COVID-19 weekly update

27th November 2020

**clinical management**

**Title**: A Randomized Trial of Convalescent Plasma in Covid-19 Severe Pneumonia

New England Journal of Medicine | 24th November 2020

Convalescent plasma is frequently administered to patients with Covid-19 and has been reported, largely on the basis of observational data, to improve clinical outcomes. Minimal data are available from adequately powered randomized, controlled trials.

The authors of this study randomly assigned hospitalized adult patients with severe Covid-19 pneumonia in a 2:1 ratio to receive convalescent plasma or placebo. The primary outcome was the patient’s clinical status 30 days after the intervention, as measured on a six-point ordinal scale ranging from total recovery to death.

No significant differences were observed in clinical status or overall mortality between patients treated with convalescent plasma and those who received placebo.

Full article: [A Randomized Trial of Convalescent Plasma in Covid-19 Severe Pneumonia](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2031304?articleTools=true)

**Title**: Specific clinical management

Royal College of General Practitioners | updated 26th November 2020

This RCGP resource provides guidance on managing COVID-19 alongside specific clinical conditions, namely: Addison's, Allergy, Asthma, Cancer, Diabetes, Mental health, Obesity and Patients with hearing loss.

Full detail: [Specific clinical management](https://elearning.rcgp.org.uk/mod/page/view.php?id=10539)

**Title:** Remdesivir: a pendulum in a pandemic

BMJ | 2020; 371: m4560 | 24th November 2020

This BMJ editorial looks at Remdesivir, which was the best prospect among currently available antiviral therapies for covid-19. WHO guidance now appropriately places Remdesivir as a potential treatment that needs continued exploration in randomised trials.

Full editorial: [Remdesivir: a pendulum in a pandemic](https://www.bmj.com/content/371/bmj.m4560)

**Title**: Effect of Hydroxychloroquine in Hospitalized Patients with Covid-19

New England Journal of Medicine | 19th November 2020

Hydroxychloroquine and chloroquine have been proposed as treatments for coronavirus disease 2019 (Covid-19) on the basis of in vitro activity and data from uncontrolled studies and small, randomized trials. In this randomized, controlled, open-label platform trial comparing a range of possible treatments with usual care in patients hospitalized with Covid-19, the authors randomly assigned 1561 patients to receive hydroxychloroquine and 3155 to receive usual care. The primary outcome was 28-day mortality.

Among patients hospitalized with Covid-19, those who received hydroxychloroquine did not have a lower incidence of death at 28 days than those who received usual care.

Full article: [Effect of Hydroxychloroquine in Hospitalized Patients with Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2022926?articleTools=true)

**Title**: A Cluster-Randomized Trial of Hydroxychloroquine for Prevention of Covid-19

New England Journal of Medicine | 24th November 2020

Current strategies for preventing severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection are limited to nonpharmacologic interventions. Hydroxychloroquine has been proposed as a postexposure therapy to prevent coronavirus disease 2019 (Covid-19), but definitive evidence is lacking.

The authors of this study conducted an open-label, cluster-randomized trial involving asymptomatic contacts of patients with polymerase-chain-reaction (PCR)–confirmed Covid-19 in Catalonia, Spain. They randomly assigned clusters of contacts to the hydroxychloroquine group or to the usual-care group. The primary outcome was PCR-confirmed, symptomatic Covid-19 within 14 days. The secondary outcome was SARS-CoV-2 infection, defined by symptoms compatible with Covid-19 or a positive PCR test regardless of symptoms.

Postexposure therapy with hydroxychloroquine did not prevent SARS-CoV-2 infection or symptomatic Covid-19 in healthy persons exposed to a PCR-positive case patient.

