COVID-19 weekly update

July 10th 2020

**clinical management**

**Title**: Remdesivir for patients hospitalised with COVID-19

MHRA | Department of Health & Social Care | 6th July 2020

In response to the public health emergency posed by coronavirus disease 2019 (COVID-19), NHS England, working with the Devolved Administrations (DAs), has established a rapid policy development process to aid clinicians in offering best care and advice to patients with or at risk of COVID-19 across the UK. This document sets out the interim clinical commissioning position for the use of remdesivir for patients with COVID-19.

Full document: [Interim Clinical Commissioning Policy: Remdesivir for patients hospitalised with COVID-19 (adults and children 12 years and older)](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103617)
See also: [COVID-19 Therapeutic Alert](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103623)

**Title**: Disparities in the impact of COVID-19 in Black and Minority Ethnic populations: review of the evidence and recommendations for action

The Independent Scientific Advisory Group for Emergencies (SAGE) | 3rd July 2020

The question of why more people from black and ethnic minority (BME) backgrounds appear to be at greater risk of hospitalisation and deaths with Covid-19 – and the need for urgent action in order to address this – has become one of the most urgent issues in this pandemic in the UK.

This review of the evidence suggests that the reasons why some BME groups appear to be at greater risk of dying with Covid-19 are complex with interplay between socio-economic disadvantage in BME populations, high prevalence of chronic diseases and the impact of long-standing racial inequalities being key explanations.

Full review: [Disparities in the impact of COVID-19 in Black and Minority Ethnic populations: review of the evidence and recommendations for action](https://www.independentsage.org/wp-content/uploads/2020/07/Independent-SAGE-BME-Report_02July_FINAL.pdf)

**Title**: Efficacy and safety of umifenovir for coronavirus disease 2019 (COVID‐19): A systematic review and meta‐analysis

Journal of Medical Virology | 3rd July 2020

This systemic review and meta‐analysis was conducted in an attempt to evaluate the efficacy and safety of umifenovir in COVID‐19.

The authors found no evidence to support the use of umifenovir for improving patient‐important outcomes in patients with COVID‐19.

Full article: [Efficacy and safety of umifenovir for coronavirus disease 2019 (COVID-19): A systematic review and meta-analysis.](https://onlinelibrary.wiley.com/doi/epdf/10.1002/jmv.26256)

**Title**: COVID-19-associated acute respiratory distress syndrome: is a different approach to management warranted?

The Lancet Respiratory Medicine | 6th July 2020

The COVID-19 pandemic has seen a surge of patients with acute respiratory distress syndrome (ARDS) in intensive care units across the globe. As experience of managing patients with COVID-19-associated ARDS has grown, so too have efforts to classify patients according to respiratory system mechanics, with a view to optimising ventilatory management. Personalised lung-protective mechanical ventilation reduces mortality and has become the mainstay of treatment in ARDS.

In this Viewpoint, the authors address ventilatory strategies in the context of recent discussions on phenotypic heterogeneity in patients with COVID-19-associated ARDS. Although early reports suggested that COVID-19-associated ARDS has distinctive features that set it apart from historical ARDS, emerging evidence indicates that the respiratory system mechanics of patients with ARDS, with or without COVID-19, are broadly similar.

In the absence of evidence to support a shift away from the current paradigm of ventilatory management, the authors strongly recommend adherence to evidence-based management, informed by bedside physiology, as resources permit.

Full detail: [COVID-19-associated acute respiratory distress syndrome: is a different approach to management warranted?](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930304-0)

**Title**: Treatment with ACE inhibitors or ARBs and risk of severe/lethal COVID-19: a meta-analysis

Heart | 1st July 2020

It has been hypothesised that the use of ACE inhibitors and angiotensin receptor blockers (ARBs) might either increase or reduce the risk of severe or lethal COVID-19. The findings from the available observational studies varied, and summary estimates are urgently needed to elucidate whether these drugs should be suspended during the pandemic, or patients and physicians should be definitely reassured. This meta-analysis of adjusted observational data aimed to summarise the existing evidence on the association between these medications and severe/lethal COVID-19.

