COVID-19 weekly update

October 15th 2021

clinical management

**Title:** COVID-19, Hyperglycemia, and New-Onset Diabetes

Diabetes Care | October 2021

Several studies have recently reported new-onset diabetes associated with COVID-19. The phenomenon of new-onset diabetes following admission to the hospital has been observed previously with other viral infections and acute illnesses. The precise mechanisms for new-onset diabetes in people with COVID-19 are not known, but it is likely that a number of complex interrelated processes are involved, including previously undiagnosed diabetes, stress hyperglycemia, steroid-induced hyperglycemia, and direct or indirect effects of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on the β-cell.

There is an urgent need for research to help guide management pathways for these patients. In view of increased mortality in people with new-onset diabetes, hospital protocols should include efforts to recognize and manage acute hyperglycemia, including diabetic ketoacidosis, in people admitted to the hospital. Whether new-onset diabetes is likely to remain permanent is not known, as the long-term follow-up of these patients is limited.

Full paper: [COVID-19, Hyperglycemia, and New-Onset Diabetes](https://care.diabetesjournals.org/content/diacare/early/2021/10/07/dc21-1318.full.pdf)

**Title:** Longitudinal respiratory subphenotypes in patients with COVID-19-related acute respiratory distress syndrome: results from three observational cohorts

The Lancet Respiratory Medicine | 12th October 2021

Patients with COVID-19-related acute respiratory distress syndrome (ARDS) have been postulated to present with distinct respiratory subphenotypes. However, most phenotyping schema have been limited by sample size, disregard for temporal dynamics, and insufficient validation. This paper aimed to identify respiratory subphenotypes of COVID-19-related ARDS using unbiased data-driven approaches.

At baseline, COVID-19-related ARDS has no consistent respiratory subphenotype. Patients diverged from a fairly homogenous to a more heterogeneous population, with trajectories of ventilatory ratio and mechanical power being the most discriminatory. Modelling these parameters alone provided prognostic value for duration of mechanical ventilation and mortality.

Full paper: [Longitudinal respiratory subphenotypes in patients with COVID-19-related acute respiratory distress syndrome: results from three observational cohorts](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900365-9)

**Title:** Using Tocilizumab or Sarilumab for hospitalised patients with COVID-19 who are breastfeeding

Specialist Pharmacy Service | 12th October 2021

Both Tocilizumab and Sarilumab are considered compatible with breastfeeding, but should be used with caution and infant monitoring.

Breastfeeding of full-term and healthy infants can continue if treatment with tocilizumab and sarilumab are required. If the infant was born prematurely, is unwell, or the mother is taking multiple medicines, the UK Drugs in Lactation Advisory Service should be contacted.

Full detail: [Using Tocilizumab or Sarilumab for hospitalised patients with COVID-19 who are breastfeeding](https://www.sps.nhs.uk/articles/using-tocilizumab-or-sarilumab-for-hospitalised-patients-with-covid-19-who-are-breastfeeding/)

**Title:** Using Tocilizumab or Sarilumab for hospitalised patients with COVID-19 who are pregnant

Specialist Pharmacy Service | 12th October 2021

This page signposts to current guidance on this off-label use of the two medicines from the UK Royal College of Obstetricians and Gynaecologists and UKTIS. Healthcare professionals are encouraged to contact UKTIS should these agents be considered for use.

Full detail: [Using Tocilizumab or Sarilumab for hospitalised patients with COVID-19 who are pregnant](https://www.sps.nhs.uk/articles/using-tocilizumab-or-sarilumab-for-hospitalised-patients-with-covid-19-who-are-pregnant/)

**Title:** Effect of Antithrombotic Therapy on Clinical Outcomes in Outpatients With Clinically Stable Symptomatic COVID-19

JAMA| 11th October 2021

Acutely ill inpatients with COVID-19 typically receive antithrombotic therapy, although the risks and benefits of this intervention among outpatients with COVID-19 have not been established. The objective of this study was to assess whether anticoagulant or antiplatelet therapy can safely reduce major adverse cardiopulmonary outcomes among symptomatic but clinically stable outpatients with COVID-19.

