

North-east COVID-19 observatory: issue 9.

KYDD, A., MACLEAN, C. and OZA, R.

2020

This newsletter was originally published via e-mail and has been converted with minor formatting changes to PDF during deposit on OpenAIR.



North-East COVID-19

Observatory

Issue 9—7th September 2020



Welcome

Welcome to our ninth issue in which we are focusing on public health and primary care.

The Observatory is published two-weekly and has a dedicated theme. It highlights news, professional matters, and relevant professional and light reading related to the theme. Each issue will have one or two guest contributors with a specialist interest in the chosen theme. We value any feedback and encourage people to request themes or to send in resources that others might find interesting.

Theme: Public Health and Primary Care

Our guest speaker this issue is **Paul Southworth**, Consultant in Public Health at NHS Grampian.



When asked to pull a few short paragraphs together about Public Health and Covid-19, it was difficult to know where to start. There is scarcely a single aspect of life which has not been significantly impacted by the pandemic itself or by the control measures put in place to reduce the spread of the virus through populations. What is clear is that the negative effects we are already seeing are not evenly distributed across the population. The inequalities in health and social impacts of Covid-19 and associated measures mirror and deepen those inequalities with which we are already unhappily familiar.

Those already experiencing poverty or deprivation, together with people who were “just about managing” before the pandemic, are those who are seeing the worst effects of Covid-19, lockdown and the economic consequences. As described in a previous bulletin, the groups being disproportionately impacted by food insecurity in the UK are people with life-limiting, long-term conditions and families with young children. Ethnic minority people are seeing disproportionate direct and indirect health consequences of the virus coupled with socioeconomic inequality and systemic racism which is coming ever more into the public gaze. Women in particular are experiencing the lion’s share of the myriad economic, social, financial, mental and emotional burdens this crisis can throw at us.

The impacts of Covid-19 and subsequent lockdown measures will not only be with us in the short-term. There has been much public discussion of the potential for “waves” of virus transmission, but there will also be waves of consequences. The first wave is showing itself in the immediate, acute impact of the virus and lockdown – hospitalisations and deaths, increases in gender-based violence, food insecurity, exacerbation of existing mental distress and illness etc. Further waves include the health and wellbeing consequences of delayed treatment of non-acute problems and delayed help-seeking for people who haven’t wanted to be a

burden on public services. The services which have not been available during the past six months spread far beyond the NHS and social services across much of our public, private and third sectors; services which are vital to those that use them. There will also be long-term economic, social and cultural consequences which will manifest themselves in negative impacts on health and wellbeing for many years to come.

In a time of crisis, it is easy for us to look more inwards to focus only on our own communities and the needs of those who are most like ourselves. However, we must also remember that, as the word 'pandemic' suggests, this has been a global rather than a local phenomenon. As in our own country, as time passes, we will see that the consequences of the current crisis will not be distributed equally across the globe but that some regions and peoples will require more solidarity and support than others. As we move towards political detachment from our European neighbours and the UK government's Department for International Development moves from a humanitarian focus to economic and political self-interest in the Foreign Office, we must remember our responsibility to all people in need, wherever and whoever they are.

Paul has raised the serious concerns of inequalities and so whilst this issue focuses on public health matters in general, Issue 10 is dedicated to inequalities, which will be available from September 21st.

Resources

NHS Near Me is a video consulting service which allows patients to attend their appointment from the comfort of their own home or wherever is convenient, using their own computer, smartphone or tablet device. To use this service you must have a booked video appointment with the practice. Your clinician or booking staff will be able to advise you whether a video appointment is suitable for you. More information about NHS Near Me use in NHS Scotland and in NHS Grampian is available by clicking on the following links:

- [NHS Scotland Near Me — video consultations](#)
- [NHS Grampian Near Me — information](#)

Public Health Scotland Learning Hub: [Making Communication Even Better](#) is for anyone working in a front-line public service role encountering people with communication support needs (CSNs). It is also for managers who are involved in the design of services. It has been developed in partnership with NHS Education for Scotland (NES) and Talking Mats and Deaf Scotland.

