COVID-19 update

August 2020

**clinical management**

**Title**: Effect of Remdesivir vs Standard Care on Clinical Status at 11 Days in Patients With Moderate COVID-19

JAMA | 21st August 2020

Question:  Does remdesivir provide a benefit on clinical status for patients hospitalized with moderate coronavirus disease 2019 (COVID-19) pneumonia?

Findings:  In this randomized, open-label, phase 3 trial that included 584 patients with moderate COVID-19, the day 11 clinical status distribution measured on a 7-point ordinal scale was significantly better for those randomized to a 5-day course of remdesivir (median length of treatment, 5 days) compared with those randomized to standard care. The difference for those randomized to a 10-day course (median length of treatment, 6 days) compared with standard care was not significantly different.

Meaning:  Hospitalized patients with moderate COVID-19 randomized to a 5-day course of remdesivir had a statistically significantly better clinical status compared with those randomized to standard care at 11 days after initiation of treatment, but the difference was of uncertain clinical importance.

Full detail: [Effect of Remdesivir vs standard care on clinical status at 11 days in patients with moderate COVID-19. A Randomized Clinical Trial](https://jamanetwork.com/journals/jama/fullarticle/2769871?utm_source=silverchair&utm_campaign=jama_network&utm_content=covid_weekly_highlights&utm_medium=email)

**Title**: Airway guidance for the endemic phase of COVID-19

Faculty of Intensive Care Medicine | Royal College of Anaesthetists (RCoA) | 11th August 2020

It is now apparent that SARS-CoV-2 and COVID-19 will remain endemic for some time. Improved therapeutics and a vaccine may shorten this period, but both are far from certain. Plans must be put in place on the assumption that for the next few years the virus and its disease will impact us and our patients.

This guidance considers the effects of the endemic phase of COVID-19﻿ on airway management in anaesthetic practice.

Full guidance: [Airway guidance for the endemic phase of COVID-19](https://static1.squarespace.com/static/5e6613a1dc75b87df82b78e1/t/5f32c7ee21518503d7127647/1597163503857/COVID-19_EndemicAirway.pdf)﻿

**Title**: Management of coexisting conditions in the context of COVID-19

BMJ Best Practice | updated 26th August 2020

This document summarises important considerations for the care of people with co-existing medical conditions during the COVID-19 pandemic. Key points from guidance and position statements are summarised for each condition, and there is a link to the main BMJ Best Practice topic.

Full document: [Management of coexisting conditions in the context of COVID-19](https://bestpractice.bmj.com/topics/en-gb/3000190/pdf/3000190/Management%20of%20coexisting%20conditions%20in%20the%20context%20of%20COVID-19.pdf)

**Title**: Management of post-acute covid-19 in primary care

BMJ | 2020; 370: m3026 | 11th August 2020

This article, intended for primary care clinicians, relates to the patient who has a delayed recovery from an episode of covid-19 that was managed in the community or in a standard hospital ward. Broadly, such patients can be divided into those who may have serious sequelae (such as thromboembolic complications) and those with a non-specific clinical picture, often dominated by fatigue and breathlessness.

* Management of covid-19 after the first three weeks is currently based on limited evidence
* Approximately 10% of people experience prolonged illness after covid-19
* Many such patients recover spontaneously (if slowly) with holistic support, rest, symptomatic treatment, and gradual increase in activity
* Home pulse oximetry can be helpful in monitoring breathlessness
* Indications for specialist assessment include clinical concern along with respiratory, cardiac, or neurological symptoms that are new, persistent, or progressive

Full detail: [Management of post-acute covid-19 in primary care](https://www.bmj.com/content/370/bmj.m3026?utm_source=twitter&utm_medium=social&utm_term=hootsuite&utm_content=sme&utm_campaign=usage)

**Title**: Remdesivir for severe covid-19: a clinical practice guideline

BMJ | 2020; 370: m2924 | 30th July 2020

Remdesivir has received worldwide attention as a potentially effective treatment for severe covid-19. After rapid market approval in the US, remdesivir is already being used in clinical practice.

The guideline panel makes a weak recommendation for the use of remdesivir in severe covid-19 while recommending continuation of active enrolment of patients into ongoing randomised controlled trials examining remdesivir.

Full detail: [Remdesivir for severe covid-19: a clinical practice guideline](https://www.bmj.com/content/370/bmj.m2924)

**Title**: Clinical characteristics of children and young people admitted to hospital with covid-19 in United Kingdom: prospective multicentre observational cohort study

BMJ | 2020; 370: m3249 | 27th August 2020

The objective of this study was to characterise the clinical features of children and young people admitted to hospital with laboratory confirmed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in the UK and explore factors associated with admission to critical care, mortality, and development of multisystem inflammatory syndrome in children and adolescents temporarily related to coronavirus disease 2019 (covid-19) (MIS-C).

651 children and young people aged less than 19 years admitted to 138 hospitals and enrolled into the International Severe Acute Respiratory and emergency Infections Consortium (ISARIC) WHO Clinical Characterisation Protocol UK study with laboratory confirmed SARS-CoV-2.

The study concluded that children and young people have less severe acute covid-19 than adults. A systemic mucocutaneous-enteric symptom cluster was also identified in acute cases that shares features with MIS-C. This study provides additional evidence for refining the WHO MIS-C preliminary case definition.

Full paper: [Clinical characteristics of children and young people admitted to hospital with covid-19 in United Kingdom](https://www.bmj.com/content/bmj/370/bmj.m3249.full.pdf)

**Title:** The impact of COVID-19 on community health services

NHS Confederation | 4th August 2020

This report captures the community sector’s response during the pandemic and showcases the achievements of community providers and their staff. It seeks to learn from community providers’ experiences of the pandemic to secure much-needed transformation for the longer term and makes a number of recommendations for support from government and the national NHS bodies to enable this.

Full report: [The impact of COVID-19 on community health services](https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Report_Impact-of-covid19-on-community-health-services.pdf)

**Title**: Restarting and Redesigning of Cataract Pathways in response to the COVID 19 pandemic

Royal College of Ophthalmologists | August 2020

This guidance makes the point that high flow cataract surgery needs to resume to address the backlog and provide patients with a timely service. Failure to do so will compromise the quality of life of many elderly people for a significant proportion of their remaining lifespan.