Among symptomatic clinically stable outpatients with COVID-19, treatment with aspirin or apixaban compared with placebo did not reduce the rate of a composite clinical outcome.

Full detail: [Effect of antithrombotic therapy on clinical outcomes in outpatients with clinically stable symptomatic Covid-19. The ACTIV-4B Randomized Clinical Trial](https://jamanetwork.com/journals/jama/fullarticle/2785218)

Related editorial: [Antithrombotic therapy for outpatients with COVID-19. Implications for clinical practice and future research](https://jamanetwork.com/journals/jama/fullarticle/2785220)

recovery

**Title:** Ensuring an equitable recovery for the NHS

BMJ | 2021; 375: n2456 | 11th October 2021

The effect of the pandemic on non-covid related healthcare is only now starting to be felt by patients and healthcare systems. At least 4.5 million people are estimated to be waiting for elective care in the UK, and the backlog may rise to 13 million and take over a decade to clear.

Today, as the NHS attempts to recover and restore business as usual, emergency care continues to see many patients with covid-19 despite a successful vaccination programme; the NHS workforce is fatigued or absent because of isolation measures, making operational planning a challenge; and other patients wait to be seen and treated. This BMJ editorial explores what our options are to recover fairly, and suggests that health leaders must seize this historic opportunity to level up.

Full editorial: [Ensuring an equitable recovery for the NHS](https://www.bmj.com/content/375/bmj.n2456)

**Title:** The IFS Green Budget

Institute for Fiscal Studies |12th October 2021

This report, produced in association with Citi and funded by the Nuffield Foundation, looks at the ongoing impacts of the Covid-19 pandemic, as the Chancellor aims to secure a lasting recovery and deliver on the government’s other objectives and priorities. Chapter six considers the pressures on the NHS, chapter seven looks at what’s happened and what’s next for councils.

Full report: [The IFS Green Budget](https://ifs.org.uk/uploads/IFS-Green-Budget-2021-.pdf)

**Title:** Plan set out to improve access for NHS patients and support GPs

NHS England | 14th October 2021

The NHS, working closely with the Department of Health and Social Care, has published a blueprint for improving access to GP appointments for patients alongside supporting GPs and their teams.

Surgeries will be provided with additional funding to boost their capacity to increase the proportion of appointments delivered face to face, as part of a major drive to support general practice and level up performance, including additional efforts to tackle abuse against staff.

The measures, including a £250 million winter access fund from NHS England, will enable GP practices to improve availability so that patients who need care can get it, often on the same day if needed. The investment will fund locums and support from other health professionals such as physiotherapists and podiatrists, with a focus on increasing capacity to boost urgent same-day care. This is in addition to £270 million invested over the previous 11 months to expand capacity and support GPs.

Full document: [Our plan for improving access for patients and supporting general practice](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf)

Further detail: [Plan set out to improve access for NHS patients and support GPs](https://www.england.nhs.uk/2021/10/plan-set-out-to-improve-access-for-nhs-patients-and-support-gps/)

* [GPs told to see more patients in person as A&E waits worsen](https://www.bbc.co.uk/news/health-58904557?at_medium=RSS&at_campaign=KARANGA) | BBC News
* [England’s GPs to get £250m boost if they see more patients face-to-face](https://www.theguardian.com/society/2021/oct/14/englands-gps-to-get-250m-boost-if-they-see-more-patients-face-to-face) | The Guardian
* [GPs are stretched beyond endurance: the Government needs to publicly support and resource the profession](https://www.rcgp.org.uk/about-us/news/2021/october/gps-are-stretched-beyond-endurance.aspx) | Royal College of General Practitioners
* [The King's Fund responds to the Department of Health and Social Care announcement to improve access to general practice](https://www.kingsfund.org.uk/press/press-releases/kings-fund-responds-department-health-and-social-care-announcement-general-practice-access)

**Title:** The backlog of care across the provider sector – a submission to the National Audit Office inquiry on NHS backlogs and waiting times

NHS Providers | 14th October 2021

This survey of NHS trust leaders has revealed widespread worries that rapidly growing waiting lists will worsen existing health inequalities. Findings also reflect concerns about the time it will take to recover the care backlog, despite impressive progress by trusts and frontline staff in restoring services. Almost a third of leaders (32 per cent) said it will take three to five years.

