The Strategy Unit.

COVID-19 Evidence Alert – 2nd October 2020

Welcome

This is the last issue 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.

https://www.strategyunitwm.nhs.uk/covid19-and-coronavirus

Evidence reflections: Long-term rehabilitation needs

Early on in the pandemic, it was recognised that rehabilitation would be needed for some Covid-19 patients with ongoing physical, psychological and functional needs. As the pandemic progressed, it became clear that many patients, even those who were not hospitalised, were experiencing symptoms for some time (Long COVID [1], [2], [3], [4]).

There is some transferable evidence related to rehabilitation needs from previous pandemics and incidents [1], [2], [3], [4], [5], [6], [7], [8], [9], [10], [11]. Evidence is beginning to emerge [1], [2] on the rehabilitation needs for Covid-19 patients specifically. We found several recurring themes in the literature:

Kawasaki-like syndrome in children: Early in the pandemic, it became clear that some children were affected by Kawasaki-like symptoms [1], [2], [3], [4], [5], [6], [7]

Support across the pathway-Given the diversity of symptoms [1] (neurological [1], [2], [3], [4], [5]; cognitive [1]; musculoskeletal [1], [2]; psychological [1], [2]; cardiovascular [1], [2]; respiratory [1]), evidence suggests different patients require different types of services-both physical and psychological, across ICU, hospital wards, step down facilities and the community [1], [2, 3], [4], [5].

Risks for prolonged inpatient stay-Cognitive impairment, paralysis, and those requiring a ventilator or dialysis are among factors associated with a greater risk of prolonged inpatient stays [1].

Multidisciplinary teams- Papers suggest rehabilitation is best delivered by specialists supported by multidisciplinary teams [1], [2], [3] to address the psychological, functional and physical aspects of recovery. Multidisciplinary care can offer effective co-ordination of care and avoid unnecessary duplication of services. There is however an important role for rehabilitation specialists [1].

Personalised care -Studies have shown patients will require different services at different stages in their recovery. A personalised service based on individual needs has proved useful and good communication with patients and family members regarding next steps and treatments are suggested [1], [2], [3]. There is a particular risk in older people of deconditioning [1], [2], [3].

Centres of excellence-Provision of rehabilitation support facilities referred to as "Centres of Excellence", for those who survive but need care and cannot return to their own homes have been recommended. The repurposing of unused buildings [1] could rapidly expand the supply of space.

Mental and physical support-A range of fatigue, depression and mental health problems are reported [1], [2], [3]. A combination of physical interventions such as physiotherapy, respiratory and graded exercise programmes and psychological interventions [1], [2], [3] are suggested.

Technology-Studies have shown the widespread application of remote rehabilitation and tele-rehabilitation to reduce the need for in-person care including live consultations, or pre-recorded sessions for generic material [1], [2]. However, virtual care is reported to have many limitations which should be reviewed before implementation [1].

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.

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Evidence Reflections: Impact on non-COVID care

As the pandemic has progressed, there has been an increasing emphasis on research and analysis to inform the delivery of health and care beyond the first peak as well as the implications of social distancing and other measures to reduce spread. The recovery phase is likely to take time, not least because there is a mental health impact on and risk of burnout amongst health and care workers. There is also the impact in care homes and wider social care to consider in addition to preparedness for a future peak. Planning will need to address infection control; identifying and addressing unmet needs, particularly within vulnerable groups; engaging with the public; meeting workforce needs; and sustaining innovations made under pressure.

Many services moved towards remote consultations as a means of delivering care whilst protecting staff and patients from infection. The urgency of the pandemic response has helped overcome some long-standing barriers, however there are potential risks of widening inequalities, as some people are disadvantaged by the "digital divide".