Full article: [A Cluster-Randomized Trial of Hydroxychloroquine for Prevention of Covid-19](https://www.nejm.org/doi/pdf/10.1056/NEJMoa2021801?articleTools=true)

**Title**: Diagnosis, Management, and Pathophysiology of Arterial and Venous Thrombosis in COVID-19

JAMA | 23rd November 2020

This JAMA Insights review summarizes the pathophysiology underlying the thrombotic diathesis characteristic of acute SARS-CoV-2 infection and current recommendations for the prevention, diagnosis, and management of the most common thrombotic complications in COVID-19, including acute myocardial infarction (AMI), ischemic stroke, and venous thromboembolism (VTE).

Full detail: [Diagnosis, management, and pathophysiology of arterial and venous thrombosis in Covid-19](https://jamanetwork.com/journals/jama/fullarticle/2773516)

**Title:** Interim Position Statement: Tocilizumab for patients admitted to ICU with COVID-19 pneumonia (adults)

Chief Medical Officer | 25th November 2020

Following data from the REMAP-CAP trial, this position statement provides information to clinicians and healthcare organisations considering prescribing tocilizumab for COVID-19 pneumonia when the internal governance arrangements are in place.

Full detail: [Interim Position Statement: Tocilizumab for patients admitted to ICU with COVID-19 pneumonia (adults)](https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/viewAttachment.aspx?Attachment_id=103715)

**Title**: The place for remdesivir in COVID-19 treatment

The Lancet Infectious Diseases | 26th November 2020

This comment piece explores the role of remdesivir in COVID-19 treatment. Currently, for patients with mild or moderately severe COVID-19 and no need for respiratory support, remdesivir does not offer significant benefit at day 28 and its use is not recommended.

 For individuals at high risk of hyperinflammation who are diagnosed early during illness (≤10 days) and require supplemental oxygen, remdesivir shortens the time to recovery and reduces the risk of progression.

Full detail: [The place for remdesivir in COVID-19 treatment](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099%2820%2930911-7/fulltext)

**recovery**

**TITLE:** WHAT CAN COVID-19 TEACH US ABOUT HOW TO REBUILD A MORE EQUAL SOCIETY?

The Health Foundation | 25th November 2020

Fozia Irfan, an expert advisor for The Health Foundation’s COVID-19 impact inquiry, talks about how the pandemic is both exposing existing inequalities in our society, and creating new ones. She hopes that the work of the inquiry ‘will provide the evidence needed to make change happen’.

Full interview: [What can covid-19 teach us about how to rebuild a more equal society?](https://www.health.org.uk/news-and-comment/newsletter-features/what-can-covid-19-teach-us-about-how-to-rebuild-a-more-equal-society?utm_source=charityemail&utm_medium=email&utm_campaign=nov-2020&pubid=healthfoundation&description=nov-2020&dm_i=4Y2,757R5,6ZKZT4,SWZ65,1)

**TITLE:** NHS WILL GET £3BN OF “RECOVERY” FUNDING TO TACKLE PANDEMIC FALLOUT

BMJ | 2020; 371: m4651 | 26th November 2020

The NHS will receive an additional £3bn next year to help services recover after the covid-19 pandemic, the UK chancellor has announced.

In his spending review setting out investment plans for 2021-22, Rishi Sunak said that the extra £3bn would include around £1bn to begin tackling the elective backlog and cut waiting lists, around £1.5bn to help ease existing pressures in the NHS caused by covid-19, and around £500m to improve access to mental health services and invest in the NHS workforce.

Full detail: [NHS will get £3bn of “recovery” funding to tackle pandemic fallout](https://www.bmj.com/content/371/bmj.m4651)

**Title:** Staying mentally well this winter

Department of Health & Social Care | 23rd November 2020

This year has seen an unprecedented change to our lives, as COVID-19 has disrupted our routines, our livelihoods, and our way of life. For some, the pandemic has led to positive changes which have improved their wellbeing, such as greater flexibility in work schedules, or a sense of strong community spirit.

However, we know this sense of optimism has not been shared by everyone, with many reporting feelings of worry, anxiety, frustration or loneliness. Darker winter months and the measures in place from 5 November to control the spread of the virus may put strain on people’s resilience, particularly the most vulnerable in our communities and neighbourhoods. These feelings are completely understandable when life unexpectedly alters in a way which is sudden, dramatic, and out of our control.