Trusts and frontline staff are working incredibly hard to bear down on the backlog of care but this survey highlights the growing scale and complexity of demand.

Full detail: [The backlog of care across the provider sector – a submission to the National Audit Office inquiry on NHS backlogs and waiting times](https://nhsproviders.org/media/692270/nhs-providers-submission-to-the-nao-inquiry-on-the-backlog-of-care.pdf)

Press release: [Trust leaders' concerns over unequal impact of the pandemic](https://nhsproviders.org/news-blogs/news/trust-leaders-concerns-over-unequal-impact-of-the-pandemic)

**Title:** Tackling health inequalities

NHS Providers | 14th October 2021

In recent years, tackling health inequalities – both in terms of equitable access to health services and avoidable differences in people's health outcomes – has become a central organising principle for the NHS. COVID-19 has made clear just how much ground we have to make up in addressing this issue, with those who were most disadvantaged in society hit the hardest by the pandemic and the measures taken to control it.

This NHS Providers briefing highlights the leading role trusts can play in creating lasting change in how inequalities in care are understood and dealt with across the NHS.

Full briefing: [Tackling health inequalities must be a fundamental priority for the NHS](https://nhsproviders.org/media/692271/health-inequalities-briefing.pdf)

**Title:** Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic

The Lancet | 5th October 2021

Before 2020, mental disorders were leading causes of the global health-related burden, with depressive and anxiety disorders being leading contributors to this burden. The emergence of the COVID-19 pandemic has created an environment where many determinants of poor mental health are exacerbated. The need for up-to-date information on the mental health impacts of COVID-19 in a way that informs health system responses is imperative. This study aims to quantify the impact of the COVID-19 pandemic on the prevalence and burden of major depressive disorder and anxiety disorders globally in 2020.

This pandemic has created an increased urgency to strengthen mental health systems in most countries. Mitigation strategies could incorporate ways to promote mental wellbeing and target determinants of poor mental health and interventions to treat those with a mental disorder. Taking no action to address the burden of major depressive disorder and anxiety disorders should not be an option.

Full paper: [Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902143-7)

**Title:** Mental Health and COVID-19

Oxford Academic Journals

What is the impact of the COVID-19 pandemic on mental health? Effects observed include anger, anxiety and insomnia, depression, loneliness and post-traumatic stress. Our collection explores the psychological impact of the COVID-19 pandemic and related restrictions in the general population; as well as specific groups such as older adults, parents, students, healthcare workers, and patients with pre-existing conditions.

By assessing the impact of the COVID-19 on mental health, these featured resources from a range of Oxford University Press books and journals aim to support pandemic response and recovery.

The collection also includes general resources on global mental health challenges and post-traumatic stress disorder (PTSD) with a view to informing mental health policies beyond the current emergency.

Full detail: [Mental Health and COVID-19](https://academic.oup.com/journals/pages/mental-health-and-covid-19?utm_content=mainstory%2Bimage&utm_source=adestra&utm_medium=email&utm_term=Journals&utm_campaign=oupac-campaign%3A%201391733973218981547)

**Title:** Physical, cognitive, and mental health impacts of COVID-19 after hospitalisation (PHOSP-COVID): a UK multicentre, prospective cohort study

The Lancet Respiratory Medicine | 7th October 2021

The impact of COVID-19 on physical and mental health and employment after hospitalisation with acute disease is not well understood. The aim of this study was to determine the effects of COVID-19-related hospitalisation on health and employment, to identify factors associated with recovery, and to describe recovery phenotypes.

