



Health and Social Care Workers' Quality of Working Life and Coping while Working during the COVID-19 Pandemic



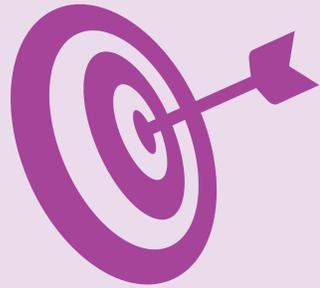
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1 Aim and Method

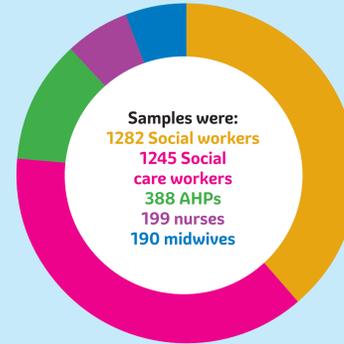
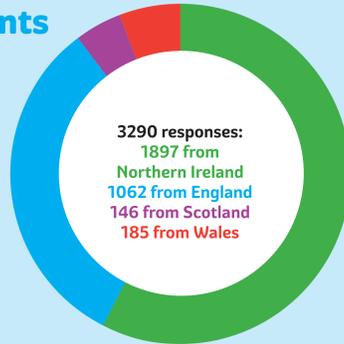


Explore the impact of providing health and social care during the COVID-19 pandemic on nurses, midwives, Allied Health Professionals (AHPs), social care workers and social workers working in the UK.

Online Survey open from 7th May 2020 - 3rd July 2020.

Focused on quality of working life, mental wellbeing and coping.

2 Overview of Respondents



3 Demographics



- Mostly Female
- Age 30-59
- Band 6 pay band
- Most worked in the Community
- Over half worked with older people/other adults
- Occupational Groups

4 Key Findings



Changing Conditions

- Safety
- Work Routines/Redeployment
- Work Intensity
- Work/HomeLife

Connections

- Employers
- Service Users
- Public - Clap for Carers

Communication

- Contradictory Information
- Sense of Isolation
- Frustration and Demoralisation

Safety

"I feel that risk is massively undervalued and under discussed, with regards to our own personal safety. This has been highlight more under Covid with regards to PPE...our PPE did not reflect our role and the risk we face."
(England, Social Worker)

Employers

"We haven't heard of our manager barely at all through the pandemic. We have had no direction or advice on our job roles through this all."
(Wales, Nursing)

Contradictory information

"Sometimes the information sent out...was contradictory so that at times I felt supported to work remotely and other times I didn't. This was extremely stressful and worrying."
(England, AHP)

Work Intensity

"We have been running with a depleted team due to staff off due to illness, shielding, stress due to the service demand."
(Northern Ireland, Social Worker)

Service Users

"Service users all have learning disabilities, and some have no understanding of what's going on or why they can't go to shops etc, therefore results in frustration and challenging behaviour which can be stressful for staff."
(Northern Ireland, Social Care Worker)

Frustration and Demoralisation

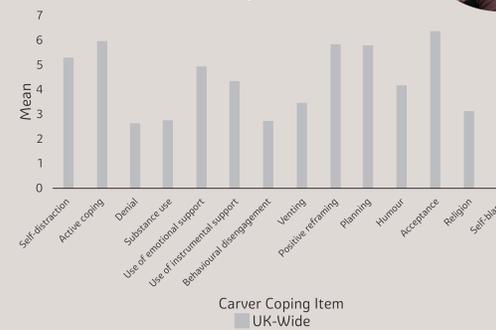
"... we had resuscitation protocols sent to us... for someone with suspected COVID-19. It said if someone was collapsed to ring the call bell (where are call bells in patient homes??) to not attempt resuscitation until you were gowned in full PPE (which has to be done with a buddy and in the community we work alone and when this protocol came out we still didn't have any PPE to use). This is one of many examples where guidelines had been written by someone who has clearly never worked outside of the hospital setting and quite frankly it gets frustrating, demoralising and exhausting."
(England, Nursing)

5 Ways of Coping Scores

- There were significant differences across occupations in almost all coping mechanisms
- Across all professional Groups - Active Coping, Acceptance, Positive Reframing and Planning showed higher mean scores
- Nurses scored higher than all other occupational groups on the use of Venting
- AHPs scored higher than others on Religion



Carver Coping Scores - UK-Wide

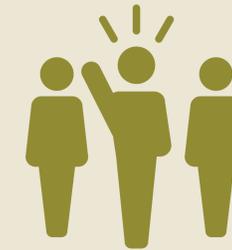


6 Wellbeing and Coping

- Use of Active Coping, Emotional Support, Work Family Segmentation, Relaxation and Exercise predicted higher well being scores.
- 9% - likely range of anxiety and depression-further third in possible range
- Respondents from England reporting higher quality of life than Wales, then NI
- Number of sick days associated with lower Work Related Quality of Life (WRQoL)
- Lack of preparedness for redeployment also impacted on Work Related Quality of Life (WRQoL)



7 Wellbeing and Quality of Life



- Data suggest that our sample had considerably lower wellbeing than the general population
- Overall mean wellbeing scores were slightly higher for the NI sample than UK
- As people age, report higher wellbeing score
- Males report higher level of wellbeing than females



8 Some Good Practice Recommendations



- Employers should offer flexibility around working hours and location - including working from home
- Some staff keen for more involvement in decision-making and autonomy
- Connection with colleagues and managers
- Visibility of management, either in person or virtually
- Staff concerns for patient wellbeing need taken seriously

9 Next Steps



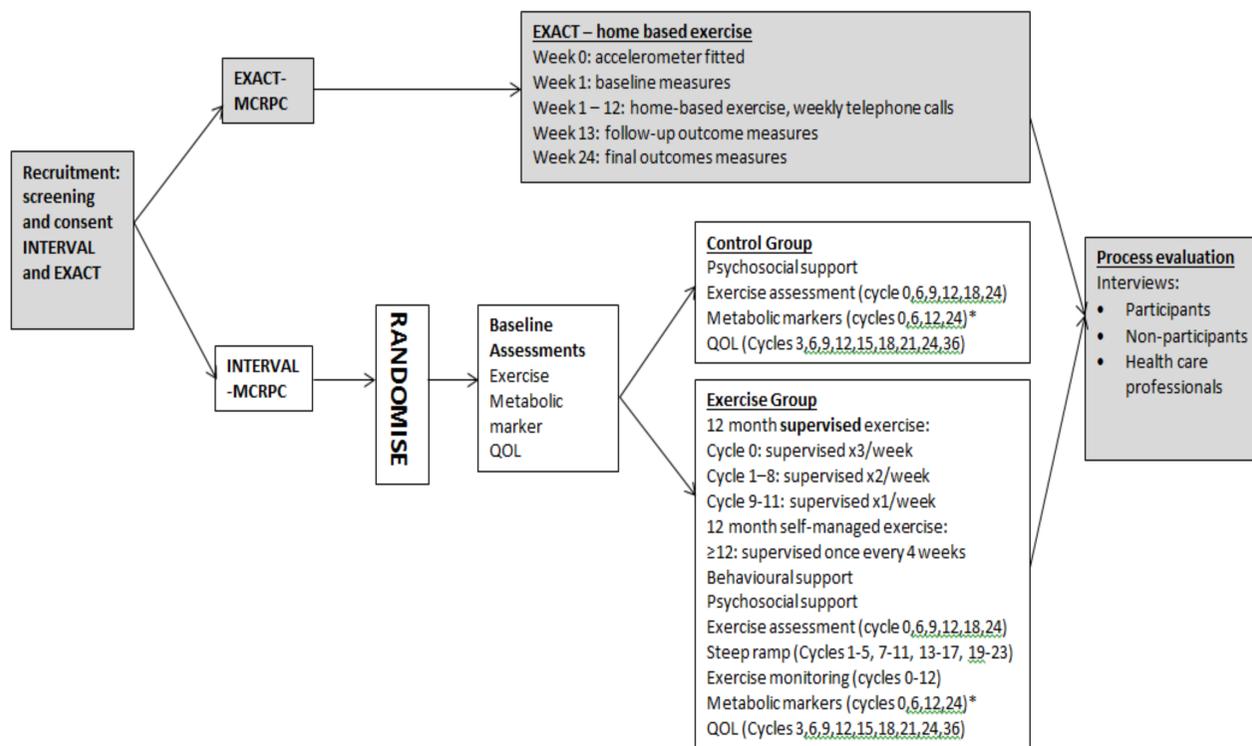
- Ethical approval for November - February survey and focus groups
- Dissemination of survey across 4 countries and all disciplines
- Comparison study with Sweden
- PANDA Pandemic Social Work Research Forum - Professor Timo Harrikari, University of Lapland, Finland
- Dissemination of results (May-July 2020)
- Public Health Conference November 2020
- Chapter requested from Professor Hugo van Woerden for Director of Public Health Annual Report.
- Electronic Conference on Environmental Research and Public Health—Public Health Issues in the Context of the COVID-19 Pandemic (ECERPH-3)
- Publications

BACKGROUND

The COVID-19 pandemic has impacted the delivery of clinical exercise trials at Belfast City Hospital. Normally, men with metastatic castrate-resistant prostate cancer are recruited to a supervised, RCT of high-intensity interval exercise (INTERVAL) or moderate-intensity, home-based exercise (EXACT), to determine the effects of exercise in disease management. However, COVID-19 restrictions have compelled a change in trial implementation.

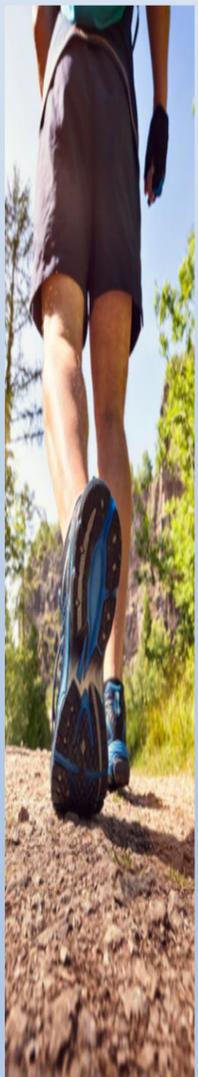


METHODS



RESULTS

- INTERVAL participants continued exercising with remote supervision.
- Nine participants have completed the EXACT intervention (four during the pandemic).
- EXACT compliance has been excellent during the restrictions (75%; n=3).
- 100% (n=4) completed outcome assessments (1 digitally; 3 remote, outdoor, with mitigation measures).
- Participants have positively reflected on their exercise experience, amid the pandemic.
- Since reopening, 2 possible EXACT patients have been approached (1 screen fail; 1 considering PIS).



COVID-19 CONSIDERATIONS

INTERVAL (Recruitment paused in March 2020) :

- Technology-assisted, supervised exercise weekly (via Skype).
- Patients complete self-managed, moderate intensity aerobic exercise and adapted resistance exercises.

EXACT (Reopened for recruitment in September 2020):

- Category C, non-substantial amendment (remote recruitment and outcome assessments).