COVID-19: Framework for Decision Making: This report from the Scottish Government outlines the themes emerging from a rapid analysis of the public engagement exercise on our approach to decision making. It was to address changes to the COVID-19 lockdown arrangements, but due to the large number of respondents, wider actions were suggested to create a fairer and more sustainable future in Scotland beyond COVID-19. There was support for the idea that the present lockdown provided an "opportune moment" to pause, reflect, and plan creatively for the future. You can access details from the report [here](#) and this site also gives access to the full 60 page report.

Shielding: Shielding staff and others with a particular vulnerability to COVID-19 who have not yet read the Scottish Government guidance, are advised to do so. It explains the risk assessment process in relation to the specific risk of COVID-19 to individuals in the workplace. In particular, this is relevant to those staff members who have been shielding, those who have had COVID-19 related restrictions, or anyone who has a

concern about a particular vulnerability to COVID-19 including age, ethnicity, pregnancy, BMI or underlying health conditions. You can access the guidance [here](#).

Obesity: Empowering Adults and Children to Live Healthier Lives: It has been known for decades that living with obesity reduces life expectancy and increases the chance of serious diseases such as cancer, heart disease and type 2 diabetes. In the past few months it has been seen that excess weight puts individuals at risk of worse outcomes from coronavirus (Covid-19). This policy paper outlines actions the government will take to tackle obesity and help adults and children to live healthier lives. You can access the report [here](#).

Obesity and COVID-19: Are They Linked? Obesity Action Scotland have a blog on the dangers of obesity and cite works that have found links between having a higher BMI and an increased risk of hospitalisation, more serious complications and, in some studies, death in COVID-19. You can read the blog [here](#).

Preparing for a Winter COVID-19 Peak: A policy paper from the UK Academy of Medical Sciences, "[Preparing for a Challenging Winter 2020/21](#)" (published 14th July 2020), stresses that "intense preparation" is urgently needed throughout the rest of the warmer months to reduce the risk of the health service being overwhelmed and to save lives this winter. This includes:

- Minimising transmission of coronavirus in the community, with a public information campaign for all, as well as advice tailored to individuals and communities at high risk.
- Reorganising health and social care staff and facilities to maintain COVID-19 and COVID-19-free zones, and ensure there is adequate PPE, testing and system-wide infection-control measures to minimise transmission in hospitals and care homes.
- Increasing capacity of the test, trace and isolate programme to cope with the overlapping symptoms of COVID-19, flu and other winter infections.
- Establishing a comprehensive, near-real-time, population-wide surveillance system to monitor and manage a winter wave.
- Guarding against the worst effects of flu with a concerted effort to get people at risk, and health and care workers safely vaccinated.

Vaccination News

Getting a COVID-19 vaccine: Researchers around the globe are working with unprecedented speed to find the vaccines we need to find our way through the pandemic. What's the bar for safety and effectiveness? [This site](#) explains how COVID-19 vaccines are being developed and tested and readied for approval. It also outlines the differences between developing this vaccine from usual drug development. Issues such as speed, safety and the challenges of SARS-Cov-2 are addressed.

Standard flu vaccinations: Standard immunisation services will struggle to cope with the twin challenges of winter flu and Covid-19, writes Jo Stephenson [in the Nursing Times](#). This is why it is vital that robust plans are put in place to ensure many more people can access the flu vaccine. Public Health Scotland warn that flu is serious. With COVID-19 around it is more important than ever to get the flu vaccine this autumn to

protect yourself and others. (Please note that you may need to sign in to access the article.)

RCN guide to immunisation services during COVID-19: The Royal College of Nursing (RCN) has published a guide on [Immunisation Services and Large Scale Vaccination Delivery During COVID-19](#). The guide is comprehensive and covers planning for large scale vaccination services, risk assessment, education and training of immunisers, indemnity, medicines management and consent. It also gives a useful "Top tips" section.