The authors identified factors related to not recovering after hospital admission with COVID-19 at 6 months after discharge (eg, female sex, middle age, two or more comorbidities, and more acute severe illness), and four different recovery phenotypes. The severity of physical and mental health impairments were closely related, whereas cognitive health impairments were independent.

In clinical care, a proactive approach is needed across the acute severity spectrum, with interdisciplinary working, wide access to COVID-19 holistic clinical services, and the potential to stratify care.

Full paper: [Physical, cognitive, and mental health impacts of COVID-19 after hospitalisation (PHOSP-COVID): a UK multicentre, prospective cohort study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900383-0)

**Title:** Short-term and Long-term Rates of Postacute Sequelae of SARS-CoV-2 Infection

JAMA Network | 13th October 2021

This review looked at the question: What are the short-term and long-term postacute sequelae of COVID-19 (PASC) infection?

In this systematic review of 57 studies comprising more than 250 000 survivors of COVID-19, more than half of COVID-19 survivors experienced PASC 6 months after recovery. The most common PASC involved functional mobility impairments, pulmonary abnormalities, and mental health disorders. These long-term PASC effects occur on a scale that could overwhelm existing health care capacity, particularly in low- and middle-income countries.

Full detail: [Short-term and long-term rates of postacute sequelae of SARS-CoV-2 infection: A Systematic Review](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2784918)

Infection control

**Title:** NHS encourages pregnant women to get COVID-19 vaccine

NHS England | 11th October 2021

The NHS is encouraging pregnant women to get the COVID-19 vaccine as new data shows that nearly 20 per cent of the most critically ill COVID patients are pregnant women who have not been vaccinated. Since July, one in five COVID patients receiving treatment through a special lung-bypass machine were expectant mums who have not had their first jab.

England’s top midwife is today reassuring women that the vaccine is safe and effective during pregnancy and is recommended by clinicians and charities.

Out of all women between the ages of 16 and 49 on ECMO in intensive care, pregnant women make up almost a third (32 percent) –  up from just 6 per cent at the start of the pandemic, March 2020.

Full detail: [NHS encourages pregnant women to get COVID-19 vaccine](https://www.england.nhs.uk/2021/10/nhs-encourages-pregnant-women-to-get-covid-19-vaccine/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+NHSCBoard+%28NHS+England%29)

See also:

* [COVID-19 vaccination: women of childbearing age, currently pregnant or breastfeeding](https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding) | UK Health Security Agency
* [Covid-19 treatments and vaccines must be evaluated in pregnancy](https://www.bmj.com/content/375/bmj.n2377) | BMJ [editorial]

**Title:** Lateral flow tests more accurate than first thought, study finds

Clinical Epidemiology | BBC News 14th October 2021

Lateral flow tests (LFTs) are very good at detecting people most likely to spread Covid-19 and positive results should be trusted, say University College London researchers. When LFTs were introduced, they were criticised for being less accurate than PCR tests, which are analysed in a lab. But the study found rapid tests were "a very useful public health tool" for stopping the spread of the virus.

When the researchers used a new formula for calculating the rapid test's accuracy, they found LFTs were more than 80% effective at detecting any level of Covid-19 infection and likely to be more than 90% effective at detecting who is most infectious when they use the test. This is much higher than previously thought, they say.

The UCL peer-reviewed study concludes that criticism of LFTs for low sensitivity "have reached the wrong conclusions", "confused policy-making" and "damaged public trust in LFTs".

Full paper: [Recalibrating SARS-CoV-2 antigen rapid lateral flow test relative sensitivity from validation studies to absolute sensitivity for indicating individuals shedding transmissible virus](https://www.dovepress.com/getfile.php?fileID=74931)

BBC News: [Lateral flow tests more accurate than first thought, study finds](https://www.bbc.co.uk/news/health-58899612?at_medium=RSS&at_campaign=KARANGA)

**Title:** Covid-19 Breakthrough Infections in Vaccinated Health Care Workers

New England Journal of Medicine | 14th October 2021

Despite the high efficacy of the BNT162b2 messenger RNA vaccine against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), rare breakthrough infections have been reported, including infections among health care workers.

