# Evidence Search Service Results of your search request

## Remote working in the NHS during covid -19 pandemic

**ID of request:** 27535  
**Date of request:** 9th February, 2021  
**Date of completion:** 10th February, 2021

If you would like to request any articles or any further help, please contact:  Jennifer Manders at [Jennifer.Manders@uhb.nhs.uk](mailto:Jennifer.Manders@uhb.nhs.uk)

Please acknowledge this work in any resulting paper or presentation as: Evidence search: Remote working in the NHS during covid -19 pandemic. Jennifer Manders. (10th February, 2021). BIRMINGHAM, UK: University Hospitals Birmingham (UHB) Library and Knowledge Service.

**Sources searched**  
EMBASE (2)  
MEDLINE (26)  
NICE Evidence Search (2)  
PubMed (14)

**Date range used** (5 years, 10 years): Last 12 months   
**Limits used** (gender, article/study type, etc.): English Language, Studies based on NHS/UK hospitals. Conference abstracts excluded.   
**Search terms and notes** (full search strategy for database searches below):

Databases searched (Journals/Policies): MEDLINE, EMBASE, Cochrane Library, PubMED, NICE Evidence

Books: My colleague Beth did a search on books but could not find specifics on remote working in healthcare on our catalogue or suppliers, however the below have been found for remote working in general. Our resource librarian will look into whether we can purchase any but this may take a few weeks.

<https://blackwells.co.uk/bookshop/product/How-to-Thrive-in-the-Virtual-Workplace-by-Robert-Glazer-author-Mick-Sloan-author/9781529068252>

<https://blackwells.co.uk/bookshop/product/Solo-by-Rebecca-Seal-author/9781788164856>

<https://blackwells.co.uk/bookshop/product/Work-Together-Anywhere-by-Kirsten-Janene-Nelson-author-Lisette-Sutherland-author/9781119745228>

<https://blackwells.co.uk/bookshop/product/Working-from-Home-by-Karen-Mangia-author/9781119758921>

<https://blackwells.co.uk/bookshop/product/The-Long-Distance-Teammate-by-Kevin-Eikenberry-author-Wayne-Turmel-author/9781523090303>

<https://blackwells.co.uk/bookshop/product/HBR-Guide-to-Remote-Work-by-Review-Harvard-Business/9781647820527>

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## A. National and International Guidance

#### NHS Providers

**WORKFORCE FLEXIBILITY IN THE NHS Utilising COVID-19 innovations** (2020)

NHS Providers

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#### Society for Endocrinology

**COVID-19 second wave planning** (2020)

Society for Endocrinology

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c3bbc847615b9a1ae180c1a80406df58)

## B. Original Research

1. **2020 developments in the provision of early medical abortion by telemedicine in the UK.**  
   Parsons Jordan A. Health policy (Amsterdam, Netherlands) 2021;125(1):17-21.

The COVID-19 pandemic has necessitated the rapid implementation of telemedical health services. In the United Kingdom, one service that has benefitted from this response is the provision of early medical abortion. England, Wales, and Scotland have all issued approval orders to this effect. These orders allow women to terminate pregnancies up to certain gestational limits, removing the need for them to contravene social distancing measures to access care. However, they are intended only as temporary measures for the duration of the pandemic response. In this paper, we chart these developments and further demonstrate the already acknowledged politicisation of abortion care. We focus on two key elements of the orders: (1) the addition of updated clinical guidance in the Scottish order that suggests an extended gestational limit, and (2) sunset clauses in the English and Welsh orders, as well as an indication of similar intentions in Scotland. In discussing these two issues, we suggest that the refusal of UK governments to introduce telemedical provision of early medical abortion previously has not been based on health concerns. Further, we question whether it would be appropriate for the approval orders to be lifted following the pandemic, suggesting that to do so would represent regressive and harmful policy.

1. **Application of telehealth for comprehensive Creutzfeldt-Jakob disease surveillance in the United Kingdom.**  
   Watson Neil Journal of the neurological sciences 2021;420:117221.

Creutzfeldt-Jakob disease (CJD) is a fatal human prion disease. Surveillance systems operate globally with the goals of accurate in-life case ascertainment, appropriate public health interventions to minimise secondary transmission, and monitoring trends in disease epidemiology. The UK experienced the highest incidence of variant CJD (vCJD) in the world following widespread population exposure to bovine spongiform encephalopathy (BSE). 178 cases of vCJD have been identified in the UK by the National CJD Research & Surveillance Unit (NCJDRSU), including three cases of secondary transmission via blood transfusion. The NCJDRSU performs high-fidelity surveillance, assessing all cases of suspected CJD referred to the unit. COVID-19 has caused widespread disruption to healthcare and poses a threat to services. The NCJDRSU converted to telehealth-based surveillance in March 2020. We report the results of the application of telehealth for comprehensive CJD surveillance during the first four months of the pandemic. 59 cases were assessed for suspected CJD. In 52 cases the relatives were interviewed for an informant history, by video conference or telephone call. 34 patients underwent video examination; 1 case was examined in-person. MRI images were assessed in all cases and 46 underwent CSF testing. Feedback was obtained from interviewees and the NCJDRSU team on their experiences. 50 cases were diagnosed with sporadic CJD; 5 received an alternative diagnosis, and the remaining 4 remained unresolved, with further investigations underway. Telehealth significantly reduced time taken to assessment compared to in-person assessments in 2019. Telehealth is an effective way to provide comprehensive CJD surveillance at a national level.

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1. **Delivering telemedicine consultations for patients with Transient Ischemic Attack during the COVID-19 pandemic in a comprehensive tertiary stroke centre in the United Kingdom.**  
   D'Anna Lucio European journal of neurology 2021;:No page numbers.

BACKGROUNDThe global COVID-19 pandemic led many stroke centres worldwide to shift from in-person to telemedicine consultations to assess patients with Transient Ischemic Attacks (TIA). We aimed to investigate the impact of telemedicine during the COVID-19 pandemic on the management and outcome of the patients with TIA.METHODSWe retrospectively analysed data from a registry of consecutive TIA patients assessed at the Stroke Department, Imperial College Health Care Trust London during the national lockdown period (between March 23rd and 30th June 2020). As controls, we evaluated the clinical reports and stroke quality metrics of patients presenting to the TIA clinic in the same period of 2019.RESULTSBetween the 23rd March and 30th June 2020, 136 patients were assessed using the telemedicine TIA clinic, compared to 180 patients evaluated with face-to-face consultation in the same period in 2019. Patients characteristics were similar in both groups. At 3 months after the TIA, there were no significant differences in the proportion of patients admitted to hospital for recurrent TIA/stroke or any other cardiovascular cause between the 2020 compared to the same period in 2019.CONCLUSIONSOur analysis showed that during the pandemic our telemedicine consultations of TIA patients was not associated with an increased 3-month rate of recurrent TIA/stroke or cardiovascular hospital admissions. More robust studies looking at this model of care will be needed to assess its long-term effects on patients, and health care systems.

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1. **Experience of video consultation during the COVID-19 pandemic in elderly population for Parkinson's disease and movement disorders.**  
   Kumar Anil Postgraduate medical journal 2021;97(1144):117-118.

We have not been prepared for the current pandemic which has hit us hard. COVID-19, being a very contagious disease, one has to be very careful and diligent in caring for our patients keeping safety in mind all the time. For day-to-day care, new norms have been adopted for inpatient care. For outpatient care, the face-to-face (F2F) clinics were cancelled and instead telephone consultations were started. However, it has its own limitations. Unfortunately, there were patients who would need F2F consultation but could not come to the clinic due to the infection risks. For those patients, video consultation was started, which was an innovation in practice. The National Health Service has an Attend Anywhere clinic, as part of transformation in service, which enabled remote consultation with a better outcome than telephone clinics. However, it has its own limitation as not everyone could use it.