The authors conclude that the present meta-analysis strongly supports the recommendation of several scientific societies to continue ARBs or ACE inhibitors for all patients, unless otherwise advised by their physicians who should thus be reassured.

Full document: [Treatment with ACE inhibitors or ARBs and risk of severe/lethal COVID-19: a meta-analysis](https://heart.bmj.com/content/heartjnl/early/2020/07/01/heartjnl-2020-317336.full.pdf)

**Title**: Interleukin-6 blockade with sarilumab in severe COVID-19 pneumonia with systemic hyperinflammation

Annals of the Rheumatic Diseases | 3rd July 2020

The objective of this study was to assess the safety and efficacy of interleukin (IL)−6 blockade with sarilumab in patients with severe COVID-19 pneumonia and systemic hyperinflammation.

The authors conclude that at day 28, overall clinical improvement and mortality in patients with severe COVID-19 were not significantly different between sarilumab and standard of care. Sarilumab was associated with faster recovery in a subset of patients showing minor lung consolidation at baseline.

Full document: [Interleukin-6 blockade with sarilumab in severe COVID-19 pneumonia with systemic hyperinflammation: an open-label cohort study](https://ard.bmj.com/content/annrheumdis/early/2020/07/03/annrheumdis-2020-218122.full.pdf)

**Title:** Neurological associations of COVID-19

The Lancet Neurology | 2nd July 2020

The COVID-19 pandemic, caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is of a scale not seen since the 1918 influenza pandemic. Although the predominant clinical presentation is with respiratory disease, neurological manifestations are being recognised increasingly.

This paper suggests that with so many people infected, the overall number of neurological patients, and their associated health burden and social and economic costs might be large. Health-care planners and policy makers must prepare for this eventuality, while the many ongoing studies investigating neurological associations increase our knowledge base.

Full document: [Neurological associations of COVID-19](https://www.thelancet.com/action/showPdf?pii=S1474-4422%2820%2930221-0)

**Title**: Intensive care admissions of children with paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS) in the UK: a multicentre observational study

The Lancet Child & adolescent Health | 9th July 2020

In April, 2020, clinicians in the UK observed a cluster of children with unexplained inflammation requiring admission to paediatric intensive care units (PICUs). This paper aims to describe the clinical characteristics, course, management, and outcomes of patients admitted to PICUs with this condition, which is now known as paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS).

Full document: [Intensive care admissions of children with paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS) in the UK: a multicentre observational study.](https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930215-7)

**Title**: Vaccines, convalescent plasma, and monoclonal antibodies for covid-19

BMJ | 2020; | 370: m2722 | 9th July 2020

The devastating pandemic caused by the SARS-CoV-2 coronavirus appears to be a prime candidate for traditional prevention (vaccines) and passive immunity approaches. Passive immunity, using convalescent plasma from recovered patients or monoclonal antibodies with high levels of neutralising antiviral activity, have potential for both therapy and prevention.

Worldwide, many covid-19 vaccines are at various phases of development.Trials are also investigating convalescent plasma as a containment option or supportive therapy for patients with covid-19. Understandably, there is great public expectation that these efforts will be successful, but this editorial suggests caution is necessary with respect to both vaccines and passive immunity.

Full editorial: [Vaccines, convalescent plasma, and monoclonal antibodies for covid-19](https://www.bmj.com/content/bmj/370/bmj.m2722.full.pdf)

**Title**: Clinical Characteristics of Patients With Coronavirus Disease 2019 (COVID-19) Receiving Emergency Medical Services in King County, Washington

JAMA Network Open | 8th July 2020

This authors of this study asked the question, ‘What is the clinical presentation to emergency medical services among persons with coronavirus disease 2019’.

The findings of this cohort study suggest that screening based on conventional COVID-19 symptoms or corresponding examination findings of febrile respiratory illness may not possess the necessary sensitivity for early diagnostic suspicion, at least in the prehospital emergency setting. The findings have potential implications for early identification of COVID-19 and effective strategies to mitigate infectious risk during emergency care.