This plan sets out the support that will be in place in the immediate term to help mitigate the impacts of the pandemic on people’s mental health and wellbeing this winter.

Full detail: [Staying mentally well this winter](https://www.gov.uk/government/publications/staying-mentally-well-winter-plan-2020-to-2021/staying-mentally-well-this-winter)

**Title**: Long COVID: what you need to know

RCN | November 2020

While there’s still so much we don’t know about COVID-19, a growing body of research indicates that many patients are not experiencing a straightforward recovery. Initial findings from the King’s College London COVID Symptom Study in June showed that one in 10 people were still suffering symptoms three weeks or more after their illness began, while the Department of Health and Social Care said 10% of people with mild COVID still had symptoms after four weeks.

As research into the long-term impact of COVID-19 continues, this article explores the symptoms and how patients’ recovery can be supported.

Full detail: [Long COVID: what you need to know](https://www.rcn.org.uk/magazines/bulletin/2020/nov/long-covid-need-to-know-guide)

**Infection control**

**Title**: Oxford University breakthrough on global COVID-19 vaccine

University of Oxford | 23rd November 2020

The University of Oxford has announced its interim trial data from phase III trial; the data indicates that the vaccine is effective at preventing SARS-CoV-2.

Key findings:

* Phase 3 interim analysis including 131 Covid-19 cases indicates that the vaccine is 70.4% effective when combining data from two dosing regimens
* In the two different dose regimens vaccine efficacy was 90% in one and 62% in the other
* Higher efficacy regimen used a halved first dose and standard second dose
* Early indication that vaccine could reduce virus transmission from an observed reduction in asymptomatic infections
* There were no hospitalised or severe cases in anyone who received the vaccine
* Large safety database from over 24,000 volunteers from clinical trials in the UK, Brazil and South Africa, with follow up since April
* Crucially, vaccine can be easily administered in existing healthcare systems, stored at ‘fridge temperature’ (2-8 °C) and distributed using existing logistics
* Large scale manufacturing ongoing in over 10 countries to support equitable global access

Full detail: [Oxford University breakthrough on global COVID-19 vaccine](https://www.ox.ac.uk/news/2020-11-23-oxford-university-breakthrough-global-covid-19-vaccine)

See also:

* [Oxford University breakthrough on global COVID-19 vaccine](https://oxfordbrc.nihr.ac.uk/oxford-university-breakthrough-on-global-covid-19-vaccine/) | NIHR
* [Oxford vaccine is up to 90% effective, interim analysis indicates](https://www.bmj.com/content/371/bmj.m4564) | BMJ
* [Oxford University vaccine is highly effective](https://www.bbc.co.uk/news/health-55040635) | BBC News
* [UK government asks regulator to assess Oxford vaccine as questions are raised over interim data](https://www.bmj.com/content/371/bmj.m4670) | BMJ

**Title**: Suggested steps for increased localisation of testing and tracing

Local Government Association | 20th November 2020

Information in this resource draws on a wide range of feedback from councils, it identifies actions that could increase localisation of testing and tracing. Some of the benefits of increasing localisation are:

* Councils know their communities better and how best to engage with them, particularly in diverse communities. We estimate that local contact tracing systems have a 97.1 per cent success rate at finding close contacts and advising them to self-isolate, compared to 68.6 per cent of close contacts reached by national Test and Trace.
* Quicker access to local support, for example through community hubs.
* Talking to a local is more likely to generate compliance, as well as understand wider context of the family and the household to explain why self-isolation is crucial.
* Local tracing will generate much richer data and information. Local tracers know and understand the local area and community. Hence they can have a much more engaged conversation and are more likely to pick up of fragments of information that relate locally.