This paper presents the research findings of a cohort of vaccinated health workers in Israel and the instance of breakthrough infections*.* Among 1497 fully vaccinated health care workers for whom RT-PCR data were available, 39 SARS-CoV-2 breakthrough infections were documented. Most breakthrough infections were mild or asymptomatic, although persistent symptoms did occur.

Full paper: [Covid-19 breakthrough infections in vaccinated health care workers](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2109072?articleTools=true)

**Title:** Latest REACT-1 study shows SARS-CoV-2 infection rates rising in young people but remaining stable overall

UK Health Security Agency | 14th October 2021

Findings from the latest report of REACT-1, one of the country’s largest studies into coronavirus (COVID-19) infections in England, have been published by Imperial College London and Ipsos MORI.

Across the period of this round of the study, the report found that prevalence was stable or slightly rising across all age groups combined. The report found 764 positives from 100,527 swabs giving a weighted prevalence of 0.83%.

However, there was some variation between age groups. Prevalence was growing in those aged 17 years and below with an R number of 1.18, while prevalence was decreasing in those aged 18 to 54 years with an R number of 0.81.

At the regional level, prevalence ranged from 0.57% in the South East to 1.25% in Yorkshire and The Humber. There was evidence of growth in both East Midlands and London with R of 1.36 and 1.59 respectively. In people of Black ethnicity, prevalence was higher at 1.41% compared with white participants at 0.78%.

Full detail: [REACT-1 study of coronavirus transmission: September 2021 final results](https://www.gov.uk/government/publications/react-1-study-of-coronavirus-transmission-september-2021-final-results)

Press release: [Latest REACT-1 study shows SARS-CoV-2 infection rates rising in young people but remaining stable overall](https://www.gov.uk/government/news/latest-react-1-study-shows-sars-cov-2-infection-rates-rising-in-young-people-but-remaining-stable-overall)

**Title:** Face coverings and COVID-19: statement from an expert panel

UK Health Security Agency | 14th October 2021

An expert respiratory evidence panel was convened in February 2021 to critically assess the evidence on:

* the role of airborne transmission in relation to SARS-CoV-2
* the transmissibility of new SARS-CoV-2 variants
* the effectiveness, including efficacy of different types of face coverings and factors that may impact on this

The panel produced a statement of key findings and recommendations based on the results of the evidence review combined with their expert knowledge and experience.

Further detail: [Face coverings and COVID-19: statement from an expert panel](https://www.gov.uk/government/publications/face-coverings-and-covid-19-statement-from-an-expert-panel)

Full report: [The role of face coverings in mitigating the transmission of SARS-CoV-2](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1025113/OFFSEN_Respiratory_Evidence_Panel_Evidence_Overview_UKHSA_branding__1___4_.pdf)

workforce wellbeing

**Title:** One in three doctors say their organisation is not prepared for winter

Royal College of Physicians | 13th October 2021

The twelfth survey of RCP members and fellows during the COVID-19 pandemic was conducted as more of the population returns to normality and winter is on the horizon.

With just four weeks until the end of British Summer Time, over a third of respondents to our survey (36%) say their organisation is not at all prepared for winter. 27% feel personally unprepared, and almost two thirds feeling tired or exhausted.

This follows a year of immense pressure on healthcare staff as they dealt with the COVID-19 pandemic, and now face an enormous backlog of care. As well as the majority feeling tired or exhausted, 36.5% are demoralised and 32.5% pessimistic.

The RCP wants more to be done immediately to improve the conditions under which doctors and other clinicians are working.

They say the key to improving morale is giving back doctors some control over their working life. This means open and honest conversations about job planning and more group job planning to better manage the time available.

