COVID-19 weekly update

October 1st 2021

clinical management

**Title:** Cost utility analysis of Remdesivir and Dexamethasone treatment for hospitalised COVID-19 patients - a hypothetical study

BMC Health Services Research | September 2021

In this study, the cost-utility of Remdesivir, Dexamethasone and a simultaneous use of the two drugs with respect to standard of care for treatment Covid-19 hospitalized patients is evaluated, together with the effect of Remdesivir compared to the base model but based on alternative assumptions.

The study finds that the use of Remdesivir and/or Dexamethasone is effective from an economic standpoint.

Full paper: [Cost utility analysis of Remdesivir and Dexamethasone treatment for hospitalised COVID-19 patients - a hypothetical study](https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-06998-w.pdf)

**Title:** Characterising long COVID: a living systematic review

BMJ Global Health | 27th September 2021

While it is now apparent clinical sequelae (long COVID) may persist after acute COVID-19, their nature, frequency and aetiology are poorly characterised. This study aims to regularly synthesise evidence on long COVID characteristics, to help inform clinical management, rehabilitation strategies and interventional studies to improve long-term outcomes.

The study found over 60 physical and psychological signs and symptoms with wide prevalence were reported, most commonly weakness, general malaise, fatigue, concentration impairment and breathlessness. 37% of patients reported reduced quality of life; 26% of studies presented evidence of reduced pulmonary function.

The authors conclude that Long COVID is a complex condition with prolonged heterogeneous symptoms. The nature of studies precludes a precise case definition or risk evaluation. There is an urgent need for prospective, robust, standardised, controlled studies into aetiology, risk factors and biomarkers to characterise long COVID in different at-risk populations and settings.

Full paper: [Characterising long COVID: a living systematic review](https://gh.bmj.com/content/bmjgh/6/9/e005427.full.pdf)

**Title:** Combination therapies for COVID-19: an overview of the clinical trials landscape

British Journal of Clinical Pharmacology | 23rd September 2021

The COVID-19 pandemic has driven an unprecedented level of global activity in drug discovery and clinical development for effective therapeutics targeting the coronavirus disease. There are currently 744 therapeutics being tested in 2879 clinical trials globally. Almost 90% of these clinical trials are focused on monotherapies.

Combination therapies are the mainstay of antiviral therapeutics to increase the potency of the individual compounds and to combat the rapid evolution of resistance, although combination therapies have inherently complex clinical and regulatory development challenges. Increased understanding of the SARS-CoV-2 lifecycle and COVID-19 pathology provides a scientific rationale for evaluating the effectiveness of different combinations.

In this paper, the authors provide an overview of the current clinical trial landscape for combination therapeutics targeting COVID-19 through weekly scanning of national and international clinical trial registries. Their analysis delves specifically into dual combination therapies in what can be defined as ‘pivotal clinical trials’ (active, randomised, controlled and at least phase II), with a focus on new and repurposed therapeutic candidates that have shown positive signals and/or been granted authorisation for emergency use based on positive efficacy and safety data.

Full paper: [Combination therapies for COVID-19: an overview of the clinical trials landscape](https://bpspubs.onlinelibrary.wiley.com/doi/epdf/10.1111/bcp.15089)

**Title:** The impact of the COVID-19 pandemic on patterns of attendance at emergency departments in two large London hospitals

BMC Health Services Research | 23rd September 2021

Hospitals in England have undergone considerable change to address the surge in demand imposed by the COVID-19 pandemic. The impact of this on emergency department (ED) attendances is unknown, especially for non-COVID-19 related emergencies.

The findings of this study reflect broader trends seen across England and give an indication how emergency healthcare seeking has drastically changed. At Imperial College Healthcare NHS Trust, the authors find that a larger proportion arrived by ambulance and that hospitalisation outcomes of patients without COVID-19 did not differ from previous years.

The extent to which these findings relate to ED avoidance behaviours compared to having sought alternative emergency health services outside of hospital remains unknown. National analyses and strategies to streamline emergency services in England going forward are urgently needed.