Extension of influenza (flu) vaccination programme to include social care staff: The Care Inspectorate, Scottish Care, the Coalition of Care and support Providers in Scotland and the Scottish Social Service Council have issued [a joint statement](#) in support of the Scottish Government's decision to extend health board free flu vaccine programmes to include certain social care staff. This will include social care staff of all ages who have a direct hands-on care role working in the following settings:

- Residential care and secure care for children
- Community care for persons at home (including housing support and care at home services)
- Care homes for adults

Vaccine hesitancy: the next challenge in the fight against COVID-19: [This article](#) (DOI [10.1007/s10654-020-00671-y](#)) raises serious concerns and links to the light reading article we have recommended on why vaccine rumours stick. The abstract of the paper reads:

Vaccine hesitancy remains a barrier to full population inoculation against highly infectious diseases. Coincident with the rapid developments of COVID-19 vaccines globally, concerns about the safety of such a vaccine could contribute to vaccine hesitancy. We analyzed 1941 anonymous questionnaires completed by healthcare workers and members of the general Israeli population, regarding acceptance of a potential COVID-19 vaccine. Our results indicate that healthcare staff involved in the care of COVID-19 positive patients, and individuals considering themselves at risk of disease, were more likely to self-report acquiescence to COVID-19 vaccination if and when available. In contrast, parents, nurses, and medical workers not caring for SARS-CoV-2 positive patients expressed higher levels of vaccine hesitancy. Interventional educational campaigns targeted towards populations at risk of vaccine hesitancy are therefore urgently needed to combat misinformation and avoid low inoculation rates.

Free Educational Resources

Webinars

Public Health Information Network for Scotland (PHINS): The webinars focus on the context to, and the emergence from, the COVID-19 pandemic. Each webinar will last one hour, comprising two 20-minute presentations, and 15 minutes of questions / discussion:

- *Contextualising COVID-19.* 10am, Thursday 17th September.
- *Emerging from the Pandemic.* 10am, Thursday 1st October.

You can [download the programme](#), which gives details of each webinar and links to the registrations — each webinar requires separate registration.

Chronic obstructive pulmonary disease (COPD): managing breathlessness: This webinar, titled “Guidelines in Practice”, is delivered by Dr James Calvert - Consultant Respiratory Physician at the North Bristol Lung Centre, part of the North Bristol NHS Trust. The webinar is scheduled for 12:30-13:30 on Tuesday 22nd September ([registration at this link](#)). It will review:

- The role of breathlessness in the patient experience of COPD
- The impact of breathlessness on patients' quality of life
- The role of pharmacological and non-pharmacological interventions in managing breathlessness in COPD
- Current guidance from NICE and GOLD
- Practice advice on selecting the most appropriate treatment for a patient
- Steps to reduce the environmental impact of inhalers

Online Courses

The following COVID-19 courses are available on OpenWHO (we recommend using Mozilla Firefox or Google Chrome, rather than Internet Explorer):

Infection Prevention and Control (IPC) core components and multimodal strategies: In [this introductory course](#) you will learn the essential components of effective IPC programmes, including multimodal strategies for implementation, at the national and facility level, according to scientific evidence and the advice of WHO and international experts.

WHO COVID-19 mass gatherings risk assessment training: The purpose of [this course](#) is to provide guidance for health authorities and organizers of mass gatherings in the context of the COVID-19 pandemic, with the specific aim of containing risks associated with transmission of this infection.

Basic microbiology: In [this course](#), you will learn about how disease-causing microbes, called pathogens, are classified, identified and transmitted. You will be introduced to basic microbiological principles, fundamental laboratory diagnostics and mechanisms by which microbes transmit and cause diseases.

Primary Care Cardiovascular Society Conference (8th October 2020)

The Primary Care Cardiovascular Society (PCCS) invite you to their 3rd national educational event, to be held virtually on the 8th October 2020 and entitled "CVD management challenges during the COVID-19 pandemic and beyond". This meeting is open and free to attend for all healthcare professionals involved in cardiovascular medicine. The event is particularly targeted at PCCS members, many of whom are practitioners with a special interest or clinical champions. To attend, please register your details [on the PCCS website](#) or contact the secretariat (LCW Consulting - e-mail: registrations@LCWmed.co.uk; telephone: 0330 174 1090).

