The Strategy Unit
At NHS Midlands and Lancashire Commissioning Support Unit

COVID-19 Evidence Alert – 18th September 2020

Welcome

We're coming to the end of the COVID-19 Evidence Alert in its current format. Since the first issue in June, we've been scanning for evidence on a range of prioritised themes to support the COVID response. As Phase 3 recovery plans within England are being finalised, it seems an opportune time to reflect on the evidence we've found so far and how this might inform reset and recovery.

The final three issues offer some brief reflections on the evidence we have scanned along with links to some of the studies which we think offer particularly interesting perspectives. These are organised by the following themes:

18th September:

- Residential settings
- Screening and testing strategies

25th September:

- Broader impacts on health outcomes
- Impacts of lifting restrictions

2nd October:

- Long term rehabilitation needs
- Impact on non-Covid care

Our full range of evidence scans, alerts, trackers and live searches is available online. We have also curated a Wakelet collection of useful web resources on COVID and Coronavirus.

We will be updating the trackers as quickly as we can, so each tracker provides a one-stop collection of the evidence we've found since June. Our searches are by no means exhaustive so the trackers won't be comprehensive - but they will provide you with a useful core collection of evidence and insights to inform planning and provide a baseline for future analysis, research and evaluation.

We welcome your feedback. Did we miss any important themes in our approach? How could we improve on our scans and alerts? Please share comments with us via mlcsu.covidevidence@nhs.net.

Analytical Collaboration for COVID-19

As previously described the collaboration is using its expertise to focus on questions that the NHS may lack the immediate resources to look at, which may be more medium-term, cut across sectors, or benefit from independent analysis. We are gradually publishing analytical outputs so keep an eye on these pages for useful findings. You can keep up to date by following **@strategy_unit** on Twitter.

Evidence reflections: Residential settings

We set out to find evidence relating to all types of residential setting (including care homes, prisons, educational institutions and sheltered housing). However, the vast majority of what we found was focused on care homes. LTC Responses to COVID-19, an international long-term care policy network, has done a great job of assembling evidence on the impact of COVID-19, including country reports and international comparisons.

A living systematic review (updated frequently) has proved useful in tracking evidence on the impacts in care homes. It is clear from emerging evidence that these impacts are similar across many different countries 1, 2.

We found a number of recurring themes specific to residential settings generally:

- **Reducing the spread**: as well as the need for increased hygiene and decontamination, there are gaps in testing. Tests are focused on individuals with respiratory symptoms yet individuals may present with no/atypical symptoms. As the pandemic has progressed, there has been interest in the risk of infection amongst rotating staff members and how testing might be implemented, from studies based in London care homes. There is also emerging evidence on risk factors associated with hospital discharge into care homes. There are studies (from the US 1, 2 and Canada 1, 2) focused on accommodation for homeless people, and sheltered housing, noting some of the challenges (for example, some symptoms are often present in homeless people so may not a good indicator of infection) and solutions.

- **Surge planning**: includes planning 1,2 for future peaks and protecting high-risk patients (such as those with dementia who "walk with intent") and suggests a need for multi-agency planning 1, 2.

- **Staffing**: the attempt to cover staffing gaps through temporary staff may exacerbate spread, particularly where staff are deployed across multiple sites. Retention is identified as a key issue to address during recovery planning. There is emerging evidence on the impact on staff wellbeing 1, 2.

- **PPE**: highlighting issues with supply chains as well as a need for more training for staff in how to use PPE effectively. A report from the Healthcare Safety Investigation Branch highlights the issues involved in domiciliary care.

- **Communication**: there is some evidence to suggest that awareness of the implications COVID-19 is low amongst some residents, suggesting a need for more communication 1, 2, 3. There are also recommendations to improve systematic communication both with other services and with relatives of residents.

- **Isolation and distancing**: qualitative studies suggest a concern with the unintended consequences of distancing in a population where anxiety and depression are prevalent. Recovery planning should include procedures for reintroducing visitors safely 1, 2, 3, 4, 5.
- **Technology**: Some studies are exploring the use of telemedicine as a means of delivering care remotely 1, 2, 3. However, access to technology remains an issue in residential settings. There are also suggestions that "no-touch technology", which may limit spread, are not in widespread use. One study, focused on residential facilities for people with learning disabilities, emphasised the need for real-time data analysis to manage spread.