CONCLUSIONS

- Clinical exercise trials can be delivered successfully during a public health emergency.
- Adapting delivery methods is essential, allowing participants to avail of the benefits of exercise.
- Participants still require supervision / behavioural support, so utilising digital platforms, is vital.

ACKNOWLEDGEMENTS

This research is funded by HSC Public Health Agency (R&D Division).

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Investigating the impact of the COVID-19 pandemic on cancer patients: findings from the IMPaCCT study

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Aim

To investigate the impact of the COVID-19 pandemic on cancer patients using an online longitudinal survey design.

Methodology

Online survey

*Study team developed questions (both closed and open ended) to capture information on participant demographics and impact of COVID-19

*Validated questionnaires (EQ-5D-5L and WHOQoL BREF) were used to investigate quality of life

Survey advertisement

*The survey was hosted on SurveyMonkey from 24 April – 14 July 2020

*Promoted widely via social media, charities and patient advocacy group mailing lists, and local media outlets (in Northern Ireland and Scotland)

Data analysis

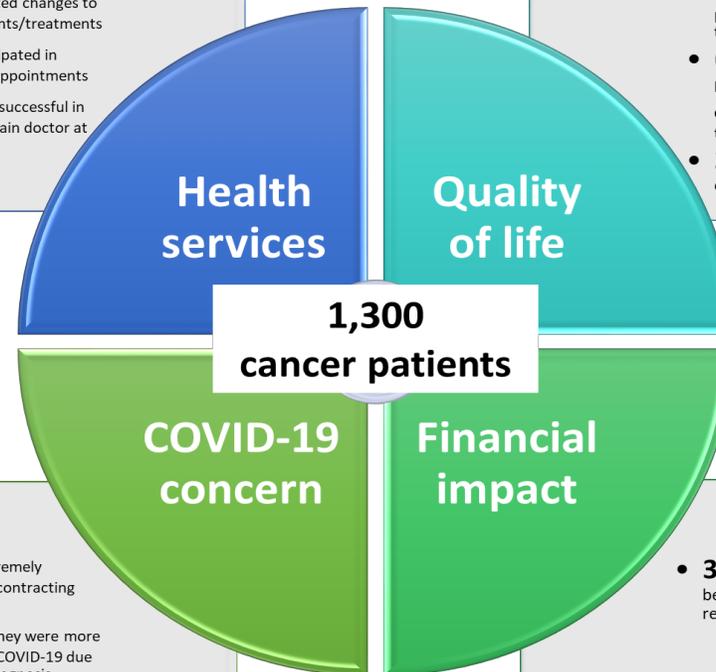
* Descriptive statistics were used to summarise the data

* Validated questionnaires were analysed in accordance with their published algorithms

Results

- The majority of respondents reported having a haematological malignancy (73.3%), being female (73%), aged ≥50 years old (71.8%), UK resident (77.7%), unemployed/retired (52.3%), and diagnosed in the previous 5 years (60.7%).
- Healthcare professionals (86.3%) and scientists (82.1%) were the most trusted sources for COVID-19 information while social media was the least trusted.
- A summary of the **key findings** are presented below:

- **57.8%** reported changes to cancer appointments/treatments
- **42.2%** participated in telephone/video appointments
- **3.8%** were unsuccessful in contacting their main doctor at survey completion



Potential impact of findings

- Preliminary analysis suggests the COVID-19 pandemic is having a significant impact on the health, care pathway and quality of life of cancer patients.
- It is important that healthcare professionals, service providers and support services are made aware of these issues during these continuing challenging times.

Next steps

- The ongoing impact of the COVID-19 pandemic will be investigated via follow-up surveys of the same study population (disseminated November 2020 and Spring 2021).

Acknowledgements: The study team would like to thank all of the participants who have participated in the IMPaCCT study to date.

Alcohol licensing on the island of Ireland - a change agenda with implications for public health

McAvoy, H. Purdy, J. & O'Brien, O. Institute of Public Health

Aim

To examine alcohol licensing systems and the public health interface with proposed reforms on the island of Ireland.

Background

In Ireland, a Night-time Economy Taskforce has been established.

In Northern Ireland, Executive agreement on alcohol licensing reform was announced July 2020.

Methods



Review of current and proposed alcohol licensing legislation in the UK and Ireland.



Comparison of licensing legislative frameworks and the interface with public health law and policy.



Rapid evidence review on the relationship between parameters of alcohol licensing and public health outcomes (consumption and harms).

Results

Legislative and policy developments

Ireland

Public Health (Alcohol) Act 2018 provisions include:

- Restrictions on the sale and supply of alcohol products
- Structural separation in retail outlets

Night-time Economy Taskforce terms of reference include:

- Review of regulations and policy framework
- Modernisation of licensing laws and application processes
- Creation of Night-time Culture Mayors
- Making recommendations to the Minister for the development of a Night-time Economy policy

Northern Ireland

New substance use strategy open for consultation

Dept. for Communities alcohol licensing reforms include:

- Extension of opening hours and drinking-up time
- Changes to rules on children in licensed premises
- Statutory approval for voluntary codes of practice
- Alignment of alcohol and entertainment licences
- New categories of licence
- Restrictions on advertising

Discussion



Some evidence of potential public health harms from additional late night opening of licensed premises



Most evidence on the impact of additional late night opening of licensed premises relates to public safety outcomes



Unknown impact of increasing the number of licensed premises

Implications

1. Important to consider both the number of alcohol licences granted and the licensing criteria.
2. Data and monitoring systems are under-developed.
3. Longer term issues require careful consideration including de-normalisation of alcohol and drinking occasions.

No public health objective in alcohol licensing law in Ireland or Northern Ireland.

Evaluating the impact of the COVID-19 pandemic on mental health and wellbeing in third-level students



Faculty of Life and Health Sciences

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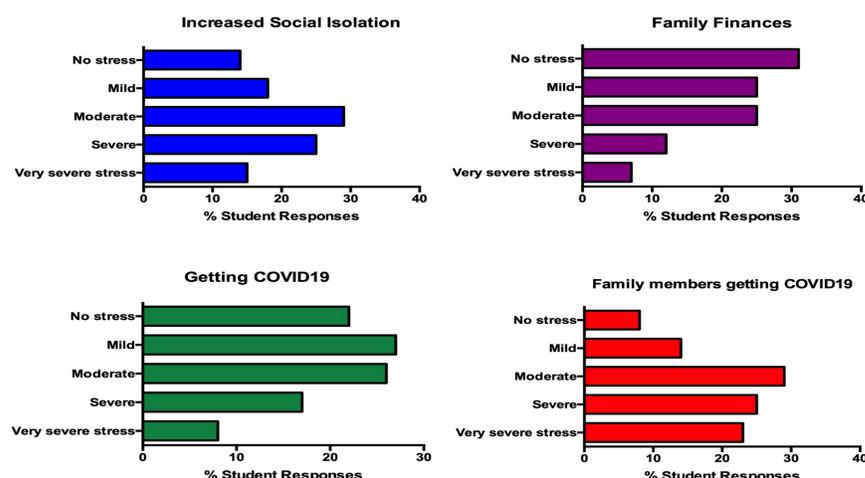
Introduction

- Early signs of poor mental health often arise during late adolescence and early adulthood, which, for many, will coincide with their time at university.
- Data from our research at Ulster University (UU) and from other studies across the UK and Ireland suggest that more than half of those beginning their studies have experienced a mental health disorder such as anxiety or depression at some point in their lifetime
- The uncertainty and changes to student life associated with the current pandemic add an additional challenge.
- Ongoing restrictions, concerns about a second wave, job losses, a reduction in social activities and longer-term changes to the way student's study and live may have consequences for their mental health and wellbeing.
- The aim of this study was to evaluate the impact of the COVID19 pandemic on student mental health and on their learning experience

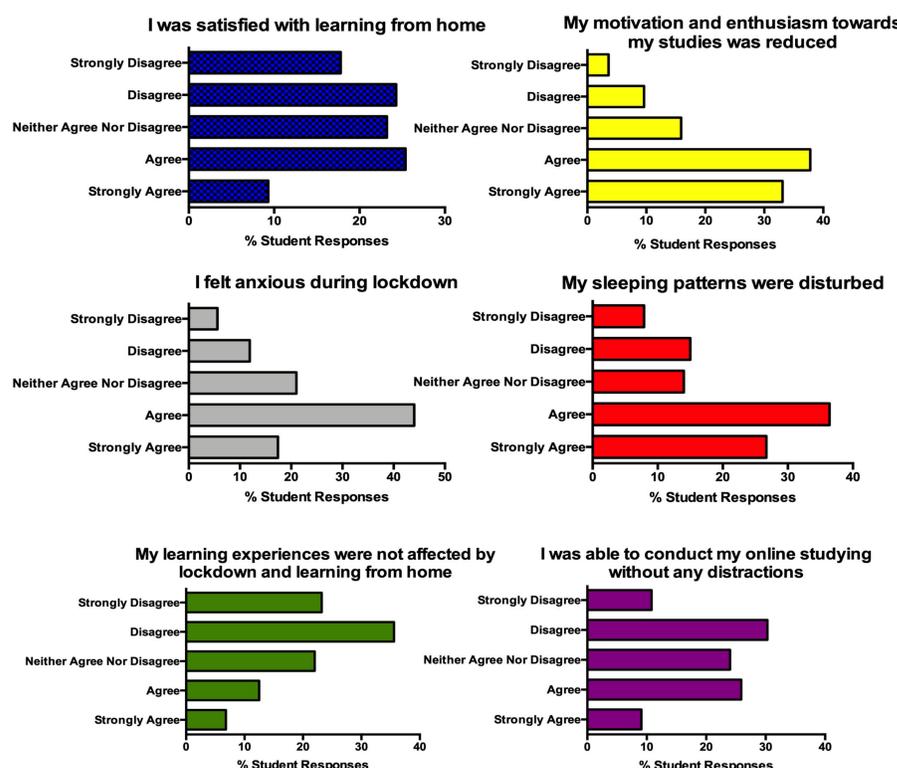
Results

- High levels of mental health problems, self-harm, and suicidal behaviour, including thoughts, plans, and attempts were revealed, with 8.5% of participants triggering the high risk alert.
- Of the students who have completed the year 2 survey 27.8% were tested for COVID-19 and 2.7% tested positive.

How much stress did the outbreak cause you in each of the following areas of your life?



Wellbeing and academic experiences during lockdown



Conclusions

- Student mental health and wellbeing has been negatively impacted by the current pandemic.
- Furthermore, the pandemic appears to be impacting on their motivation towards their studies, which may have longer-term consequences on academic achievement and employability.
- The findings from this study have provided insight into the ways in which students have been impacted by the pandemic and will be of benefit to universities and colleges, helping them to tailor the delivery of teaching and services to support student wellbeing.

Methods

The Student Psychological Intervention Trial (SPIT):

A cross-border student mental health project being conducted at Ulster University (UU), Northern Ireland and Letterkenny Institute of Technology (LYIT), Ireland.