Full paper: [The impact of the COVID-19 pandemic on patterns of attendance at emergency departments in two large London hospitals: an observational study](https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-07008-9.pdf)

**Title:** REGEN-COV Antibody Combination and Outcomes in Outpatients with Covid-19

New England Journal of Medicine | 29th September 2021

In the phase 1–2 portion of an adaptive trial, REGEN-COV, a combination of the monoclonal antibodies casirivimab and imdevimab, reduced the viral load and number of medical visits in patients with Covid-19. REGEN-COV has activity in vitro against current severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) variants of concern.

In the phase 3 portion of an adaptive trial, the authors randomly assigned outpatients with Covid-19 and risk factors for severe disease to receive various doses of intravenous REGEN-COV or placebo. Patients were followed through day 29. A prespecified hierarchical analysis was used to assess the end points of hospitalization or death and the time to resolution of symptoms. Safety was also evaluated.

The authors conclude that REGEN-COV reduced the risk of Covid-19–related hospitalization or death from any cause, and it resolved symptoms and reduced the SARS-CoV-2 viral load more rapidly than placebo.

Full article: [REGEN-COV antibody combination and outcomes in outpatients with Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2108163?articleTools=true)

**Title:** Extracorporeal membrane oxygenation for COVID-19

The Lancet | 29th September 2021

Over the course of the COVID-19 pandemic, the care of patients with COVID-19 has changed and the use of extracorporeal membrane oxygenation (ECMO) has increased. This paper aimed to examine patient selection, treatments, outcomes, and ECMO centre characteristics over the course of the pandemic to date.

The authors conclude that mortality after ECMO for patients with COVID-19 worsened during 2020. These findings inform the role of ECMO in COVID-19 for patients, clinicians, and policy makers.

Full paper: [Extracorporeal membrane oxygenation for COVID-19: evolving outcomes from the international Extracorporeal Life Support Organization Registry](https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2901960-7)

**Title:** Vaccine induced immune thrombocytopenia and thrombosis: summary of NICE guidance

BMJ | 2021; 375: n2195 | 1st October 2021

The UK vaccination programme has prevented thousands of deaths from infection with SARS-CoV-2, but has been accompanied by new vaccine related complications. The most serious of these is a novel disorder, described as vaccine induced immune thrombocytopenia and thrombosis (VITT). This immune mediated condition is caused by development of pathological anti-platelet factor 4 (PF4) antibodies following vaccination against covid-19, which leads to intense activation of platelets and the coagulation system. The subsequent clinical syndrome often presents with life threatening thrombosis and secondary haemorrhage, which are challenging to manage in the context of new biochemical coagulopathy.

This article summarises the most recent recommendations from the rapid covid-19 guideline produced by the National Institute for Health and Care Excellence (NICE)

Full detail: [Vaccine induced immune thrombocytopenia and thrombosis: summary of NICE guidance](https://www.bmj.com/content/375/bmj.n2195)

Related NICE guidance: [COVID-19 rapid guideline: vaccine-induced immune thrombocytopenia and thrombosis (VITT). NICE guideline NG200](https://www.nice.org.uk/guidance/ng200)

**Title:** Pharmacological interventions to prevent Covid-19 disease: A rapid review

Reviews in Medical Virology | 28th September 2021

The aim of this rapid review was to determine the effectiveness of pharmacological interventions (excluding vaccines) to prevent coronavirus disease 2019 (Covid-19) or reduce the severity of disease.

A systematic search of published peer-reviewed articles and non-peer-reviewed pre-prints was undertaken from 1 January 2020 to 17 August 2021. At the time of writing, the authors found insufficient high quality evidence to support the use of pharmacological interventions to prevent Covid-19.