Full article: [Clinical Characteristics of Patients With Coronavirus Disease 2019 (COVID-19) Receiving Emergency Medical Services in King County, Washington](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2767993)

**recovery**

**Title**: Beneficial innovations from COVID-19

British Geriatrics Society | 3rd July 2020

This report is a response to a request from NHS England and NHS Improvement for examples of beneficial innovations across the NHS that have been implemented during the Covid-19 pandemic and should be retained as the NHS starts to resume business as usual. BGS members contributed examples of innovations that have been implemented in their areas.

Full detail: [Capturing beneficial change from the Covid-19 Pandemic: Response from The British Geriatrics Society](https://www.bgs.org.uk/sites/default/files/content/attachment/2020-07-03/Beneficial%20changes%20from%20COVID%20-%20response%20from%20BGS.pdf)

**Title**: Learning from lockdown. How can we build a healthier future post-COVID-19?

The Health Foundation | 7th July 2020

Many of the actions taken to mitigate the impact of the pandemic have been ‘emergency’ measures and are unlikely to continue without wider societal consensus. However, the pandemic has forced some very different ways of working and precipitated changes in people’s appreciation of the disadvantages many in our society face. As the emergency measures recede there is a chance to reflect on which of the many changes should be sustained to build a better future and address some of the inequalities exposed.

Full report: [Learning from lockdown. How can we build a healthier future post-COVID-19?](https://www.health.org.uk/sites/default/files/2020-07/Learning%20from%20lockdown%201.pdf)

**Title:** Restoration and recovery of stroke services during the COVID-19 pandemic

British Association of Stroke Physicians | July 2020

Restoration and recovery of stroke services during the COVID-19 pandemic assesses the impact of rapid changes made across the whole stroke pathway – including community services – at the peak of the pandemic, outlining new ways of working which have been beneficial for both patients and staff and should be continued and extended. It also aims to highlight those changes which now need a closer look and prevent a return to less effective ways of working.

Full document: [Restoration and recovery of stroke services during the COVID-19 pandemic](https://drive.google.com/file/d/1yUpTpcjbMog02l5aGy4hWIB1Er5r_tHu/view?usp=sharing)

See also: [Adapting stroke services during the COVID-19 pandemic: an implementation guide](https://www.basp.org/wp-content/uploads/2020/06/Adapting-stroke-services-in-the-COVID-19-pandemic-May-2020.pdf) | British Association of Stroke Physicians | May 2020

**Title**: Psychological insights for cancer services recovery planning

The British Psychological Society | 8th July 2020

Like all in our society and our colleagues in health services, psychological care specialists in cancer and palliative care have been trying to make sense of our recent experiences of the pandemic and to anticipate and prepare for what might come next for patients and ourselves.

This document is for healthcare professionals working in psychological services for people with cancer or receiving palliative care, who are preparing for the ‘next normal’.

Full guidance: [Psychological insights for cancer services recovery planning](https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Psychological%20insights%20for%20cancer%20services%20recovery%20planning.pdf)

**TITLE:** GENERAL PRACTICE IN THE POST COVID WORLD

Royal College of General Practitioners | 7th July 2020

A permanent reduction in red tape and bureaucracy to give GPs the time they need to manage the aftermath of COVID-19 at a community level is one of the calls in a new Royal College of GPs’ report looking at how the pandemic will shape the future of general practice.

The report makes the case that throughout the pandemic, general practice has shown it functions well with fewer bureaucratic processes, such as contractual and regulatory compliance activities. While it recognises the need for regulation and other processes to ensure patient safety and quality of care, the College says there also needs to be a shift to a ‘higher trust’ model that gives GPs more time to deliver patient care.

Full report: [General practice in the post Covid world: Challenges and opportunities for general practice](https://www.rcgp.org.uk/-/media/Files/News/2020/general-practice-post-covid-rcgp.ashx?la=en)

RCGP press release: [RCGP calls for less arduous regulation and more trust in the profession post-COVID](https://www.rcgp.org.uk/about-us/news/2020/july/rcgp-calls-for-less-arduous-regulation-and-more-trust-post-covid.aspx)

**Title:** NHS to launch ground breaking online COVID-19 rehab service

NHS England | 5th July 2020

Tens of thousands of people who are suffering long-term effects of coronavirus will benefit from a revolutionary on-demand recovery service. Nurses and physiotherapists will be on hand to reply to patients’ needs either online or over the phone as part of the service.