As well as these general lessons, there are issues specific to different services and settings:

Primary care: the changes in demand [1], [2], [3] and increase in virtual consultations has been a focus for some studies [1], [2], [3]. Another model which has been tested is the use of Community Health Workers [1] to conduct home visits. Primary care is also seen as having an important role in admission avoidance for non-covid care during the recovery phase [1], [2]. There are accounts of interventions to help people deal with the impact of COVID including virtual group interventions [1] and social prescribing [1]. There is also emerging evidence on the impact on health visiting [1].

Long Term Conditions (LTCs) Management: there are multiple impacts on patients with LTCs, including delayed diagnosis, diversion of health care resources; interrupted care; interrupted supply of medication; increased stress and lower activity [1], [2], [3], [4], [5], [6]. Usage of health services has decreased which may be due to restricted access or a fear of infection. There are implications for continuity of care and providing support remotely. International research shows that telemedicine and triaging are the mitigation strategies most often used to overcome disruptions to care for people with long-term conditions. Rehabilitation has been shown to be the most commonly disrupted service which will potentially lead to consequences in the future.

Outpatient Care: virtual consultations have been used to deliver outpatient care, however, there are considerations around sustaining the use of technology, including co-design, changes to workflows and practices [1], [2], [3], [4], [5], [6]. Examples span urology [1], [2], orthopaedics [1], [2], [3], [4], dermatology [1], neurology [1], [2], radiology [1]; cardiology [1], [2], [3]; oral and maxillofacial surgery [1]; ophthalmology [1].

Elective Care: the impact on capacity and waiting lists is significant [1]; the need for increased infection control will affect the volume of patients scheduled, with implications for patients, clinicians and commissioners [1], [2]. It is suggested that a number of factors will need to be considered, including epidemiological conditions in the community, patients' health, the COVID-19 status of all members of the surgical team, the facilities and resources available [1], [2], [3], [4]. There are specific examples from orthopaedics [1], [2], [3], [4]; obstetrics and gynaecology [1], [2], [3]; neurosurgery [1], [2]; cardiac surgery [1].

Emergency Care: the decrease in emergency activity during lockdown [1], [2], [3] raised concerns, particularly in relation to stroke, heart failure and heart attacks [1], [2], [3], [4], [5], [6], [7], [8], [9], [10] and trauma [1], [2], [3], [4], [5], [6] given the severity of consequences if not treated.

Screening and Immunisations: the response to the pandemic has also affected preventative services, including decreased screening and childhood vaccinations, which will have longer term implications [1], [2].

Mental Health Services: the delivery of mental health care has predominantly shifted from face-to-face contact to virtual media (e.g. video, phone) [1], [2]. There are specific concerns about the impact [1], particularly on children and young people [1] and patients suffering substance abuse [1], [2] who may be particularly vulnerable. There is also discussion on options for delivery of care for people with serious mental illness [1].

Cancer Services: guidance has been issued by professional bodies to help clinicians to prioritise patients for treatment during the pandemic [1], [2] in the light of estimates of the impact on morbidity and mortality [1], [2], [3]. Analysis suggests adverse outcomes [1], [2], [3], [4], [5], [6] from disruptions to treatments such as chemotherapy, the impact of lockdown measures and a decrease in symptomatic diagnosis [1]. Priorities for restarting services include: expanded testing; social distancing; telemedicine [1]. Some examples focus on particular cancers, including breast cancer [1], [2]; oesophago-gastric cancer [1]; head and neck cancers [1]; pancreatic cancers [1].

End of life care: A rapid review [1] suggests hospice and palliative services have an essential role in the response to COVID-19 by responding rapidly and flexibly; ensuring protocols for symptom management are available, and training non-specialists in their use; being involved in triage; considering shifting resources into the community; considering redeploying volunteers to provide psychosocial and bereavement care; facilitating camaraderie among staff and adopting measures to deal with stress; using technology to communicate with patients and carers; and adopting standardized data collection systems to inform operational changes and improve care. The barriers to advance care planning has also been addressed [1].