Full detail: [Pharmacological interventions to prevent Covid-19 disease: A rapid review](https://onlinelibrary.wiley.com/doi/epdf/10.1002/rmv.2299)

recovery

**Title:** Incidence, co-occurrence, and evolution of long-COVID features

PLOS Medicine | 28th September 2021

Long-COVID refers to a variety of symptoms affecting different organs reported by people following Coronavirus Disease 2019 (COVID-19) infection. To date, there have been no robust estimates of the incidence and co-occurrence of long-COVID features, their relationship to age, sex, or severity of infection, and the extent to which they are specific to COVID-19. The aim of this study is to address these issues.

This research used data from electronic health records of 273,618 patients diagnosed with COVID-19 and estimated the risk of having long-COVID features in the 6 months after a diagnosis of COVID-19. It compared the risk of long-COVID features in different groups within the population and also compared the risk to that after influenza.

The research found that over 1 in 3 patients had one or more features of long-COVID recorded between 3 and 6 months after a diagnosis of COVID-19. This was significantly higher than after influenza.

For 2 in 5 of the patients who had long-COVID features in the 3- to 6-month period, they had no record of any such feature in the previous 3 months.

The risk of long-COVID features was higher in patients who had more severe COVID-19 illness, and slightly higher among females and young adults. White and non-white patients were equally affected.

Full article: [Incidence, co-occurrence, and evolution of long-COVID features: A 6-month retrospective cohort study of 273,618 survivors of COVID-19](https://journals.plos.org/plosmedicine/article/file?id=10.1371/journal.pmed.1003773&type=printable)

See also: [Over a third of COVID-19 patients diagnosed with at least one long COVID symptom](https://www.nihr.ac.uk/news/over-a-third-of-covid-19-patients-diagnosed-with-at-least-one-long-covid-symptom/28799) | NIHR

**Title:** Patient-Reported Functional Outcomes Thirty Days after Hospitalization for COVID-19

PM&R | 29th September 2021

Many coronavirus disease 2019 (COVID-19) survivors experience persistent symptoms, such as fatigue, dyspnea, and musculoskeletal pain, however, less is known about the impact of COVID-19 on longer-term functional outcomes. The 0bjective of this paper was to evaluate patient-reported activity of daily living (ADL) function and fatigue symptoms 30 days after hospitalization for COVID-19.

The authors found that new functional impairments are common at 30-days after discharge among survivors of hospitalization for COVID-19. Early rehabilitation, advance care planning, and referrals to appropriate therapies should be considered in post-acute COVID-19 care to maximize patients’ functional outcomes, however ongoing research is still needed regarding management of these patients.

Full paper: [Patient-reported functional outcomes thirty days after hospitalization for COVID-19](https://onlinelibrary.wiley.com/doi/epdf/10.1002/pmrj.12716)

**Title:** Manifesto for recovery: The health and care system after COVID-19

NHS Confederation | 24th September 2021

This report sets out the views of healthcare leaders in England on the measures needed to ensure the NHS can meet the key challenges it faces, including addressing the backlog of care and health inequalities that have been exacerbated by COVID-19. It also explores how the health and care sector can sustain the beneficial changes that have resulted from the pandemic.

Full report: [Manifesto for recovery: The health and care system after COVID-19](https://www.nhsconfed.org/sites/default/files/2021-09/Manifesto-for-recovery-0.pdf)

**Title:** Health and social care funding projections 2021

The Health Foundation | 1st October 2021

This report presents the REAL Centre’s projections of future health and social care funding requirements, both for the next 3 years and longer term funding to 2030/31. The projections are based on two scenarios:  stabilisation and recovery. The scenarios differ according to different levels of government policy ambition and different trajectories for the level of impact of COVID-19.

* For health care, stabilisation would require average real-terms annual increases of 3.2%, with 3.5% for recovery. This equates to between £63bn and £72bn in additional annual funding in 2030/31 over 2018/19.
* For social care both the recovery and stabilisation scenarios would mean much higher growth than in recent years. Our projections show an additional £8.9bn and £14.4bn is needed in 2030/31 over 2019/20 for the stabilisation and recovery scenarios respectively.
* By 2030/31, up to an extra 488,000 health care staff would be needed to meet demand pressures and recover from the pandemic – the equivalent of a 40% increase in the workforce, double the growth seen in the last decade. Alongside this, up to 627,000 extra social care staff would be needed to improve services and meet need – a 55% growth over the next decade and 4 times greater than the increases of the last ten years.