SPIT Study Recruitment Sep 2019 (n=1828)



First year students
UU and LYIT



Saliva sample;
Oragene OG-500

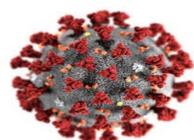


Online survey
WHO WMH CIDI

SPIT Study Year 2 Follow Up – Sep/Oct 2020 (n=788)



Online follow up survey
WHO WMH CIDI



COVID19 pandemic
questions



Cervical cancer screening in patients with HIV attending Beaumont Hospital, Dublin: a clinical audit to assess screening location and uptake, cervical cytological abnormalities, HPV vaccine eligibility, and patient demographics

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Royal College of Surgeons in Ireland¹, Beaumont Hospital Department of Infectious Diseases²

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

BACKGROUND

Cervical cancer screening is of particular importance in women with HIV, where the incidence of cervical intraepithelial neoplasia (CIN) remains up to 5 times that of the HIV-negative population [1]. In addition to annual smear tests, it is recommended in the National Immunisation Schedule 2019, that all women with HIV aged ≤ 26 years should receive the HPV9 vaccine [2]. It further outlines that women < 45 years treated for CIN2+ lesions should be considered for HPV vaccination, based on emerging evidence that this reduces their risk of disease recurrence [3-6]. Screening is offered in our Outpatient Department (OPD) however is challenged by high numbers of non-attendances (DNAs), which is likely to worsen with the COVID-19 pandemic. HPV vaccination is not currently offered in our OPD.

AIMS

(1) To assess screening location, year of last screening and reasons for 'missed screening'

(2) To use descriptive statistics to determine percentage of patients with previous screening abnormality, in the categories of: ASC-US, LSIL, HSIL, SCC

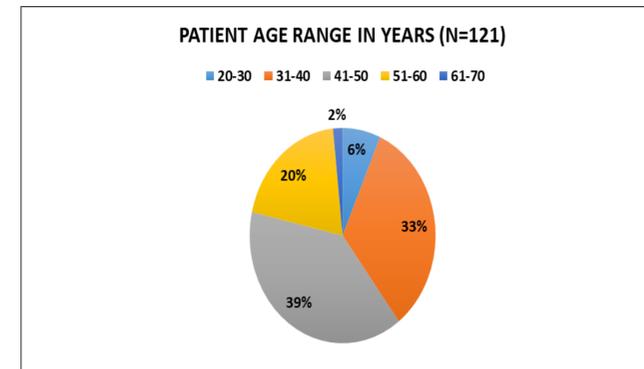
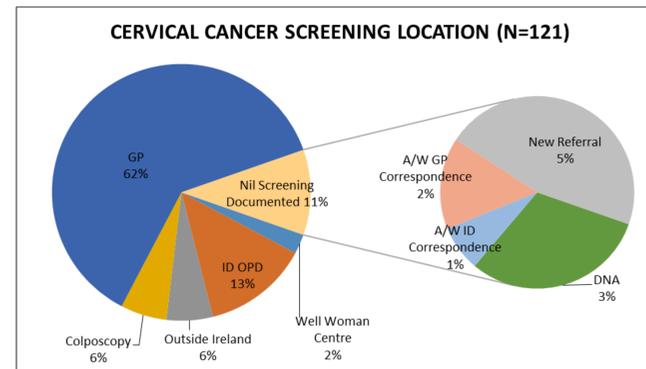
(3) To determine whether patients in this cohort are currently eligible for HPV vaccination based on the criteria of: (1) age ≤ 26 years, and (2) age < 45 years and previous cervical abnormality CIN2+

METHODS

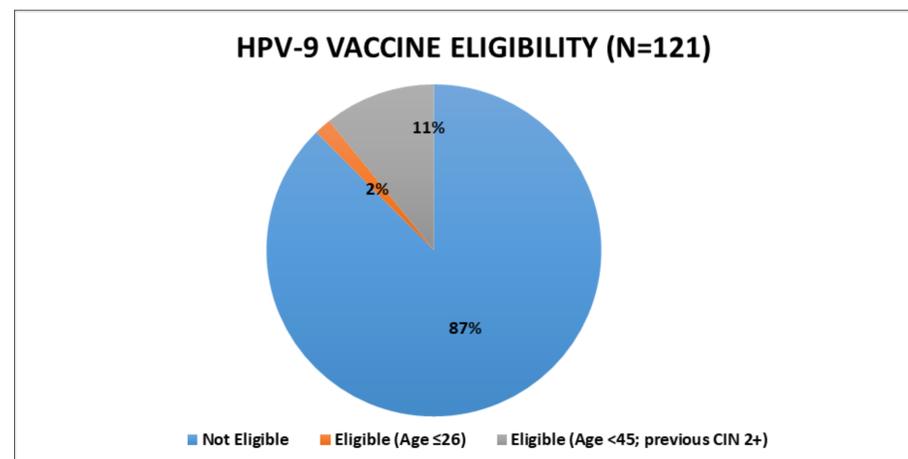
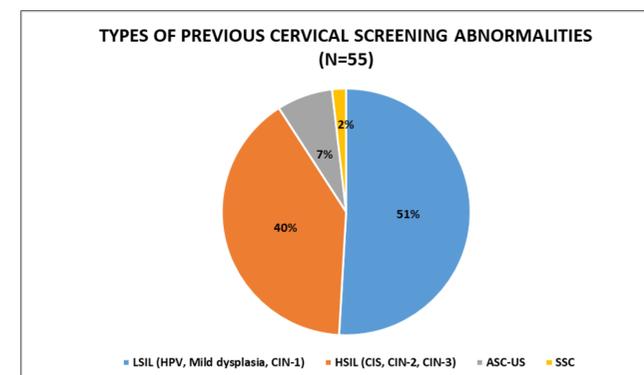
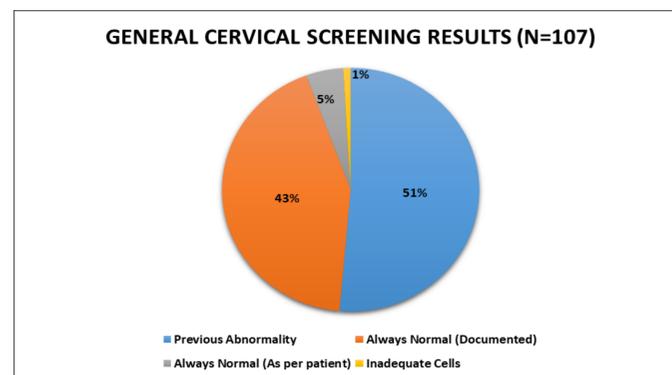
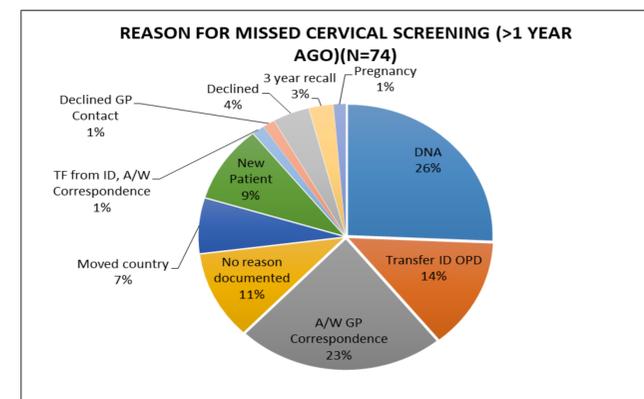
From February to April 2020, we conducted a retrospective review of the charts (medical files) of female patients with HIV infection attending the Infectious Disease (ID) OPD in Beaumont Hospital, Dublin. Charts were randomly sampled (based on the last two digits of the unique medical record number), with approximately 50% of charts for all female patients attending HIV ID OPD reviewed (121/250).

We gathered and recorded information including: age, most recent year of cervical screening, location of cervical screening attendance, reasons for missed cervical screening (> 1 year ago), and cervical cytological abnormalities. We then established current eligibility for HPV vaccination based on the criteria of (1) age ≤ 26 , (2) age < 45 and previous CIN 2+

RESULTS



Year of last Cervical Screening (smear or colposcopy)	Number of Patients (Approx. %)
2020	5 (4%)
2019	42 (35%)
2018	26 (22%)
2017	11 (9%)
2016	4 (3%)
2015	5 (4%)
2014	4 (3%)
2013	3 (2%)
2012	2 (2%)
2010	3 (2%)
2008	2 (2%)
"Years ago"	1 (1%)
Nil previous screening documented	13 (11%)



Recommendations

1. HPV vaccination for female patients with HIV (1) ≤ 26 years and (2) < 45 if previous CIN2+. Currently, 2 (2%) patients are eligible based on age ≤ 26 years, and 13 patients (11%) may be considered eligible based on the criteria of age < 45 years and previous CIN2+ lesion
2. Ensure that annual cervical cancer screening continues for all HIV-positive female patients, including those who are > 60 years old
3. Pilot the use of a text message reminder asking patients to confirm attendance in advance to reduce number of DNAs for ID OPD smears. This is particularly important in setting of COVID-19
4. Continue to counsel all patients on the importance of cervical screening, and encourage attendance
5. Further Consideration: HPV vaccination for men who have sex with men (MSM) < 45 years

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The IMPaCCT of COVID-19 pandemic on those with a rare disease.

Authors: Ashleen L. Crowe, Julie McMullan, Olinda Santin, Stephen Quinn, Charlene M. McShane, Lesley A. Anderson, Amy Jayne McKnight, and the IMPaCCT collaborative team.

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Website: <https://www.qub.ac.uk/sites/RareDisease/>



Background - In the United Kingdom (UK) 1 in 17 people are affected by a rare disease(s). This amounts to approximately 3.8 million people in the UK alone, and thus is a public health concern. Living with a rare disease characteristically comes with a lack of support, challenges accessing information, and difficulties communicating with professionals who are experts in their disease. The impact of the COVID-19 pandemic on those with a rare disease has not been widely researched, and so we evaluated their pandemic related experiences, to identify strategies and recommendations from respondents to improve their quality of life.

Methods

An online survey was designed by public health researchers in Queen's University Belfast (QUB) and the University of Aberdeen.

The online survey was open to individuals living with a rare disease to assess the health, healthcare, and psychosocial impact of the COVID-19 pandemic.

It was focused on the first stage of lockdown (beginning March 2020).

The survey was distributed via charities, patient advocacy groups, social media platforms and media outlets across the UK - open to respondents worldwide.

Qualitative analysis of open-ended questions was conducted using thematic analysis.

A second phase of the survey is underway to evaluate how circumstances have changed for those living with a rare disease.

Results

- ▶ 424 respondents
 - ▶ 293 reside in UK; 57 in NI
- ▶ Age ranges of respondents:
 - ▶ 5% are 18-30 years old
 - ▶ 19% are 31-40 years old
 - ▶ 21% are 41-50 years old
 - ▶ 18% are 51-60 years old
 - ▶ 28% are 61-70 years old
 - ▶ 8% are 71-80 years old
 - ▶ 1% are 81 years and over

Theme 1: Information, Communication, and Long Term Uncertainty

- People with a rare disease want personalised, specialist and hospital based information regarding how COVID would affect their rare condition.
- They want clarity around shielding, and clearer guidelines from the government.
- They want to know what the future of their work will be, and information to support decisions made around working.

'Guidelines for people with rare diseases AND the carers has been vague, and has not helped us make informed decisions about my household.'