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1. **Hello, can you hear me? Orthopaedic clinic telephone consultations in the COVID-19 era- a patient and clinician perspective.**  
   Vusirikala Anuhya World journal of orthopedics 2021;12(1):24-34.

BACKGROUNDThe coronavirus disease 2019 (COVID-19) pandemic has resulted in seismic changes in healthcare delivery. As a result of this, hospital footfall required to be reduced due to increased risk of transmission of infection. To ensure patients can safely access healthcare, we introduced orthopaedic clinic telephone consultations in our busy district general hospital.AIMTo investigate patients' and clinicians' perspective of telephone consultations during COVID-19, and whether this method of consultation could be a viable option in the post- pandemic future.METHODSThis is a single centre, prospective study conducted in a busy National Health Service district general hospital. In May 2020, 100 non- consecutive adult patients were contacted by independent investigators within 48 h of their orthopaedic clinic telephone consultation to complete a telephone satisfaction questionnaire. The questions assessed satisfaction regarding various aspects of the consultation including overall satisfaction and willingness to use this approach long term. Satisfaction and perspective of 25 clinicians conducting these telephone consultations was also assessed via an online survey tool.RESULTS93% of patients were overall satisfied with telephone consultations and 79% were willing to continue this method of consultation post- pandemic. Patients found telephone consultations to reduce personal cost and inconvenience associated with attending a hospital appointment. 72% of clinicians reported overall satisfaction with this service and 80% agreed that telephone consultations should be used in the future. The majority found it less laborious in time and administration in comparison to face to face consultations. Patients and clinicians expressed their desire for video consultations as a method of further improving their experience with remote consultations.CONCLUSIONOur study has shown that telephone consultations are a safe and rapid method of adaptation to the COVID-19 pandemic, achieving the aim of reducing hospital footfall. This method of consultation has resulted in immense clinician and patient satisfaction. Our findings suggest that this tool has benefits in post pandemic healthcare delivery. It has also highlighted that telephone consultations can act as a steppingstone to the introduction of the more complex platform of video consulting.

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1. **Lockdown low vision assessment: an audit of 500 telephone-based modified low vision consultations.**  
   Patel A. Ophthalmic & physiological optics : the journal of the British College of Ophthalmic Opticians (Optometrists) 2021;:No page numbers.

PURPOSE: Non-urgent face-to-face outpatient ophthalmology appointments were suspended in the United Kingdom in March 2020, due to the COVID-19 outbreak. In common with other centres, Moorfields Eye Hospital NHS Foundation Trust (London) offered modified telephone consultations to new and follow-up patients in the low vision clinic. Here we assess the success of this telephone service. METHODS: Data were collected for 500 consecutive telephone low vision appointments. Successful completion of the assessment and clinical outcomes (low vision aids prescribed, onward referral) were recorded. RESULTS: Telephone assessments were completed for 364 people (72.8%). The most common reasons for non-completion were either no answer to the telephone call (75 people, 15%), or the patient declining assessment (20 people, 4%). There was no association between age and the likelihood of an assessment being completed. 131 new low vision aids were dispensed, 77 internal referrals were made and 15 people were referred to outside services. More than 80% of the low vision aids prescribed were useful. CONCLUSIONS: Telephone low vision assessments were completed in about three-quarters of cases. About one-quarter of consultations resulted in new low vision aids being dispensed, which were generally found useful. Telephone low vision assessments can be used successfully in a large low vision clinic, but have many limitations when compared to face-to-face assessments.

1. **Remote consultations in paediatric urology-Not just for pandemics?**  
   Charnell Aimee M. Journal of pediatric urology 2021;:No page numbers.

Although some centres have successfully integrated remote clinics into their paediatric urological practice, for many, remote clinics have developed due to the COVID-19 pandemic. One UK-based institution has integrated remote clinics in their practice for over two years and has developed guidelines considering which conditions may be suitable for remote consultations. These guidelines have been appraised by the European Association of Urology Young Academic Urologists paediatric working group. Through practical experience and anticipated difficulties, we have discussed considerations that paediatric urology departments should ponder when integrating remote clinics into their practice as we move forward from the pandemic.

1. **Survey of CAMHS clinicians about their experience of remote consultation: brief report.**  
   Bhardwaj Anupam BJPsych open 2021;7(1):e34.

The Covid-19 crisis necessitated rapid adoption of remote consultations across National Health Service (NHS) child and adolescent mental health services (CAMHS). This study aimed to understand practitioners' experiences of rapid implementation of remote consultations across CAMHS in one NHS trust in the east of England. Data were collected through a brief questionnaire documenting clinicians' experiences following remote delivery of services. The questionnaire began before 'lockdown' and focused on assessment consultations (n = 102) as part of a planned move to virtual assessment. As the roll-out of remote consultations was extended at lockdown, we extended the questionnaire to include all remote clinical contacts (n = 202). Despite high levels of initial concern, clinicians' reports were positive overall; importantly, however, their experiences varied by team. When restrictions on face-to-face working are lifted, a blended approach of remote and face-to-face service delivery is recommended to optimise access and capacity while retaining effective and safe care.

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1. **Synchronous Telemedicine in Allergy: Lessons Learned and Transformation of Care During the COVID-19 Pandemic**  
   Thomas I. Journal of Allergy and Clinical Immunology: In Practice 2021;9(1):170.

Background: The outbreak of the COVID-19 pandemic facilitated a rapid transition to non-face-to-face models of care across the allergy services. <br/>Objective(s): To describe the outcomes of the use of synchronous telemedicine for outpatient consultations in a tertiary adult allergy center. <br/>Method(s): We retrospectively reviewed all non-face-to-face appointments during the second month of the pandemic in the United Kingdom. <br/>Result(s): A total of 637 non-face-to-face appointments for unique patients were booked between April 1 and 30, 2020; 91% were new consultations. Most referrals (81.5%) were related to nondrug reactions. The overall "Did Not Attend" rate was 15.7%. A total of 439 patients were assessed for nondrug reactions; 87% were new appointments. Food-related reactions (50.4%), urticaria/angioedema (23.2%), and rhinitis (18.1%) were the most common reasons for new referrals. Two hundred twenty-one (57.7%) of these patients required further allergy testing, primarily for suspected food allergy. More than 42% of the new patients, mainly referred for urticaria/angioedema, were discharged after their remote assessment. Less than 10% of the follow-up patients required additional testing. Ninety-seven new patients were assessed for a suspected drug reaction, predominantly to beta-lactam antibiotics (57.7%). Sixty-nine patients (71%) required further investigations, but a notable 29% did not require further allergy input. The overall experience was very good/good for most patients (85%). <br/>Conclusion(s): Telemedicine can transform the current models of allergy care. Screening criteria for selecting suitable new patients are required. A telemedicine-based drug allergy service model can be more time- and cost-effective, and improve patient access to specialist care.<br/>Copyright &#xa9; 2020 American Academy of Allergy, Asthma & Immunology

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1. **Telemedicine medical abortion at home under 12 weeks' gestation: a prospective observational cohort study during the COVID-19 pandemic.**  
   Reynolds-Wright John Joseph BMJ sexual & reproductive health 2021;:No page numbers.