Full briefing: [Suggested steps for increased localisation of testing and tracing](https://www.local.gov.uk/parliament/briefings-and-responses/suggested-steps-increased-localisation-testing-and-tracing-20)

**Title**: The supply of personal protective equipment (PPE) during the COVID-19 pandemic

National Audit Office | 25th November 2020

This report examines the supply of personal protective equipment (PPE) as part of the Department of Health & Social Care’s response to COVID-19 in 2020. The report finds that government was initially reliant on stockpiles of personal protective equipment (PPE) that proved inadequate for the COVID-19 pandemic. In a rapidly deteriorating situation government made a huge effort to boost supply, but it has paid very high prices due to unusual market conditions and many front-line workers reported shortages of PPE.

Demand for PPE soared in England from March 2020, when NHS and care workers, and key workers in some other industries, started to require protection from the virus. Government’s stockpiles of PPE were intended for an influenza pandemic and did not hold all the equipment that proved to be required during the COVID-19 pandemic, such as gowns.

Full report: [The supply of personal protective equipment (PPE) during the COVID-19 pandemic](https://www.nao.org.uk/wp-content/uploads/2020/11/The-supply-of-personal-protective-equipment-PPE-during-the-COVID-19-pandemic.pdf)

**Title**: What do we know about the late stage vaccine candidates?

BMJ | 2020; 371: m4576 | 24th November 2020

As some phase III trials of covid-19 vaccine candidates report early and unpublished results, this piece summarises what we know so far about the University of Oxford and AstraZeneca vaccine, the Pfizer and BioNTech vaccine and the Moderna and US National Institutes of Health vaccine.

Full detail: [What do we know about the late stage vaccine candidates?](https://www.bmj.com/content/371/bmj.m4576)

**Title**: Will covid-19 vaccines be cost effective—and does it matter?

BMJ | 2020; 371: m4491 | 26th November 2020

The costs of other pandemic measures mean that covid-19 vaccines will probably turn out to be a good buy, says this BMJ Feature piece, and the full calculations will raise questions about NICE methods.

Full detail: [Will covid-19 vaccines be cost effective—and does it matter?](https://www.bmj.com/content/371/bmj.m4491)

**Title:** England will return to regional restrictions amid rapid testing push

BMJ | 2020; 371: m4577 | 24th November 2020

England will move to a revised system of regional, tiered restrictions when the current national lockdown ends on 2 December, the prime minister has announced.

In a statement to the House of Commons on 23 November Boris Johnson set out a covid-19 winter plan, confirming that current national restrictions would revert to a modified version of the previous three tier system.

The winter plan sets out indicators to help determine which tier each area will go into, including latest data on case detection rates in all age groups, the rate at which cases are rising or falling, the positivity rate in the local population, and current and projected pressures on the NHS.

It also pledges an extra £7bn (€7.87bn; $9.35bn) “to expand testing and improve contact tracing,” bringing the total expenditure on test and trace to £22bn this financial year.

Full detail: [England will return to regional restrictions amid rapid testing push](https://www.bmj.com/content/371/bmj.m4577)

See also:

* [Guidance: COVID-19 Winter Plan](https://www.gov.uk/government/publications/covid-19-winter-plan) | Department of Health and Social Care
* [Returning to a regional tiered approach](https://www.gov.uk/government/speeches/returning-to-a-regional-tiered-approach?utm_source=930e80a7-5741-410e-9826-ad164c2459f1&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate) | Department of Health and Social Care

**Title**: Covid vaccine: GPs need more clarity on logistics and planning, say leaders

BMJ | 2020; 371: m4555 | 23rd November 2020

GPs must not be sidelined in the planning and logistics of how to deliver covid-19 vaccinations around the country, primary care leaders have urged.

Earlier this month the NHS published a draft agreement to enable general practices to start delivering a covid-19 vaccine from as early as December through local primary care networks (PCNs). Designated sites will be expected to deliver vaccines seven days a week from 8 am to 8 pm if supply allows, and practices will be paid £12.58 (€14.16; $16.82) per dose.

But the final agreement is yet to be published, and uncertainty persists over which vaccines GPs will administer, what volume of patients they will be expected to vaccinate, and how their sites will link up with the mass vaccination centres the government is setting up around England.