Restoration of cataract services will require a detailed review/redesign of the whole cataract pathway to ensure a safe environment for patients and staff. This also gives the opportunity to make changes that will have long-term benefits.

This document provides generic guidance on the restarting of cataract services. Individual eye departments should tailor this guidance, taking into account their staffing, infrastructure, the needs of their local population as well as the expectations of local commissioners and regional NHS organisations.

Full guidance: [Restarting and Redesigning of Cataract Pathways in response to the COVID 19 pandemic](https://www.rcophth.ac.uk/wp-content/uploads/2020/08/Resumption-of-Cataract-Services-COVID-August-2020-2.pdf)

**Title:** US APPROVES EMERGENCY USE OF CONVALESCENT PLASMA DESPITE WARNINGS OVER LACK OF EVIDENCE

BMJ | 2020; 370: m3327 | 25th August 2020

The US Food and Drug Administration has approved convalescent plasma for emergency use in hospital patients with covid-19.

The announcement on 23 August said that the FDA had concluded that plasma from recovered patients “may be effective” in treating the virus and that the “potential benefits of the product outweigh the known and potential risks.” The move came despite the absence of results from randomised controlled trials, with only a preprint paper on the effects on hospitalised covid-19 patients being published to date.

The preprint, published on medRxiv on 12 August, examined whether plasma reduced mortality, and included 35 000 patients who received transfusions between 4 April and 4 July at one of the 2800 participating US centres.The study, not yet peer reviewed, said, “Earlier use of convalescent plasma was associated with lower observed rates of 7-day and 30-day mortality. The use of convalescent plasma with higher antibody levels was associated with reduced 7-day and 30-day mortality.”

Experts have warned that although these early findings show promise there is not enough evidence to show that it works.

Full detail: [US approves emergency use of convalescent plasma despite warnings over lack of evidence](https://www.bmj.com/content/370/bmj.m3327)

Related preprint article: [Effect of convalescent plasma on mortality among hospitalized patients with covid-19: initial three-month experience.](https://www.medrxiv.org/content/10.1101/2020.08.12.20169359v1.full.pdf)

**Title:** PATHOPHYSIOLOGY OF COVID-19-ASSOCIATED ACUTE RESPIRATORY DISTRESS SYNDROME

The Lancet Respiratory Medicine | 27th August 2020

Patients with COVID-19 can develop acute respiratory distress syndrome (ARDS), which is associated with high mortality. The aim of this study was to examine the functional and morphological features of COVID-19-associated ARDS and to compare these with the characteristics of ARDS unrelated to COVID-19.

The study found that patients with COVID-19-associated ARDS have a form of injury that, in many aspects, is similar to that of those with ARDS unrelated to COVID-19. Notably, patients with COVID-19-related ARDS who have a reduction in respiratory system compliance together with increased D-dimer concentrations have high mortality rates.

Full paper: [Pathophysiology of COVID-19-associated acute respiratory distress syndrome: a multicentre prospective observational study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930370-2)

**Title:** PREVALENCE OF PHENOTYPES OF ACUTE RESPIRATORY DISTRESS SYNDROME IN CRITICALLY ILL PATIENTS WITH COVID-19

The Lancet Respiratory Medicine | 27th August 2020

In acute respiratory distress syndrome (ARDS) unrelated to COVID-19, two phenotypes, based on the severity of systemic inflammation (hyperinflammatory and hypoinflammatory), have been described. The hyperinflammatory phenotype is known to be associated with increased multiorgan failure and mortality. This study aimed to identify these phenotypes in COVID-19-related ARDS.

In this exploratory analysis of 39 patients, ARDS due to COVID-19 was not associated with higher systemic inflammation and was associated with a lower prevalence of the hyperinflammatory phenotype than that observed in historical ARDS data. This finding suggests that the excess mortality observed in COVID-19-related ARDS is unlikely to be due to the upregulation of inflammatory pathways described by the parsimonious model.

Full paper: [Prevalence of phenotypes of acute respiratory distress syndrome in critically ill patients with COVID-19: a prospective observational study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930366-0)

**Title:** COVID-19 PREVALENCE AND MORTALITY IN PATIENTS WITH CANCER AND THE EFFECT OF PRIMARY TUMOUR SUBTYPE AND PATIENT DEMOGRAPHICS

The Lancet Oncology | 24th August 2020

Patients with cancer are purported to have poor COVID-19 outcomes. However, cancer is a heterogeneous group of diseases, encompassing a spectrum of tumour subtypes. The aim of this study was to investigate COVID-19 risk according to tumour subtype and patient demographics in patients with cancer in the UK.

Patients with cancer with different tumour types have differing susceptibility to SARS-CoV-2 infection and COVID-19 phenotypes. We generated individualised risk tables for patients with cancer, considering age, sex, and tumour subtype. Our results could be useful to assist physicians in informed risk–benefit discussions to explain COVID-19 risk and enable an evidenced-based approach to national social isolation policies.

Full paper: [COVID-19 prevalence and mortality in patients with cancer and the effect of primary tumour subtype and patient demographics: a prospective cohort study](https://www.thelancet.com/action/showPdf?pii=S1470-2045%2820%2930442-3)

**Title:** COVID-19-ASSOCIATED HYPERINFLAMMATION AND ESCALATION OF PATIENT CARE

The Lancet Rheumatology | 21st August 2020

A subset of patients with severe COVID-19 develop a hyperinflammatory syndrome, which might contribute to morbidity and mortality. This study explores a specific phenotype of COVID-19-associated hyperinflammation (COV-HI), and its associations with escalation of respiratory support and survival.

Associations between elevated inflammatory markers, escalation of respiratory support, and survival in people with COVID-19 indicate the existence of a high-risk inflammatory phenotype. COV-HI might be useful to stratify patient groups in trial design.

Full paper: [COVID-19-associated hyperinflammation and escalation of patient care: a retrospective longitudinal cohort study](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2820%2930275-7)

**Title:** HISTOPATHOLOGICAL FINDINGS AND VIRAL TROPISM IN UK PATIENTS WITH SEVERE FATAL COVID-19: A POST-MORTEM STUDY

The Lancet Microbe | 20th August 2020

Severe COVID-19 has a high mortality rate. Comprehensive pathological descriptions of COVID-19 are scarce and limited in scope. We aimed to describe the histopathological findings and viral tropism in patients who died of severe COVID-19.