BACKGROUNDIn response to the COVID-19 pandemic, legislation and guidance were introduced in Scotland permitting medical abortion at home by telemedicine for pregnancies at less than 12 weeks' gestation. Women had a telephone consultation with a clinician. Routine ultrasound was not performed. Medications and a low-sensitivity pregnancy test to confirm success of treatment were collected by or delivered to the woman, with telephone support provided as needed.METHODSA prospective cohort study of 663 women choosing medical abortion at home via the NHS Lothian telemedicine abortion service between 1 April and 9 July 2020. Interviewer-administered questionnaires were completed 4 and 14 days following treatment. Regional hospital databases were reviewed to verify abortion outcomes and complications within 6 weeks. Outcome measures included efficacy, complications and acceptability.RESULTSAlmost all (642/663, 98.2%) the women were under 10 weeks' gestation. For 522/663 (78.7%) women, gestation was determined using last menstrual period alone. Some 650/663 (98%) women had a complete abortion, 5 (0.8%) an ongoing pregnancy and 4 (0.6%) an incomplete abortion. No one was treated inadvertently beyond 12 weeks' gestation, but one woman was never pregnant. One woman who had a pre-abortion ultrasound was later managed as a caesarean scar ectopic. There were two cases of haemorrhage and no severe infections. Some 123 (18.5%) women sought advice by telephone for a concern related to the abortion and 56 (8.4%) then attended a clinic for review. Most (628, 95%) women rated their care as very or somewhat acceptable.CONCLUSIONSThis model of telemedicine abortion without routine ultrasound is safe, and has high efficacy and high acceptability among women.

1. **Virtual oncology clinics during the COVID-19 pandemic.**  
   O'Reilly David Irish journal of medical science 2021;:No page numbers.

BACKGROUNDThe COVID-19 pandemic has resulted in radical changes in the delivery of healthcare worldwide. Our oncology service (at an Irish national cancer centre) rapidly transitioned to the use of telemedicine or virtual clinics (VC) to minimise potential risk of exposure to COVID-19 amongst an immunosuppressed, high-risk population. Our study aimed to evaluate the use of VC in this setting.METHODSAn 18-point questionnaire was designed to investigate the patient experience of VC during the COVID-19 pandemic in Ireland and compliance with guidelines developed in Ireland to conduct VC and the role of VC in the future. Questionnaires were distributed following the receipt of verbal consent from patients during the VC. Descriptive statistics were utilised for data analysis using SPSS®.RESULTSOne hundred and four patients returned completed surveys (n = 104/164, 63% response rate). Overall satisfaction levels were high with most patients (n = 58/100, 58%; no answer provided (NAP), n = 4) equally satisfied or nearly equally satisfied with VC in comparison to a usual clinic encounter. The majority of patients felt that there should be a role for VC in the future (n = 84/102, 82%; NAP, n = 2). The majority of patients (n = 61/99, 61%; NAP, n = 5) were very relieved to avoid a hospital visit due to perceived risk of potential exposure to COVID-19.CONCLUSIONThe majority of oncology patients were satisfied with a VC encounter. VC may have a role in the future of medical care in Ireland post the COVID-19 pandemic.

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1. **A targeted response to the COVID-19 pandemic: analysing effectiveness of remote consultations for triage and management of routine dermatology referrals.**  
   Corden E. Clinical and experimental dermatology 2020;45(8):1047-1050.

During the UK's COVID-19 pandemic lockdown there was national guidance to suspend routine dermatology work. As a consequence, over 800 patient appointments in a district general dermatology department were temporarily suspended. Remote consultations were carried out to triage and manage referrals, via telephone or video consultations. Data were prospectively recorded on 488 patient interactions. Outcomes included advice/treatment, discharge, surgery or clinic review; 25% of patients were either uncontactable or their problem had resolved. Over a third of referrals were discharged with advice/treatment initiated remotely; 56% of referred dermatoses required further clinical review; 25% of lesion referrals were booked directly to surgery. This process was time-intensive for the clinicians involved, and triage mechanisms could be improved. Sufficient referral information allows remote diagnosis; implementation of management plans and appropriate discharge of patients. This process has been shown to be feasible, and may be a temporary solution for other COVID-19 impacted dermatology departments.

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1. **Are Virtual Fracture Clinics During the COVID-19 Pandemic a Potential Alternative for Delivering Fracture Care? A Systematic Review.**  
   Murphy Evelyn P. Clinical orthopaedics and related research 2020;478(11):2610-2621.

BACKGROUNDVirtual fracture clinics are an alternative to the traditional model of fracture care. Since their introduction in 2011, they have become increasingly used in the United Kingdom and Ireland. The coronavirus disease 2019 (COVID-19) health crisis has driven institutions to examine such innovative solutions to manage patient care. The current controversies include quantifying safety outcomes, such as potential delayed or missed injuries, inadequate treatment, and medicolegal claims. Questions also exist regarding the potential for cost reductions and efficiencies that may be achieved. Physical distancing has limited the number of face-to-face consultations, so this review was conducted to determine if virtual fracture clinics can provide an acceptable alternative in these challenging times.QUESTIONS/PURPOSESThe aim of this systematic review was to describe (1) adverse outcomes, (2) cost reductions, and (3) efficiencies associated with the virtual fracture clinic model.METHODSA systematic review of the PubMed, MEDLINE, and Embase databases was conducted from database inception to March 2020. The keywords "virtual" or "telemedicine" or "telehealth" or "remote" or "electronic" AND "fracture" or "trauma" or "triage" AND "clinic" or "consultation" were entered, using the preferred reporting items for systematic reviews and meta-analyses. Inclusion criteria included adults and children treated for injuries by a virtual clinic model at the initial review. Eligible injuries included injuries deemed to not need surgical intervention, and those able to be treated remotely using defined protocols. Exclusion criteria consisted of patients reviewed by telemedicine using video links or in person at the initial review. Initially, 1065 articles were identified, with 665 excluded as they did not relate to virtual fracture clinics. In all, 400 articles were screened for eligibility, and 27 full-text reviews were conducted on 18 studies (30,512 virtual fracture clinic encounters). Three subdomains focusing on adverse outcomes, cost reductions, and efficiencies were recorded. The term adverse outcomes was used to describe any complications, further surgeries, re-referrals back to the clinic, or deviations from the protocols. Efficiency described the number of patients reviewed and discharged using the model, savings in clinic slots, reduced waiting times, or a reduction in consumption of resources such as radiographs. All studies were observational and the quality was assessed using Newcastle-Ottawa tool, which demonstrated a median score of 6 ± 1.8, indicating moderate quality.RESULTSSix studies reported adverse outcomes in detail, with events ranging from inappropriate splinting, deviations from protocols, and one patient underwent an osteotomy for a malunion. Efficiency varied from direct discharge proportions of 18% in early studies to 100% once the virtual fracture clinic model was more established. Cost reductions compared with estimates derived from conventional fracture clinics varied from USD 53 to USD 297 and USD 39,125 to USD 305876 compared with traditional fracture clinic visits.CONCLUSIONSVirtual fracture clinics may provide a means to treat patients remotely, using agreed-upon protocols. They have an important role in the current COVID-19 pandemic, due to the possibility to provide ongoing care in an otherwise challenging setting. More robust studies looking at this model of care will be needed to assess its long-term effects on patients, institutions, and health care systems.LEVEL OF EVIDENCELevel IV, therapeutic study.

1. **COVID-19 and remote consulting strategies in managing trauma and orthopaedics.**  
   Iyengar K. Postgraduate medical journal 2020;96(1137):438-439.

1. **Covid-19 and the 'new normal': are remote video consultations here to stay?**  
   Bidmead Elaine British medical bulletin 2020;135(1):16-22.

