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Sistema de salud inglés y la Covid-19: estrategias de respuesta, retos y lecciones aprendidas

Respuesta de los sistemas de salud frente a la Covid-19:
gobernanza, retos y lecciones aprendidas en experiencias seleccionada
XXXI Congreso Anual ALASS, 2021

Dr Enrique Castro-Sánchez

Enfermera

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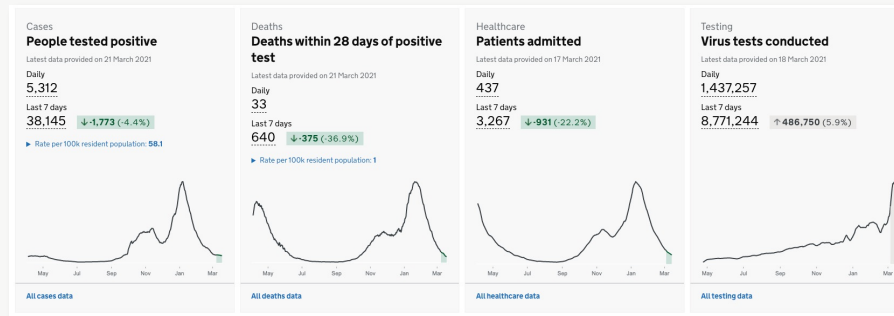
NHS England & NHS Improvement

www.city.ac.uk

Declaración de intereses

- **Ponencia no representa opinión de mis diferentes empleadores u organismos a los que pertenezco:** City, University of London; NHS England & NHS Improvement; Imperial College London; Imperial College Healthcare NHS Trust; National Institute for Health Research; Organización Mundial de la Salud; Primary Care International (PCI)

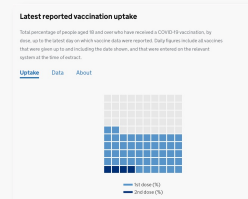
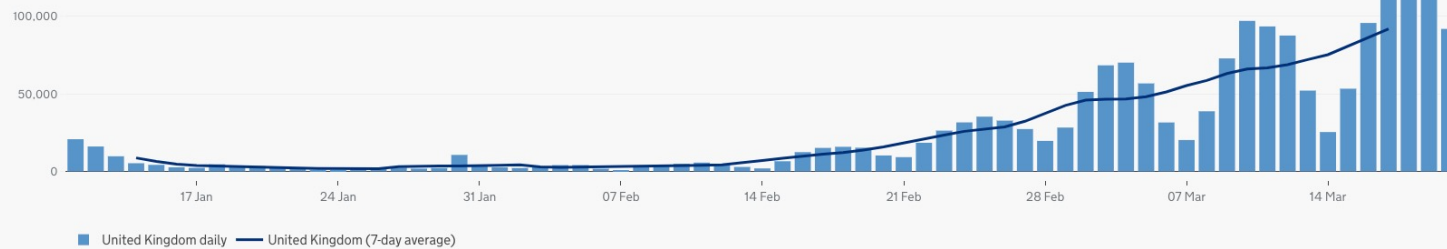
Trayectoria epidemiológica COVID-19, RU



People who have received 2nd dose vaccinations, by report date

The number of people who have received a second dose COVID-19 vaccination, shown by date reported. Daily figures include all vaccines that were given up to and including the date shown, and that were entered on the relevant system at the time of extract.