Research Funding

NHS Grampian Endowment Fund: Trustees are enthusiastic in their encouragement and support of research. During the course of a year, almost £1 million of Endowment funding enables research projects to be undertaken in the Grampian area. These have ranged from studies conducted over several years involving

hundreds of patients, to literature reviews carried out over a few weeks. Part of this commitment to research is the annual research allocation co-ordinated by NHS Grampian Research and Development Unit, which supports around 25 one-year research projects, capped at £12,000 each. While many of the successful projects are clinical in nature, others are focused around patient experience.

Interested? The R&D Unit has put out a call for projects [on the website](#). The R&D Unit evaluates all applications and makes funding recommendations to the Endowment Committee. Successful projects start around April.

COVID-19 Library

Academic Reading

Understanding the effects of Covid-19 through a life course lens. Settersten, R. et al. (2020)

This article is currently in press, but already [available here](#). It explores the difference between [1] having COVID-19, or being attached to someone who does (infected) and [2] being affected by the social, economic, cultural and psychological consequences of Covid-19 (affected). It highlights the importance of taking the life course into account of the pandemic as this crisis cannot be studied fully without taking into account people's circumstances and how the pandemic has affected them at the stage they are in their life.

Management of post-acute Covid-19 in primary care. Greenlaugh, T. et al. (2020)

[This BMJ article](#) warns that, although management of COVID-19 after the first three weeks is currently based on limited evidence, there are indications for specialist assessment concerning respiratory, cardiac, or neurological symptoms that are new, persistent, or progressive.

Health 2020: achieving health and development in today's Europe. Jakab, Z., Tsouros, A. (2014)

[This paper](#) addresses what is needed to successfully implement Health 2020 and how WHO can provide technical assistance to countries that embark on developing health policy aligned with the [Health 2020 European policy framework](#). In the article, the authors state that "health is no longer seen as simply items of consumption to be financed but is considered an asset that needs to be nurtured and equitably improved and also as a positive concept, emphasizing social and personal resources as well as physical capacity".

Light Reading

How we make decisions during a pandemic: Public health policies rely on the public to follow guidance. However people do not always make rational health behaviour choices and their decision making can be coloured by biases. [This American article](#) by Katherine Harmon Courage outlines five factors that can sway how we choose to behave during the pandemic:

- The bias of the here and now - we make decisions according to our reality
- Coloured by emotions - moods influence our decisions
- Searching for certainty - we seek narrow ranges of information in an uncertain world
- Peer pressure - our social networks help to shape our choices

- When healthy is easy - behaviour changes are more effective if the change is made easily

The main thrust of this easy-to-read article is to help public health messages nudge people towards safe practices, although Harmon Courage adds that decision making is extremely difficult when official recommendations keep changing.

Why vaccine rumours stick: [This Lancet article](#) by Bruce Gellin points out that, although measures such as contact tracing, isolation, quarantine, physical distancing and hand washing are among key elements in the COVID-19 response, a longer term goal is population-level immunity from a vaccine. He describes vaccine hesitancy, which was recognised by the World Health Organisation in 2019 as one of the top ten threats to global health. He cites the work of Heidi Larson, an anthropologist who has studied vaccine confidence and who suggests that policy makers must take on board the fact that people's fears need to be heard in order to build trust.

Healthier lives: [In this small piece](#) by registered nurse Marion Allcock, written for the RCN bulletin, the author explores the importance of self-care, arguing that the pandemic might have been a wake up call for many to embrace a healthier lifestyle.

The Editorial Team

We are a small team from the School of Nursing, Midwifery and Paramedic Practice at Robert Gordon University (RGU). Angela Kydd (Clinical Professor in Nursing RGU / NHSG) is the editor, Colin MacLean provides librarian support and Rahul Oza provides online support.

For further information, please contact:

Prof Angela Kydd
a.kydd@rgu.ac.uk

RGU School of Nursing, Midwifery and Paramedic Practice
Ishbel Gordon Building
Robert Gordon University, Garthdee Road,
Aberdeen AB10 7QE