INTRODUCTIONDuring the UK Covid-19 lockdown, video consultations (telemedicine) were encouraged. The extent of usage, and to which concerns to earlier implementation were set aside, is unknown; this is worthy of exploration as data becomes available.SOURCES OF DATASources of data are as follows: published case studies, editorials, news articles and government guidance.AREAS OF AGREEMENTVideo can be clinically effective, especially where patients cannot attend due to illness or infection risk. Patients are positive, and they can benefit from savings in time and money. Adoption of telemedicine is hindered by a range of known barriers including clinician resistance due to technological problems, disrupted routines, increased workload, decreased work satisfaction and organizational readiness.AREAS OF CONTROVERSYDespite policy impetus and successful pilots, telemedicine has not been adopted at scale.GROWING POINTSIncreased use of telemedicine during the Covid-19 crisis presents opportunities to obtain robust evidence of issues and create service transformation effectively.AREAS TIMELY FOR DEVELOPING RESEARCHExamination of telemedicine use during the Covid-19 crisis to ensure that the benefits and usage continue into the post-lockdown, 'new normal' world.

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1. **COVID-19 Reducing the Risks: Telemedicine is the New Norm for Surgical Consultations and Communications.**  
   Gillman-Wells Christopher C. Aesthetic plastic surgery 2020;:No page numbers.

INTRODUCTIONCOVID-19, a worldwide pandemic, has enforced a national lockdown in the UK which produced a paradigm shift about the way medical practitioners would perform consultations and communication with their patients. Senior authors realised that in lockdown there was only one option to see a patient: virtual consultation via telecommunication technologies. This paper will discuss the current benefits and considerations of Telemedicine, particularly in plastic surgery, to decipher the next route of action to further validate its use for future implementation.METHODA detailed literature review was carried out comparing papers from 1992 to 2020. A survey of 122 consultant plastic surgeons found an encouraging result as 70% positively embraced the suggestion of Telemedicine in their current practice.DISCUSSIONTelemedicine produced equal or improved patient satisfaction. Its utilisation reduced cost for patient, clinic and consultant. With accessibility to a large percentage of the population, Telemedicine enables infection control and adherence to social distancing during COVID-19. Considerations include dependability on internet access, legal aspects, cyber security and General Data Protection Regulation (GDPR), the inability to perform palpation or physical inspection and psychological impacts on the patient.CONCLUSIONIn modern times, Telemedicine has become more accessible and COVID-19 has made it more applicable than ever before. More in-depth research is needed for validation of this technique within plastic surgery. While maintaining quality of care and a vital role in social distancing, there is a strong need for standardisation of Telemedicine processes, platforms, encryption and data storage.LEVEL OF EVIDENCE VThis journal requires that authors assign a level of evidence to each article. For a full description of these Evidence-Based Medicine ratings, please refer to the Table of Contents or the online Instructions to Authors www.springer.com/00266 .

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1. **Delivery of urological services (telemedicine and urgent surgery) during COVID-19 lockdown: experience and lessons learnt from a university hospital in United Kingdom.**  
   Somani Bhaskar K. Scottish medical journal 2020;65(4):109-111.

BACKGROUND AND AIMSOur departmental planning for COVID-19 was actioned a week before the lockdown (13th March 2020). We look at a 7- week lockdown activity for all scheduled outpatient clinics and urgent procedures.METHODS AND RESULTSA total of 2361 outpatient clinic slots (52.6% oncology slots and 47.4% benign urology slots) were scheduled during this period. The oncology slots included 330 (26.5%) flexible cystoscopy, 555 (44.7%) prostate cancer and 357(28.8%) non-prostate cancer slots. The benign urology slots included 323 (28.8%) andrology, 193 (17.2%) stones and 603 (54%) lower urinary tract symptoms (LUTS) slots. Of the total oncology outpatient slots (n = 1242), 66.3% were virtual consultations, 20% were face-to-face and 13.6% were cancelled. Of the total benign outpatient slots (n = 1119), 81% were virtual consultations, 9.7% were face-to-face and 9.3% were cancelled. A total of 116 anaesthetic surgical procedures were carried out, of which 54 (46.5%) were oncological procedures, 18 (15.5%) were benign urological procedures, and 44 (38%) were diagnostic procedures.CONCLUSIONSHospitals and urologists can benefit from the model used by our hospital to mitigate the impact and prioritise patients most in need of urgent care. Reorganisation and flexibility of healthcare delivery is paramount in these troubled times and will allow clinical activity without compromising patient safety.

1. **Evaluation of remote OMFS assessments in the era of pandemic COVID-19 control measures.**  
   Cronin A. J The British journal of oral & maxillofacial surgery 2020;58(8):1023-1028.

Pandemic COVID-19 has put unprecedented pressure on NHS providers to offer non face-to-face consultation. This study aims to assess acceptability of patients and clinicians towards teleconsultation in oral and maxillofacial surgery compared with an expected face-to-face assessment. 340 telephone clinic patient episodes were surveyed over the initial 7-week period of pandemic-related service restriction. Appointment outcomes from a further 420 telephone consultations were additionally scrutinised. A total of 59.1% of patients expressed a strong preference for teleconsultation with only 13.1% stating a moderate or strong preference for face-to-face assessment. Diagnostic accuracy was highlighted as a concern for both clinicians and patients due to inherent inability to conduct a traditional clinical examination, notable in 43.5% of qualitative comments. Logistical concerns, communications needs and other individual circumstances formed the other emerging themes. The majority of remote consultations (59.5%) were outcomed as requiring further review. A total of 29.3% of patients were discharged. These findings suggest that the increasing use of remote follow-up in carefully selected subgroups can facilitate efficient and acceptable healthcare delivery. Although 'in-person' clinical appointments will continue to be regarded as the default safe and gold standard management modality, OMFS departments should consider significant upscaling of teleconsultation services.

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1. **Experience and perception of face to face versus remote consultations - a patient survey across two UK dermatology centres.**  
   Gnanappiragasam D. Clinical and experimental dermatology 2020;:No page numbers.

Owing to the COVID-19 pandemic, dermatology units had to shift towards remote methods (telephone/video) to cope with pressures on services. We looked at patient satisfaction and preferences between FTF (face-to-face) and remote consultation methods across two UK dermatology centres.

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1. **Fifteen-minute consultation: A practical approach to remote consultations for paediatric patients during the COVID-19 pandemic.**  
   Galway N. Archives of disease in childhood. Education and practice edition 2020;:No page numbers.

OBJECTIVE: This practical approach to the use of telehealth aims to offer clinicians a framework for video and telephone interactions with children and families accessing healthcare. DESIGN: Using a standardised case to illustrate how video and telephone consultations can be used during the COVID-19 pandemic. SETTING: The emergence of 2019 novel coronavirus (COVID-19) is having a massive impact on society. Routine face-to-face consultations were reduced to reduce potential spread of the virus. Clinicians still need to provide ongoing safe care, particularly for more complex patients. Telehealth is the delivery of healthcare services across geographical barriers using information and communication technologies to improve health outcomes. INTERVENTION: In this article, we describe a 'How to' approach to using virtual consultations based on our experience and a review of expert guidelines. CONCLUSION: Virtual consultations can be more convenient and have the potential to improve access for patients. Many have embraced these technologies for the first time during this pandemic.

1. **Following COVID-19 clinicians now overwhelmingly accept virtual clinics in Oral and Maxillofacial Surgery.**  
   Al-Izzi T. The British journal of oral & maxillofacial surgery 2020;58(10):e290.

Virtual consultations and telemedicine have been an emerging trend in modern medicine, which has seen acceleration in uptake across a wide range of specialties as a result of the COVID-19 pandemic. Following on from previous work by the authors in 2019 examining clinician and patient appetite for virtual consultations in maxillofacial surgery, we sought to evaluate whether there had been a change in attitudes as a result of the pandemic. A clinician survey of the consultants at a large teaching hospital and prospective data collection of virtual consultation outcomes was carried out from the inception of UK government lockdown measures to tackle the pandemic. From 151 consultations, 149 (98.7%) successfully established a working diagnosis and treatment plan and/or concluded an episode of patient care, without the need to convert to a face-to-face encounter between clinician and patient. The total number of consultations (virtual or otherwise) was significantly lower than the same time period the preceding year however (1,223 compared with 465 consultations). All consultants surveyed felt the pandemic had altered their opinion of virtual clinics and their place in maxillofacial surgery but cited a number of issues. Further work is required to understand the driving forces behind staff attitudes and the long-term adoption of telemedicine within the specialty as services return to some sense of normalcy.