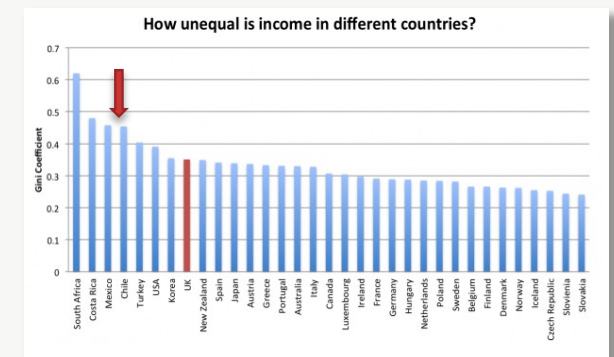
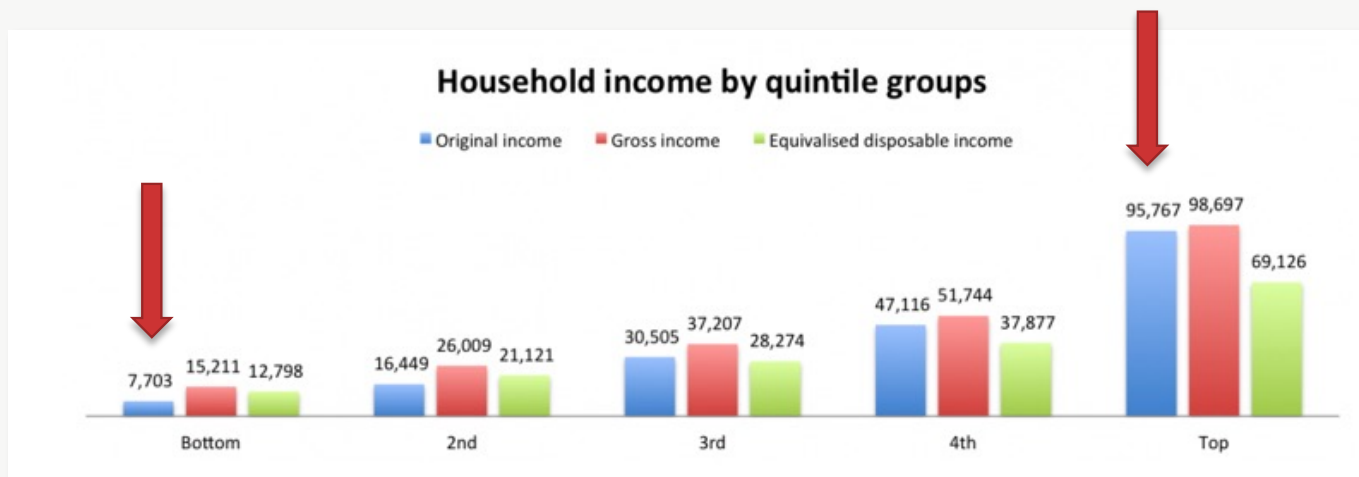
[Daily](#) [Cumulative](#) [Data](#) [About](#)