It also means accepting that remote working is here to stay and making sure that it is available to everyone.  Remote working is also a training and development opportunity in a world that increasingly does things digitally.

Full detail: [One in three doctors say their organisation is not prepared for winter](https://www.rcplondon.ac.uk/news/one-three-doctors-say-their-organisation-not-prepared-winter)

See also: [Doctors want to work more flexibly – and we need to make it a reality](https://www.rcplondon.ac.uk/news/doctors-want-work-more-flexibly-and-we-need-make-it-reality)

Health management

**Title:** COVID-19 contain framework: a guide for local decision-makers

UK Health Security Agency | updated 7th October 2021

This is a guide for local decision-makers in England. It sets out how national, regional and local partners should continue to work with each other, the public, businesses, and other partners in their communities to prevent, manage and contain outbreaks of coronavirus (COVID-19). The framework applies to the autumn and winter period, and will be reviewed and updated as necessary in spring 2022.

Full detail: [COVID-19 contain framework: a guide for local decision-makers](https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers)

**Title:** Agility: the missing ingredient for NHS productivity

The Health Foundation | 13th October 2021

Maximising NHS productivity will be critical if the health service is to survive the pressures it faces in the aftermath of the pandemic, and from the long-term growth in demand for health care. This article sets out some improvement approaches that can increase productivity, with supporting case studies for each. It considers how to improve productivity:

* within existing models of care
* by creating new models of care
* by strengthening provider and system ‘agility’ – whether health care organisations are ready and able to shift to new ways of working.

The analysis highlights agility as a critical component – the ‘missing driver’ – for improving productivity in health care. It argues that policy in this area should be concerned not only with ideas for improving productivity, but also with whether providers have the agility to seize and adopt them effectively.

It calls on policymakers to invest in an agile provider sector, able to take advantage of new ideas to improve NHS productivity.

Full detail: [Agility: the missing ingredient for NHS productivity](https://www.health.org.uk/publications/long-reads/agility-the-missing-ingredient-for-nhs-productivity?utm_campaign=12722012_Productivity%20long%20read%20%20October%202021%20%20WARM&utm_medium=email&utm_source=The%20Health%20Foundation&dm_i=4Y2,7KOD8,6ZKZT4,UU28V,1)

other

**Title:** Under-reporting of deaths limits our understanding of true burden of covid-19

BMJ | 2021; 375: n2239 | 12th October 2021

This BMJ analysis argues that accurate mortality data are essential for a fair, just, and equitable response to pandemics and suggests how to obtain them.

Full detail: [Under-reporting of deaths limits our understanding of true burden of covid-19](https://www.bmj.com/content/375/bmj.n2239)

**Title:** Coronavirus: Lessons Learned To Date

Health and Social Care Committee | 12th October 2021

This report of a joint inquiry with the Science and Technology Committee examines six key areas in the initial UK response to the Covid-19 pandemic: the country's preparedness for a pandemic; the use of non-pharmaceutical interventions such as border controls, social distancing and lockdowns to control the pandemic; the use of test, trace and isolate strategies; the impact of the pandemic on social care; the impact of the pandemic on specific communities; and the procurement and roll-out of Covid-19 vaccines. The inquiry concluded that some initiatives were examples of global best practice but others represented mistakes. Both must be reflected on to ensure that lessons are applied to better inform future responses to emergencies.

Full report: [Coronavirus: Lessons learned to date](https://committees.parliament.uk/publications/7496/documents/78687/default/)

Press release: [Coronavirus: lessons learned to date report published](https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/157991/coronavirus-lessons-learned-to-date-report-published/)

See also:

* [Covid: UK's early response worst public health failure ever, MPs say | BBC News](https://www.bbc.co.uk/news/health-58876089)
* [Fatal errors, not fatalism, created UK’s public health disaster](https://www.bmj.com/content/375/bmj.n2497) | BMJ
* [Government’s handling of pandemic had “big mistakes,” MPs say](https://www.bmj.com/content/375/bmj.n2487)| BMJ

**Title:** Addressing the National Syndemic: Place-based problems and solutions to UK health inequality

Public Policy Projects | 4th October 2021

This report, published with the Institute of Health Equity, finds that health inequalities have been exacerbated by the Covid-19 pandemic. It highlights that it is the collective responsibility for private, public, voluntary, community and social enterprise sectors to work together to create more equitable and healthy societies. Free registration is required to read this report.