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1. **Identifying and managing osteoporosis before and after COVID-19: rise of the remote consultation?**  
   Paskins Z. Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA 2020;31(9):1629-1632.

The COVID-19 pandemic is influencing methods of healthcare delivery. In this short review, we discuss the evidence for remote healthcare delivery in the context of osteoporosis. INTRODUCTION: The COVID-19 pandemic has undoubtedly had, and will continue to have, a significant impact on the lives of people living with, and at risk of, osteoporosis and those caring for them. With osteoporosis outpatient and Fracture Liaison Services on pause, healthcare organisations have already moved to delivering new and follow-up consultations remotely, where staffing permits, by telephone or video. METHODS: In this review, we consider different models of remote care delivery, the evidence for their use, and the possible implications of COVID-19 on osteoporosis services. RESULTS: Telemedicine is a global term used to describe any use of telecommunication systems to deliver healthcare from a distance and encompasses a range of different scenarios from remote clinical data transfer to remote clinician-patient interactions. Across a range of conditions and contexts, there remains unclear evidence on the acceptability of telemedicine and the effect on healthcare costs. Within the context of osteoporosis management, there is some limited evidence to suggest telemedicine approaches are acceptable to patients but unclear evidence on whether telemedicine approaches support informed drug adherence. Gaps in the evidence pertain to the acceptability and benefits of using telemedicine in populations with hearing, cognitive, or visual impairments and in those with limited health literacy. CONCLUSION: There is an urgent need for further health service evaluation and research to address the impact of remote healthcare delivery during COVID-19 outbreak on patient care, and in the longer term, to identify acceptability and cost- and clinical-effectiveness of remote care delivery on outcomes of relevance to people living with osteoporosis.

1. **LoVE in a time of CoVID: Clinician and patient experience using telemedicine for chronic epilepsy management.**  
   Banks Jack Epilepsy & behavior : E&B 2020;:107675.

As part of our ongoing interest in patient- and family-centered care in epilepsy, we began, before the onset of the CoVID-19 pandemic, to evaluate the concerns and preferences of those delivering and receiving care via telemedicine. CoVID-19 arrived and acted as an unexpected experiment in nature, catalyzing telemedicine's widespread implementation across many disciplines of medicine. The arrival of CoVID-19 in Ireland gave us the opportunity to record these perceptions pre- and post-CoVID. Data were extracted from the National Epilepsy Electronic Patient Record (EEPR). Power BI Analytics collated data from two epilepsy centers in Dublin. Analysis of data on reasons for using the telephone support line was conducted. A subset of patients and clinicians who attended virtual encounters over both periods were asked for their perception of telemedicine care through a mixed methods survey. Between 23rd December 2019 and 23rd March 2020 (pre-CoVID era), a total of 1180 patients were seen in 1653 clinical encounters. As part of a telemedicine pilot study, 50 of these encounters were scheduled virtual telephone appointments. Twenty eight surveys were completed by clinicians and 18 by patients during that period. From 24th March 2020 to 24th June 2020, 1164 patients were seen in 1693 encounters of which 729 (63%) patients were seen in 748 scheduled virtual encounters. 118 clinician impressions were captured through an online survey and 75 patients or carers completed a telephone survey during the post-CoVID era. There was no backlog of appointments or loss of care continuity forced by the pandemic. Clinicians expressed strong levels of satisfaction, but some doubted the suitability of new patients to the service or candidates for surgery receiving care via telemedicine. Patients reported positive experiences surrounding telephone appointments comparing them favorably to face-to-face encounters. The availability of a shared EEPR demonstrated no loss of care contact for patients with epilepsy. The survey showed that telemedicine is seen as an effective and satisfactory method of delivering chronic outpatient care.

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1. **Medical students consulting from home: A qualitative evaluation of a tool for maintaining student exposure to patients during lockdown.**  
   Darnton Richard Medical teacher 2020;:1-8.

INTRODUCTIONLockdowns during the COVID-19 pandemic had a disruptive effect on medical education when they prevented medical students accessing real patients. To address this, we piloted 35 medical students at home consulting remotely with patients.METHODWe evaluated the intervention using qualitative analysis of post-experience interviews with a sample of 13 students and 10 clinical supervisors.RESULTSThe experience was perceived by all those interviewed to be both acceptable and educationally valuable. Data analysis revealed different models of implementation according to type of patients involved (acute, recently treated or expert patients) and type of communication platform used (AccuRx, Microsoft Teams or telephone). Practical and educational challenges were identified in relation to the following elements of the experience: patients consulting with students remotely, students being remotely supervised and students undertaking patient contact from home. Strategies for addressing these challenges were directly suggested by interviewees and also inferred from our analysis of the data.CONCLUSIONSRemotely supervised medical students at home undertaking remote consultations with patients can be acceptable and educationally valuable. The intervention was piloted in a UK graduate entry medical course and so it would be useful to replicate this study in other medical student populations.

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1. **Near Me at Home: codesigning the use of video consultations for outpatient appointments in patients' homes.**  
   Beattie M. BMJ open quality 2020;9(3):No page numbers.

Reforming the delivery of outpatient appointments (OPA) was high on the healthcare policy agenda prior to COVID-19. The current pandemic exacerbates the financial and associated resource limitations of OPA. Videoconsulting provides a safe method of real-time contact for some remotely residing patients with hospital-based clinicians. One factor in failing to move from introduction of service change to its general adoption may be lack of patient and public involvement. This project, based in the largest Island in the Inner Hebrides of Scotland, aimed to codesign the use of the NHS Near Me video consulting platform for OPA to take place in the patient's home. A codesign model was used as a framework. This included: step 1-presenting a process flow map of the current system of using Near Me to public participants and establishing their ideas on various steps in the process, step 2-conducting numerous Plan, Do, Study, Act (PDSA) tests and creating a current process flow diagram based on learning and step 3-conducting telephone interviews and thematic analysis of transcripts (n=7) to explore participants' perceptions of being involved in the codesign process. Twenty-five adaptations were made to the Near Me at Home video appointment process from participants' PDSA testing. Four themes were identified from thematic analysis of participants' feedback of the codesign process, namely: altruistic motivation, valuing community voices, the usefulness of the PDSA cycles and the power of 'word of mouth'. By codesigning the use of Near Me with people living in a remote area of Scotland, multiple adaptations were made to the processes to suit the context in which Near Me at Home will be used. Learning from testing and adapting with the public will likely be useful for others embarking on codesign approaches to improve spread and sustainability of quality improvement projects.

1. **Patient and clinician satisfaction with video consultations during the COVID-19 pandemic: an opportunity for a new way of working.**  
   Byrne E. Journal of orthodontics 2020;:1465312520973677.