The authors series supports clinical data showing that the four dominant interrelated pathological processes in severe COVID-19 are diffuse alveolar damage, thrombosis, haemophagocytosis, and immune cell depletion. Additionally, we report here several novel autopsy findings including pancreatitis, pericarditis, adrenal micro-infarction, secondary disseminated mucormycosis, and brain microglial activation, which require additional investigation to understand their role in COVID-19.

Full paper: [Histopathological findings and viral tropism in UK patients with severe fatal COVID-19: a post-mortem study](https://www.thelancet.com/action/showPdf?pii=S2666-5247%2820%2930115-4)

**Title:** Tocilizumab among patients with COVID-19 in the intensive care unit: a multicentre observational study

The Lancet Rheumatology | 14th August 2020

Tocilizumab, a monoclonal antibody directed against the interleukin-6 receptor, has been proposed to mitigate the cytokine storm syndrome associated with severe COVID-19. This study aimed to investigate the association between tocilizumab exposure and hospital-related mortality among patients requiring intensive care unit (ICU) support for COVID-19.

In this observational study, patients with COVID-19 requiring ICU support who received tocilizumab had reduced mortality. Results of ongoing randomised controlled trials are awaited.

Full paper: [Tocilizumab among patients with COVID-19 in the intensive care unit: a multicentre observational study](https://www.thelancet.com/action/showPdf?pii=S2665-9913%2820%2930277-0)

**Title:** Extracorporeal membrane oxygenation for severe acute respiratory distress syndrome associated with COVID-19

The Lancet Respiratory Medicine | 13th August 2020

Patients with COVID-19 who develop severe acute respiratory distress syndrome (ARDS) can have symptoms that rapidly evolve to profound hypoxaemia and death. The efficacy of extracorporeal membrane oxygenation (ECMO) for patients with severe ARDS in the context of COVID-19 is unclear. We aimed to establish the clinical characteristics and outcomes of patients with respiratory failure and COVID-19 treated with ECMO.

The estimated 60-day survival of ECMO-rescued patients with COVID-19 was similar to that of studies published in the past 2 years on ECMO for severe ARDS. If another COVID-19 outbreak occurs, ECMO should be considered for patients developing refractory respiratory failure despite optimised care.

Full paper: [Extracorporeal membrane oxygenation for severe acute respiratory distress syndrome associated with COVID-19: a retrospective cohort study](https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930328-3)

**Title:** Associations of type 1 and type 2 diabetes with COVID-19-related mortality in England

The Lancet Diabetes &Endocrinology | 13th August 2020

Although diabetes has been associated with COVID-19-related mortality, the absolute and relative risks for type 1 and type 2 diabetes are unknown. This study assessed the independent effects of diabetes status, by type, on in-hospital death in England in patients with COVID-19 during the period from March 1 to May 11, 2020.

The results of this nationwide analysis in England show that type 1 and type 2 diabetes were both independently associated with a significant increased odds of in-hospital death with COVID-19.

Full paper: [Associations of type 1 and type 2 diabetes with COVID-19-related mortality in England: a whole-population study](https://www.thelancet.com/action/showPdf?pii=S2213-8587%2820%2930272-2)

**Title:** Risk factors for COVID-19-related mortality in people with type 1 and type 2 diabetes in England

The Lancet Diabetes &Endocrinology | 13th August 2020

Diabetes has been associated with increased COVID-19-related mortality, but the association between modifiable risk factors, including hyperglycaemia and obesity, and COVID-19-related mortality among people with diabetes is unclear. This study assessed associations between risk factors and COVID-19-related mortality in people with type 1 and type 2 diabetes.

Deaths in people with type 1 and type 2 diabetes rose sharply during the initial COVID-19 pandemic in England. Increased COVID-19-related mortality was associated not only with cardiovascular and renal complications of diabetes but, independently, also with glycaemic control and BMI.

Full paper: [Risk factors for COVID-19-related mortality in people with type 1 and type 2 diabetes in England: a population-based cohort study](https://www.thelancet.com/action/showPdf?pii=S2213-8587%2820%2930271-0)

**Title**: Home care for patients with suspected or confirmed COVID-19 and management of their contacts

World Health Organisation | 13th August 2020

This document is an update of the guidance published on 17 March 2020 entitled “Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts”. This interim guidance has been updated with advice on safe and appropriate home care for patients with coronavirus disease 2019 (COVID-19) and on the public health measures related to the management of their contacts.

Full document: [Home care for patients with suspected or confirmed COVID-19 and management of their contacts](https://apps.who.int/iris/rest/bitstreams/1292529/retrieve)

**Title:** KEY ASPECTS IN NUTRITIONAL MANAGEMENT OF COVID-19 PATIENTS

Journal of Clinical Medicine | 10th August 2020

This review deals with the relationship among nutrition, the immune system, and coronavirus disease 2019 (COVID-19). The influence of nutrients and bioactive molecules present in foodstuffs on immune system activity, the influence of COVID-19 on the nutritional status of the patients, and the dietary recommendations for hospitalized patients are addressed.

Deficient nutritional status is probably due to anorexia, nausea, vomiting, diarrhea, hypoalbuminemia, hypermetabolism, and excessive nitrogen loss. There is limited knowledge regarding the nutritional support during hospital stay of COVID-19 patients. However, nutritional therapy appears as first-line treatment and should be implemented into standard practice.

Optimal intake of all nutrients, mainly those playing crucial roles in immune system, should be assured through a diverse and well-balanced diet. Nevertheless, in order to reduce the risk and consequences of infections, the intakes for some micronutrients may exceed the recommended dietary allowances since infections and other stressors can reduce micronutrient status.

Full paper: [Key aspects in nutritional management of Covid-19 patients](https://www.mdpi.com/2077-0383/9/8/2589/pdf)

**recovery**

**Title**: National Institute for Health Protection

Department of Health and Social Care | 18th August 2020

A new organisation whose primary focus is public health protection and infectious disease capability is being established by the government

The National Institute for Health Protection (NIHP) will start work immediately, with a single command structure to advance the country’s response to the COVID-19 pandemic. It will bring together Public Health England (PHE) and NHS Test and Trace, as well as the analytical capability of the Joint Biosecurity Centre (JBC) under a single leadership team. This is the first step towards becoming a single organisation, focused on tackling COVID-19 and protecting the nation’s health.