As the pandemic progressed, scrutiny increased as the impact in care homes became clearer. A population analysis from Scotland highlights the impact in the UK. There is a focus on what lessons we can learn and apply to minimise further spread and harm. Analysis from the COVID Analytical Collaboration offers valuable insights to inform recovery planning:

28/4/20	**Dire warnings from care home sector borne out in the latest data**	Health Foundation	Sarah Deeny
30/4/20	**Tackling the COVID-19 outbreak in care homes**	King's Fund	Adam Gordon and Claire Goodman
1/5/20	**Deaths in care homes: what do the numbers tell us?**	Nuffield Trust	Nigel Edwards and Natasha Curry
13/5/20	**Care homes have seen the biggest increase in deaths since the start of the outbreak**	Health Foundation	
15/5/20	**What has been the impact of COVID-19 on care homes and the social care workforce?**	Health Foundation	
22/5/20	**Do all care home residents face an equal risk of dying from COVID-19?**	Health Foundation	Fiona Grimm and Sarah Deeny
22/6/20	**Covid-19: how is it impacting on prisoners' health?**	Nuffield Trust	Miranda Davies
16/9/20	**Chart of the week: Home deaths account for as many excess deaths since start of the pandemic as deaths in care homes**	Nuffield Trust	Sarah Scobie

Cross-cutting themes

Don't forget to take a look at our evidence map on inequalities and COVID-19 and our rapid scan on COVID-19 longitudinal studies. We've also shared live searches on infodemics and information literacy.

Evidence Reflections: Screening and testing strategies

With thanks to Christina Maslen, Health Evidence Matters who prepared the rapid evidence scan in May.

Screening and testing strategies form only one element of an overall epidemic response and need to be considered within the context of all actions, including broader public health measures such as surveillance, that are designed to optimise healthcare requirements and successfully manage COVID-19.

The role of testing and screening

Policy has been adapted as the pandemic has progressed. The Health Foundation Policy Tracker provides a timeline of how policy developed and the health system responses in the UK. The Health System Response Monitor provides a comparison of testing strategies across different countries.

It was clear from very early on that this is a fast-moving situation, with new studies published continuously. Due to time constraints and urgency needed to release findings into the public domain, much of the earlier evidence was based on case studies or modelling studies.

Imperial College published their analysis in April, using modelling to investigate the effectiveness of various testing strategies. The study found that testing is most useful when targeted at high-risk groups such as healthcare and care home staff and other at-risk groups. Weekly screening using PCR or point-of-care tests for infection irrespective of symptoms in addition to testing of symptomatic individuals may prevent an additional 25-33 % of their contribution to transmission in hospital and the community.

A systematic review of interventions to suppress the COVID-19 pandemic suggests there is some - albeit low quality - evidence that the most cost-effective interventions are swift contact tracing and case isolation and surveillance networks. Analysis 1, 2, 3, 4, 5, 6, 7 confirmed the need for adequate surveillance and contact tracing to be in place to manage lockdown and to avoid overload of health systems. There are however, some challenges with adherence to contact tracing. A number of papers 1, 2 sought to capture learning from those countries who were impacted earlier in the pandemic, to identify transferable lessons for the UK. A report from the European Centre for Disease Control compares approaches across the EU/EEA and the UK.

Delivery of testing/screening and continuity of care

Findings 1, 2, 3 related to the benefits of periodic testing of healthcare staff have been confirmed by several studies, both modelling and case studies in UK hospitals, with several focusing on the role and limitations of symptom-based screening 1, 2, 3, 4. A study from London offered some insights to the transmission dynamics of COVID in a large teaching hospital.