OBJECTIVE: To assess satisfaction of patients and clinicians with virtual appointments using Attend Anywhere for their orthodontic consultation and to identify any areas where the technology could be further utilised. DESIGN: Service evaluation involving descriptive cross-sectional questionnaire. SETTING: Orthodontic Departments at Royal Blackburn Teaching Hospital and Burnley General Teaching Hospital. PARTICIPANTS: Patients and clinicians involved in video consultations. METHODS: Patient- and clinician-specific questionnaires were designed and those involved in virtual clinics were invited to complete these at the end of their consultation. The questionnaires focused on setting up and connecting to the virtual clinic, assessing if the correct types of patients were involved in the clinics and satisfaction with these types of remote consultations. RESULTS: A total of 121 questionnaires (59 patient and 62 clinician) were completed. Of the patients, 93% found the instructions provided to access the consultation easy to follow and 70% of clinicians did not report any connection issues. In 90% of cases, a virtual appointment was seen to be appropriate by the clinician. Respondents showed a high level of satisfaction with 76% of patients saying a remote consultation was more convenient than face-to-face, and 66% reporting they would, if appropriate, like more appointments like this in the future. CONCLUSION: The overall satisfaction among patients with virtual clinics introduced during the COVID-19 pandemic was generally high. The majority of patients would, where appropriate, prefer more virtual appointments in the future in comparison to face-to-face appointments and it was found to be more convenient for the patient.

1. **Patient satisfaction from ENT telephone consultations during the coronavirus disease 2019 pandemic.**  
   Zammit M. The Journal of laryngology and otology 2020;:1-6.

BACKGROUND: Telephone consultations have rapidly increased in the out-patient setting because of the coronavirus pandemic. A quality improvement project was implemented to improve patient satisfaction of telephone consultations in our unit. METHODS: This was a prospective complete-cycle project. Patient satisfaction questionnaires were sent to patients following telephone consultations in ENT clinics. Based on a literature review and initial results, clinicians were encouraged to follow a structured consultation format. A second questionnaire survey was conducted following its implementation. RESULTS: One hundred patient questionnaires were collected during the survey (April and June 2020). There was significant improvement over the two surveys in terms of satisfaction scores (p = 0.026), along with a significantly increased preference for telephone consultations over face-to-face consultations (p = 0.021). CONCLUSION: This study showed significant improvement in patient satisfaction and an increased telephone consultation preference through the use of a structured consultation model. The potential benefits in terms of infection control and impact on out-patient workload may see telephone consultations persist in the post-coronavirus era.

1. **Remote reporting in the COVID-19 era: from pilot study to practice.**  
   Dick EA Clinical radiology 2020;75(9):710.e5-710.e8.

AIM: To assess the benefits and challenges of remote reporting using an intra-departmental teleradiology system. MATERIALS AND METHODS: A pilot of an in-hospital Trust radiologist reporting on in-hospital Trust patients via a remote login was undertaken. Reporting output, training impact, and quality improvement were measured. RESULTS: Reporting output increased by 140%. Trainee satisfaction was high in a qualitative survey, particularly for out-of-hours support and teaching. Clinicians found the service to be similar to the same service provided by a locally based radiologist. CONCLUSION: In the COVID-19 era, remote working has developed rapidly. This study shows that radiology departments can provide remote reporting that is equal in standard to reporting from within the hospital, and in addition, that there are advantages to output and training.

1. **Safe and rapid implementation of telemedicine fracture clinics: the impact of the COVID-19 pandemic.**  
   Smith Ariella J. ANZ journal of surgery 2020;90(11):2237-2241.

BACKGROUNDThe coronavirus disease outbreak in December 2019 rapidly spread around the world with profound effects on healthcare systems. In March 2020, all elective surgery and elective outpatient clinics were cancelled in our institution, a regional hospital in Northern New South Wales, Australia. With regard to orthopaedic fracture clinics, a telehealth system was implemented on an emergency basis for patient and staff safety to prevent disease transmission. The aim of our study was to investigate whether rapid implementation of telehealth for orthopaedic fracture clinics resulted in an increase in complications.METHODSA retrospective cohort study of all patients with orthopaedic fracture clinic appointments at a regional New South Wales hospital between 17 March and 8 May 2020 was undertaken. There were 191 patients, including 390 appointments of which 23.1% were conducted via telehealth, namely by phone call. Complications requiring phone calls to the orthopaedic team, presentations to the emergency department, admission to hospital or return to theatre, were recorded.RESULTSThere was no increase in complications following emergent implementation of telehealth for orthopaedic fracture clinic follow-up in our institution. Patients in the telehealth group were significantly older than those in the clinic group.CONCLUSIONThe study demonstrates that application of telehealth fracture clinics in a regional Australian setting can be achieved without increasing complication rates and can be used to formulate a rapid telehealth implementation plan if a similar scenario occurs in the future.

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1. **Shaping the post-COVID-19 "New Normal" with Communication and Collaboration Platforms: state of the art communications for radiology, oncology, MDTs and beyond.**  
   Johnson Robert James BJR open 2020;2(1):20200038.

The COVID-19 pandemic has driven the use of digital communications to unprecedented levels across society whilst the NHS struggles with non-compatible IT systems that are often outdated and inhibit effective communication. MDTs use teleconferencing but the IT infrastructure does not permit clinicians to readily discuss cases and collaboratively review imaging outside of formal meetings if not on the same site and face-to-face. NHS radiology home reporting was not widely in place at the outbreak of the pandemic. Paper records persist further inhibiting remote working. Email has degraded the quality of written communication leading to suggestions of a 'broken' email culture. Despite NHS policy ambitions to address radiologist under capacity with increased networking and collaboration between providers the IT infrastructure has proven inadequate. Modern Communication and Collaboration Platforms have functionality that cuts across the non-compatible IT restrictions with screen sharing a key enabler. By engaging with these platforms radiologists and oncologists have a once-in-a-lifetime opportunity to shape the 'new normal' of delivery of healthcare with superior quality communication practices exceeding those in place at the outbreak of the pandemic.

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1. **Single-centre telephone survey on patients' perspectives regarding remote paediatric outpatient consultations in a district general hospital.**  
   Singh N. BMJ paediatrics open 2020;4(1):e000885.

During the COVID-19 pandemic, remote consultations became a new norm for paediatric outpatient clinics. The objective of this survey was to find patients' perspective on telephone consultations. 200 patients, who had remote consultations since April 2020, were surveyed and their responses were analysed. Almost half (98/200) of the patients or their parents preferred remote consultations mixed with face-to-face consultations; only a fifth (40/200) preferred exclusively face-to-face consultations; and approximately a third (62/200) preferred exclusively remote consultations. In conclusion, remote consultations are becoming a popular choice for patients, although there are limitations, especially in the context of safeguarding.

1. **Telehealth in the Context of COVID-19: Changing Perspectives in Australia, the United Kingdom, and the United States.**  
   Fisk Malcolm Journal of medical Internet research 2020;22(6):e19264.

BACKGROUNDOn March 12, 2020, the World Health Organization declared the coronavirus disease (COVID-19) outbreak a pandemic. On that date, there were 134,576 reported cases and 4981 deaths worldwide. By March 26, 2020, just 2 weeks later, reported cases had increased four-fold to 531,865, and deaths increased five-fold to 24,073. Older people are both major users of telehealth services and are more likely to die as a result of COVID-19.OBJECTIVEThis paper examines the extent that Australia, the United Kingdom, and the United States, during the 2 weeks following the pandemic announcement, sought to promote telehealth as a tool that could help identify COVID-19 among older people who may live alone, be frail, or be self-isolating, and give support to or facilitate the treatment of people who are or may be infected.METHODSThis paper reports, for the 2-week period previously mentioned and immediately prior, on activities and initiatives in the three countries taken by governments or their agencies (at national or state levels) together with publications or guidance issued by professional, trade, and charitable bodies. Different sources of information are drawn upon that point to the perceived likely benefits of telehealth in fighting the pandemic. It is not the purpose of this paper to draw together or analyze information that reflects growing knowledge about COVID-19, except where telehealth is seen as a component.RESULTSThe picture that emerges for the three countries, based on the sources identified, shows a number of differences. These differences center on the nature of their health services, the extent of attention given to older people (and the circumstances that can relate to them), the different geographies (notably concerned with rurality), and the changes to funding frameworks that could impact these. Common to all three countries is the value attributed to maintaining quality safeguards in the wider context of their health services but where such services are noted as sometimes having precluded significant telehealth use.CONCLUSIONSThe COVID-19 pandemic is forcing changes and may help to establish telehealth more firmly in its aftermath. Some of the changes may not be long-lasting. However, the momentum is such that telehealth will almost certainly find a stronger place within health service frameworks for each of the three countries and is likely to have increased acceptance among both patients and health care providers.