Full detail: [Covid vaccine: GPs need more clarity on logistics and planning, say leaders](https://www.bmj.com/content/371/bmj.m4555)

**Title**: COVID-19 vaccination deployment strategy and operational readiness

NHS England | 20th November 2020

NHS England has written to chief executives of all NHS trusts and foundation trust about the COVID-19 vaccination deployment strategy and operational readiness. The letter sets out what the NHS and Government will provide nationally, and what is expected of the NHS working with local government and other partners locally to deliver.

Full detail: [COVID-19 vaccination deployment strategy and operational readiness](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/covid-19-vacc-deployment-strategy-and-operational-readiness-letter.pdf)

**Title:** COVID-19 vaccination – next steps for general practice

NHS England | 24th November 2020

NHS England has written to primary care networks and CCGs following general practice nominating sites to deliver COVID-19 vaccinations. CCGs will now work with PCN groupings, ahead of practices formally confirming their sign-up.

Full detail: [COVID-19 vaccination programme 2020/21 – Outcome of General Practice Site Designation Process and next steps](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/covid-19-vacc-prog-outcome-of-gp-site-designation-process-and-next-steps-letter.pdf)

**Title**: COVID-19: vaccination programme guidance for healthcare practitioners

Public Health England | 27th November 2020

This document about the COVID-19 vaccination programme is intended for healthcare staff involved in delivering the programme. It includes detailed information on:

* the background of the programme
* the vaccines (as they become available)
* vaccine recommendations and eligibility
* contraindications and precautions
* vaccine administration issues

Full detail: [COVID-19: vaccination programme guidance for healthcare practitioners](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/938999/COVID-19_vaccination_programme_guidance_for_healthcare_workers.pdf)

See also: [COVID-19 vaccination programme](https://www.gov.uk/government/collections/covid-19-vaccination-programme) | Public Health England

**TITLE:** COVID-19 VACCINATOR COMPETENCY ASSESSMENT TOOL

Public Health England | 27th November 2020

This document has been developed by Public Health England to support the training and assessment of healthcare workers involved in delivering the COVID-19 vaccine programme.

Full detail: [COVID-19: vaccinator competency assessment tool](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/938992/COVID-19_competency_assessment_tool.pdf)

**Title:** Event-specific interventions to minimize COVID-19 transmission

Proceedings of the National Academy of Sciences | via ScienceDaily | 20th November 2020

Researchers have found that physical distancing is universally effective at reducing the spread of COVID-19, while social bubbles and masks are more situation-dependent. The researchers developed a model to test the effectiveness of measures such as physical distancing, masks or social bubbles when used in various settings.

The model suggests that physical distancing was effective at reducing COVID-19 transmission in all settings but the effectiveness of social bubbles depends on whether chances of transmission are high or low.

In settings where there is mixing and the probability of transmission is high, such as crowded indoor workplaces, bars and nightclubs and high schools, having strict social bubbles can help reduce the spread of COVID-19.

The researchers found that social bubbles are less effective in low transmission settings or activities where there is mixing, such as engaging in outdoor activities, working in spaced offices or travelling on public transportation wearing masks.

Full detail: [Researchers examine which approaches are most effective at reducing COVID-19 spread](https://www.sciencedaily.com/releases/2020/11/201120150726.htm)

Link to the research: [Event-specific interventions to minimize COVID-19 transmission](https://www.pnas.org/content/pnas/early/2020/11/18/2019324117.full.pdf)

**workforce wellbeing**

**TITLE:** VOICES FROM THE FRONTLINE OF CRITICAL CARE MEDICINE

Faculty of Intensive Care Medicine| 19th November 2020

In October, the Faculty of Intensive Care Medicine surveyed their members about their experiences and feelings during the first wave of the COVID-19 pandemic. It finds that a majority of intensive care staff have increased their working hours, had leave cancelled and have covered sickness absences for colleagues during the pandemic.

The report argues that supporting and maintaining the wellbeing of critical care staff is vitally important not only for recruitment by attracting multi-disciplinary team members, but also for their retention in the specialty.