In order to minimise disruption to the vital work dealing with the pandemic, the organisation will be formalised and operating from spring 2021.

Full detail: [Government creates new National Institute for Health Protection](https://www.gov.uk/government/news/government-creates-new-national-institute-for-health-protection)

**Title:** COVID-19 immunity study

Public Health England | 19th August 2020

A nationwide effort led by PHE to find out whether people who had COVID-19 can get infected again has now recruited 10,000 health workers from across the NHS.

PHE’s ‘SIREN’ (SARS-CoV-2 Immunity & REinfection EvaluatioN) study is exploring whether specific COVID-19 antibodies provide immunity. Scientists do not yet know if people who have been infected in the past are protected from becoming sick again, or how long any protection lasts.

Full detail: [10,000 people now signed up to COVID-19 immunity study](https://www.gov.uk/government/news/10-000-people-now-signed-up-to-covid-19-immunity-study)

**Title**: Implementing phase 3 of the NHS response to the COVID-19 pandemic

NHS England | 7th August 2020

Further to the [letter of 31 July 2020](https://www.england.nhs.uk/coronavirus/publication/third-phase-response/) about the third phase of the NHS response to COVID-19, NHS England have published in this single document a range of supplementary materials to support implementation.

This document includes:

1. Urgent actions to address inequalities in NHS provision and outcomes
2. Mental health planning
3. Restoration of adult and older people’s community health services
4. Using patient-initiated follow-ups as part of the NHS COVID-19 recovery
5. Finance: 2020/21 phase 3 planning submission guidance
6. COVID-19 data collections: changes to weekend collections

Full document: [Implementing phase 3 of the NHS response to the COVID-19 pandemic](https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/)

**TITLE**: £5 MILLION FOR SOCIAL PRESCRIBING TO TACKLE THE IMPACT OF COVID-19

Department of Health and Social Care | 16th August 2020

The National Academy for Social Prescribing (NASP) has been awarded £5 million in funding to support people to stay connected and maintain their health and wellbeing following the COVID-19 pandemic.

Working with partners, including the Arts Council England, Natural England, Money and Pensions Service, NHS Charities Together, Sport England and NHS England, the academy will support a range of local community activities.

The funding will connect people to initiatives in their local communities to improve their mental health and wellbeing in response to the impact of COVID-19, including improved green spaces, singing and physical activities as well as access to tailored debt advice.

Full story: [£5 million for social prescribing to tackle the impact of COVID-19](https://www.gov.uk/government/news/5-million-for-social-prescribing-to-tackle-the-impact-of-covid-19?utm_source=693ac30d-cede-4739-b468-7d96860695f6&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** How might COVID-19 affect the number of GPs available to see patients in England?

The Health Foundation | 6th August 2020

This paper estimates that over 700,000 patients served by GPs at high risk of COVID-19 could be left without access to face-to-face GP appointments, if those at high risk take the difficult decision to limit direct patient contact. It argues that CCGs must ensure that they are aware of gaps in face-to-face provision of core general practice services, and must work with practices and primary care networks to find solutions.

Full document: [How might COVID-19 affect the number of GPs available to see patients in England?](https://www.health.org.uk/sites/default/files/2020-08/How%20might%20COVID-19%20affect%20the%20number%20of%20GPs%20available%20to%20see%20patients%20in%20England.pdf)

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

Department of Health & Social Care | 7th August 2020

One of the world’s largest comprehensive research studies into the long-term health impacts of coronavirus on hospitalised patients has been launched in the UK.

Around 10,000 patients are expected to take part in the ground-breaking new study, which has been awarded £8.4 million by the government, through UK Research and Innovation (UKRI) and the National Institute for Health Research (NIHR). The results will support development of new measures to treat NHS patients with coronavirus.

Full story: [Research study into long-term health impacts of COVID-19 launched in the UK](https://www.gov.uk/government/news/research-study-into-long-term-health-impacts-of-covid-19-launched-in-the-uk)

**TITLE:** RECOVERY FROM SEVERE COVID-19. LEVERAGING THE LESSONS OF SURVIVAL FROM SEPSIS

JAMA (viewpoint) | 5th August 2020

Many COVID-19 survivors are likely to experience long-lasting morbidity. This viewpoint looks at the following questions:

* What is expected about recovery from COVID-19?
* Will recovery from COVID-19 be unique?
* What are best practices to promote recovery?
* How can health care systems facilitate best practices for recovery?

Full detail: [Recovery from severe Covid-19. Leveraging the lessons of survival from sepsis.](https://jamanetwork.com/journals/jama/article-abstract/2769290)

**Title**: How to manage post-viral fatigue after COVID-19

Royal College of Therapists | August 2020

The Royal College of Therapists has produced practical advice for people who have recovered from COVID-19 at home.

Fatigue is a normal part of the body’s response to fighting a viral infection such as COVID-19. Fatigue is likely to continue for some time after the infection has cleared. It can make you sleep more, feel unsteady on your feet, make standing for long periods difficult, as well as affecting your ability to concentrate and your memory.

Full detail: [How to manage post-viral fatigue after COVID-19**. P**ractical advice for people who have recovered at home](https://www.rcot.co.uk/file/6696/download?token=XiA9qFCs)

**Title:** Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic

Scottish Government |13th August 2020

This paper provides a strategic framework with overarching principles and high-level recommendations, which inform and shape the provision of rehabilitation and recovery services across Scotland for the coronavirus (COVID-19) period and post coronavirus (COVID-19).

The Framework specifically focuses on the priorities and objectives for coronavirus (COVID-19) rehabilitation and is underpinned by principles to support planning to meet this increasing demand. It aims to build on good practice and capacity within the existing system and to explore innovative models, adopting a multi-disciplinary and multi-agency approach.