Analytical outputs from the Strategy Unit offer useful insights into the impacts on waiting lists and on changes in healthcare activity. The Analytical Collaboration has also shared analysis throughout the pandemic to inform recovery planning:

29/4/20	**COVID-19: Five dimensions of impact**	Health Foundation	Ruth Thorlby et al
30/4/20	**Reducing avoidable harms to children during Covid-19: what actions are needed?**	Nuffield Trust	Charlotte Paddison
5/5/20	**Checking the system's blind spots: prioritising the community response to Covid-19**	King's Fund	Anna Charles
14/5/20	**Delivering core NHS and care services during the Covid-19**	Health Foundation	Jennifer Dixon

	pandemic and beyond: Letter to the Commons Health and Social Care Select Committee	King's Fund Nuffield Trust	Nigel Edwards Richard Murray
14/5/20	**Today's figures show a seismic shift in the way people are using health services**	Health Foundation	Tim Gardner
28/5/20	**Shock to the system: COVID-19's long-term impact on the NHS**	Health Foundation	Anita Charlesworth
June	**Public perceptions of health and social care in light of COVID-19 (May 2020)**	Health Foundation	Ipsos MORI- Public Affairs
2/6/20	**Here to stay? How the NHS will have to learn to live with coronavirus**	Nuffield Trust	Nigel Edwards
4/6/20	**Three key quality considerations for remote consultations**	Health Foundation	Tim Horton and Bryan Jones
9/6/20	**Learning from staff experiences of Covid-19: let the light come streaming in.**	King's Fund	Suzie Bailey and Michael West
22/6/20	**How the NHS can use anchor strategies to build a healthy and sustainable post-COVID-19 recovery**	Health Foundation	Matilda Allen and Dominique Allwood
9/7/20	**The NHS will not be able to restart all of its services at once and difficult decisions will have to be made**	Health Foundation	Tim Gardner
9/7/20	**Story of two halves as NHS struggles to shake off effects of coronavirus.**	Nuffield Trust	Nigel Edwards
9/7/20	**Despite gains, Covid-19 will intensify the challenge of keeping nurses and midwives within the NHS**	Nuffield Trust	Mark Dayan
15/7/20	**Chart of the week: Number of people waiting over a year for treatment has rocketed in months since onset of pandemic**	Nuffield Trust	Sarah Scobie
16/7/20	**The road to renewal: five priorities for health and care**	King's Fund	Anna Charles and Leo Ewbank
24/7/20	**Resuming health services during the Covid-19 pandemic: What can the NHS learn from other countries?**	Nuffield Trust	Sarah Reed

24/7/20	**Thinking local and global: exploring the UK's reliance on international nurses and the impact of COVID-19**	Health Foundation	James Buchan and Nihar Shembavnekar
24/7/20	**Recovering from Covid-19: the international picture.**	Nuffield Trust	Sarah Reed
3/8/20	**What is Covid-19 revealing about innovation in the NHS?**	King's Fund	Ben Collins
5/8/20	**Supporting staff wellbeing during COVID-19: a Northumbrian experience**	Health Foundation	Annie Laverty
6/8/20	**How did the NHS free up hospital capacity at the start of the pandemic?**	Nuffield Trust	Lauren Elias and Sarah Scobie
6/8/20	**Reflections on organisational development during Covid-19: restoring purpose and driving change**	King's Fund	Sally Hulks
26/8/20	**Building the evidence base on video consultations. Three priorities for further research**	Health Foundation	Bryan Jones and Jo Scott
27/8/20	**The impact of Covid-19 on the use of digital technology in the NHS**	Nuffield Trust	Rachel Hutchings
Primary and community care			
1/5/20	**How might COVID-19 have affected people's ability to see their GP?**	Health Foundation	
18/6/20	**Chart of the week: The alarming drop in referrals from GPs to hospital services since the Covid-19 outbreak**	Nuffield Trust	Jessica Morris
July 2020	**Primary and Community Qualitative Insights**	Strategy Unit	Paul Mason and Abeda Mulla
16/7/20	**How has COVID-19 affected service delivery in GP practices that offered remote consultations before the pandemic?**	Health Foundation	Geraldine Clarke et al
6/8/20	**How might COVID-19 affect the number of GPs available to see patients in England?**	Health Foundation	Rebecca Fisher and Miqdad Asaria
27/8/20	**A GP's perspective on COVID-19. Q&A with Dr Becks Fisher**	Health Foundation	
17/09/2020	**Use of primary care during the COVID-19 pandemic**	Health Foundation	Toby Watt et al
Long term conditions			