Full report: [Voices from the frontline of Critical Care Medicine](https://www.ficm.ac.uk/sites/default/files/voices_from_the_frontline_of_critical_care_medicine.pdf)

Press release: [Voices from the Frontline of Critical Care](https://www.ficm.ac.uk/news-events-education/news/report-voices-frontline-critical-care)

**Title**: PPE and improving safety

Royal College of Physicians | 23rd November 2020

The increased use of personal protective equipment (PPE) during the COVID-19 pandemic has added challenges for healthcare workers and accessing the right PPE, or having the right equipment and staff, can be difficult.

This guidance from Royal College of Physicians (RCP) aims to raise awareness of key issues relating to the use of PPE, and help individuals working in healthcare to ensure PPE use does not impair patient safety.

The guidance also includes recommendations on how to help mitigate against patient safety issues related to PPE in the healthcare environment and considers scenarios such as use of PPE when performing tasks and situational awareness.

Full detail: [PPE and improving safety](https://www.rcplondon.ac.uk/file/26541/download)

**Title:** The state of medical education and practice in the UK 2020

General Medical Council | 27th November 2020

2020 has tested the resilience of the health system and those who work in it. The fortitude of the workforce has been rightly lauded, with remarkable levels of public support. Experiences of this time have not been uniform, for patients or for the profession. But clinicians, system leaders and policymakers can all agree that coronavirus (COVID-19) has left its mark, and will continue to do so.

Against this background, doctors have had diverse working experiences – some positive, some negative. This report presents a range of original data, research and case studies that explore these experiences throughout the first peak of the pandemic.

The cumulative impact of the ongoing pandemic will take time to quantify and understand. But this immediate insight helps us highlight long-term risks and emerging opportunities that need to be considered now.

Full report: [The state of medical education and practice in the UK 2020](https://www.gmc-uk.org/-/media/documents/somep-2020_pdf-84684244.pdf?la=en&hash=F68243A899E21859AB1D31866CC54A0119E60291)

See also:

* [Positive workplace experience not shared by BME doctors – GMC report shows](https://www.gmc-uk.org/news/news-archive/positive-workplace-experience-not-shared-by-bme-doctors---gmc-report-shows)
* [RCP responds to GMC report on state of medical education and practice](https://www.rcplondon.ac.uk/news/rcp-responds-gmc-report-state-medical-education-and-practice)

**Health management**

**TITLE:** MANAGING UNCERTAINTY: COVID-19 AND THE NHS LONG TERM PLAN

The Health Foundation | 24th November 2020

This publication from The Health Foundation considers the impact and cost of COVID-19, estimates new funding needs, as well as outlining non-NHS health budgets and explains total spending pressures before summarising the challenges that lie ahead.

Some of the key points made by the report:

* The coronavirus (COVID-19) pandemic has already led to significant costs for the NHS in 2020/21, with increased spending of at least £34.9bn – almost 24% of the planned health budget this year. For this financial year as a whole COVID-19 costs for the health system could be in the region of around £47bn.
* The biggest areas of spending have been NHS Test and Trace (£12bn) and PPE (£15bn). Even with a vaccine on the horizon, there will be ongoing COVID-19 costs for the health system in 2021/22. Maintaining a test and trace system, ensuring infection prevention and control measures are sustained, delivering sufficient capacity and rolling out any prospective vaccine will all require further funding. The total direct costs associated with managing the pandemic could be around £27bn next year.
* The number of patients the NHS can treat has inevitably fallen as COVID-19 has placed new demands on the health system and changed the way care is provided. NHS productivity is likely to be lower in 2021/22 and 2022/23. If productivity falls by 5% in 2021/22 this would increase funding needs by around £7bn. Catching up lost productivity will take time and by 2023/24 front-line NHS services will need £3bn more than currently allocated to deliver core services.
* The pandemic has led to a backlog of care. For elective care there are 4.7 million ‘missing patients’ who have not been referred for treatment (compared with 2019). If three-quarters of these patients are referred for treatment in the coming months, the waiting list could grow to 9.7 million by 2023/24.