Full detail: [Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/08/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic2/documents/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/govscot%3Adocument/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic.pdf?forceDownload=true)

**Title**: Aftercare needs of inpatients recovering from COVID-19

NHS England | 3rd August 2020  
  
This guidance supports primary care and community health services to meet the immediate and longer-term care needs of patients discharged following an acute episode of COVID-19, by describing the typical expected health care needs of these patients, post-discharge.

More than 95,000 COVID-19-positive patients have been looked after in hospitals across England, and most have been able to recover and leave hospital. However, it is clear that for many of those who have survived, the virus and the treatment required to combat it will have a lasting impact on their health.

Full guidance: [Aftercare needs of inpatients recovering from COVID-19](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0705-aftercare-needs-of-inpatients-recovering-from-covid-19-aug-2020.pdf)

**Title**: Reopening schools during the COVID-19 pandemic: governments must balance the uncertainty and risks of reopening schools against the clear harms associated with prolonged closure

Archives of Disease in Childhood | 3rd August 2020

Evidence to support the effectiveness of global school closures in controlling COVID-19 is sparse. There is continued uncertainty about the degree to which school children are susceptible to and transmit COVID-19. Balancing the potential benefits with harms involves explicit trade-offs for governments. Both reopening schools and keeping them closed carry risks that actively require mitigation.

In this viewpoint, the authors review the benefits and risks of school closures during the COVID-19 pandemic and outline key principles for reopening schools.

Full paper: [Reopening schools during the COVID-19 pandemic: governments must balance the uncertainty and risks of reopening schools against the clear harms associated with prolonged closure](https://adc.bmj.com/content/archdischild/early/2020/08/02/archdischild-2020-319963.full.pdf)

**Title**: Why Rehabilitation must have priority during and after the COVID-19-pandemic: A position statement of the Global Rehabilitation Alliance

Journal of Rehabilitation Medicine | 2020 Jul 30; Vol. 52(7)

COVID-19 has become a pandemic with strong influence on health systems. In many cases it leads to a disruption of rehabilitation service provision. On the other hand, rehabilitation must be an integral part of COVID-19 management.

Rehabilitation for COVID-19 should start from acute and early post-acute care and needs to be continued in the post-acute and long-term rehabilitation phase. Of course, it should follow specific safety protocol. Additionally, rehabilitation must be kept available for all other people who are in need.

From the perspective of health system, the Global Rehabilitation Alliance urges decision makers to ensure that rehabilitation services will be available for all patients with COVID-19 in the acute, post-acute and long-term phase. Additionally, it must be ensured that all other persons with rehabilitation need have access to rehabilitation services.

Rehabilitation services must be equipped with personal protection equipment and follow strict hygiene measures. In particular, rehabilitation must be accessible for vulnerable populations. For that reason, rehabilitation must be kept a health priority during the COVID-19 pandemic and given adequate financial resources.

Last but not least, scientific studies should be performed to clarify the impact of the pandemic on rehabilitation services as well as on the needs for rehabilitation of COVID-19 patients.

Full paper: [Why Rehabilitation must have priority during and after the COVID-19-pandemic: A position statement of the Global Rehabilitation Alliance](https://www.medicaljournals.se/jrm/content_files/download.php?doi=10.2340/16501977-2713)

**Title**: Considerations for Return to Exercise Following Mild-to-Moderate COVID-19 in the Recreational Athlete

HSS Journal | 10th August 2020

The COVID-19 pandemic has resulted in significant morbidity and mortality around the world. The spectrum of COVID-19 is broad, from clinical disease requiring intensive medical care to less severe symptoms that are treated with supportive care.

The majority of COVID-19 cases fall into the mild-to-moderate category, with symptoms lasting less than 6 weeks. Nevertheless, the morbidity from COVID-19 is significant and can affect multiple body systems, most frequently the cardiac, pulmonary, hematologic, musculoskeletal, and gastrointestinal systems. For patients who wish to return to exercise after mild-to-moderate COVID-19, the wide range of disease expression presents a challenge for clinicians seeking to offer counsel.

This literature review on return to activity following mild to moderate COVID-19 in the recreational athlete includes evidence-based considerations and recommendations for clinicians in guiding the safest return to activity.

Full paper: [Considerations for return to exercise following mild-to-moderate Covid-19 in the recreational athlete](https://link.springer.com/content/pdf/10.1007/s11420-020-09777-1.pdf)

**Infection control**

**Title**: Survey of trust leaders shows size of test and trace task ahead

NHS Providers | 14th August 2020

This report by NHS Providers shows the size of the task ahead to build a national test and trace service that will be fit for purpose for this coming winter.  
  
*Standing up to the test* says testing and tracing is an essential part of the national strategy to combat COVID-19. But, despite the good progress shown by NHS Test and Trace since its creation in May, there is a difficult legacy the new service has to overcome.

Key findings include:

* 32% said the government’s plans for testing would meet the needs of their trusts and the communities they served over the next three months.
* 18% felt the government had the right approach to testing
* 83% were confident they could meet testing requirements under current guidance
* 56% said they had the capacity to test patients as required when paused services resume
* 70% want a greater role in co-ordinating testing in their local areas.

Full report: [Standing up to the test. Learning lessons for the next phase of the national covid-19 testing strategy](https://nhsproviders.org/standing-up-to-the-test)

**Title:** WHERE ARE WE ON IMMUNITY AND VACCINES?

BMJ | 2020; 370: m3096 | 5th August 2020

As covid-19 vaccine trials begin to report early results and research papers on immunity shed more light on the situation, this article looks at what we know so far.

Full detail: [Where are we on immunity and vaccines?](https://www.bmj.com/content/370/bmj.m3096)

**Title**: Reducing transmission of coronavirus (COVID-19) – what you can do to help

Public Health England | Updated 20th August 2020

We all have a role to play in reducing the transmission of coronavirus (COVID-19). The actions outlined in this guidance will reduce your chance of catching COVID-19 or passing it on to others. You should think about each point carefully and plan how you will follow this guidance in your daily life. A [simple visual guide](https://khub.net/documents/135939561/338928756/COVID-19+-+working+and+living+safely+-+a+guide+for+food+production+employees.pdf/c000e6d8-9c30-f238-3935-9311356aedf3?t=1595411572946) for working and living safely during the COVID-19 pandemic is also available.