The new ‘Your COVID Recovery’ service forms part of NHS plans to expand access to COVID-19 rehabilitation treatments for those who have survived the virus but still have problems with breathing, mental health problems or other complications.

Full detail: [NHS to launch ground breaking online COVID-19 rehab service](https://www.england.nhs.uk/2020/07/nhs-to-launch-ground-breaking-online-covid-19-rehab-service/)

**TITLE:** NHS MUST PLAY ITS PART IN THE ECONOMIC RECOVERY TOO

HSJ | 6th July 2020

While the recovery and rebuilding of our places and communities will be a long and daunting process, this article suggests our public services, and particularly the NHS, have an increasingly important role to play in aligning population health with wealth.

The article outlines five early steps local NHS and social care organisations can take to play a leading role in place-based economic and social recovery and reset.

Full detail: [NHS must play its part in the economic recovery too](https://www.hsj.co.uk/policy-and-regulation/nhs-must-play-its-part-in-the-economic-recovery-too/7027975.article?mkt_tok=eyJpIjoiWmpNNE5XSm1aVFl5TldFeCIsInQiOiJNOXJ6VjZ6ejRjZVZyNlRBR2w4YzVZMWZUbUtaYVNGWWRCQXNPM2lNTVR1WVhnQWxrZWxlMWZYUXhScWhqQllGUjhDbUtJbHFsSnlLY1dGKzlWeDdJNjRLMlFGaVJCWjRDZlJsWXJFQ0dFQTlWQjhoNDFLTUZ0N05nV2xUTXV0RiJ9)

**Title**: THE MANCHESTER BRIEFING ON COVID-19: INTERNATIONAL LESSONS FOR LOCAL AND NATIONAL GOVERNMENT RECOVERY AND RENEWAL

Alliance MBS | Week beginning 29th June 2020

The Manchester Briefing on COVID-19 is aimed at those who plan and implement recovery from COVID-19, including government emergency planners and resilience officers. Each week the briefing brings together international lessons and examples which may prompt your thinking on the recovery from COVID-19, as well as other information from a range of sources and a focus on one key topic.

This week has a focus on “Economic response and recovery” and provides lessons from across the world, including:

• Developing local digital platforms to support the ‘lockdown economy'

• Implications of COVID-19 on modern slavery risks in supply chains

• The burden that a focus on the environment and sustainability can put on vulnerable people, especially during lockdown

• Also provided is a case study of “Localised ‘Smart Lockdowns’”.

Full detail: [The Manchester Briefing on COVID-19](https://www.communigator.co.uk/login/Instances/uomhumscommslz/Documents/themanchesterbriefingoncovid-19b13-wb29thjune2020.pdf?gator_td=5Ug%2f9rR9tl5lcgwEoE%2bZ2gKw4JqrjchUiTTsnL5APYulvcFU7n9vFHNjZjqY2SqYWIsYqqPw%2bBTPBHf42ij0NmEDhIwmkTJjb71vV7KX6j%2f9W%2bwP9c9YDPik45lmXdj6LBTpVhgucxzJBsVlMxlDqw%3d%3d)

**Title**: Coronavirus: Returning to work

House of Commons Library | 6th July 2020

This Commons Library Briefing Paper discusses issues relating to returning to work following the publication of the Government's Covid-19 recovery plan. It provides an overview of relevant health and safety law and a discussion of recent Government guidance on working safely in the context of Covid-19.

Full report: [Coronavirus: Returning to work](http://researchbriefings.files.parliament.uk/documents/CBP-8916/CBP-8916.pdf)

**Title**: Major study into long-term health effects of COVID-19 launched in the UK

National Institute for Health Research | 5th July 2020

The Health and Social Care Secretary has announced the launch of a major £8.4 million research study into the long-term health effects of COVID-19 on hospitalised patients, which has been funded by the NIHR and UK Research and Innovation. The researchers hope their findings will support the search for treatments for COVID-19 and the development of care pathways that will help patients recover as fully as possible after having experienced the disease.