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1. **Telehealth tinnitus therapy during the COVID-19 outbreak in the UK: uptake and related factors.**  
   Aazh Hashir International journal of audiology 2020;:1-6.

OBJECTIVEThe Audiology Department at the Royal Surrey County Hospital usually offers face-to-face audiologist-delivered cognitive behavioural therapy (CBT) for tinnitus rehabilitation. During COVID-19 lockdown, patients were offered telehealth CBT via video using a web-based platform. This study evaluated the proportion of patients who took up the offer of telehealth sessions and factors related to this.DESIGNRetrospective service evaluation.STUDY SAMPLE113 consecutive patients whose care was interrupted by the lockdown.RESULTS80% of patients accepted telehealth. The main reasons for declining were not having access to a suitable device and the belief that telehealth appointments would not be useful. Compared to having no hearing loss in the better ear, having a mild or moderate hearing loss increased the chance of declining telehealth by factors of 3.5 (p = 0.04) and 14.9 (p = 0.038), respectively. High tinnitus annoyance as measured via the visual analogue scale increased the chance of declining telehealth appointments by a factor of 1.4 (p = 0.019).CONCLUSIONSAlthough CBT via telehealth was acceptable to most patients, alternatives may be necessary for the 20% who declined. These tended to have worse hearing in their better ear and more annoying tinnitus.

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1. **Telemedicine during COVID-19: a survey of Health Care Professionals' perceptions.**  
   Elawady Abdula Monaldi archives for chest disease = Archivio Monaldi per le malattie del torace 2020;90(4):No page numbers.

The National Health Service (NHS) has rapidly adopted telemedicine solutions as an alternative to face-to-face consultations during the COVID-19 pandemic. The majority of HCPs (Healthcare Professionals) were unfamiliar with Telemedicine prior to the current pandemic. Remote consultation is expected to continue for the foreseeable future, thus we designed this survey. A survey designed to evaluate the use of telephone consultation by HCPs, assessing its implementation, challenges and drawbacks. A web link survey conducted through SurveyMonkey was sent to HCPs across six UK Trusts the period of May 2020. The survey received 114 responses (84%) being doctors. 95% of respondents had not received training prior to engaging in telemedicine consultations. 64% were unaware of the updated General Medical Council guidance concerning remote consultations. The most common barrier in remote consultation was the inability to access patient records raised by 37% of respondents. However, 73% of respondents felt that patients understood their medical condition and the instructions given to them over the phone, and 70% agreed that videoconference consultations would add to patients care. Telemedicine can be used for selected groups of patients in the post COVID-19 era, and the HCPs carrying that should have the sufficient experience and knowledge expected to operate these clinics.

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1. **Telemedicine in cardiovascular surgery during COVID-19 pandemic: A systematic review and our experience.**  
   Ajibade Ayomikun Journal of cardiac surgery 2020;35(10):2773-2784.

OBJECTIVEThe SAR-COV-2 pandemic has had an unprecedented effect on the UK's healthcare systems. To reduce spread of the virus, elective treatments and surgeries have been postponed or canceled. There has been a rise in the use of telemedicine (TM) as an alternative way to carry outpatient consultations. This systematic review aims to evaluate the extent to which TM may be able to support cardiac and vascular surgery patients in the COVID-19 era.METHODSWe looked into how TM can support the management of patients via triaging, preoperative, and postoperative care. Evaluations targeted the clinical effectiveness of common TM methods and the feasibility of applying those methods in the UK during this pandemic.RESULTSSeveral studies have published their evidence on the benefit of TM and its benefit during COVID-19, the data related to cardiovascular surgery and how this will impact future practice of this speciality is emerging and yet larger studies with appropriate timing of outcomes to be published.CONCLUSIONOverall, the use of virtual consultations and remote monitoring is feasible and best placed to support these patients via triaging and postoperative monitoring. However, TM can be limited by the need of sophisticated technological requirement and patients' educational and know-how computer literacy level.

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1. **Telemedicine in orthopaedics and its potential applications during COVID-19 and beyond: A systematic review.**  
   Haider Z. Journal of telemedicine and telecare 2020;:1357633X20938241.

INTRODUCTION: Telemedicine is the delivery of healthcare from a remote location using integrated computer/communication technology. The current COVID-19 pandemic has led to increased adoption of telemedicine with national orthopaedic governing bodies advocating its use, as evidence suggests that social distancing maybe necessary until 2022. This systematic review aims to explore evidence for telemedicine in orthopaedics to determine its advantages, validity, effectiveness and utilisation. METHODS: Databases of PubMed, Web of Science, Scopus and CINAHL were systematically searched and articles were included if they involved any form of telephone or video consultation in an orthopaedic population. Findings were synthesised into four themes: patient/clinician satisfaction, accuracy and validity of examination, safety and patient outcomes and cost effectiveness. Quality assessment was undertaken using Cochrane and Joanna Briggs Institute appraisal tools. RESULTS: Twenty-one studies were included consisting of nine randomised controlled trials (RCTs). Studies revealed high patient satisfaction with telemedicine for convenience, less waiting and travelling time. Telemedicine was cost effective particularly if patients had to travel long distances, required hospital transport or time off work. No clinically significant differences were found in patient examination nor measurement of patient-reported outcome measures. Telemedicine was reported to be a safe method of consultation. DISCUSSION: Evidence suggests that telemedicine in orthopaedics can be safe, cost effective, valid in clinical assessment and with high patient/clinician satisfaction. However, more high-quality RCTs are required to elucidate long-term outcomes. This systematic review presents up-to-date evidence on the use of telemedicine and provides data for organisations considering its use in the current COVID-19 pandemic and beyond.

1. **The contributions of NHS healthcare workers who are shielding or working from home during COVID-19.**  
   Chattopadhyay Indrajit Future healthcare journal 2020;7(3):e57.

During the COVID-19 pandemic, many healthcare staff and others who work for the NHS have been working from home (WFH) or shielding due to various health conditions, including pregnancy. While emphasis has been given to the support and wellbeing of those working at the frontline, little is known about the contribution of those who are working remotely. This online survey attempts to throw some light on how these healthcare workers have been contributing to the NHS while WFH, the resources they may or may not have to undertake their remote duties, their perception of whether their contribution is valued at the workplace, and their views on whether the new ways of working would influence the manner in which they would work in the future.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=6e81fc79e86f51141a9c1af56568982c)

1. **The impact of the coronavirus (COVID-19) pandemic on elective paediatric otolaryngology outpatient services - An analysis of virtual outpatient clinics in a tertiary referral centre using the modified paediatric otolaryngology telemedicine satisfaction survey (POTSS)**  
   Darr A. International Journal of Pediatric Otorhinolaryngology 2020;138:No page numbers.