Full report: [Health and social care funding projections 2021](https://www.health.org.uk/sites/default/files/upload/publications/2021/REALCentreFundingProjections_WEB.pdf)

**Title:** Building back inclusively: radical approaches to tackling the elective backlog

NHS Confederation | 24th September 2021

The number of people waiting for planned NHS care in England has grown to record levels, with more than 5.6 million people currently on the waiting list and over 7 million ‘missing patients’ anticipated to come forward for treatment.

Inequalities are now becoming evident in the backlog, with evidence suggesting that waiting lists have grown more rapidly in more deprived areas during the pandemic. These areas could face disproportionately large waiting lists per head of population, and deprived communities could also have larger numbers of ‘missing’ patients.

This briefing recommends radical, whole-system changes to tackle the elective backlog inclusively. Aimed at healthcare leaders overseeing elective recovery, as well as policymakers with the levers to effect change, it puts forward ten practical measures to manage the backlog.

Full briefing: [Building back inclusively: radical approaches to tackling the elective backlog](https://www.nhsconfed.org/sites/default/files/2021-09/Building-back-inclusively.pdf)

See also: [Building back inclusively: the evidence](https://www.nhsconfed.org/publications/building-back-inclusively-evidence) | [Analysis of the latest data and trends in waiting times, the impact on inequalities and what the NHS and patients can expect unless action is taken].

**Title:** Tackling the elective backlog – exploring the relationship between deprivation and waiting times

The King’s Fund |Healthwatch England | 27th September 2021

Long waiting times and growing waiting lists for hospital treatment have been a problem for some time, but now the Covid-19 pandemic has exacerbated the issue and waiting lists have grown rapidly. As with other aspects of the pandemic, this has not been experienced equally.

This analysis of waiting list data shows a clear relationship with deprivation, which sees those living in the most deprived areas nearly twice as likely to wait more than a year for treatment compared to those living in the least deprived areas.

Full detail: [Tackling the elective backlog – exploring the relationship between deprivation and waiting times](https://www.kingsfund.org.uk/blog/2021/09/elective-backlog-deprivation-waiting-times)

Press release: [People living in the poorest areas waiting longer for hospital treatment: The King’s Fund and Healthwatch England share new analysis](https://www.kingsfund.org.uk/press/press-releases/kings-fund-healthwatch-analysis-waiting-lists)

**Title:** Elective care: how has COVID-19 affected the waiting list?

NHS Confederation | 27th September 2021

This analysis looks at what we know about the waiting list for elective care in England.

* While the NHS delivered a remarkable amount of elective treatment during the pandemic, the pressure of caring for large numbers of patients seriously unwell with COVID-19 has led to the waiting list for elective care reaching the highest level since current records began.
* Data show that 6 million fewer people completed elective care pathways between January 2020 and July 2021 than would have been expected based on pre-pandemic numbers.
* Services in every part of England were placed under enormous strain during the pandemic, but the backlog in elective care is not evenly distributed. Elective care has been hit harder – and recovered more slowly – in certain parts of the country.
* Just as COVID-19 has exacerbated existing inequalities in other parts of life, access to elective treatment fell further in the most socioeconomically deprived areas of England between January 2020 and July 2021 than in less deprived areas.
* As well as fewer patients being treated, 7.5 million fewer people were referred into consultant-led elective care between January 2020 and July 2021 than would have been expected based on pre-pandemic numbers. These 'missing patients' remain the biggest unknown in planning to address the backlog of unmet need created by the pandemic.