The [Post-Hospitalisation COVID-19 Study (PHOSP-COVID)](http://www.phosp.org/), led by the NIHR Leicester Biomedical Research Centre, will draw on expertise from a consortium of leading researchers and doctors from across the UK to assess the impact of COVID-19 on patient health and recovery.

This includes looking at possible ways to help improve the mental health of patients hospitalised with coronavirus, and how individual characteristics influence recovery, such as gender or ethnicity.

Full detail: [Major study into long-term health effects of COVID-19 launched in the UK](https://www.nihr.ac.uk/news/major-study-into-long-term-health-effects-of-covid-19-launched-in-the-uk/25200)

**Title:** Coronavirus: The divergence of mental health experiences during the pandemic

Mental Health Foundation | 9th July 2020

This briefing reports findings from the Coronavirus: Mental Health in the Pandemic study as of the fifth wave of data collection carried out between 18th and 22nd June. The study is led by the Mental Health Foundation, in collaboration with the University of Cambridge, Swansea University, the University of Strathclyde and Queen’s University Belfast.

While most people will exit the pandemic with good mental health, the findings of the study clearly suggest that the benefits of exiting the lockdown measures will not be enjoyed equally by all.

Divergence of experience presents a big policy challenge as there are many different groups, areas, impacts and experiences to consider. This huge variety of individual and group identities is difficult to capture in research and it is challenging to produce nuanced policy recommendations that recognise all these different experiences and their effects.  A recovery response needs to take a holistic approach that addresses social, systemic and structural inequalities rather than placing the onus on the individual.

Full detail: [Coronavirus: The divergence of mental health experiences during the pandemic](https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic)

**Title**: How has lockdown affected general practice and where do we go from here?

Nuffield Trust | 8th July 2020

The last few months have seen huge changes in general practice. Analysing new data, Jonathan Spencer and Camille Oung of the Nuffield Trust assess what has changed during lockdown, and what it might mean for the future.

Full comment piece: [How has lockdown affected general practice and where do we go from here?](https://www.nuffieldtrust.org.uk/news-item/how-has-lockdown-affected-general-practice-and-where-do-we-go-from-here)

**Title**: Beyond COVID-19: A Whole of Health Look at Impacts During the Pandemic Response

Center for Global Development | July 2020

Substantial evidence has emerged relating to the potential magnitude of the indirect health effects of the coronavirus pandemic. We know, from previous crises and outbreaks (e.g., the Ebola outbreak), that indirect health effects are significant and could outweigh the direct toll from the disease itself.

This paper provides an overview of the lessons learned from previous outbreaks and economic crises in relation to indirect health effects as well as a framework for adopting a whole of health approach to the COVID response.

This framework articulates indirect health impacts around four distinct but interrelated sets of impacts: economic, environmental, health systems, and social/behavioural. We apply this framework to discuss what is known already on the indirect health impacts of COVID-19.

Full document: [Beyond COVID-19: A Whole of Health Look at Impacts During the Pandemic Response](https://www.cgdev.org/sites/default/files/PP177-Beyond-COVID-scoping-paper.pdf)

**Infection control**

**Title**: How does local lockdown work, and is it effective?

BMJ | 2020; 370: m2679 | 3rd July 2020

England has announced its first local lockdown in response to covid-19, just as it begins to ease national restrictions. This briefing from the BMJ asks will it work—and is this the first of many?

Full briefing: [How does local lockdown work, and is it effective?](https://www.bmj.com/content/bmj/370/bmj.m2679.full.pdf)

**Title:** Local lockdown guidance for social distancing

Department of Health & Social Care | 4th July 2020

This guidance explains how you can see people you do not live with, while protecting yourself and others from coronavirus, if you live in a local lockdown area.