Theme 2: Mental Impact of Lockdown

- Some people are already accustomed to isolation in their day to day life.
- Others accepted that it was necessary.
- Many expressed feelings of fear, anxiety, worry and stress.
- Feelings of restriction and powerlessness were also associated with shielding.
- The immense pressure of work changes has impacted some.
- There was a lack of hope over the future.

'I am not able to work as am shielding completely at home. I can't see my family and friends and I cannot go outside. I miss my daily exercise gentle walks.'

Theme 3: Practical Support and Carer Responsibility

- The challenge of having a rare disease but also being in a caring role was mentioned.
- Respondents were struggling with the lack of respite.
- People have lost the benefit of family members offering assistance, and don't have the support of carers due to the current circumstances.
- Many challenges were reported in association with grocery shopping.

'Carer responsibilities increased due to stress, anxiety and loss of routine on children, and own mental wellbeing impacted.'

Theme 4: Social Interaction

- People mentioned frequently how they miss family, friends, and physical contact.
- For others they are spending much more time with family than they would ordinarily.
- The loss of creative and social groups is felt intensely by some who would have attended them as a part of their weekly routine.

'I am used to not being out much but am missing my once a week evening out with friends and my once or twice a week meal out as I find cooking very difficult and tiring.'

Theme 5: Health Service, Healthcare Experience, Impact on Health and Wellbeing

- Cancelled or postponed appointments, treatments, surgeries and routine check-ups were causing many people concern and frustration.
- Many are wondering what the long term impact on the health service will be, but are also worried about the deterioration of their health due to reduced medical care.

'I am not being tested so that could be bad in case I would deteriorate. Also I am not having other blood testing done which makes me improvise on medication intake.'

Theme 6: Healthcare Professionals

- Limited contact with their healthcare professionals has been a frustration for many.
- Getting in contact with GP's was very difficult for some people.
- Conflicting information from specialist consultants, GP's, and the government, is causing stress.
- The struggles experienced by those with a rare disease when communicating with healthcare professionals under normal circumstances have only been confounded by the current situation.
- There is fear that the life of someone who has a rare disease would not be fought for by health professionals in a COVID 19 facing scenario.

'Can't get an appointment with GP because receptionist doesn't understand or know of my condition and so doesn't think I need seen urgently.'

Conclusion:

The findings from this study suggest that the COVID-19 pandemic has had a negative impact on the mental and physical wellbeing of those living with a rare disease. Health and Social Care services should work with third sector organisations to improve services for those living with a rare disease by implementing measures to improve their quality of life, while also keeping the general populous as safe as possible from COVID-19.

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At the junction of two epidemics: COVID-19 and tobacco on the island of Ireland

McAvoy, H. & Rodriguez, L. Institute of Public Health

Aims

- To assess evidence on the association between tobacco use and:
 - (a) COVID-19 viral transmission/disease occurrence
 - (b) COVID-19 disease outcomes.
- To gather insights on 2020 relevant tobacco data in Ireland and Northern Ireland.

Methods



An academic literature search was deployed for review level evidence on the association between tobacco use and specified aspects of COVID-19 disease.



Grey literature search and stakeholder engagement was deployed for Ireland and Northern Ireland tobacco-relevant survey data and outputs from administrative datasets in 2020.

Acknowledgements

IPH wish to thank:

Mary Scarlett, NI Department of Health
ROI HSE Quit Programme
NI PHA Stop Smoking Programme

Academic Literature Findings

Stage 1

COVID19
Infection

Stages 1 and 2: Relationship to smoking status remains unclear; evidence is evolving and testing and collider bias is a concern in understanding the relationship.

Stage 2

Symptoms
emerge

Stage 3

Advanced
disease

Stage 3: Significant association between current smoking status and COVID-19 disease progression. Smokers may have increased risk of complications.

Stage 4

Death

Stage 4: Smoking status is associated with increases in death rates among hospitalised COVID-19 patients.

Results

Grey Literature Findings

- One third of the 'COVID-19 vulnerable' older population aged 65 and older in NI & ROI are former smokers, and about one in ten currently smoke, creating additional vulnerabilities.
- There are no survey data on quitting behaviors at population level.
- There are data showing cigarette consumption by smokers in ROI in 2020.
- There are data on use of statutory stop smoking services in 2020. These require careful interpretation and further study.

NI Stop Smoking Programme*

No. of smokers who set an Initial quit date

13,847

July 2019/2020

13,860

July 2018/2019

Ireland Quit Service*

No. of smokers who received face to face or telephone intensive cessation support

3,656

Jan - June 2020

5,120

Jan - June 2019

* Non-comparable indicators

Policy Implications

- Both current and former smokers are at an increased risk of developing severe COVID-19 disease.
- A successful pandemic response and recovery strategy must prioritise tobacco control and stop smoking services to enhance resilience.
- Stop smoking services need to be supported and informed by population survey data on smokers responses to the pandemic.
- Smokers who experience psychosocial stress or mental ill-health need to be targeted for stop smoking supports (Reynolds et al 2020).

The impact of COVID-19 on the physical activity and sedentary behaviour levels of pregnant women with gestational diabetes

Medbh Hillyard (Institute of Nursing and Health Research) Professor Marlene Sinclair (Institute of Nursing and Health Research), Professor Marie Murphy (Sport and Exercise Sciences Research Institute) and Dr Karen Casson (Institute of Nursing and Health Research)

Background

- The COVID-19 outbreak has had a huge impact on all areas of society
- Social distancing and shielding are thought to have impacted physical activity and sedentary behaviour levels
- The public health guidance for physical activity (PA) levels in pregnancy recommends at least 150 minutes of moderate intensity PA weekly
- PA for women with gestational diabetes mellitus (GDM) is particularly important due to the potential to improve blood glucose control (Harrison et al. 2016) and reduce the need for medication (Hillyard et al 2018)
- Commonly reported physical activities in pregnancy include face-to-face antenatal classes such as pregnancy yoga, Pilates and swimming, none of which have been possible during the pandemic

Aim

- To understand how PA and sedentary behaviour levels of pregnant women with GDM in the UK have been affected by COVID-19

Results

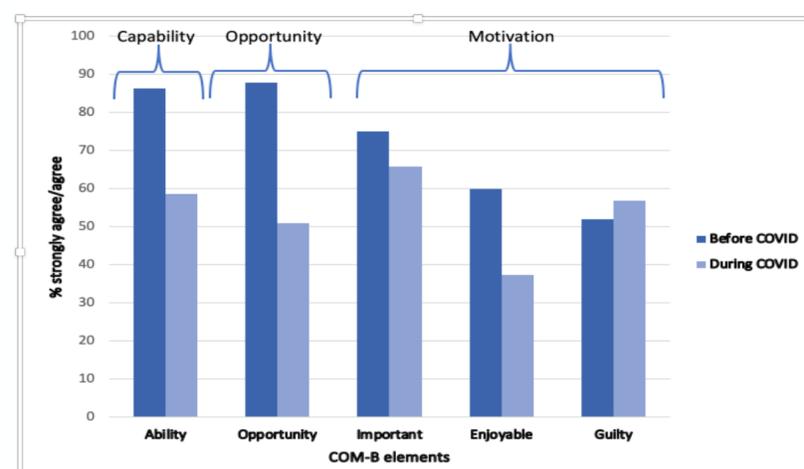


- Mean age 32 years (SD 4.7)
- 93% white
- 59% had undergraduate degree or higher
- 47% of women were meeting PA guidelines pre COVID-19
- 23% meeting PA guidelines during COVID-19
- Most common reason for decline in PA was fear of leaving the house due to COVID-19
- Women who reported knowledge of how to exercise safely in pregnancy were 1.8x more likely to meet PA guidelines during COVID



Methods

- An online survey exploring PA and sedentary behaviour levels of pregnant women with GDM during COVID-19 was distributed through social media platforms
- Women who had been pregnant during the COVID-19 outbreak and had gestational diabetes, were resident in the UK, were 18 years old or over and could understand written English were invited to take part
- Ethical approval was granted by the Ulster University Nursing and Health Research Ethics Filter Committee
- Questions included; demographics, individual circumstances, health and pregnancy, activity levels, worry scores and agreement with COM-B statements on capabilities, opportunities and motivation



Agreement with COM-B statements before COVID-19 and during COVID-19

Conclusions

- Targeted public health initiatives are needed to address the change in activity levels
- PA options such as online exercise classes which can be completed in the women's own home are needed, especially if fear of leaving the house is a barrier to PA
- Women need to know PA in pregnancy is safe and beneficial

References

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Prioritisation by FIT to mitigate the impact of delays in the 2-week wait colorectal cancer referral pathway during the COVID-19 pandemic: a UK modelling study [FULL TEXT LINK]

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Colorectal cancer can result in high mortality. Delays in urgent referral of symptomatic patients and bottlenecks in endoscopy have potential to cause high attributable deaths and lost life years. FIT triage at 10 µg Hb/g offers opportunity to mitigate 89% of these deaths and reduce exposure of patients to nosocomial COVID-19 infection.

BACKGROUND

COVID-19 pandemic placed unprecedented pressure on healthcare. Necessitating staff redeployment and deprioritisation of non-COVID-19 non-emergency clinical services. 'Elective' surgery was compromised by competition for anaesthetic and critical care staff. Rapid access '2-week wait' (2WW) urgent referral pathway for patients with specified 'red-flag' cancer symptoms, typically diagnose 32% of colorectal Cancers (CRCs). Significant COVID-19-related disruption at multiple points in the CRC pathway resulted.

British Society of Gastroenterology, in March 2020, indicated safety concerns, recommending routine endoscopy be suspended, effectively halting all routes to CRC diagnosis including the National Bowel Cancer Screening programme. Routine laparoscopic bowel resections were also discontinued due to risk of aerosol generation. All symptomatic patients were recommended to undergo Faecal immunochemical testing (FIT), with only those with FIT >10 µg Hb/g referred into secondary care and those with FIT >150 µg Hb/g prioritised for colonoscopy – the likely effect of this policy was unknown.

METHODS

Age-stratified reductions in CRC survival / life years lost from 2–6 months delays in the 2WW patient pathway were modelled to provide Individual-level CRC survival change v's age-specific nosocomial COVID-19 related fatality per patient undergoing colonoscopy. Mitigation strategies using FIT threshold triage at 2 or 10 or 150 µg Hb/g to prioritise 2WW colonoscopy referrals were modelled using 10-year net CRC survival for England 2008–2017, 2WW pathway CRC case and referral volumes and per-day-delay Hazard Ratios generated from observational studies of diagnosis-to-treatment interval.

RESULTS

Delay of 2/4/6 months across all 11,266 patients with CRC diagnosed per typical year via 2WW pathway were estimated to risk 653/1419/2250 attributable deaths and loss of 9214/20 315/32 799 life years. Risk–benefit from such urgent referrals is particularly sensitive to nosocomial COVID-19 rates for patients aged >60. Prioritisation out of delay for the 18% of symptomatic referrals with FIT >10 µg Hb/g would avoid 89% of these deaths attributable to presentation /diagnostic delay while reducing immediate requirement for colonoscopy by >80%.