Full detail: [Elective care: how has COVID-19 affected the waiting list?](https://www.health.org.uk/news-and-comment/charts-and-infographics/elective-care-how-has-covid-19-affected-the-waiting-list)

**Title:** Anxiety and depression symptoms after COVID-19 infection: results from the COVID Symptom Study app

Journal of Neurology, Neurosurgery and Psychiatry | 28th September 2021

Testing positive for COVID-19 has a slight association with subsequent anxiety and depression symptoms, new research has found. This association appeared to be short-lived and small compared to having other health conditions.

The study analysed data from 421,977 participants of the ZOE COVID Symptom app. Of that group 26,998 had tested positive for SARS-CoV-2 between February 23rd and April 12th 2021. Previous studies have reported that COVID-19 survivors were at an increased risk of mood and anxiety disorders after infection. The authors of this study sought to compare prevalence of anxiety and depression in individuals with or without COVID-19 infection and assess the influence of other common risk factors.

Researchers found that anxiety and depression were slightly more prevalent in people who tested positive for COVID-19 (30.4%) versus those who tested negative (26.1%). When adjusting for factors such as age and sex, researchers found this modest increase in reporting in those testing positive for COVID-19 was statistically significant.

The people most at risk of experiencing anxiety and depression symptoms in the months analysed were those who reported a previous mental health condition, which included depression, anxiety disorder and bipolar disorder. They were at 126% increased risk of experiencing these symptoms.

Full paper: [Anxiety and depression symptoms after COVID-19 infection: results from the COVID Symptom Study app](https://jnnp.bmj.com/content/jnnp/early/2021/09/27/jnnp-2021-327565.full.pdf)

See also: [Impact of COVID-19 infection on later anxiety and depression is small and short-lived](https://www.kcl.ac.uk/news/covid-19-infection-anxiety-and-depression-small-and-short-lived) | Kings College London

Infection control

**Title:** UK Health Security Agency publishes new recommendations for COVID-19 infection prevention and control

UK Health Security Agency | 27th September 2021

UKHSA has recommended three pragmatic changes to the current management of COVID-19 Infection Prevention and Control (IPC) measures, with a focus on elective care.

This advice should be used by local acute care providers to allow them to start to make further safe changes to their services, in line with a local assessment of risk.

It is hoped that whilst responding to changing scientific knowledge, these recommendations in starting to reduce enhanced COVID-19 specific IPC measures will also help to ease the pressure created by the pandemic on NHS capacity over the next few months, balancing the different health needs of the population as we learn to live with the virus.

These initial recommendations include three interventions which relate to social distancing and testing in NHS and Social Care elective care services, and cleaning practices:

1. A reduction of physical distancing from 2 metres to 1 metre with appropriate mitigations where patient access can be controlled (for example, not in emergency departments).
2. Removing the need for a negative PCR and 3 days self-isolation before selected elective procedures. Selected patients in low risk groups who are fully vaccinated, asymptomatic, with a negative lateral flow test on the day of their procedure will no longer need to have a negative PCR and isolate for 3 days. Patients who are contacts of a confirmed case of SARS-CoV-2 will still need to go through the current PCR pathway.
3. Re-adopting standard rather than enhanced cleaning procedures. Enhanced cleaning can be discontinued in agreed low risk areas such as planned or scheduled elective care and providers can revert to standard cleaning procedures between patients.

Full detail: [UK Health Security Agency publishes new recommendations for COVID-19 infection prevention and control](https://www.gov.uk/government/news/ukhsa-publishes-new-recommendations-for-covid-19-infection-prevention-and-control)

See also:

* [Fully vaccinated patients no longer need to test or isolate before elective procedures, hospitals are told](https://www.bmj.com/content/374/bmj.n2383) | BMJ
* [Hospitals in England can relax Covid rules to treat more patients](https://www.bbc.co.uk/news/health-58712232?at_medium=RSS&at_campaign=KARANGA) | BBC News

**Title:** Covax and global access to Covid-19 vaccines

House of Commons Library | 22nd September 2021

The purchasing and administration of Covid-19 vaccines has been dominated by richer economies. In April 2020, the Covax initiative was established to ensure fair access to vaccines. This paper sets out how Covax works, the challenges it faces, and the contributions of the UK and other high-income economies to the global distribution of vaccines.