Full detail: [Guidance: COVID-19: reducing transmission - what you can do to help](https://www.gov.uk/government/publications/covid-19-reducing-transmission-what-you-can-do-to-help/reducing-transmission-of-coronavirus-covid-19-what-you-can-do-to-help)

**TITLE**: CORONAVIRUS: TESTING FOR COVID-19

House of Commons Library | Briefing paper Number CBP 8897, 5th August 2020

This Commons Library briefing paper provides an overview of testing for Covid-19 in England. It covers the different types of test that are in use and in development, as well as testing capacity, the criteria for being tested, and the presentation of testing data.

Full detail: [Coronavirus: Testing for Covid-19](http://researchbriefings.files.parliament.uk/documents/CBP-8897/CBP-8897.pdf)

**Title:** Two metres or one: what is the evidence for physical distancing in covid-19?

BMJ 2020; 370: m3223 | 25th August 2020

The authors in this analysis piece suggest rigid safe distancing rules are an oversimplification based on outdated science and experiences of past viruses.

Key messages:

* Current rules on safe physical distancing are based on outdated science
* Distribution of viral particles is affected by numerous factors, including air flow
* Evidence suggests SARS-CoV-2 may travel more than 2 m through activities such as coughing and shouting
* Rules on distancing should reflect the multiple factors that affect risk, including ventilation, occupancy, and exposure time

Full document: [Two metres or one: what is the evidence for physical distancing in covid-19?](https://www.bmj.com/content/bmj/370/bmj.m3223.full.pdf)

**Title:** New measures to support development of safe COVID-19 vaccines for UK

Department of Health & Social Care | 28th August 2020

A raft of measures to allow the safe future mass rollout of a COVID-19 vaccine have been outlined by the government. The new rules and safeguards will strengthen the UK’s ability to successfully deploy a UK-wide vaccination programme, which will be crucial in saving lives and bringing the current pandemic to an end.

The measures include:

* reinforced safeguards to support the Medicines and Healthcare products Regulatory Agency (MHRA) to grant temporary authorisation for the use of a new COVID-19 vaccine ‒ provided it meets the highest safety and quality standards
* expanding the trained workforce who can administer COVID-19 and flu vaccines to improve access and protect the public
* clarifying the scope of the protection from civil liability for the additional workforce that could be allowed to administer vaccinations

If a vaccine is discovered before 2021, the proposals will bolster existing powers that allow the MHRA to consider approving its use, before a full product licence is granted, provided it is proven to be safe and effective during robust and extensive clinical trials.

Full detail: [New measures to support development of safe COVID-19 vaccines for UK](https://www.gov.uk/government/news/new-measures-to-support-development-of-safe-covid-19-vaccines-for-uk?utm_source=1af6986f-2f98-4320-9683-3ae95e73d6f8&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** ENGLAND TO TEST 150 000 PEOPLE EVERY TWO WEEKS TO TRACK LOCAL OUTBREAKS

BMJ | 2020; 370: m3269 | 19th August 2020

The Office for National Statistics (ONS) is to expand its infection survey to 150 000 people a fortnight in England by October, up from the current 28 000, in order to provide more information about the spread of covid-19 infection within the community and help to identify local outbreaks.

The aim is to eventually enrol 400 000 people in England. The ONS has also partnered with Scotland, Wales, and Northern Ireland to extend the survey across the UK. The infection survey started as a pilot in May to track infection rates outside of hospitals and care homes, regardless of whether a person has symptoms.

Latest data from the survey shows an estimated 28 300 people within the community population in England had covid-19 during the week of 3 to 9 August, equating to 0.05% of the population or around 1 in 1900 people.

Full detail: [England to test 150 000 people every two weeks to track local outbreaks](https://www.bmj.com/content/370/bmj.m3269)

**Title:** COMPARISON OF MOLECULAR TESTING STRATEGIES FOR COVID-19 CONTROL: A MATHEMATICAL MODELLING STUDY

The Lancet Infectious Diseases | 18th August 2020

WHO has called for increased testing in response to the COVID-19 pandemic, but countries have taken different approaches and the effectiveness of alternative strategies is unknown. This study aimed to investigate the potential impact of different testing and isolation strategies on transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The authors found that molecular testing can play an important role in prevention of SARS-CoV-2 transmission, especially among health-care workers and other high-risk groups, but no single strategy will reduce *R* below 1 at current levels of population immunity. Immunity passports based on antibody tests or tests for infection face substantial technical, legal, and ethical challenges.

Full paper: [Comparison of molecular testing strategies for COVID-19 control: a mathematical modelling study](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930630-7)

**Title:** AIRBORNE TRANSMISSION OF COVID-19

BMJ | 2020; 370: m3206 | 20th August 2020

This BMJ editorial suggests that guidelines and governments must acknowledge the evidence and take steps to protect the public.

Full editorial: [Airborne transmission of covid-19](https://www.bmj.com/content/370/bmj.m3206)

**Title:** FACE COVERINGS FOR COVID-19: FROM MEDICAL INTERVENTION TO SOCIAL PRACTICE

BMJ | 2020; 370: m3021 | 19th August 2020

This analysis piece argues that face coverings should be considered not as medical equipment but as a social practice informed by norms and expectations.

Key messages

* Face coverings used by the public are now widely recommended as source control during the covid-19 pandemic
* The dominant narrative driving policy has viewed face coverings as a medical intervention and evaluated their effectiveness from an infection control perspective
* Face coverings are also a social practice and carry a range of meanings in different settings
* Policies to encourage uptake should reflect the complex and contested sociocultural meanings of covering the face and draw on these to promote their use

Full article: [Face coverings for covid-19: from medical intervention to social practice](https://www.bmj.com/content/bmj/370/bmj.m3021.full.pdf)

**Title**: Do established infection prevention and control measures prevent spread of SARS-CoV-2 to the hospital environment beyond the patient room?

Journal of Hospital Infection | 2020 Aug; 105 (4) p589-592

The role of the hospital environment in the transmission of infection is well described. With an emerging infection whose mode of transmission is under investigation, strict infection prevention and control measures, including patient isolation, hand hygiene, personal protective equipment that is doffed on exiting the patient room, and environmental cleaning should be implemented to prevent spread.