There is limited evidence 1, 2, 3, 4, 5 that local testing and that extensive testing all have a positive impact on mortality rates, with the countries with the highest testing rates per population having the lowest death rates. Testing capacity is clearly an issue, presenting challenges to laboratory services. However, increased testing capacity alone may not provide a solution to lockdown

measures in the UK. The progression of the epidemic and peak infections depends heavily on test characteristics, test targeting, and prevalence of the infection.

Antibody based immunity passports were mooted as helping people return to work but given the significant technical, legal and ethical challenges, were rejected as a solution to ending lockdown, as they can put the population at risk if poorly targeted. There has been growing interest in seroprevalence studies with a Cochrane review and several other papers 1, 2, 3, 4, 5, 6, 7, 8 exploring the role of serological testing.

We found some evidence on the practicalities of setting up testing centres 1, 2, 3 and more studies are emerging which explore the role of testing/screening in restarting services 1, 2, 3, 4, 5 and the risks of nosocomial spread in healthcare settings.

Analysis from the COVID Analytical Collaboration offers useful insights to inform screening and testing strategies:

May 2020	**The Health Foundation COVID-19 Survey A report of survey findings on public attitudes towards a potential smartphone app to 'track and trace' Coronavirus outbreaks**	Ipsos MORI on behalf of the Health Foundation	
29/5/20	**Three tests for the COVID-19 contact tracing app**	Health Foundation	Adam Steventon
7/7/20	**Chart of the week: The knowns and unknowns of NHS Test and Trace**	Nuffield Trust	Billy Palmer
13/8/20	**Strengthening health protection: right idea, wrong time**	King's Fund	Nick Timmins

This alert has formed part of a national evidence update service, provided by the Strategy Unit, as part of a collaboration to provide analytical support to the health and care system to help inform the initial response to COVID-19. Thank you for the very helpful feedback we have received since we published the first issue back in June. .

For more information, visit: https://www.strategyunitwm.nhs.uk/covid19-and-coronavirus or contact our Covid Evidence team on: mlcsu.covidevidence@nhs.net

Please read on for exciting news about our new INSIGHT 2020 Festival…

Forthcoming event: Insight 2020

The Strategy Unit is hosting a 6-week festival of virtual events, called ***Insight 2020,*** exploring some of the challenges facing decision-makers in health and care in 2020 and beyond; emerging models of practice to make best use of analysis to inform decision-making; and some of the exciting work that is already happening in this area.

Insight 2020: a festival of analysis and learning for the NHS, Local Government and our partners will run from **28 Sep to 13 Nov 2020**. The festival will comprise a mixture of events, workshops and panels, representing conversations at a local, national and international level. For example, our festival launch session includes Ben Goldacre talking about 'How open approaches can revolutionise health data science in the UK' and Andi Orlowski on "Dangerous analytics…and how local analysts can save you!", with Q&A hosted by Professor Mohammed A Mohammed. We will also be running a session on the COVID Evidence Conundrum, featuring a range of perspectives from people who have been involved in generating, using and applying evidence on COVID discussing what this means for how we use evidence to inform decisions.

Who is *Insight 2020* for? We've collaborated with inspirational people and organisations across the sector to bring together a programme which has something for **everyone** who is involved with decision-making in health and care.

What will *Insight 2020* look like? Sessions will be varied and flexible. People can commit as little or as much time as they'd like, and most of the sessions will be recorded so you can fit them into your schedule in a way that suits you. Every session is free.

Each week will focus on a central theme, starting with a 'headline' presentation on the Monday. This will be supported by targeted sessions and the week's speakers will convene each Friday for an interactive panel discussion and Q&A to respond to the key debates raised during the week. The festival themes are:

Week 1: Our decision-making context in 2020

Week 2: The role of the Midlands Decision Support Network

Week 3: The analytical priorities of the Decision Support Network

Week 4: Building momentum around addressing health inequalities

Week 5: The decision-making toolbox

Week 6: Making the most of our decision-making resources

To register your interest please go to our Eventbrite page. The full-week programmes will be released on a staggered basis starting from week commencing 7th September where you will be invited to register for specific sessions.

Any questions regarding the festival please contact David.callaghan@nhs.net or rachel.caswell@nhs.net.