Table 1 Average reduction in 10-year net CRC survival by age and stage consequent from per-patient delay of 2/4/6 months in the diagnostic pathway (assuming no prioritisation based on FIT)

Age band	CRC stage	Average per-patient delay in diagnosis Average reduction in 10-year net survival		
		2 months	4 months	6 months
30–39 years	Stage 1	0.4%	1.1%	1.9%
	Stage 2	5.1%	11.7%	20.1%
	Stage 3	9.1%	20.0%	32.2%
40–49 years	Stage 1	1.6%	3.9%	7.0%
	Stage 2	5.2%	12.0%	20.7%
	Stage 3	9.7%	21.1%	33.5%
50–59 years	Stage 1	1.7%	4.1%	7.5%
	Stage 2	4.9%	11.3%	19.5%
	Stage 3	9.3%	20.5%	32.8%
60–69 years	Stage 1	1.7%	4.3%	8.0%
	Stage 2	5.3%	12.4%	21.4%
	Stage 3	9.5%	20.8%	33.1%
70–79 years	Stage 1	2.7%	6.8%	12.5%
	Stage 2	6.5%	15.0%	25.5%
	Stage 3	11.0%	23.2%	35.0%
80+ years	Stage 1	7.5%	17.2%	28.7%
	Stage 2	8.2%	18.5%	30.4%
	Stage 3	11.5%	22.0%	29.7%

Red shading indicates greater impact on survival; blue shading indicates lesser impact on survival.

Table 3 Impact of per-patient average delays in CRC diagnostic pathway of 2/4/6 months and impact of mitigation via FIT triage

Reference period of disruption (months)	12		
Duration of background delay (months)	2	4	6
No FIT prioritisation			
CRC cases	11 226		
Deaths attributable to delay	653	1419	2250
Life years lost attributable to delay	9214	20315	32 799
Urgent 2WW colonoscopies required	511 394		
Prioritisation out of delay of individuals with FIT >2 µg Hb/g Sensitivity: 96.2% Specificity: 64.3%			
FIT-positive cases	10 777		
FIT-negative cases	449		
Deaths attributable to delay	26	57	90
Deaths mitigated by FIT prioritisation	627	1363	2160
Life years lost attributable to delay	369	813	1312
Lost life years mitigated by FIT prioritisation	8846	19502	31 487
Urgent 2WW colonoscopies required	189 216		
Prioritisation out of delay of individuals with FIT >10 µg Hb/g Sensitivity: 89.4% Specificity: 83.5%			
FIT-positive cases	9991		
FIT-negative cases	1235		
Deaths attributable to delay	72	156	248
Deaths mitigated by FIT prioritisation	581	1263	2003
Life years lost attributable to delay	1014	2235	3608
Lost life years mitigated by FIT prioritisation	8201	18 080	29 191
Urgent 2WW colonoscopies required	92 051		
Prioritisation out of delay of individuals with FIT >150 µg Hb/g Sensitivity: 65.9% Specificity: 94.9%			
FIT-positive cases	7409		
FIT-negative cases	3817		
Deaths attributable to delay	222	482	765
Deaths mitigated by FIT prioritisation	431	937	1485
Life years lost attributable to delay	3132	6907	11 152
Lost life years mitigated by FIT prioritisation	6081	13 408	21 648
Urgent 2WW colonoscopies required	35 798		

Assumptions: FIT is applied promptly at presentation in primary care and individuals who are FIT-positive are prioritised such that they experience no pathway delay; individuals who are FIT-negative experience the specified 'background' pathway delay ahead of being diagnosed.

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An Analysis of Caller Behaviour to a Crisis Helpline during the COVID-19 Pandemic

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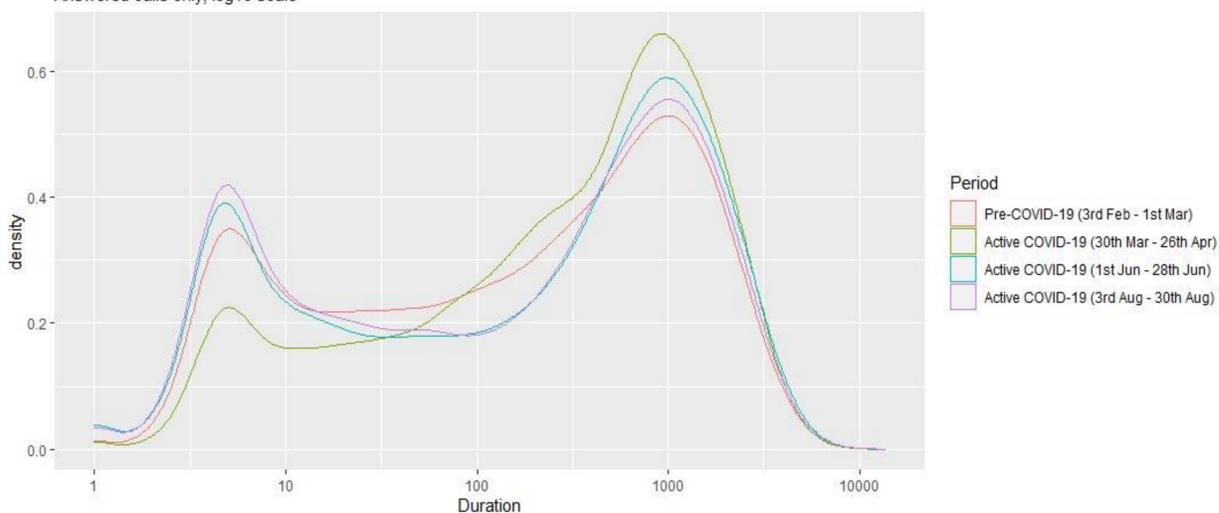
Introduction

- The introduction of lockdown restrictions in Ireland saw the reduction or removal of many face-to-face mental health services
- Remote services such as suicide prevention/crisis helplines have an important role over the lockdown period

Methods

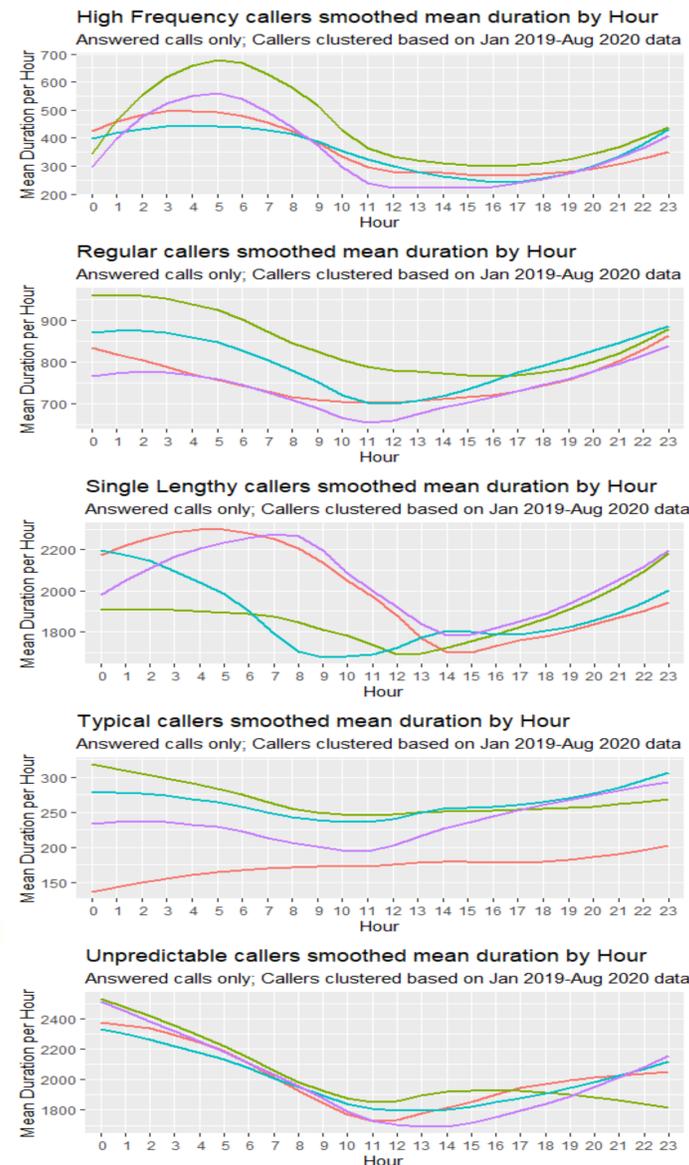
- This study presents an analysis of anonymous call log data from Samaritans Ireland over four periods in 2020; one Pre-COVID-19 period (February), three 'Active' COVID-19 periods (April, June, August)
- Clustering was performed on the data to discover the caller archetypes that contact the service based on their usage patterns*

Pre vs Active COVID-19 Call Duration
Answered calls only, log10 scale



Results

- Callers tended to making more emotional support calls to the service (30+ mins) than check-in calls (approx. 5 mins) from Pre-COVID-19 to Active COVID-19 periods
- Call duration reverts towards a Pre-COVID-19 norm over time



- Apart from the 'Unpredictable' callers, each other caller archetype tended to make longer calls to the service from Pre to Active COVID-19 periods. This change is more profound in the earlier hours of the morning, particularly between 1am-6am

Conclusions

- Fewer calls up to 5 minutes and more in the 30+ minutes proportionally
- Changes most pronounced during the hours of 1am to 6am
- Changes Pre/Active suggests impact of removing existing mental health supports and reported increasing distress amongst most 'at risk' groups, but not the same impact on all caller archetypes
 - The trend back to Pre-COVID-19 norm in call behaviour suggests either a relationship between 'loosening' of lockdown restrictions and levels of distress, or indicate hedonic adaptation amongst callers to the service

Reflection

- Telephony data can be used to measure the effect of an external event on society in real-time; in this case, the impact of COVID-19 on a national crisis helpline service
- Possibility to use this approach as a real-time technique to help inform government policy

*This work is published in JMIR Mental Health. For more information on caller archetypes discovered in this work, see: "Behavior of Callers to a Crisis Helpline Before and During the COVID-19 Pandemic: Quantitative Data Analysis" <https://mental.jmir.org/2020/11/e22984>

Non-Attendance during Covid-19 Pandemic in Cardiology Outpatient Clinic

Dr Antonia Harold-Barry
MGH



Background: The pandemic of covid-19 has impacted almost all aspects of healthcare and our hospital. A potentially positive impact that has become apparent is reduced numbers of patients failing to attend their outpatient appointment.

Aims and objectives:

Aim: To calculate percentages of people attending and not attending clinic appointments for cardiology for the 4 months post the peak of the pandemic and comparing to the same 4 months in 2019.