Environmental testing demonstrated that COVID-19 patients contaminated the patient area (11/26, 42.3% of tests) but contamination of general ward areas was minimal (1/30, 3%) and the virus was detected after cleaning on one item only (1/25, 4%) which was noted to be in disrepair.

Full document: [Do established infection prevention and control measures prevent spread of SARS-CoV-2 to the hospital environment beyond the patient room?](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7309928/pdf/main.pdf)

**workforce wellbeing**

**Title:** COVID-19: infection prevention and control (IPC)

Public Health England | updated 21st August 2020

This guidance outlines the infection prevention and control advice for health and social care providers involved in receiving, assessing and caring for patients who are a possible or confirmed case of COVID-19. It should be used in conjunction with local policies.

The IPC principles in this document apply to all health and care settings, including acute, diagnostics, independent sector, mental health and learning disabilities, primary care, care homes, maternity and paediatrics.

Full detail: [COVID-19: infection prevention and control (IPC)](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)

**Title:** COVID-19 AND THE FEMALE HEALTH AND CARE WORKFORCE

NHS Confederation | 26th August 2020

The COVID-19 pandemic has placed unprecedented pressure on health and care staff. In June the Health & Care Women Leaders Network (HCWLN) commissioned a survey to better understand the impact the pandemic has had on women working across health and care services.

Over 1,300 women responded, this report and accompanying slide deck explain the findings. The report describes the struggles, pains and fears women working in health and care services have faced during the pandemic. The physical and emotional impact due to caring responsibilities both in and outside of work are significant. It also draws out some of the positive experiences, such as opportunities for learning and the strength of support many have received from their managers.

Full report: [COVID-19 and the female health and care workforce](https://www.nhsconfed.org/-/media/Confederation/Files/Networks/Health-and-Care-Women-Leaders-Network/COVID19-and-the-female-health-and-care-workforce-FINAL2.pdf)

**Title:** Risk of COVID-19 in health-care workers in Denmark: an observational cohort study

The Lancet Infectious Diseases | 3rd August 2020

Health-care workers are thought to be highly exposed to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. We aimed to investigate the prevalence of antibodies against SARS-CoV-2 in health-care workers and the proportion of seroconverted health-care workers with previous symptoms of COVID-19.

The prevalence of health-care workers with antibodies against SARS-CoV-2 was low but higher than in blood donors. The risk of SARS-CoV-2 infection in health-care workers was related to exposure to infected patients. More than half of seropositive health-care workers reported symptoms attributable to COVID-19.

Full paper: [Risk of COVID-19 in health-care workers in Denmark: an observational cohort study](https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930589-2)

**Title:** Risk of COVID-19 among front-line health-care workers and the general community

The Lancet Public Health | 31st July 2020

Data for front-line health-care workers and risk of COVID-19 are limited. This study sought to assess risk of COVID-19 among front-line health-care workers compared with the general community and the effect of personal protective equipment (PPE) on risk.

In the UK and the USA, risk of reporting a positive test for COVID-19 was increased among front-line health-care workers. Health-care systems should ensure adequate availability of PPE and develop additional strategies to protect health-care workers from COVID-19, particularly those from Black, Asian, and minority ethnic backgrounds. Additional follow-up of these observational findings is needed.

Full paper: [Risk of COVID-19 among front-line health-care workers and the general community: a prospective cohort study](https://www.thelancet.com/action/showPdf?pii=S2468-2667%2820%2930164-X)

**Title:** Exploration of COVID-19 health-care worker CASES: implications for action

World Health Organisation | 21st August 2020

Health-care workers are at high risk of infection with SARS-COV-2 not only while treating COVID-19 patients, but also from exposure in health-care facilities while not treating COVID-19 patients, from exposure in the household, and from exposure in the community. Infected health-care workers impact the health-care system's ability to respond to the pandemic and deliver essential services.

This guidance describes a system to detect HCW cases, investigate avenues of infections, and guide appropriate responses at the facility and public health levels based on the investigation findings. It is intended for national and subnational public health authorities and health-care facility managers.

Full document: [Exploration of COVID-19 health-care worker cases: implications for action](https://apps.who.int/iris/bitstream/handle/10665/333945/WPR-DSE-2020-027-eng.pdf?sequence=1&isAllowed=y)

**Health management**

**TITLE:** HOSPITAL DISCHARGE AND PREVENTING UNNECESSARY HOSPITAL ADMISSIONS (COVID-19)

Social Care Institute for Excellence | August 2020

This guide discusses the lessons learned from hospital discharge and avoidance during the COVID-19 pandemic. It highlights challenges faced and good practice to prevent unnecessary admissions going forward.

Full detail: [Hospital discharge and preventing unnecessary hospital admissions (COVID-19)](https://www.scie.org.uk/care-providers/coronavirus-covid-19/commissioning/hospital-discharge-admissions#action-needed)

**Title:** Building Back Health And Prosperity

Health Devolution Commission | 13th August 2020

This cross-party commission believes there is now a fundamental choice to be made between greater centralisation of NHS and social care services or a comprehensive health devolution approach which incorporates national entitlements and targets but embeds the delivery of an integrated NHS, social care and public health service within broader, powerful, democratically led local partnerships.

The report states that the pandemic has shown we cannot go back to the way things were and suggests that comprehensive health devolution is the only viable solution to the challenges the country now faces.

Full detail: [Building back health and prosperity](https://healthdevolution.org.uk/wp-content/uploads/2020/08/DEVO-Report-of-the-Health-Devolution-Commission-Final.pdf)

**TITLE:** HOSPITAL DISCHARGE SERVICE: POLICY AND OPERATING MODEL

Department of Health & Social Care | 21st August 2020

This document sets out how health and care systems can ensure that people:

* are discharged safely from hospital to the most appropriate place
* continue to receive the care and support they need after they leave hospital

It replaces ‘Coronavirus (COVID-19) hospital discharge service requirements’ published on 19 March 2020.

Full detail: [Hospital discharge service: policy and operating model](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912199/Hospital_Discharge_Policy_1.pdf)

**other**

**TITLE:** MODEL MULTIMILLION INVESTMENT IN NEW RESEARCH PROJECTS TO INVESTIGATE HIGHER COVID-19 RISK AMONG CERTAIN ETHNIC GROUPS

National Institute for Health Research | 29th July 2020

Six new projects to improve our understanding of the links between COVID-19 and ethnicity have been funded by the NIHR and UK Research and Innovation (UKRI).