Full detail: [Managing uncertainty COVID-19 and the NHS long term plan](https://www.health.org.uk/publications/long-reads/managing-uncertainty#lf-section-105781-anchor)

**Title:** Spending Review 2020: Priorities for the NHS, social care and the nation’s health

The Health Foundation | 24th November 2020

This report from The Health Foundation warns that the government risks losing sight of the action needed now to shore up the future of health and care post-COVID. The analysis reveals the scale of funding increases needed to meet the demands of COVID-19, make the improvements to services laid out in the NHS Long Term Plan, fix social care and secure the nation’s health for the long term.

The report shows that this year and next, COVID-19 alone is likely to result in extra health service costs of around £40bn a year. Most of these costs are temporary and directly related to managing COVID-19 (£27bn for PPE and test and trace), but not all. While huge uncertainty remains, the analysis indicates that beyond next year, the health service could still require ongoing funding increases of around £10bn per year by 2023/24. This includes the costs of addressing the backlog of care while accounting for lost productivity, meeting rising demand for mental health care and delivering the service improvements set out in the NHS Long Term Plan.

Full detail: [Spending Review 2020: Priorities for the NHS, social care and the nation’s health](https://www.health.org.uk/publications/long-reads/spending-review-2020)

Press release: [New analysis reveals daunting scale of financial challenge facing health and care post-COVID](https://www.health.org.uk/news-and-comment/news/new-analysis-reveals-scale-of-financial-challenge-facing-health-care-post-covid)

**other**

**TITLE**: MODIFIABLE AND NON-MODIFIABLE RISK FACTORS FOR COVID-19, AND COMPARISON TO RISK FACTORS FOR INFLUENZA AND PNEUMONIA

BMJ Open | 19th November 2020

The authors of this study aimed to investigate demographic, lifestyle, socioeconomic and clinical risk factors for COVID-19, and compared them to risk factors for pneumonia and influenza in UK Biobank.

The cohort study found modifiable risk factors for Covid-19 included higher BMI and higher HbA1C, smoking, slow walking pace (proxy for physical fitness) and use of blood pressure medications (proxy for hypertension).

These findings suggest that modification of lifestyle may help to reduce the risk of COVID-19 and could be a useful adjunct to other interventions, such as social distancing and shielding of high risk.

Full paper: [Modifiable and non-modifiable risk factors for COVID-19, and comparison to risk factors for influenza and pneumonia: results from a UK Biobank prospective cohort study](https://bmjopen.bmj.com/content/bmjopen/10/11/e040402.full.pdf)

**Title**: How can patients with COVID-19 and their family or unpaid carers be enabled and supported to manage palliative care treatment safely and effectively at home?

Centre for Evidence Based Medicine | 24th November 2020

* Healthcare systems have had to adapt rapidly to respond to the COVID-19 pandemic. As a result, some family and unpaid carers may take on additional responsibilities in providing palliative care treatment for patients who have opted to die at home. However, carers may feel unsure about their role in providing end-of-life care and where to turn for support and treatment for their relative.
* This review found no empirical research that has been conducted during the current COVID-19 pandemic to inform how to support carers of people receiving palliative care at home or to clarify whether this approach is safe for all involved.
* Research assessing the needs of home carers in other palliative care contexts suggests carers may be enabled to manage medication at home, provided that appropriate support and education is given, and that carers have the required capabilities.
* The use of digital technology can help, but healthcare professionals should be aware that not all carers have access to suitable equipment.
* Providing education for carers, relevant to their caring role, as well as supporting their general wellbeing, can be of benefit. However, providing formal, structured interventions presents considerable challenges during the pandemic.

Full detail at [Centre for Evidence Based Medicine](https://www.cebm.net/covid-19/how-can-patients-with-covid-19-and-their-family-or-unpaid-carers-be-enabled-and-supported-to-manage-palliative-care-treatment-safely-and-effectively-at-home/)

**Title:** Government was too slow to respond to ventilator shortages, say MPs

BMJ | 2020; 371: m4594 | 25th November 2020

The NHS managed to provide care for all patients affected by covid-19 who needed ventilators earlier this year despite the government being underprepared and slow in responding to hospitals’ needs, MPs have said.