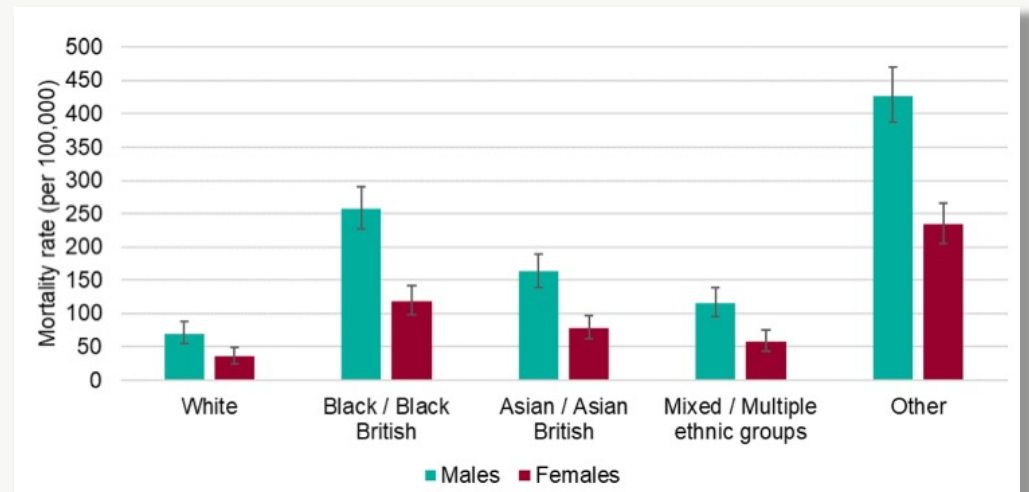
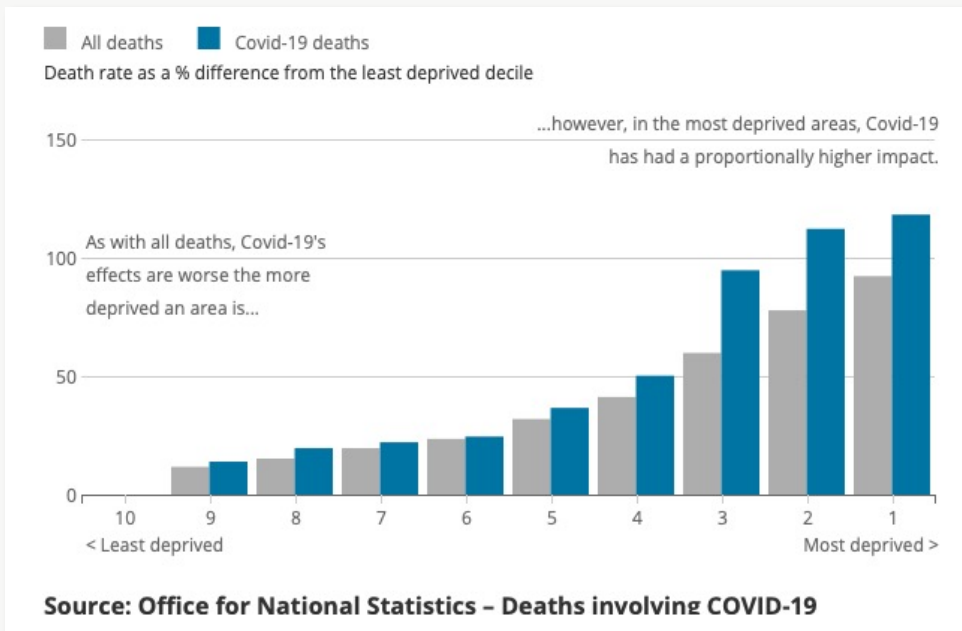
UK total By nation

Trayectoria epidemiológica COVID-19, RU

- Algunos determinantes de esta trayectoria
 - Económico: desigualdades e inequidades estructurales



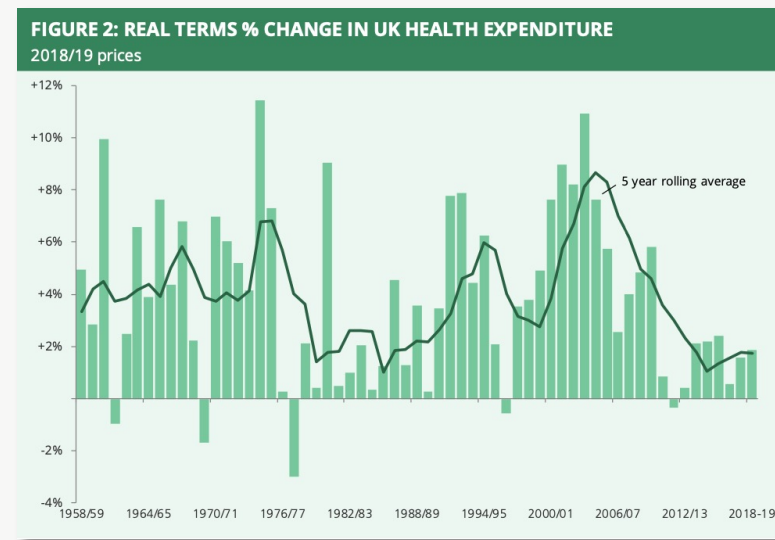
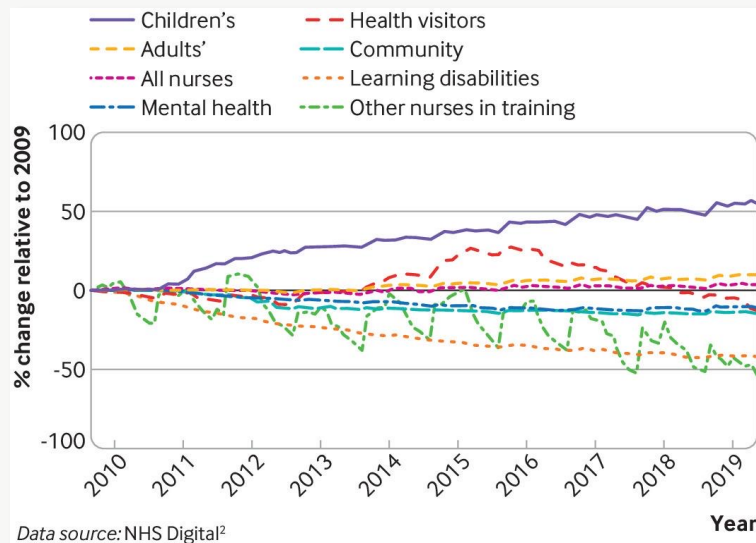
Marcado gradiente social y étnico