Full detail: [Local lockdown guidance for social distancing](https://www.gov.uk/government/publications/local-lockdown-guidance-for-social-distancing?utm_source=da0e8312-2edf-440d-84c5-590d924966f3&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title**: Airborne transmission is being underestimated, warn experts

BMJ | 2020; 370: m2720 | 7th July 2020

Microscopic respiratory droplets generated by talking and breathing can hover in the air for minutes or hours and drift many metres horizontally before infecting people, argue 239 experts from 32 countries, in a commentary published in Clinical Infectious Diseases.

“We appeal to the medical community and to the relevant national and international bodies to recognise the potential for airborne spread of covid-19,” wrote the scientists, who include physicians, epidemiologists, and experts in environmental health and building design.

Further detail: [Airborne transmission is being underestimated, warn experts](https://www.bmj.com/content/370/bmj.m2720)

Full commentary: [It is Time to Address Airborne Transmission of COVID-19](https://watermark.silverchair.com/ciaa939.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAApwwggKYBgkqhkiG9w0BBwagggKJMIIChQIBADCCAn4GCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMz-Onnk4bcDgeYmvwAgEQgIICT4dxl0U0igUPhw2Sv_U__rmkyu1ZSXAZlmwBBdeyzZuNNKaueYyxOlx9hpGMFosGzV_AJJb92ZkXnHnoKWP5eXBs0CQvicruqL2MMIsLW3QZebQyzAcISQn7dpXV270Caqd9YHauUUvJoJYum8aZ4Y5EiNBlaE0FV7UQ3n9C9aSHIR6F3MBDeuaRrTX25MUfpedYXc2C4D9p-Ttkxbz0ulW23R8r0tvfuhR1lBXlGsXNSnqf4O71afE5oluQ9oaGEvYoRYWVbSXOv5Q15iKSYEeap5BmFKORF7KLPfkqQen9R8sa02vQux8AZopdXFNjLquQfib5Qm6mDv7ZDCMMw_evsWLPjk053D7IPjRTiObCqxnSgx5jwC7mZ_1wHnlO8z1Eizv1drqqsRwEDi2O74DHsiv58n8qTBUvWSy7lOSbG-aRmiQo588Fpx3qMsnfaPpFP1X-fIUiJrmMvIEhN6eCFT2VqLoBpsAjNxSEhw1f3NSmlL227vVMZs4tmb-fKRinwlTwc6tEJSU5lMFfFdyvGDVFT5VdKafqW1a2F3vmIJ-PkBzojjElfxVEUlghLqD0FBaykYwtipTXe6aPCsFETDGlyezI0EVCWmYuvbbfFNe792Ic1zKI2i8a06IxYRdOqJLxnOjbSCtvAlHP0vVvlMIX9Cmf0Hbc40aD7exVKHKZY1HPIePZQIdilXLK6qxOWEerpROQf_VdKhGXJHVP9mVBv9tPKPg0UlkyA1OxcMckPK2K4oCqWW6g3vx_cyXdwHxmOaXNkazQU8FwuA)

**Title**: England must aim for “zero tolerance” to avoid 27 000 predicted deaths, experts say

BMJ | 2020; 370: m2749 | 9th July 2020

The UK government should take a “zero tolerance” approach to covid-19 to prevent thousands more deaths, a group of experts from across England, Scotland, Wales and Ireland have warned.

The panel, which included members from the Independent Scientific Advisory Group for Emergencies (iSAGE), the former health secretary for England, Jeremy Hunt, and advisers from across the nations, met to discuss a covid-19 elimination strategy. They raised concerns over the number of covid-19 deaths occurring in England and the government’s lack of a policy to reduce deaths.

Given that currently more than 100 people are dying each day, iSAGE estimated that this would mean around 27 000 deaths in England by March 2021, even without a second wave. “It is the view of Independent SAGE that a death toll from covid-19 of this magnitude is not only preventable but is absolutely unacceptable,” the group said. “The UK government must fundamentally change its approach.”