Good luck rather than design helped the NHS to care for patients with covid-19, none of whom were denied access to a ventilator when needed, a report from the parliamentary Public Accounts Committee has concluded.

The report, published on 25 November, praises the hard work, collaboration, and commitment of workers throughout the public sector and UK industry in responding to the pandemic from March to early August. But it criticises the government for effectively losing a vital month because it was “underprepared and reacted slowly” to the shortage of mechanical ventilators.

From March to early August the Department of Health and Social Care (DHSC) and the Cabinet Office secured an additional 26 000 mechanical ventilators for use throughout the NHS at a total cost of £569m (€638m; $758m), the MPs’ inquiry found.

However, the government had had no plan in place before the pandemic to source the additional critical care equipment that would be needed in an emergency. The report said that both government departments prioritised speed over cost and took more risks than normal but that the approach had worked in this situation.

Full detail: [Government was too slow to respond to ventilator shortages, say MPs](https://www.bmj.com/content/371/bmj.m4594)

Related report: [Covid-19: Supply of ventilators](https://committees.parliament.uk/publications/3639/documents/35370/default/) | House of Commons Public Accounts Committee

**Title:** The value of unpaid care during the COVID-19 pandemic

Carers UK | 26th November 2020

This report finds that with every day of the Covid-19 pandemic that passes, unpaid carers are saving the UK state £530 million in the care they provide. Carers UK is calling on the Government to provide additional support for carers over winter and ensure those caring for more than 50 hours a week get access to a funded break.

Full report: [Unseen and undervalued: The value of unpaid care provided to date during the COVID-19 pandemic](https://www.carersuk.org/images/News_and_campaigns/Unseen_and_undervalued.pdf)

Press release: [Unpaid carers save UK state £530 million every day of the pandemic](https://www.carersuk.org/news-and-campaigns/press-releases/unpaid-carers-save-uk-state-530-million-every-day-of-the-pandemic)

**Title:** Three households can mix over Christmas in UK

Cabinet Office | 24th November 2020

Up to three households will be able to meet up during a five-day Christmas period of 23 to 27 December, leaders of the four UK nations have agreed. People can mix in homes, places of worship and outdoor spaces, and travel restrictions will also be eased. A formed "Christmas bubble" must be "exclusive" and would not be able to visit pubs or restaurants together.

Full guidance: [Making a Christmas bubble with friends and family](https://www.gov.uk/government/publications/making-a-christmas-bubble-with-friends-and-family/making-a-christmas-bubble-with-friends-and-family)

See also: [Joint statement on UK-wide Christmas arrangements from the UK Government and Devolved Administrations](https://www.gov.uk/government/news/joint-statement-on-uk-wide-christmas-arrangements-from-the-uk-government-and-devolved-administrations?utm_source=b26c9bcf-eff9-458f-bfb6-6a1cde483117&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**TITLE:** CORONAVIRUS (COVID-19) INFECTION SURVEY, UK: 26 NOVEMBER 2020

Office for National Statistics | 26th November 2020

Latest data and analysis on coronavirus (COVID-19) in the UK

Main points:

* In recent weeks, the positivity rate in England has shown signs of levelling; during the most recent week (15 to 21 November 2020), we estimate 633,000 people (95% credible interval: 599,200 to 668,200) within the community population in England had the coronavirus (COVID-19), equating to around 1 in 85 people (95% credible interval: 1 in 90 to 1 in 80).
* Over the last week, positivity rates have increased in the East Midlands and have continued to decrease in the North West, while the West Midlands, East of England, London, South East and South West now also appear to be decreasing; the highest positivity rates are seen in Yorkshire and The Humber, the North West and the North East.

Full detail: [Coronavirus (COVID-19) Infection Survey, UK: 26 November 2020](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/26november2020)

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>