Full detail: [Covax and global access to Covid-19 vaccines](https://researchbriefings.files.parliament.uk/documents/CBP-9240/CBP-9240.pdf)

**Title:** Phase 3 Safety and Efficacy of AZD1222 (ChAdOx1 nCoV-19) Covid-19 Vaccine

New England Journal of Medicine | 29th September 2021

In this ongoing, double-blind, randomized, placebo-controlled, phase 3 clinical trial, the authors investigated the safety, vaccine efficacy, and immunogenicity of two doses of AZD1222 as compared with placebo in preventing the onset of symptomatic and severe coronavirus disease 2019 (Covid-19) 15 days or more after the second dose in adults, including older adults, in the United States, Chile, and Peru.

In over 32,000 participants, the incidence of serious adverse effects was low (including no cases of vaccine-induced immune thrombotic thrombocytopenia) and the vaccine efficacy was 74%. Efficacy was documented in a range of demographic subgroups.

Full article: [Phase 3 safety and efficacy of AZD1222 (ChAdOx1 nCoV-19) Covid-19 Vaccine](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2105290?articleTools=true)

**Title:** Free personal protective equipment (PPE) scheme

Department of Health and Social Care | 30th September 2021

The purpose of the scheme is to ensure that health and social care providers have reliable access to the PPE needed for good infection control, limiting the spread of COVID-19. The scheme has been extended to 31 March 2022.

Full detail: [Free personal protective equipment (PPE) scheme](https://www.gov.uk/government/publications/free-personal-protective-equipment-ppe-scheme)

See also:

[Extending free PPE to the health and care sector](https://www.gov.uk/government/consultations/extending-free-ppe-to-the-health-and-care-sector)DHSC is committed to providing this central, free provision of Covid-19 PPE until 31 March 2022. This [consultation](https://www.gov.uk/government/consultations/extending-free-ppe-to-the-health-and-care-sector) is seeking views on whether it should extend the provision of free PPE to the health and care sector after this date. The closing date for comments is 31 October 2021.

**Title:** COVID-19 hospital admissions and deaths after BNT162b2 and ChAdOx1 nCoV-19 vaccinations in 2·57 million people in Scotland

The Lancet Respiratory Medicine | 29th September 2021

The UK COVID-19 vaccination programme has prioritised vaccination of those at the highest risk of COVID-19 mortality and hospitalisation. The programme was rolled out in Scotland during winter 2020–21, when SARS-CoV-2 infection rates were at their highest since the pandemic started, despite social distancing measures being in place. The authors of this prospective cohort study aimed to estimate the frequency of COVID-19 hospitalisation or death in people who received at least one vaccine dose and characterise these individuals.

COVID-19 hospitalisations and deaths were uncommon 14 days or more after the first vaccine dose in this national analysis in the context of a high background incidence of SARS-CoV-2 infection and with extensive social distancing measures in place.

Sociodemographic and clinical features known to increase the risk of severe disease in unvaccinated populations were also associated with severe outcomes in people receiving their first dose of vaccine and could help inform case management and future vaccine policy formulation.

Full paper: [COVID-19 hospital admissions and deaths after BNT162b2 and ChAdOx1 nCoV-19 vaccinations in 2·57 million people in Scotland (EAVE II): a prospective cohort study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900380-5)

See also: [Severe breakthrough COVID-19 infections in Scotland—implications for immunisation programmes](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2821%2900413-6/fulltext)

**Title:** Mass testing of university students for covid-19

BMJ | 2021; 375: n2388 | 1st October 2021

As long as pandemic control measures are required, a strong argument exists for mass testing of populations at high risk of infection, such as students in higher education. Faced with spread of the delta variant, many universities have committed to continuing their programmes of regular PCR based screening of asymptomatic students.