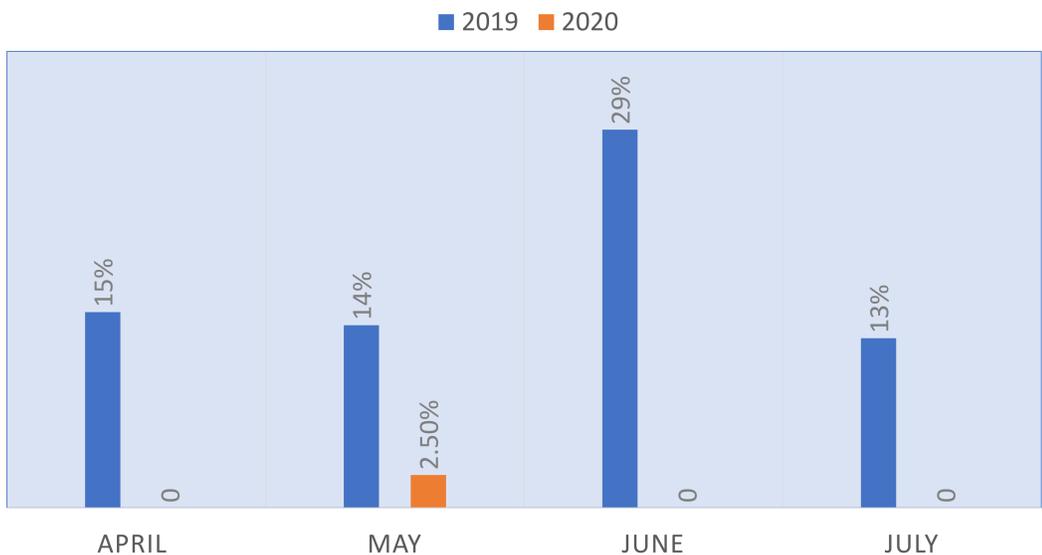
Objective: To analyse patients who were scheduled for clinic during the months selected and follow up on their outcomes.

Method: A retrospective review was carried out for the 4 month period from April to July 2019 and April to July 2020 of patients attending cardiology outpatient clinic at Mallow General Hospital.

Month	Total Scheduled for clinic	% Did not attend (DNA)	% discharged to GP (Excluding DNAs)
2019			
April	182	15%	14.9%
May	150	14%	22.5%
June	158	29%	26.8%
July	165	13%	24.5%
2020			
April	178	0	18%
May	155	2.5%	16.6%
June	189	0	27%
July	159	0	29.6%

Results/conclusion: Overall the numbers of patients not attending their scheduled outpatient clinic appointments reduced in the 4 months during the Covid pandemic this year. This is likely due to higher numbers of patients having phone consultations rather than attending in person. A recent study in the BMJ found that consultations over the phone can improve access to care and are more convenient. (1) Patients have been found to be equally satisfied with phone consultations when compared to in person appointments. (2) There were also more discharges back to GPs overall in 2020 compared to 2019. This is also a positive trend as it reduces the numbers of patients attending hospital during the pandemic when health services are under pressure due to high patient numbers.

PERCENTAGE DID NOT ATTEND (DNA)



Implication: Phone consultations have been shown to reduce the number of patients not attending their scheduled appointment and help to protect vulnerable patients from the potential risk of exposure to Covid-19 and other possible infectants. The HSE has recommended the implementation of virtual clinics where possible and has provided a guide for how to carry this out. (3)

References:

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Personal Protective Equipment (PPE) training for Healthcare students

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Background:

- In March 2020, many healthcare student placements were abruptly suspended.
- Students returning to placement need comprehensive PPE training for their own safety and to limit HealthCare Associated Infection (HCAI), including COVID-19.
- PPE training is necessary to mitigate inequality between students and other healthcare workers.
- Multiple healthcare providers for clinical placements - challenging to provide equal access to consistent PPE training.
- The Centre for Medical Education (CME) in Queens University Belfast (QUB) addressed this challenge by developing online, asynchronous training for 850 of their medical students returning to clinical placement in September 2020.

Methods:

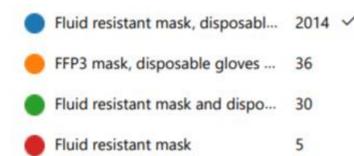
- A team of Medical Student Technicians (MST) to plan and deliver this training supervised by the Infection Prevention team in the South Eastern Trust.
- Three PowerPoint video presentations were developed using up to date guidance.
- The videos addressed:
 - COVID general information and standard infection control precautions
 - PPE training
 - Case recognition and contact tracing
- Medical students returning to placement were consulted via social media by their peers (MST) to ensure content was useful and applicable.
- To assure competence, students completed a ten-item assessment, delivered using Microsoft Forms.
- Initially made for Medical Students in clinical years (third, fourth, fifth year).
- To maximise access the training material was made available to all healthcare students within QUB.

Results:

- Each video has been viewed over 1000 times since release in mid-September.
- Videos are the top 3 trending on Microsoft Stream for all QUB students.
- The assessment has been attempted over 2500 times, with an average score of 9/10.
- The assessment remains active for students to revisit and check knowledge is up to date.
- Formal evaluation of the student experience is expected in the coming months.

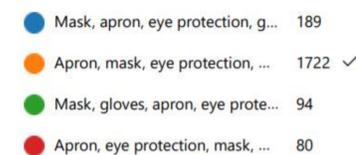
Example of a clinical question (appropriate PPE for task) and student response summary from assessment -

5. You are asked to take bloods from a patient on the ward in a patient bay. What is the appropriate PPE to wear to do this? (1 point)
97% of respondents (2014 of 2085) answered this question correctly.



The lowest percentage of correct response (83%) highlights need for further training in PPE donning procedure -

6. What is the correct order for donning PPE? (1 point)
83% of respondents (1722 of 2085) answered this question correctly.



Discussion:

- Given the geographic spread of students, asynchronous methods are the simplest way to achieve consistency.
- Asynchronous teaching also allows students to revisit training throughout the year.
- With supervision, the MST liaised with the CME ensuring the material was well presented and appropriate.
- The figures for viewing the material and the high assessment scores suggest robust learning has taken place.
- In the assessment, students showed particularly high percentage of correct answers for appropriate PPE for a given task – highlights practical application of learning for hospital placement.
- This was an example of peer teaching and learning: the team who developed the material are clinical medical students themselves.
- Consulting the wider student body added to its validity.

Implications/Conclusions:

- Appropriate PPE is a standard, universal precaution to protect staff and prevent HCAI.
- Healthcare students need PPE training to be safe during placement.
- Asynchronous teaching combined with assessment utilising readily available technology can assure consistent and equal access to such training.
- The MST integrated well and worked autonomously. Medical students represent an underutilised human resource in healthcare settings.
- As training extended to other Healthcare students, subsequent training could be developed by students from different courses. Providing experience working as part of MDT.

Acknowledgements –

This work was possible because of the contribution of Staff at Centre of Medical Education, Queen's University Belfast
Professor Neill Kennedy, Centre Director, School of Medicine, Dentistry and Biomedical Sciences, QUB,
Monica Merron, Infection Control Lead nurse, South Eastern Trust
Infection Control Team at Ulster Hospital, South Eastern Trust.

Chatbots to Support Bibliotherapy in Promoting Resilience & Wellbeing in Children



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Verbal Arts Centre Derry-Londonderry¹, Ulster University Jordanstown Campus School of Computing², Ulster University Coleraine Campus School of Psychology³

Background

Early evidence suggests that COVID-19 and the ensuing lockdown is having a complex and multifaceted impact on public health which extends beyond the virus itself (Walker, et al., 2020). As a global and multidisciplinary effort to understand the impact of COVID-19 continues, mental health has understandably emerged as a key area of focus (Khan, Mamun, Griffiths, & Ullah, 2020). Factors like isolation, changes to routine, financial concerns, and uncertainty for the future pose threats to psychological wellbeing while lockdown restrictions can create barriers to accessing some forms of support. During this time, digital technologies have become an important source of remote care, however, the increased use of these technologies has also highlighted the need for research ensuring their safety and effectiveness (Inkster, et al., 2020).

Storyteller is a parent-led digital bibliotherapy platform for children aged 8-12. The platform contains a chatbot which guides the parent through the programme delivery. Storyteller is designed to improve emotional wellbeing by fostering resilience-based protective factors including self-esteem, problem-solving, and emotional regulation. The Storyteller platform contains issue-focused short stories for the parent to read to their child, with each story accompanied by a series of targeted questions to help initiate purposeful discussions about mental health and wellbeing. The current pilot study aimed to investigate the psychological impact on children and their parents of participating in a 9 session Storyteller programme.

Methods

Apparatus: Intervention was Storyteller web application. Application was developed on a React web framework using Google Dialogflow to develop the chatbot component.

Design: A pre-post intervention design was used to assess the efficacy of Storyteller. A sample of parent-child dyads completed a programme of 9 Storyteller sessions over a 3-week intervention period. All participants completed pre- and post-intervention questionnaires to assess the psychological impact of the programme.

Participants: A total of 77 parent-child dyads were recruited from 5 schools across Northern Ireland and the Republic of Ireland. All child participants were aged between 8-12.

Measures:

Parent measures:

- Parent-child closeness using the closeness subscale from the Child-Parent Relationship Scale.

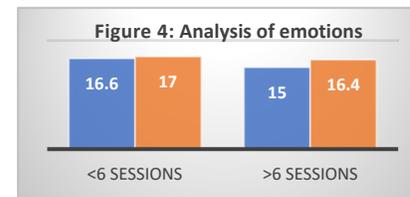
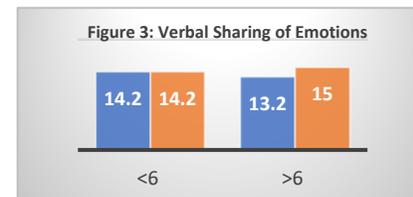
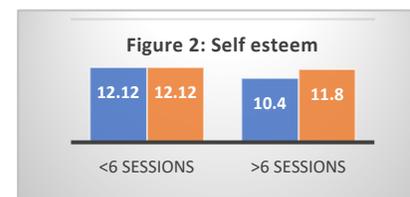
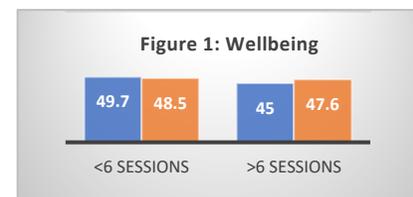
Child measures:

- Psychological wellbeing using Sterling Children's Wellbeing Scale
- Resilience using self-esteem, problem-solving, goals & aspirations, & empathy subscales from Student Resilience Survey.
- Emotional awareness using verbal sharing of emotions & analysis of emotions subscales from the Emotional Awareness Questionnaire.

Analysis: All data were entered and analysed using SPSS. A series of paired t-tests were used to examine differences between pre- and post-intervention scores.

Results

In week 1 of the intervention, COVID-19 lockdown came into effect in Northern Ireland. This had a significant impact on study completion rates, with 14 of the initial 77 parent-child dyads completing the post-questionnaires. The paired T tests found no statistically significant changes in scores on the parent or child scales. Despite not achieving statistical significance, a pattern was observed in the child-data when explored in more depth. When comparing the mean scores of children who completed <6 sessions and children who completed >6 sessions, the researchers made 2 relevant observations. First, compared to the <6 group, the >6 group displayed lower mean-scores across all scales at baseline. Second, compared to the <6 group, the >6 group obtained greater increases in wellbeing, self-esteem, sharing of emotions, and analysis of emotions. Figures 1, 2, 3, and 4 below display comparisons of pre- and post-intervention scores between the <6 and >6 groups.