These projects will seek to explain and mitigate the disproportionate death rate from COVID-19 among people from Black, Asian and minority ethnic (BAME) backgrounds, including BAME health and social care workers.

The projects, which total £4.3 million worth of funding, will explore; the impact of the virus specifically on migrant and refugee groups; work with key voices within BAME communities to create targeted, digital health messages; the introduction of a new framework to ensure the representation of people from BAME backgrounds in clinical trials testing new treatments and vaccines for COVID-19; and the creation of one the UK’s largest COVID-19 cohorts.

Full detail: [Multimillion investment in new research projects to investigate higher COVID-19 risk among certain ethnic groups](https://www.nihr.ac.uk/news/multimillion-investment-in-new-research-projects-to-investigate-higher-covid-19-risk-among-certain-ethnic-groups/25333)

**Title:** Standard operating procedure (SOP) for general practice in the context of coronavirus (COVID-19)

NHS England | updated 11th August 2020

NHS England has updated the standard operating procedures for general practice.

Full detail: [Standard operating procedure (SOP) for general practice in the context of coronavirus (COVID-19)](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/CO485_guidance-and-standard-operating-procedures-general-practice-covid-19.pdf)

**TITLE:** LARGEST HOME ANTIBODY TESTING PROGRAMME FOR COVID-19 PUBLISHES FINDINGS

Department of Health & Social Care | 13th August 2020

The first report from the world’s largest home antibody testing programme tracking who has been infected by COVID-19 in England has been published. The study tracked the spread of infection across England following the first peak of the pandemic.

Over 100,000 volunteers tested themselves at home using a finger prick test between 20 June and 13 July to check if they have antibodies against the virus which causes COVID-19.

The findings indicate that 3.4 million people – 6% of the population – had already been infected by COVID-19 by 13 July 2020, with variations across the country. People living in London were most likely to have been infected, as were those working in care homes and health care, and people from Black, Asian and other minority ethnic groups and people living in larger households.

Full report: [REACT-2 study of coronavirus antibodies: June 2020 results](https://www.gov.uk/government/publications/react-2-study-of-coronavirus-antibodies-june-2020-results/react-2-real-time-assessment-of-community-transmission-prevalence-of-coronavirus-covid-19-antibodies-in-june-2020)

**Title**: NEW UK-WIDE METHODOLOGY AGREED TO RECORD COVID-19 DEATHS

Department of Health and Social Care | 12th August 2020

The 4 UK Chief Medical Officers have recommended that a single, consistent measure is adopted for daily reporting of deaths across the UK. The UK government and the devolved administrations have agreed to publish the number of deaths that occurred within 28 days of a positive lab-confirmed COVID test result on a daily basis.

This will provide accurate data on the immediate impact of recent epidemic activity. The methodology has been peer reviewed by independent academics to ensure that the best possible indicators are used, and that the methods are applied consistently across the nations of the UK.

Full detail: [New UK-wide methodology agreed to record COVID-19 deaths](https://www.gov.uk/government/news/new-uk-wide-methodology-agreed-to-record-covid-19-deaths?utm_source=87684ce4-22cb-45ae-9376-2ef43b360728&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

**Title:** Understanding changes to mortality during the pandemic

The Health Foundation | 17th August 2020

An analysis of the excess of non-COVID-19 deaths in England and Wales.

Key points

* From the beginning of March 2020 up until 24 July, there were almost 58,000 excess deaths in England and Wales. These refer to deaths in 2020 compared to the average deaths over the past 5 years during the same period. Over 51,000 of these deaths mentioned ‘COVID-19’ on the death certificate. This leaves approximately 7,000 additional deaths since March compared to the average of previous years. Currently, little is known about the causes of this increase.
* Since March there have been over 26,000 excess deaths in care homes, of which about 15,000 were recorded with COVID-19. The patterns and trends of the remaining excess deaths point to a substantial proportion of these being unreported deaths with COVID-19.
* There have also been significant increases in deaths in private homes, while deaths excluding COVID-19 have significantly declined in hospitals. This was still occurring in July, where average weekly deaths in private homes were about 700 above normal levels.
* Normally, deaths in care homes and private homes account for about 45% of weekly deaths. This rose as high as 59% during some weeks this year, representing a significant shift and raising concerns over people not accessing hospital care.
* With substantial increases in overall deaths, along with changes in the places where deaths have occurred, it is critical for health and social care policy that we understand the underlying causes of these changes in order to better direct care

Full detail: [Understanding changes to mortality during the pandemic](https://www.health.org.uk/news-and-comment/charts-and-infographics/understanding-changes-to-all-mortality-during-the-pandemic)

**TITLE:** ADVANCE CARE PLANNING IN THE COMMUNITY IN THE CONTEXT OF COVID-19

 Centre for Evidence-Based Medicine | 18th August 2020

In the context of COVID-19, some known barriers to advance care planning (ACP) in community settings have worsened, while others have improved. COVID-19 has raised public awareness of ACP, increased the importance of and attention to IT systems, motivated the development of new guidelines and templates, and rapidly shifted 'business as usual' processes and protocols. This presents opportunities to improve ACP in the community.

However, existing guidelines and resources are to a major extent clinician-focused; there are few video- and web-based ACP resources for the public and those that exist are scattered and piecemeal. This is a concern given good quality evidence that online and video ACP interventions are beneficial, particularly among people with limited English proficiency, poor health literacy and/or from otherwise disadvantaged communities.

In the context of COVID-19, and to reduce inequalities in access to ACP, we recommend national investment in evidence-based, public-facing resources and integrated systems to support ACP, building on existing resources. Alongside this investment, simultaneous, interconnected strategies are needed, underpinned by healthcare policy: training for those working in health and social care, better coordination of electronic medical record systems, and public education and awareness raising.

We

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

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

<https://www.trftlibraryknowledge.com/health-newsfeeds.html>

Full detail: [Advance care planning in the community in the context of covid-19](https://www.cebm.net/covid-19/advance-care-planning-in-the-community-in-the-context-of-covid-19/)