Full detail: [England must aim for “zero tolerance” to avoid 27 000 predicted deaths, experts say](https://www.bmj.com/content/370/bmj.m2749)

See also: [Zero COVID-UK: Why is England not pursuing an elimination strategy?](https://www.independentsage.org/wp-content/uploads/2020/07/A-Better-Way-To-Go-FINAL-proof-copy-1.pdf) | The Independent SAGE Report 7

**workforce wellbeing**

**TITLE**: NHS capital expenditure and financial management

House of Commons Public Accounts Committee | 8th July 2020

This report expresses concerns about widely reported shortages of personal protective equipment for clinical and care workers during the first wave of the Covid-19 pandemic and says Government is still not treating this with sufficient urgency.

It argues that the NHS needs a coherent plan for how it will function after the peak of the Covid-19 crisis with regard to issues such as workforce shortages, capital investment strategies, and tackling trust deficits.

Full report: [NHS capital expenditure and financial management](https://committees.parliament.uk/publications/1779/documents/17455/default/)

See also: [Committee demands detailed plan for PPE from DHSC within 2 months, ahead of potential second Covid wave](https://committees.parliament.uk/committee/127/public-accounts-committee/news/147246/committee-demands-detailed-plan-for-ppe-from-dhsc-within-2-months-ahead-of-potential-second-covid-wave/)

**Title:** One in 10 cases in England occurred in frontline health and social care staff

BMJ | 2020; 370: m2717 | 7th July 2020

Health and social care staff, hospital patients, and care home residents made up a substantial proportion of covid-19 infections in England during the height of the pandemic, a report by Data Evaluation and Learning for Viral Epidemics (DELVE) says.

The multidisciplinary group of researchers convened by the Royal Society estimates that around 10% of all covid-19 infections in England between 26 April and 7 June were among patient facing healthcare workers and resident facing social care workers.

Full detail: [One in 10 cases in England occurred in frontline health and social care staff](https://www.bmj.com/content/370/bmj.m2717)

**Title:** COMPLETE PROTECTION FROM COVID-19 IS POSSIBLE FOR HEALTH WORKERS

BMJ | 2020; 370: m2641|7th July 2020

This editorial states that national authorities must make sure that durable supplies of PPE are available so that healthcare workers can abide by the guidelines. The international community must focus its efforts on supporting faltering healthcare systems, to make sure that adequate PPE is available for health workers in low and middle income countries who otherwise face a particularly high risk.

Full editorial: [Complete protection from covid-19 is possible for health workers](https://www.bmj.com/content/370/bmj.m2641)

**TITLE**: THE IMPACT OF THE COVID-19 PANDEMIC ON THE MENTAL HEALTH OF HEALTHCARE PROFESSIONALS

QJM: An International Journal of Medicine | 1st July 2020

The aim of this review was to analyse the impact of the COVID-19 pandemic on the mental health of Health Professionals (HPs).

Most studies found by the authors reported a high prevalence of anxiety and depressive symptoms among HPs that can be associated with: (i) COVID-19 exposure; (ii) epidemiological issues; (iii) material resources; (iv) human resources; and (v) personal factors.

The role of certain variables, before, during and after the pandemic, remains unexplored. Longitudinal studies will help elucidate which factors are associated with a higher risk of developing long-lasting negative effects. Qualitative studies may contribute to understanding the influence of individual and social narratives in HPs’ distress.

Full paper: [The impact of the COVID-19 pandemic on the mental health of healthcare professionals](https://academic.oup.com/qjmed/article/doi/10.1093/qjmed/hcaa207/5860843)

**Title:** What psychological supports are required to assist health workers during the COVID-19 pandemic?

National Health Library and Knowledge Service | Evidence Team | June 2020

The psychological needs of health workers may be very different to those of the general public: through their work roles, HCWs are exposed to specific risks and stress-generating scenarios not experienced by other sectors or the general public.

The risk to the mental health of health workers in the current pandemic has been clearly identified in the literature; several studies have identified those groups that might be at particular risk such as female, younger staff members and those working directly with suspected or confirmed COVID-19 patients.

Among the main risk factors for stress and anxiety are shortage of PPE and other vital equipment; concerns about family members; physical deprivation such as lack of food and rest; poor sleep quality; too much or too little information; bereavement; stigma; and moral or psychological injury.