Pre-intervention ■ Post-intervention ■

Conclusions

- Despite operational setbacks associated with the COVID-19 crisis, the current pilot study was the first of its kind to explore the psychological impact of engagement with Storyteller; a parent-led digital bibliotherapy platform designed to boost emotional wellbeing in children aged 8-12.
- While further research is required to gain a deeper understanding of its effectiveness, the flexible digital format of Storyteller meant that participants could still engage with the programme from home. These strengths make the program a useful and practical tool for parents who want to support their child's emotional wellbeing during the COVID-19 crisis.

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Discussion

Storyteller is an innovative and accessible programme designed to help parents support their children's emotional wellbeing at home. The current analysis did not find statistically significant effects associated with participation in the Storyteller programme, however it is likely that this is, at least in part, due to the small sample size of the study. The relatively short timeframe (3 weeks) could also be a factor. Ultimately, the impact that lockdown had on completion rates meant that the psychological effects of Storyteller could not be adequately assessed in the current pilot research.

Despite this, promising patterns observed in the available data suggests that the program is a strong candidate for further investigation. The lower baseline scores associated with those who completed >6 sessions could indicate higher levels of engagement amongst those who are in greater need of support for their emotional wellbeing. Furthermore, comparing the mean scores pre- and post-intervention indicates that higher levels of programme engagement is associated with more positive outcomes. It is important to note, however, that this is just one possible interpretation of the data and further research is required to better understand programme impact. Moreover, while lockdown hindered the evaluation itself, the fact that participants were still able to engage with the programme highlights its value. The current study is important because flexible and evidence-based digital resources to improve young people's emotional wellbeing like Storyteller are more relevant and needed than ever before.



Primary care service provision in Northern Ireland during the COVID-19 pandemic: Perspectives from General Practitioners

Roisin Connon, Maastricht University

Mary Hadley, Maastricht University, Department of Health Ethics and Society

Background: The number of COVID-19 cases has placed significant pressure on the health care system in Northern Ireland. Primary care services were already severely over-stretched before COVID-19. The direct challenges caused by the pandemic included caring for COVID-19 patients while indirect challenges included infection prevention and control (IPC) measures, adjustments in referral systems and reduced supply and demand for services. The aim of this study is to evaluate GPs perceptions of the quality of GP services in the short-term and the long-term impact of the pandemic on their practices.

Methods: This study was cross-sectional in the form of an online survey. Data collection included both qualitative and quantitative methods. The study population included GPs working in the NHSCT out-of-hours services. Responses were elicited on the service provision in general practice during the height of the first wave of the pandemic. GPs were asked to describe their daily work in general practice from the 1st March – 15th August 2020, particularly patient consultations, IPC measures, use of technology and communication in general.

Results: Of the 214 GPs who received the survey 70 responded.

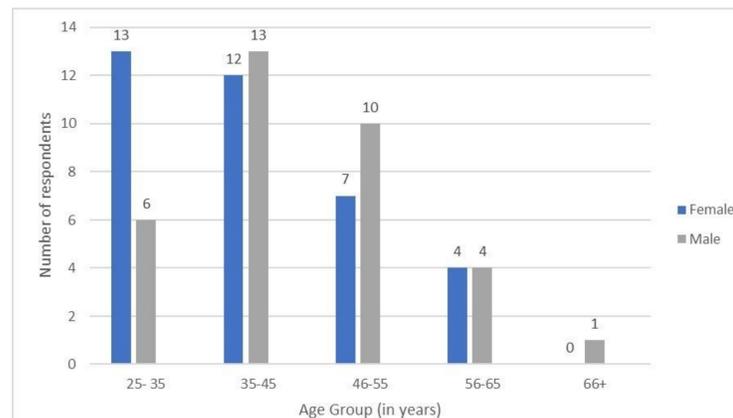


Figure 1: Breakdown of age group and sex of respondents

All GPs reported additional IPC measures being implemented for patient and staff safety.

Table 1: IPC measures reported by GPs

IPC Measures	Percentage of responses
PPE	83%
Increased cleaning	52%
Screening tools	21%
Physical infrastructure	42%

A slight or moderate decrease in workload was reported by 49% of GPs while 51% reported a slight or moderate decrease in demand.

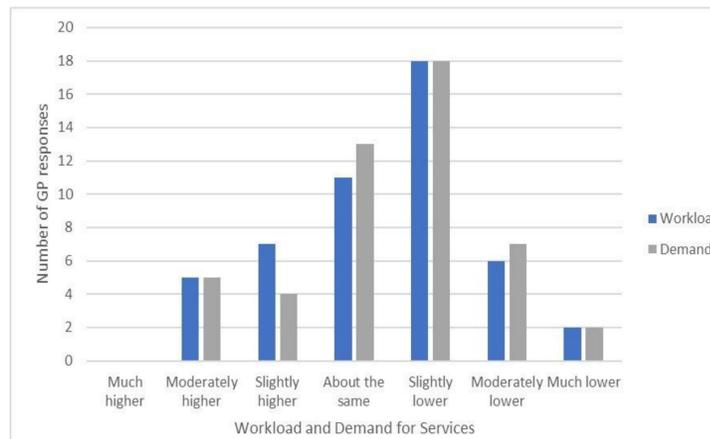


Figure 2. Reported changes in workload and demand of services from GP patients March-August 2020

GPs raised concerns that in the medium-term waiting lists would be further lengthened from the pre-COVID-19 levels resulting in worsened patient outcomes.

“There will be a huge issue with waiting lists here in Northern Ireland, which were already the worst in UK” (Female GP, 56-65 years)

More than a third of GPs rated the dissemination of information from external

organisations as poor: ‘insufficient initially’, ‘confusing’, ‘inconsistent’ and an ‘overload’ later in the pandemic.

“Initial communication was shambolic.

Surgeries independently drastically changed how they operated at the start of the pandemic after hearing information from the news.” (Male GP, 36-45 years)

The majority of GPs reported little or no involvement in the decision-making process during the pandemic, even with regards to decisions that effected their services.

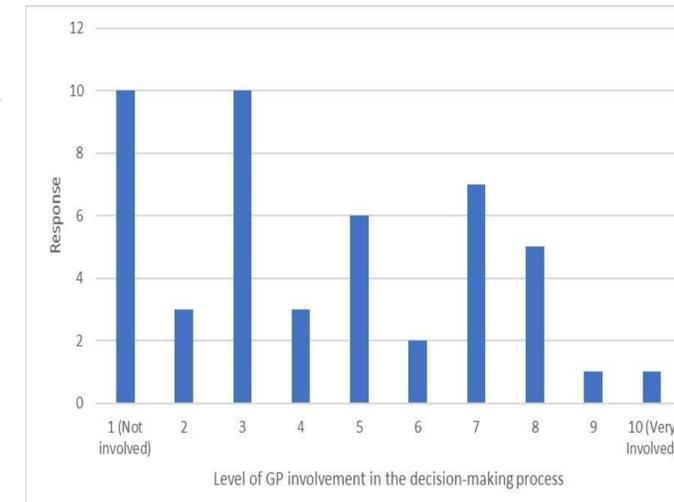


Figure 3. Level of involvement of GPs in decision-making during the pandemic.

26% of GPs believed that their involvement in the decision-making process stopped at their own practice level and decisions made by external organisations were done without consultation from GPs on the frontline including locum GPs.

“Whilst I felt very involved in the decision making at our own practice level, I could not have felt more removed from the decision made at trust, board and federation level - which were made without any consultation with grassroots GPs” (Male GP, 36-45 years)

90% of GPs reported an increased use of technology during the COVID-19 pandemic.

Table 2. Use of technology by GPs during the COVID-19 pandemic by type.

Technology	Percentage of Responses
Telephone Consultation	90%
Pictures	59%
Video Consultation	55%
Zoom	22%
New systems	10%
No new technology used	4%
Purchased new equipment	2%

The increased reliance on technology was not without its problems. Issues such as ‘Infrastructural problems’ and ‘lack of funding’ for new technology were reported. Inadequate internet connection meant that conducting remote consultations had additional stresses.

“Poor IT made anything other than telephone consults difficult.” (Female GP, 46-55 years)

Conclusion and Recommendations: The study demonstrated that pre-COVID problems of an overwhelmed system with insufficient epidemic preparedness and limited involvement of GPs in decision-making exacerbated the impact of the pandemic on GP surgeries and their patients.

Table 3. Percentage of GP responses that included future strategies in general practice.

Future Strategies	Percentage of responses
Earlier response	31%
Improved communication between GPs and external organisations	24%
Stockpile PPE	20%
Test, track, trace	13%

Aminkeng Leke¹, Helen Dolk¹ & International Committee for Congenital Anomaly Surveillance Tools (<https://globalbirthdefects.tghn.org/about-us/steering-committee/>)
1. Centre for Maternal, Fetal and Infant Research, Institute for Nursing and Health Research, Ulster University-UK. Contact: az.leke@ulster.ac.uk

Background

Concerns may arise regarding congenital anomaly (CA) in Low- and Middle-Income Countries (LMICs) associated with the COVID-19 pandemic, whether due to the infection in the first trimester, fever or other aspects of the disease, medications used to treat it, or environmental factors and access to services. One problem that hampers CA surveillance in LMICs is the difficulty of collecting accurate data on CAs in the population.

Methods

- An international committee of congenital anomaly experts was constituted to develop an app to facilitate the description and coding of CAs in low resource areas.
- App designed to suit the most basic clinical setting and overcome language and terminology barriers.
- Diagrams and photos of major externally CAs sourced mainly from the WHO/ICBDSR/CDC and ECLAMC Birth Defects Atlases.
- Two versions of the App: Basic Version for training and Surveillance Version to collect a small amount of pseudonymised data which can be uploaded to a secure server and downloaded by the surveillance program data centre.

Results

- The app contains 98 (88 major and 10 minor) externally visible anomalies and 12 syndromes, with definition and ICD10 code.
- The user taps a region of the body, then selects among a range of images to choose the CA that best resembles what they observe, with guidance regarding similar CA (**Figure 1**).
- The Basic Version of the app has been reviewed by experts and made available on the Apple and Google play stores.
- Since launch in November 2019, the Basic Version has been downloaded in 39 countries.
- The Surveillance Version is currently being field tested in South America and Africa.