Ths editorial suggests that when prevalence declines, surveillance testing (regular screening of a fraction of the relevant population) and genomic sequencing to identify new variants of concern may be a proportionate response, and universities will again be ideal laboratories to test the coherence and effectiveness of these approaches.

Full editorial: [Mass testing of university students for covid-19](https://www.bmj.com/content/375/bmj.n2388)

**Title:** Vaccinating against covid and flu at same time is safe, study shows

BMJ | 2021; 375: n2411 | 1st October 2021

Administering an influenza vaccine at the same time as a second dose of a covid-19 vaccine produced no safety concerns and preserves the immune response to both vaccines, say researchers.

The results from the ComFluCOV study have already been presented to the UK Joint Committee on Vaccination and Immunisation and fed into the committee’s recent advice that the flu vaccine can be co-administered with a booster or third dose of a covid-19 vaccine.

The study, funded by the National Institute for Health Research, has been published as a preprint and has not yet been peer reviewed.

Further detail: [Vaccinating against covid and flu at same time is safe, study shows](https://www.bmj.com/content/375/bmj.n2411)

Full research paper: [The Safety and Immunogenicity of Concomitant Administration of COVID-19 Vaccines (ChAdOx1 or BNT162b2) with Seasonal Influenza Vaccines in Adults: A Phase IV, Multicentre Randomised Controlled Trial with Blinding (ComFluCOV)](https://papers.ssrn.com/sol3/Delivery.cfm/e0bd9d2a-bcf4-4d90-a7c9-624e56488ea6-MECA.pdf?abstractid=3931758&mirid=1)

workforce wellbeing

**Title:** Covid-19: healing the people who cared for us

The King’s Fund | 27th September 2021

The King's Fund conducted 30 semi-structured interviews with alumni from their advanced organisation development (OD) practitioners, to find out more about what people need to start a process of healing as they continue to live with and work through the pandemic, and how the OD function could support this. The participants included leaders, managers and clinicians from secondary care, community services, mental health, and emergency care.

This blog post outlines some of their findings, people expressed a range of emotions from exhilaration at having been stretched professionally - 'that is what I trained for' - to anger at what they saw as failures to protect staff and patients.

Each individual felt multiple situations and factors had affected them over a protracted period. Most felt worse off now, mentally and physically.

One of the most reported issues was the distress respondents experienced at seeing the extent of the systemic inequalities, unfair and avoidable differences in health across populations.

Full detail: [Covid-19: healing the people who cared for us](https://www.kingsfund.org.uk/blog/2021/09/covid-19-organisational-development)

**Title:** Key workers in the pandemic. Security traps among Britain’s essential workers

Royal Society for the encouragement of Arts, Manufactures and Commerce | 24th September 2021

This report offers three arguments and one agenda that can help the Prime Minister achieve his levelling up ambition. The report argues that:

* the need to tackle economic insecurity should be at the heart of his wider mission;
* tackling economic insecurity in key workers specifically should be an urgent public policy priority due to the centrality of key work to a functioning society and the alleviation of wider economic insecurity within it;
* through the alleviation of economic insecurity, all sections of society are able to benefit.

The report sets out a six-point plan which would enable the government to achieve this latter task and make sure the workers who have saved both lives and livelihoods during the pandemic are properly supported to enjoy secure, healthy, fulfilling lives at work and at home.

Full report: [Key workers in the pandemic. Security traps among Britain’s essential workers](https://www.thersa.org/globalassets/_foundation/new-site-blocks-and-images/reports/2021/09/keyworkers-in-the-pandemic.pdf)

**Title:** Detrimental changes to the health and well-being of healthcare workers in an Australian COVID-19 hospital

BMC Health Services Research | 22nd September 2021

Most studies examining the psychological impact of COVID-19 on healthcare workers (HCWs) have assessed well-being during the initial stages or the peak of the first wave of the pandemic. This study aimed to measure the impact of COVID-19 and potential changes over time in its impact, on the health and well-being of HCWs in an Australian COVID-19 hospital.

