th November 2021

This article looks at the characteristics of national responses to covid-19. The authors suggest actionable steps at a national level that can guide states to achieve the independent panel’s recommendations for making this the last pandemic.

Key messages:

* High performing national responses to covid-19 are characterised by co-ordinating, developing, and strengthening a suite of public health, health system, and socioeconomic measures to prevent or break chains of transmission in communities
* Low performing countries’ national approaches were hindered by devaluing, denial, delays, and distrust. Interventions ultimately prevented co-ordinated national efforts or rendered them ineffective in breaking chains of transmission in communities
* To implement recommendations of the Independent Panel for Pandemic Preparedness and Response, the authors propose 15 actionable next steps for responding to emergent pandemic threats, preparing and maintaining resilient health systems for pandemic response, and transforming to build intersectional approaches centred on community trust and enabled by equitable societies.

Full detail: [From response to transformation: how countries can strengthen national pandemic preparedness and response systems](https://www.bmj.com/content/375/bmj-2021-067507)

**Title:** Strengthening the basics: public health responses to prevent the next pandemic

BMJ | 2021; 375: e067510 | 29th November 2021

This article suggests that to make covid-19 the last pandemic, public health responses to outbreaks must be strengthened, starting with their most basic functions.

Key messages

* The covid-19 response has been dominated by public policies to reduce transmission, underpinned by crucial public health functions including surveillance, testing, contact tracing, and quarantine.
* Public health responses to pandemics must be people centred, include core public health functions with effective systems, and have complementary public policies and social supports able to rapidly scale up.
* Public health must strengthen the basics and acknowledge that current failures are the result of broken and underfunded public health systems. We must redefine public health to be more than public policies, but a robust community led effort to detect and suppress emerging outbreaks.

Full detail: [Strengthening the basics: public health responses to prevent the next pandemic](https://www.bmj.com/content/375/bmj-2021-067510)

**Title:** Vaccines, therapeutics, and diagnostics for covid-19: redesigning systems to improve pandemic response

BMJ | 2021; 375: e067488 | 29th November 2021

Vaccines, therapeutics, and diagnostics are key public health tools for controlling the covid-19 pandemic, yet many countries, particularly low and middle income countries (LMICs), have had inadequate access. The authors of this BMJ Analysis propose a framework to ensure essential public health tools are fairly distributed in future pandemics.

Key messages:

* Global efforts have been unsuccessful in providing equitable access to covid-19 vaccines, therapeutics, and diagnostics
* A core underlying issue has been a lack of shared vision that these essential public health tools should be considered a “global health commons”
* Future systems for vaccines, therapeutics, and diagnostics should be prenegotiated among countries, manufacturers, and international institutions
* Future systems should be reshaped to ensure equitable access is considered from design through to manufacturing and procurement processes
* Agreements around technology transfer and intellectual property licensing, regional trial networks, inclusive governance, and substantial predictable financing are essential

Full detail: [Vaccines, therapeutics, and diagnostics for covid-19: redesigning systems to improve pandemic response](https://www.bmj.com/content/375/bmj-2021-067488)

We

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

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