This document provides an overview of studies that are beginning to emerge which identify possible strategies for alleviating the psychological distress in the short and longer term.

Full detail: [What psychological supports are required to assist health workers during the COVID-19 pandemic?](https://hselibrary.ie/wp-content/uploads/2020/06/Evidence-Summary-COVID-19-Psychological-Support-for-Health-Workers2.pdf)

**Title:** Psychological interventions to foster resilience in healthcare professionals

Cochrane Database of Systematic Reviews | 5th July 2020

The work of healthcare professionals can be very stressful. They often carry a lot of responsibility and are required to work under pressure. This can adversely affect their physical and mental health. Interventions to protect them against such stresses are known as resilience interventions. Previous systematic reviews suggest that resilience interventions can help workers cope with stress and protect them against adverse consequences for their physical and mental health.

The findings of this review suggest positive effects of resilience training for healthcare professionals, but the authors make the point that the evidence is very uncertain.

Full detail: [Psychological interventions to foster resilience in healthcare professionals](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012527.pub2/full)

**Health management**

**TITLE:** A NEW ERA OF DIGITAL LEADERSHIP

NHS Providers | July 2020

This guide aims to help trust leaders build on the momentum made during Covid-19 and support NHS boards lead their organisations into the next stage of digitisation. It includes a number of board-level case studies as well as key Covid-19 reflections and lessons from other sectors. It also sets out useful questions for board leaders as they reflect on their own digital leadership.

Full detail: [A new era of digital leadership](https://nhsproviders.org/a-new-era-of-digital-leadership)

**other**

**TITLE:** Triage guidelines for upper gastrointestinal physiology during restoration of services during the COVID-19 pandemic

British Society of Gastroenterology | 6th July 2020

This document aims to provide guidance on the procedures for triaging patients referred for upper gastrointestinal (UGI) physiology investigations as services resume following the COVID-19 restrictions. Investigations include oesophageal manometry and 24-hour ambulatory reflux monitoring. The guidance applies to both new referrals as well as referrals made prior to the pandemic which require being re-triaged.

Full document: [Triage guidelines for upper gastrointestinal physiology during restoration of services during the COVID-19 pandemic](https://www.bsg.org.uk/covid-19-advice/triage-guidelines-for-upper-gastrointestinal-physiology-during-restoration-of-services-during-the-covid-19-pandemic/)

**Title**: VENTILATOR CHALLENGE HAILED A SUCCESS AS UK PRODUCTION FINISHES

Cabinet Office | 4th July 2020

Scientific modelling at the start of the coronavirus crisis predicted that the NHS was going to run out of ventilators, so the Government launched the Ventilator Challenge with a call to arms to manufacturers and medical device companies to step up production of existing designs and design new ventilators from scratch.

The Government received an overwhelming response, with over 5000 companies offering their support and over 7500 members of staff contributing to the effort.

Thanks to the extraordinary sacrifices of the British people, and to businesses across the United Kingdom in joining the national effort, the NHS has been protected throughout the coronavirus crisis and everyone who needed a ventilator has been able to access one.

Full detail: [Ventilator Challenge hailed a success as UK production finishes](https://www.gov.uk/government/news/ventilator-challenge-hailed-a-success-as-uk-production-finishes)

**Title:** Emerging evidence on health inequalities and COVID-19: June 2020

The Health Foundation | 3rd July 2020

In early May, a [Health Foundation long read](https://www.health.org.uk/www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities) asked whether the coronavirus (COVID-19) pandemic could be a watershed moment for health inequalities. Since then, we have been rounding up the emerging evidence about the unequal impact of the virus and the wider governmental and societal response.

As the period of lockdown continued through June we learned more about these unequal impacts. Here, we give an overview of some of this emerging evidence. While the progressive lifting of lockdown measures began during June, much of the evidence presented reflects the period of full lockdown and the early stages of restrictions being eased.

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>

Full detail: [Emerging evidence on health inequalities and COVID-19: June 2020](https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-health-inequalities-and-covid-19-june-2020)