The authors find that adverse effects of the pandemic on HCWs have lessened with the easing of pandemic demands, but health and well-being have not reverted to pre-pandemic levels. This indicates continued exposure to elevated levels of stress and/or a sustained effect of earlier exposure.

Initiatives that provide ongoing support beyond the pandemic are needed to ensure that HCWs remain physically and mentally healthy and are able to continue their invaluable work.

Full paper: [Detrimental changes to the health and well-being of healthcare workers in an Australian COVID-19 hospital](https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-07013-y.pdf)

other

**Title:** Smoking and COVID-19 outcomes

Thorax | 27th September 2021

Conflicting evidence has emerged regarding the relevance of smoking on risk of COVID-19 and its severity. This study found that compared with never-smokers, current smokers had higher risks of hospitalisation and mortality. Congruent results from two analytical approaches support a causal effect of smoking on risk of severe COVID-19.

Full paper[: Smoking and COVID-19 outcomes: an observational and Mendelian randomisation study using the UK Biobank cohort](https://thorax.bmj.com/content/thoraxjnl/early/2021/09/12/thoraxjnl-2021-217080.full.pdf)

**Title:** The consequences of COVID-19 lockdown for formal and informal resource utilization among home-dwelling people with dementia

BMC Health Services Research | 22nd September 2021

COVID-19 isolated home-dwelling people with dementia (PwD) from home care services, respite care, and daytime activities. This study aimed to investigate the consequences of these restrictions on informal (family, friends) and formal (homecare staff) resource utilization among co-residing (e.g., spouses) and visiting caregivers (e.g., children).

The study found that the care situation for PwD changed dramatically in the early phase of the COVID-19 pandemic, especially for those living alone who received less support from homecare services and visiting caregivers. For future crises and the forthcoming post-pandemic period, health authorities must plan better and identify and prioritize those in greatest need.

Full paper: [The consequences of COVID-19 lockdown for formal and informal resource utilization among home-dwelling people with dementia: results from the prospective PAN.DEM study](https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-07041-8.pdf)

**Title:** Dying during the COVID-19 pandemic: an online survey among bereaved relatives about end-of-life care for patients with or without SARS-CoV2 infection

BMC Health Services Research | 22nd September 2021

During the SARS-CoV2 pandemic, protection measures, as well as visiting restrictions, had a severe impact on seriously ill and dying patients and their relatives. This study aims to describe the experiences of bereaved relatives of patients who died during the SARS-CoV2 pandemic, regardless of whether patients were infected with SARS-CoV2 or not. As part of this, experiences related to patients' end-of-life care, saying goodbye, visiting restrictions and communication with the healthcare team were assessed.

The authors conclude that visits of relatives play a major role in the care of the dying and have an im﻿pact on the bereavement of relatives. Visits must be facilitated, allowing physical contact. Additionally, virtual contact with the patients and open, empathetic communication on the part of healthcare professionals is needed.

Full article: ["Saying goodbye all alone with no close support was difficult"- Dying during the COVID-19 pandemic: an online survey among bereaved relatives about end-of-life care for patients with or without SARS-CoV2 infection](https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-021-06987-z.pdf)

**Title:** Lancet investigation into origin of pandemic shuts down over bias risk

BMJ | 2021; 375: n2414 | 1st October 2021

The work of a task force commissioned by the *Lancet* into the origins of covid-19 has folded after concerns about the conflicts of interest of one its members and his ties through a non-profit organisation to the Wuhan Institute of Virology.

The scientist led investigation into how the covid-19 pandemic started was shut down because of concerns about its links to the EcoHealth Alliance, a non-profit organisation run by task force member Peter Daszak.

The decision came as evidence continued to accumulate that Daszak had not always been forthright about his research and his financial ties to the Wuhan Institute of Virology. Daszak now faces increased scrutiny from scientists, the media, and members of US Congress.

Full detail: [Lancet investigation into origin of pandemic shuts down over bias risk](https://www.bmj.com/content/375/bmj.n2414)

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