Bangladés (80% + riesgo que británicos blancos)
Pakistani (50% + riesgo que británicos blancos)
Negro caribeño (30% + riesgo que británicos blancos)

Trayectoria epidemiológica COVID-19, RU

- Algunos determinantes de esta trayectoria
 - Profesional: Escasez perenne de enfermeras y otros profesionales, (des)inversión



~45000 vacantes

Trayectoria epidemiológica COVID-19, RU

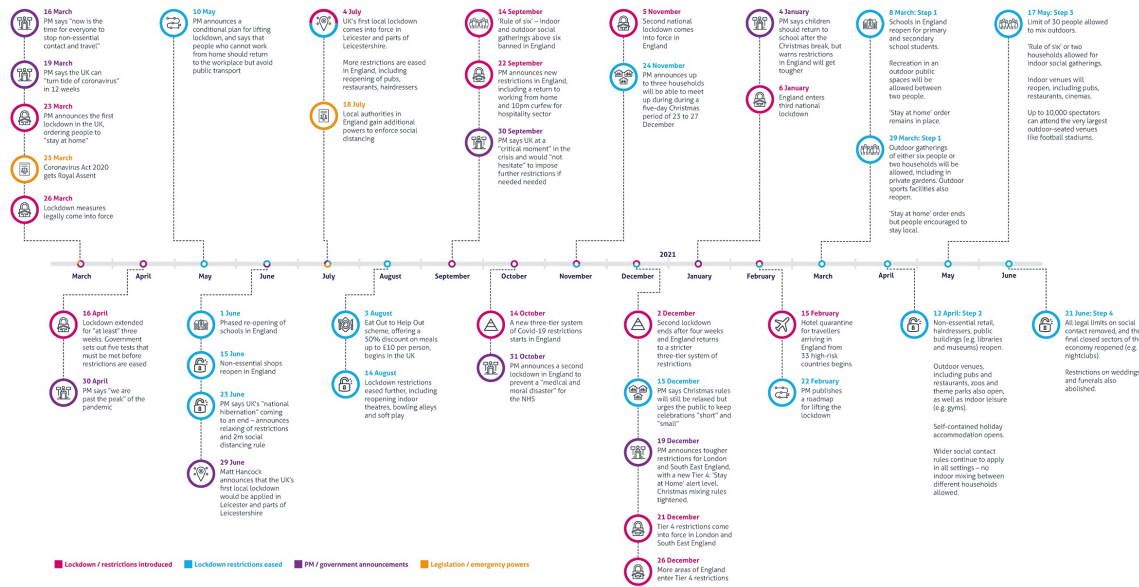
- Algunos determinantes de esta trayectoria
 - **Políticos:** ‘inmunidad de grupo’ como política sanitaria, implantación tardía de confinamiento, confinamiento light, cuasiabandono (sin implantación) de app de seguimiento y monitorización...