Introduction: Virtual outpatient clinics (VOPC) have been integrated into both paediatric and based adult outpatient services due to a multitude of factors, including increased demand for services, technological advances and rising morbidity secondary to ageing populations. The novel coronavirus disease (COVID-19) has accentuated pressures on the National Health Service (NHS) infrastructure, particularly elective services, whilst radically altering patterns of practice. <br/>Aim(s): To evaluate the impact of the COVID-19 pandemic on paediatric otolaryngology outpatient services whilst collating patient feedback to elicit long-term sustainability post COVID-19. <br/>Method(s): A retrospective analysis of VOPCs was undertaken at a tertiary paediatric referral centre over a 3-month capture period during the COVID-19 pandemic. Demographic, generic clinic (presenting complaint, new vs. follow-up, consultation type), as well as outcome data (medical or surgical intervention, discharge vs. ongoing review, onward referral, investigations, and conversion to face-to-face) was collated. Additionally a modified 15-point patient satisfaction survey was created. The Paediatric Otolaryngology Telemedicine Satisfaction survey (POTSS), was an adaptation of 4 validated patient satisfaction tools including the General Medical Council (GMC) patient questionnaire, the telehealth satisfaction scale (TESS), the telehealth usability questionnaire (TUQ), and the telemedicine satisfaction and usefulness questionnaire (TSUQ). <br/>Result(s): Of 514 patients reviewed virtually over a 3-month period, 225 (45%) were randomly selected to participate, of which 200 met our inclusion criteria. The most common mode of consultation was telephony (92.5%, n = 185). Non-attendance rates were reduced when compared to face-to-face clinics during an equivalent period prior to the COVID-19 pandemic. A significant proportion of patients (29% compared to 26% pre-VOPC) were discharged to primary care. Nine percent were listed for surgery compared to 19% pre-VOPC. A subsequent face-to-face appointment was required in 10% of participants. Overall, the satisfaction when assessing the doctor-patient relationship, privacy & trust, as well as consultation domains was high, with the overwhelming majority of parents' content with the future integration and participation in VOPCs. <br/>Conclusion(s): An evolving worldwide pandemic has accelerated the need for healthcare services to reform in order to maintain a steady flow of patients within an elective outpatient setting without compromising patient care. Solutions must be sustainable long-term to account for future disruptions, whilst accounting for evolving patient demographics. Our novel survey has demonstrated the vast potential that the integration of VOPCs can offer paediatric otolaryngology services within a carefully selected cohort of patients.<br/>Copyright &#xa9; 2020

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1. **Video consultations in ordinary and extraordinary times.**  
   Duncan C. Practical neurology 2020;20(5):396-403.

Tele-neurology is a neurological consultation at a distance, or not in person, using various technologies to achieve connectivity, including the telephone and the internet. The telephone is ubiquitous and is a standard part of how we manage patients. Video consulting has been used for a long time in some centres, particularly in those where the geography means that patients have to travel long distances. Various technologies can be used, and with the development of various internet-based video-calling platforms, real-time video consulting has become much more accessible. We have provided a tele-neurology service in the North East of Scotland since 2006 using video conferencing with far-end camera control. More recently, we have complemented this using an internet-based platform (NHS Near Me). Here we outline the practicalities of video consulting in 'ordinary' times and comment on its use in the 'extraordinary' times of the coronavirus pandemic.

1. **View from Portsmouth during the COVID-19 pandemic: remote dermatology work.**  
   Haworth A. Clinical and experimental dermatology 2020;45(7):813-814.

1. **Virtual Consultations and the Role of Technology During the COVID-19 Pandemic for People With Type 2 Diabetes: The UK Perspective.**  
   Quinn LM Journal of medical Internet research 2020;22(8):e21609.

The coronavirus disease (COVID-19) pandemic has presented unique challenges for people with diabetes, in addition to their high-risk stratification for infection. Supporting people with diabetes to self-care has been critical to reduce their risk of severe infection. This global pandemic has presented an opportunity to digitalize diabetes care and rapidly implement virtual diabetes clinics, with the aim of optimizing diabetes management and well-being, while keeping patients safe. We performed a rapid review of the literature to evaluate the feasibility and effectiveness of virtual clinics in diabetes care before and during the COVID-19 pandemic and have combined these findings with our own reflections in practice. We identified examples demonstrating safety and feasibility of virtual diabetes clinics, which aligns with our own clinical experience during the pandemic. The advantages of virtual clinics include reduced treatment burden, improved therapeutic alliances, societal and psychological benefits, and in our experience, innovative solutions to overcome the challenges presented by the transition from in-person to virtual care. We have provided three infographics to illustrate lessons learned and key recommendations, including steps to establish a virtual diabetes clinic, a checklist guide for health care professionals conducting virtual clinics, and a patient guide for making the most out of the virtual clinic. It is important to continue adapting to this pandemic and to make technology a sustainable option for the future of diabetes care.

1. **Working from home in medicine during coronavirus: What equipment do you need to get started and what can you do to help from home?**  
   Hayes B. Future healthcare journal 2020;7(2):163-164.

The COVID-19 pandemic looks set to significantly change how we practice medicine. It is vital that the vulnerable and immunocompromised members of our workforce are protected, which may mean that they do not go into clinical areas. While the medical field has been slower than many professional areas to catch on to working from home, many trusts are already moving towards telephone or video outpatient appointments during COVID-19. We describe the equipment needed to set up working from home for healthcare practitioners (HCPs) and discuss a variety of other opportunities for home-based HCPs, including teaching, learning, carrying out audit and quality improvement work and offering psychological support for colleagues working on the front line.

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## C. Search History

|  | **Source** | **Criteria** | **Results** |
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| 1. | Medline | (COVID-19).ti,ab | 83820 |
| 2. | Medline | (Coronavirus).ti,ab | 45424 |
| 3. | Medline | \*"SARS-COV-2"/ | 4415 |
| 4. | Medline | (SARS-COV-2).ti,ab | 26478 |
| 5. | Medline | ("2019 Novel").ti,ab | 1109 |
| 6. | Medline | ("Severe acute respiratory syndrome coronavirus 2").ti,ab | 9265 |
| 7. | Medline | (1 OR 2 OR 3 OR 4 OR 5 OR 6) | 105398 |
| 8. | Medline | (Remote\* ADJ2 work\*).ti,ab | 731 |
| 9. | Medline | \*TELEWORKING/ | 11 |
| 10. | Medline | (teleworking).ti,ab | 55 |
| 11. | Medline | (Home ADJ3 work\*).ti,ab | 7237 |
| 12. | Medline | (Homework\*).ti,ab | 1709 |
| 13. | Medline | ("remote communication\*").ti,ab | 119 |
| 14. | Medline | ("remote consultation\*").ti,ab | 315 |
| 15. | Medline | (Telemedicine).ti,ab | 12197 |
| 16. | Medline | (Telehealth).ti,ab | 5235 |
| 17. | Medline | (8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16) | 26529 |
| 18. | Medline | (7 AND 17) | 2782 |
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| 25. | Medline | (Ireland).ti,ab | 21811 |
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| 36. | EMBASE | \*TELEWORKING/ | 56 |
| 37. | EMBASE | (teleworking).ti,ab | 68 |
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| 43. | EMBASE | (Telehealth).ti,ab | 6598 |
| 44. | EMBASE | (35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43) | 33394 |
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| 47. | EMBASE | (UK OR "United Kingdom").ti,ab | 277702 |
| 48. | EMBASE | ("Great Britain").ti,ab | 14795 |
| 49. | EMBASE | (England).ti,ab | 67459 |
| 50. | EMBASE | (Wales).ti,ab | 30294 |
| 51. | EMBASE | (Scotland).ti,ab | 21797 |
| 52. | EMBASE | (Ireland).ti,ab | 163203 |
| 53. | EMBASE | (46 OR 47 OR 48 OR 49 OR 50 OR 51 OR 52) | 559842 |
| 54. | EMBASE | (45 AND 53) | 81 |
| 55. | EMBASE | \*CORONAVIRUS/ | 3548 |
| 56. | EMBASE | (34 OR 55) | 106034 |
| 57. | EMBASE | (44 AND 53 AND 56) | 81 |
| 58. | EMBASE | 57 [Publication types Article OR Report OR Review] | 68 |

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