

# Sharing the views of the Patient and Public Voice - COVID-19 Patient and Public Input into 27 April 2021 SAGE Report

## Key Statement from Patient and Public Voice:

It is clear a lot of positive progress has been made but as we move out of the 'emergency phase' and continue to move out of a national lockdown, we must sustain momentum

- With news in the US that nearly 8 percent of those who got initial Pfizer or Moderna shots have missed their second dose, in addition to the positive research that a single dose of Oxford-AstraZeneca or Pfizer-BioNTech vaccine reduces COVID-19 risk, it is clear research should explore if there any hesitations in receiving a second dose so as to enable targeted interventions and avoid the same thing happening in the UK.
- Whilst it was predicted in the early stages of the pandemic, we're seeing more and more evidence of the impact of COVID-19 on mental health. Research is needed as a matter of urgency to address concern over whether our existing mental health services have the capacity to be able to support these individuals and whether there are interventions that have proven successful that are specific to the impacts of COVID-19.
- It is clear there are pros and cons to the use of vaccine passports, but further research needs to be done to better understand the public's perception of whether the benefits outweigh the risk.



## Input reiterated key recommendations from previous reports whilst also suggesting new areas of work and directions to consider:

- **Surveillance and Epidemiology**
  - It is very encouraging to see that not only is the [vaccination programme having a positive effect on COVID-19 related hospitalisations and deaths](#), but that [lateral flow testing can detect most COVID-19 infections that would lead to onward transmission](#).
    - However, this does not mean that we are out of the woods and research should explore how compliance to restrictions are still being maintained. This data and research outputs will ultimately help us avoid future waves.
- **Immunity and Vaccines**
  - We are continuing to see findings from research that show vaccine hesitancy is highest in the most deprived areas. These are the same areas in which its population are at a higher risk of COVID-19.
    - As such we need to see the data on the targeted interventions that have been in place to improve vaccine hesitancy to understand whether the data and research show an improvement in vaccine uptake.
  - It is positive to see that [a single dose of Oxford-AstraZeneca or Pfizer-BioNTech vaccine reduces COVID-19 risk](#) in adults across all ages, ethnic groups, and risk categories.
    - However, this needs to be managed well so as to not lead individuals to believe that one dose will be sufficient (as we are starting to see in the US with nearly 8 percent of those who got initial Pfizer or Moderna shots missing their second dose).
      - Research should explore if there any hesitations in receiving a second dose so as to enable targeted interventions.
    - A priority needs to be to drill down further and ensure there is greater understanding in different conditions as opposed to grouping under 'clinically extremely vulnerable'.
  - As the vaccine programme continues to build and we see more and more groups and populations being invited to receive their second dose, this raises the possibility for a greater understanding of priority unanswered questions that include:
    - How long immunity lasts following vaccinations
    - We see that a handful of common medications are being used as treatment for COVID-19, this leads to questions on if medications have an effect on level of immunity too.
    - Whether vaccines could affect the type of symptoms presented as this could influence transmission rates.

**63 members of the COVID-19 Patient and Public Involvement and Engagement Group** available to support researchers to provide patient and public input into the development, running, interpretation and dissemination of their research



**6 members of the HDR UK COVID-19 Patient and Public Involvement and Engagement Group** reviewed and provided additional feedback into the development of this report



**Ongoing requisite from HDR UK Public Advisory Board** that the public and patients should be involved in these priority areas. In addition to building public trust, incorporating lived experiences and views, could generate further valuable research questions.

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Input reiterated key recommendations from previous reports whilst also suggesting new areas of work and directions to consider (contd):

## • Longitudinal Health and Wellbeing

- Whilst it was predicted in the early stages of the pandemic, we're seeing more and more evidence of the impact of COVID-19 on mental health with an [increase in absences due to mental health in healthcare professionals](#) and those with [prior mental ill-health were more likely to suffer negative healthcare and economic consequences during the pandemic](#).
  - Need to understand true levels of mental health problems across populations as there is a concern over whether our existing mental health services have the capacity to be able to support these individuals.
  - As we move to a stage where restrictions are lifted, this is considered to be a positive move in the fight against COVID-19. However, after being in a range of restrictions for a year, this change could cause mental health problems and further research is needed to understand the true extent to better prepare services for the coming months.
- It is clear there are pros and cons to the use of vaccine passports, but further research needs to be done to better understand the public's perception of whether the benefits outweigh the risk.
  - If put into use without incorporating these findings, there will likely be resistance and could exasperate mental health issues and concerns too as it could increase inequalities.
- With more and more data and research being carried out, we're seeing evidence of certain conditions putting people at a higher risk of contracting COVID-19 – the latest being [women with polycystic ovary syndrome](#).
  - Whilst the vaccination programme is being rolled-out, these findings need to be incorporated and considered to protect those who are most vulnerable.
  - Importantly, research needs to continue at pace to identify any other groups and populations so that they are not missed moving forward.
- We've already seen the existing and alarmingly growing evidence that has identified the likelihood of excess deaths from cardiovascular disease and cancer due to the reductions in referral, diagnosis and treatment – urgent research is needed to determine the extent to which this is the other case for other health conditions too and if particular groups and populations are affected more than others.

## • Clinical Trials

- It is encouraging to see the recent updates for trials such as [the PRINCIPLE trial on new potential treatment options](#) to reduce the severity of COVID-19. This must not lose momentum despite the impact of the vaccination roll-out programme – complete reliance on vaccination would be detrimental.
- Whilst the latest treatment explored in the PRINCIPLE trial is in primary care, in addition to the research, there must not be a delay in ensuring clinical practice is updated and that patients are getting effective treatment sooner rather than later.

## • Transmission and Environment

- It, unfortunately, comes as no surprise the latest research shows that [absence due to COVID-19 was more than doubled in nurses and supporting health professionals in comparison to admin/clerical roles](#) and is something that needs to be considered and planned for to avoid future issues and concerns.
  - For example, in the instance of a third wave, this would mean not enough healthcare professionals to support COVID-19 patients as well as non-COVID patients. If this were to happen this would only add to the backlog we're seeing in diagnosis and treatment of conditions such as cancer and cardiovascular disease.

**HDRUK**  
Health Data Research UK

Office for  
National Statistics

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