Respuesta gubernamental a COVID-19, RU

Timeline of UK government coronavirus lockdowns, March 2020 to June 2021

IFG



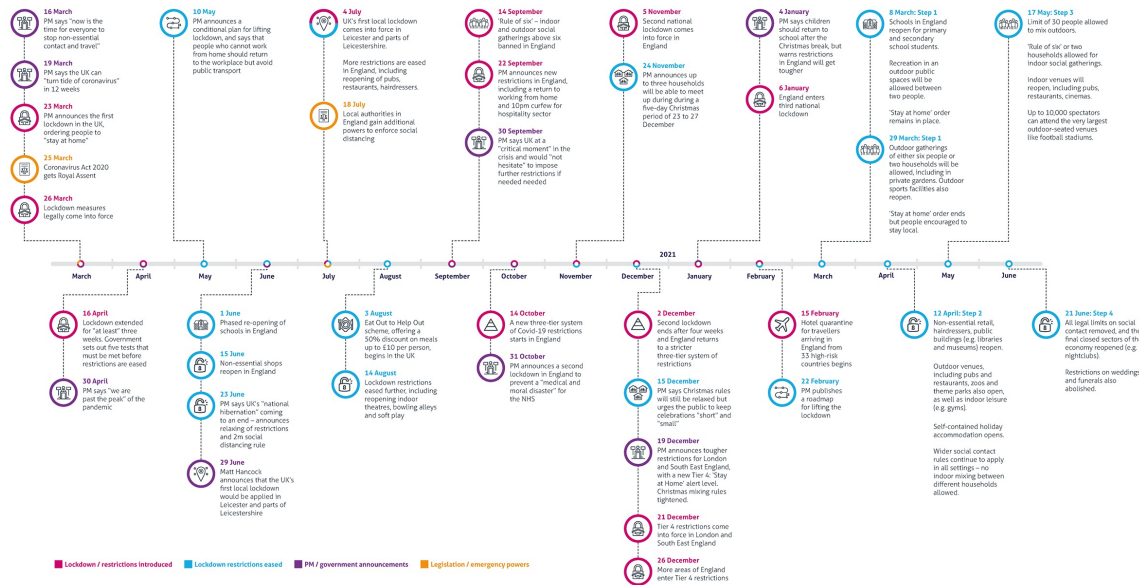
Source: Institute for Government analysis.

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Respuesta gubernamental a COVID-19, RU

Timeline of UK government coronavirus lockdowns, March 2020 to June 2021

IFG

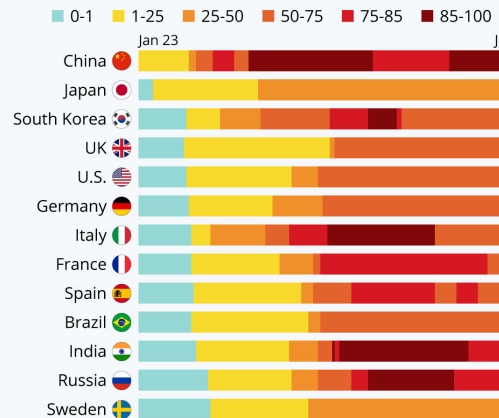


Source: Institute for Government analysis.

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Strict or Lenient? COVID-19 Lockdowns Compared

Selected countries on the University of Oxford COVID-19 containment index* (Jan-Jun 2020)