21/5/20	[Early insight into the impacts of COVID-19 on care for people with long-term conditions](#)	Health Foundation	
Elective care			
22/5/20	[Returning NHS waiting times to 18 weeks for routine treatment](#)	Health Foundation	Anita Charlesworth et al
19/8/20	[Chart of the week: The proportion of people waiting more than 18 weeks for planned treatment has rocketed since Covid-19](#)	Nuffield Trust	Sarah Reed and Sarah Scobie
Emergency care			
15/5/20	[How is COVID-19 changing the use of emergency care?](#)	Health Foundation	Elaine Kelly and Zoe Firth
29/5/20	[What has been the impact of Covid-19 on urgent and emergency care across England? A Q&A](#)	Nuffield Trust	Jessica Morris
16/6/20	[Where are the patients? The factors affecting the use of emergency care during Covid-19](#)	Nuffield Trust	Louella Vaughan
19/6/20	[How has NHS 111 shaped public demand for the NHS in England during the pandemic?](#)	Health Foundation	Emma Vestesson and Tim Gardner
2/9/20	[Children and young people's emergency care during Covid-19: what have we learned?](#)	Nuffield Trust	Elizabeth Fisher
3/9/20	[How has children and young people's usage of A&E been impacted by lockdown and social distancing?](#)	Health Foundation	Ruth McConkey et al
Social care			
July 2020	[Adult social care and COVID-19: Assessing the policy response in England so far.](#)	Health Foundation	Phoebe Dunn et al
25/8/20	[How Covid-19 has magnified some of social care's key problems.](#)	King's Fund	Simon Bottery

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

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

The Strategy Unit.

Join us for 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. The festival launched this week with a session including 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.

Date and time	Eventbrite link	Event name
WEEK 2 - The role of the Decision Support Network		
Monday 5ᵗʰ October: (14:00-15.30)	Register	Event 5: **Headline 2: The role of the Decision Support Network**
Tuesday 6th October: (14:00-15:00)	Register	Event 6: **How do we know what we know?**
Wednesday 7th October: (10:00-11:00)	Register	Event 7: **The Evaluation Network**
Thursday 8th October: (10:00-11:00)	Register	Event 8: **Developing the Network of Analysts in the Midlands**
Thursday 8ᵗʰ October (14:00-15:00)	Register	Event 9: **Developing the Analytical Workforce**
Friday 9ᵗʰ October (15:00-16:15)	Register	Event 10: **The Decision Support Network – what's next?**
WEEK 3 - Analytical priorities of the Decision Support Network		
Monday 12th October (14:00 – 15:30)	Register	Event 11: **Network Analytical priorities 2020/21**
Tuesday 13th October (14:00 – 15:00)	Register	Event 12: **Changing how we work in the COVID context: qualitative insights**
Wednesday 14th October (10:00 – 11:00)	Register	Event 13: **The future of analytics**
Wednesday 14th October (14:00 – 15:30)	Register	Event 14**: Learning from quantitative modelling during COVID-19**
Thursday 15th October (14:00 – 15:30)	Register	Event 15: **End of life care: analytical insights**
Friday 16th October (13:00 – 14:00)	Register	Event 16: **Panel discussion - shaping future analytical priorities**