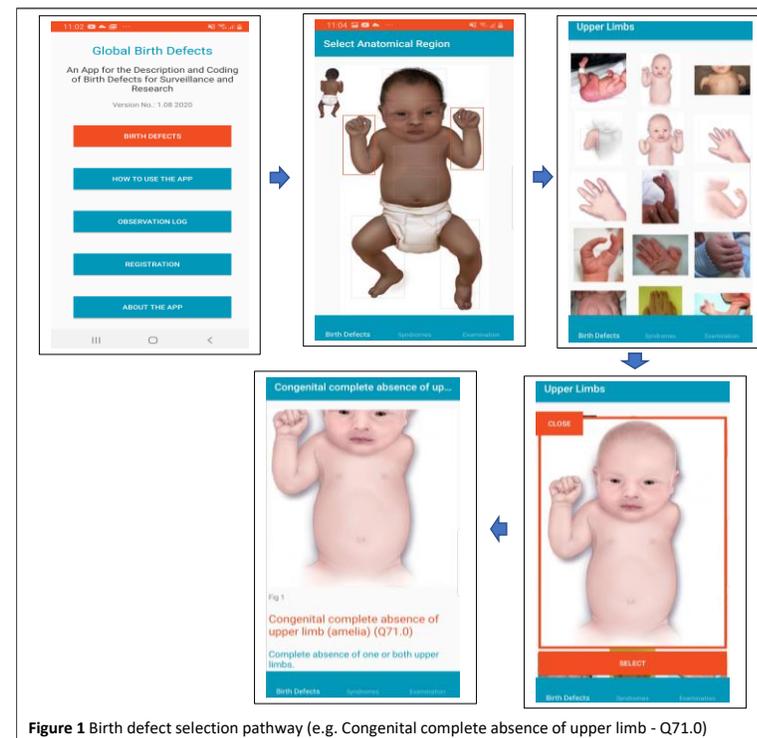


Figure 1 Birth defect selection pathway (e.g. Congenital complete absence of upper limb - Q71.0)

Funding: EU Horizon2020 ZikaPLAN project #734584

Discussion

This app was designed in response to the 2015-2016 Zika outbreak in Latin America which led to the birth of many babies with congenital Zika syndrome, and exposed the need to strengthen birth defect surveillance. The app is now being tested in LMIC projects on pregnancy pharmacovigilance and other risk factors, and is ready for use in the COVID context. Inevitably, given the high prevalence of COVID infection, case reports of congenital anomaly among babies born to infected mothers will arise, which need epidemiologic response studies in response.

Implication

Use of this mHealth application is expected to significantly improve the quality of CA surveillance data in LMICs during this COVID-19 outbreak and beyond.

Introducing Online Support for workplace mental health during the COVID-19 Pandemic: reflections on challenges and opportunities

Dr Trisha Forbes¹, Dr Paul Best¹, Dr Karen Galway¹, Dr Patricia Gillen², Dr Paula McFadden², Dr Heike Schroeder¹, Professor Mark Tully², Dr John Moriarty¹

¹Queen's University Belfast; ²Ulster University. Corresponding author: Dr Trisha Forbes: trisha.forbes@qub.ac.uk

Background: Workplace mental health training during the COVID-19 pandemic

The COVID-19 pandemic has heralded significant workplace adaptation and widespread reversion to home working. This changes both the nature of work and the context of occupational health.

iAmAWARE is an online platform developed in partnership with AWARE-NI to enable employees to access psychoeducation and stress reduction training and become familiar with signs and symptoms of depression and anxiety. Piloting of iAmAWARE with participant organisations coincided with the beginning of COVID lockdown in March, 2020, introducing an unexpected context for the proposed intervention.

This poster reflects on lessons learned from introducing iAmAWARE and considers how participants reported the impact of lockdown on their personal wellbeing.

Programme and Survey Data

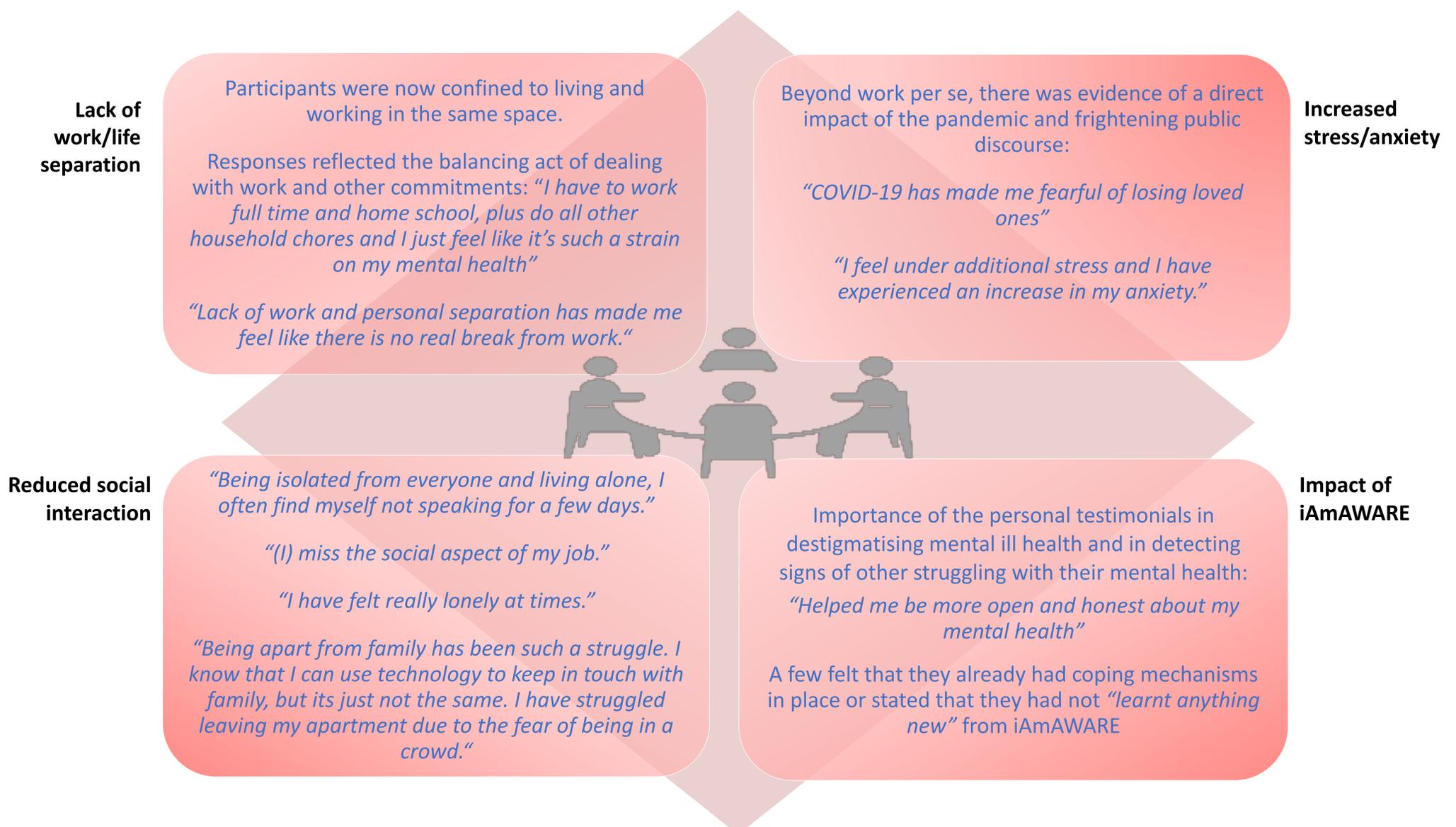
Participants were recruited from four organisations in contrasting industries. Following prior consultation and design input from representatives at every level of the organisations, a prototype of iAmAWARE was to be made available to participants from March through May 2020, with surveys before and after the period capturing wellbeing, workplace stress and mental health literacy.

In addition, given the changed circumstance we obtained ethical approval to ask participants about the impact of COVID on their mental health, workplace circumstances and perception of the iAmAWARE programme.

Emerging Themes

COVID-19 presents major challenges for both researchers and for organisations wishing to positively impact employees' mental health. The participation of organisations and employees was put under strain by uncertainty and demands of responding to lockdown conditions. For those who continued to engage, it is difficult to infer either a true baseline level of wellbeing or to disentangle the impact of the programme from that of the volatile environment, particularly moves to work from home and balancing increased personal and family demands with those of work. However, increased public focus on work modalities and on mental health also creates increased appetite for information and training, particularly in a format such as iAmAWARE which can be accessed from home.

Impact of COVID-19 and Lockdown on Mental Health and Work Life



Discussion

Planning robust research across organisational contexts will be difficult in an unpredictable environment. However, our study demonstrates growing levels of engagement with mental health and workplace policy around same. Such demands must be met with programmes shown to be effective and appropriate to particular work environments.

Implications

Employers are correct to view COVID as a moment to invest in employees' mental wellbeing and allow employees time to upskill and increase awareness. Researchers must be flexible, adaptable and sensitive to the needs of organisations if they wish to produce research which impacts workplace wellbeing.

VOLUNTEERING AND THE PANDEMIC

• DENISE HAYWARD & LINDSAY ARMSTRONG •



IMMEDIATE RESPONSE - SPRING 2020

Life as we know it changed forever in March 2020 when the Northern Ireland Executive announced a public lockdown and restricted social and business activity in an effort to halt the spread of COVID-19.



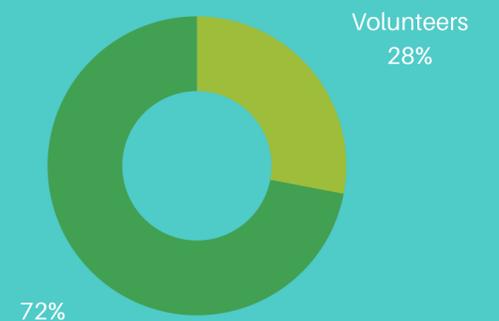
Across Northern Ireland, food bank packers, prescription delivery drivers, soup kitchen workers, telephone befrienders and even online children's storytellers, volunteers rose to the challenge and united communities through their actions.

This period of change has had a positive impact on levels of volunteering across Northern Ireland. The photos presented are taken from the publication '**Ordinary People - Extraordinary Times**' highlighting a wide range of role volunteers were involved in during lockdown.

VOLUNTEERING IN NORTHERN IRELAND PRE-COVID-19

CONTINUOUS HOUSEHOLD SURVEY 2019/2020

28% of adults have volunteered over the last 12 months (28% of adults volunteered 2018/19).



NISRA CORONAVIRUS (COVID-19) OPINION SURVEY

Recent survey showed (COV-C59 / COV-C60):



48% of people had checked on a neighbour during the last 7 days and 24% of people had provided shopping support or other tasks for a neighbour during the last 7 days, showing an increase of 20% in informal volunteering activity compared to the 28% pre-covid.

VOLUNTEERING AND WELLBEING



The Campbell Collaboration review examined the effects volunteering has on physical and mental health of older people 26 studies involving 47,000 volunteers. Its findings report that volunteering improves the physical and mental health of volunteers. The evidence shows that there is a positive effect on reducing mortality (Physical health), while also reducing depression (mental health).

IMPACT OF COVID-19 ON VOLUNTEER PARTICIPATION IN SCOTLAND

We can see a similar picture emerging in Scotland:

- + 26%** Adults volunteering due to Covid-19 (48% to 74%)
- + 35%** Informal Volunteering
- + 16%** Mutual aid (informal groups)
- + 13%** Formal Volunteering

REFERENCE PUBLICATIONS

(2020). DfC. *Experience of volunteering in Northern Ireland: findings from the Continuous Household Survey 2019/20*. NISRA [1]
 (2020). NISRA *Coronavirus (Covid19) opinion survey 2020*. Nisra [2]
 (2020). *Volunteering Wellbeing - what works and who benefits?*. London: What Works Centre for Wellbeing [3]
 (2020). *Impact of Covid19 on volunteer participation in Scotland*. Volunteer Scotland [4]