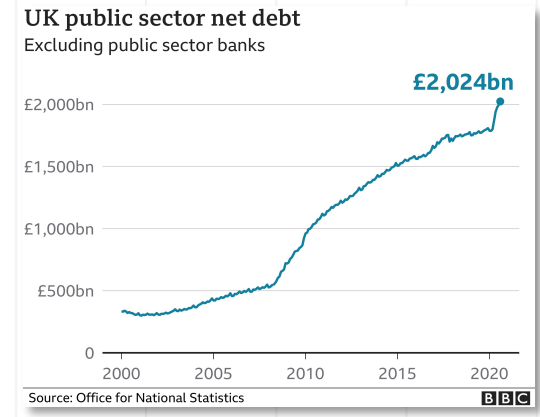
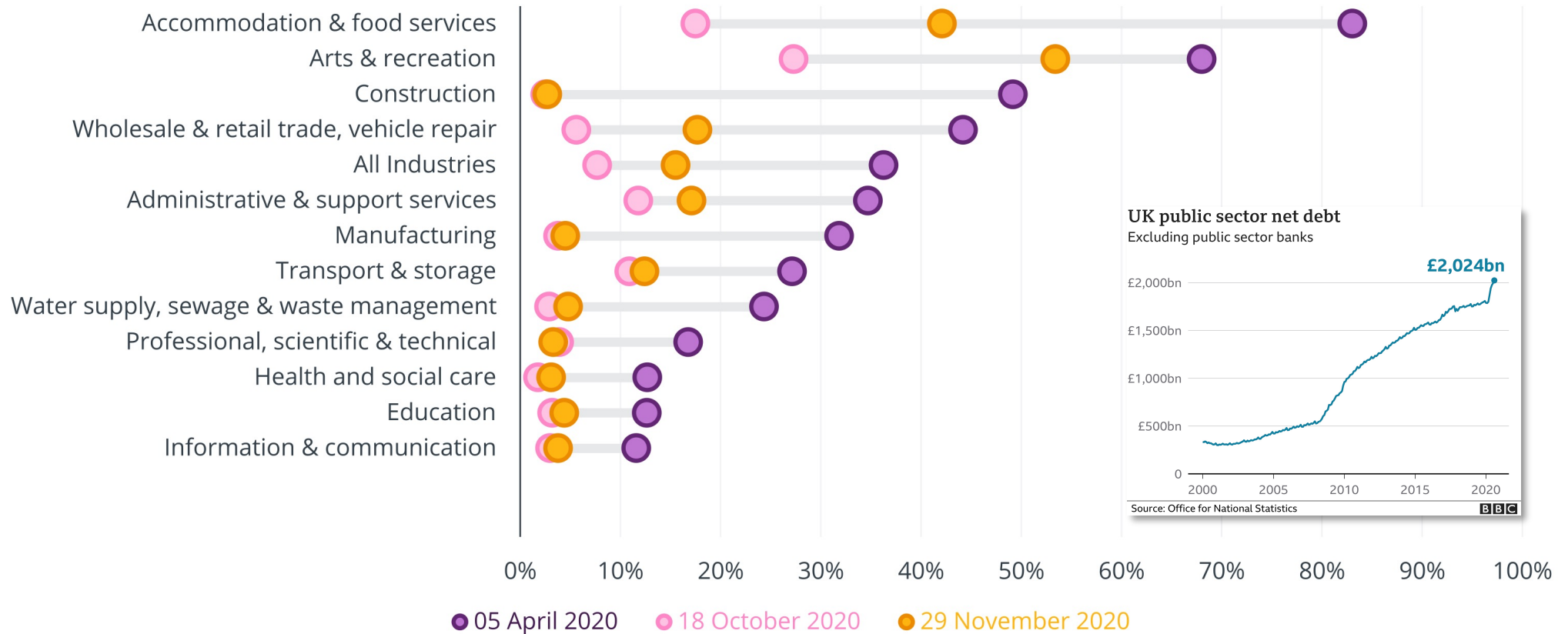


* 100 = strictest. Takes into account social distancing measures, closures, public information campaigns, testing and contact tracing response
 Source: University of Oxford Government Response Tracker