Full report: [Addressing the National Syndemic: Place-based problems and solutions to UK health inequality](https://publicpolicyprojects.com/publications/addressing-the-national-syndemic-place-based-problems-and-solutions-to-uk-health-inequality/)

Press release: [Health inequalities are widening after Covid hammered the UK’s poorest, report warns](https://publicpolicyprojects.com/press-releases/inews-health-inequalities-are-widening-after-covid-hammered-the-uks-poorest-report-warns/)

**Title:** For Whose Benefit? NHS England’s contract with the private hospital sector in the first year of the pandemic

Centre for Health and the Public Interest | 7th October 2021

This report analyses the government’s use of the private hospital sector in England as a strategy for alleviating the burden on the NHS during the first year of the Covid 19 pandemic. It uses publicly available information to examine the nature of the contracts between the NHS and the private sector, the potential costs of these contracts and the extent to which NHS patients benefitted from this approach.

The research shows that none of the goals outlined for the deal were achieved to a significant extent. Almost no Covid patients were treated in the private sector and NHS funded activity in the private sector fell significantly, and much further than in NHS trusts.

The report raises serious concerns about the strategy employed by NHS England, value for money for the taxpayer and accountability of government.

Full report: [For Whose Benefit? NHS England’s contract with the private hospital sector in the first year of the pandemic](https://chpi.org.uk/wp-content/uploads/2021/09/CHPI-For-Whose-Benefit_.pdf)

See also: [Press release](https://chpi.org.uk/papers/reports/for-whose-benefit/)

[Private hospitals “fell well short” in delivering care during the pandemic, says report](https://www.bmj.com/content/375/bmj.n2471) | BMJ

**Title:** The role of contemporary digital tools and technologies in Covid-19 crisis: An exploratory analysis

Expert Systems | 6th October 2021  
  
Following the Covid-19 pandemic, there has been an increase in interest in using digital resources to contain pandemics. To avoid, detect, monitor, regulate, track, and manage diseases, predict outbreaks and conduct data analysis and decision-making processes, a variety of digital technologies are used, ranging from artificial intelligence (AI)-powered machine learning (ML) or deep learning (DL) focused applications to blockchain technology and big data analytics enabled by cloud computing and the internet of things (IoT).

In this paper, the authors look at how emerging technologies are advancing health care and paving the way to combat the Coivd-19 pandemic. The aim of this research is to look at possible technologies, processes, and tools for addressing Covid-19 issues such as pre-screening, early detection, monitoring infected/quarantined individuals, forecasting future infection rates, and more.

Full paper: [The role of contemporary digital tools and technologies in Covid-19 crisis: An exploratory analysis](https://onlinelibrary.wiley.com/doi/epdf/10.1111/exsy.12834)

**Title:** Covid and flu: what do the numbers tell us about morbidity and deaths?

BMJ | 2021; 375: n2514 | 14th October 2021

Much confusion has been seen in the UK media about the effects on mortality of flu and covid-19.  This BMJ analysis looks to separate the fact from the fiction, asking the following:

* Are there more deaths from flu than from covid?
* Which is more dangerous, flu or covid?
* Does getting flu with covid “double the risk of death”?
* What are the vaccine uptake rates in the UK?
* Is it recommended to have both vaccines together?
* What do covid rates look like in the UK now?

Full detail: [Covid and flu: what do the numbers tell us about morbidity and deaths?](https://www.bmj.com/content/375/bmj.n2514)

We

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

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

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