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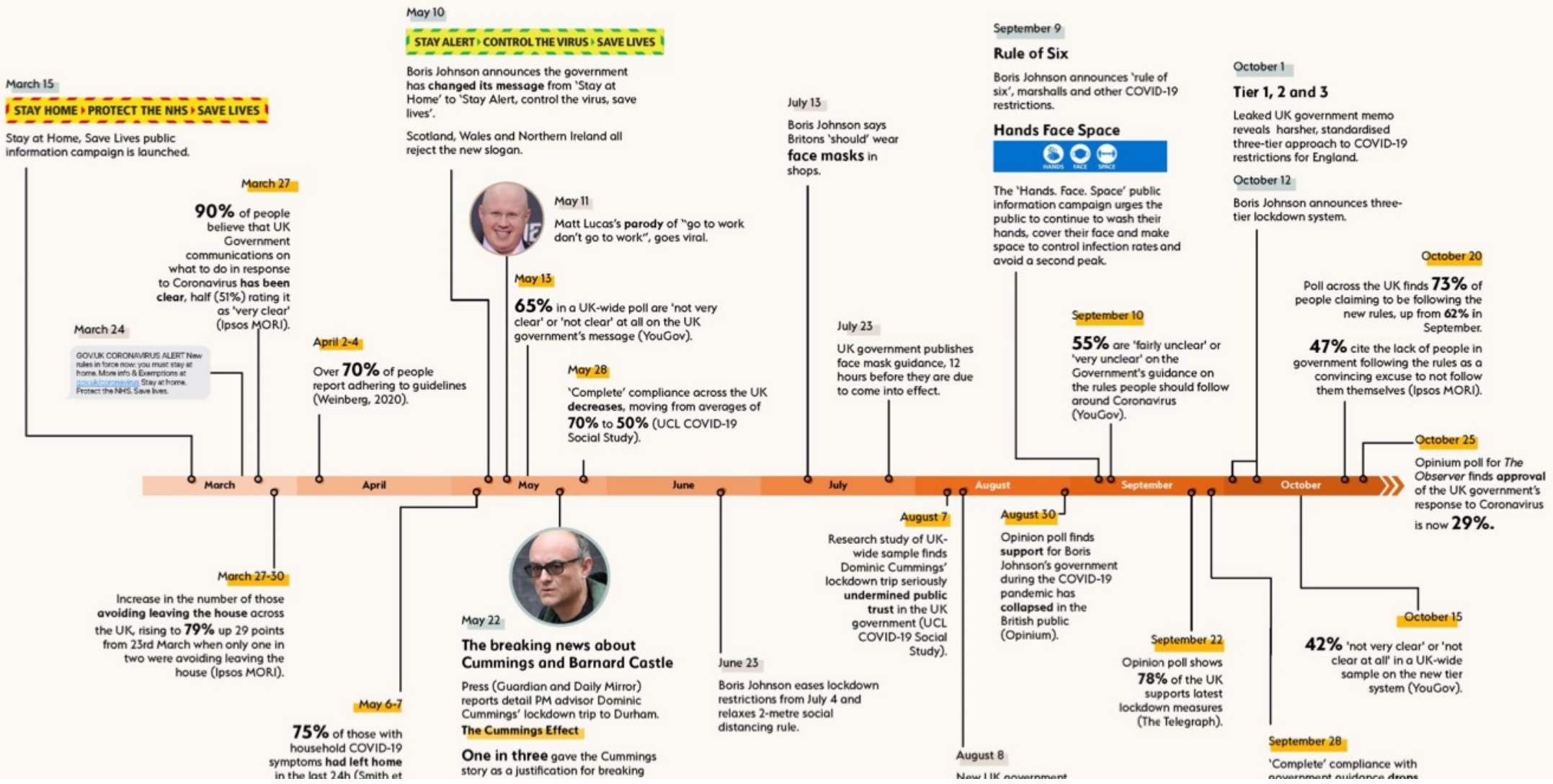
statista

Number of employees furloughed in April, October and November by sector



A timeline of COVID-related messaging and key COVID events

indie_SAGE



TRAVEL TRAFFIC LIGHT SYSTEM



PRE-DEPARTURE (AT DESTINATION) PCR TEST

PCR TEST ON ARRIVAL TO THE UK

QUARANTINE ON ARRIVAL TO THE UK

✓ And complete online passenger locator form	✓ On days 2 and 8	✓ 10 days in a pre-booked Government approved hotel
✓ And complete online passenger locator form	✓ On days 2 and 8	✓ 10 days' self-isolation and optional day 5 PCR test
✓ And complete online passenger locator form	✓ On or before day 2	✗ Unless PCR test result is positive

This information is correct as of 2nd June 2021

Respuesta sanitaria a COVID-19

■ Clínico-asistencial

- **Positivo:** Desarrollo de nuevos roles y modelos, cooperación inter/intraprofesional, digital
- **Negativo:** Transferencia de activos a atención especializada/ultra-especializada, desamparo de residencias de ancianos y centros de mayores

■ Profesional:

- **Positivo:** Flexibilidad, visibilidad de (algunos) líderes sanitarios
- **Negativo:** Refuerzo de narrativa heroica y tradicional, en lugar de (además) resaltar destrezas técnicas

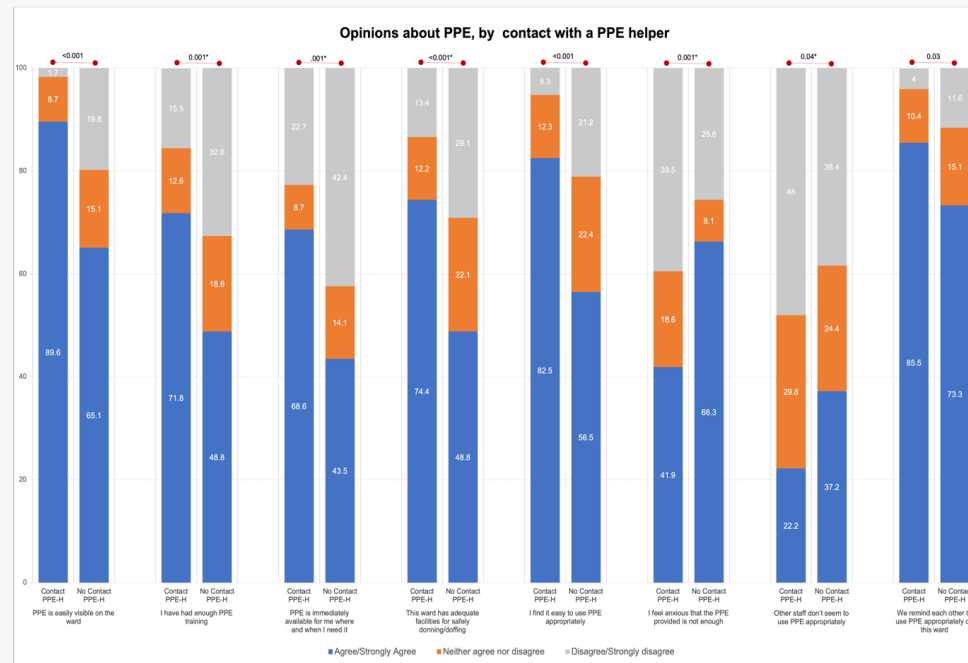
■ Social/Abogacía de pacientes y ciudadanía

- **Positivo:** Reconocimiento de interacción determinantes sociales-infección
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Respuesta sanitaria a COVID-19: nuevos roles

‘PPE Helper’

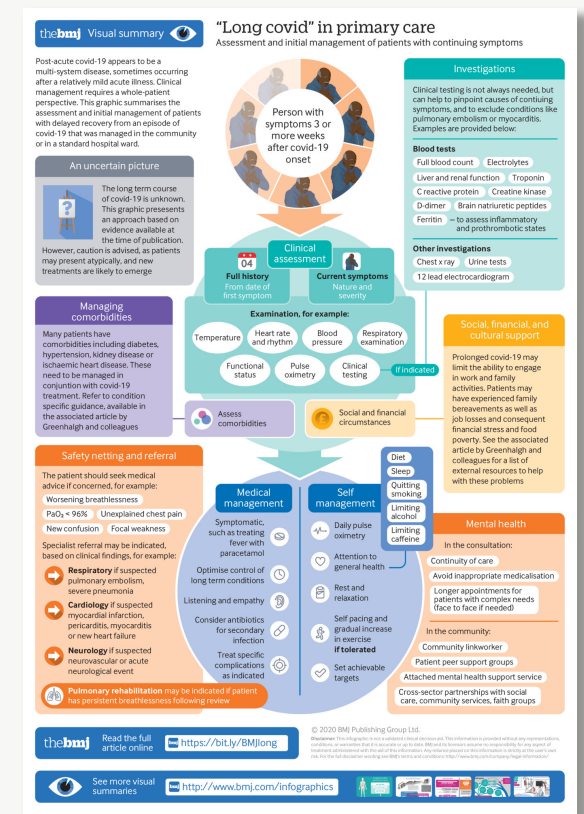
- En 6 semanas, desarrollo, implantación, y evaluación de nuevo rol de apoyo al uso EPI e información
- Basado en marcos teóricos conductuales y metodología de mejora continua
- Mejoras en indicadores conductuales y técnicos



Respuesta sanitaria a COVID-19: nuevos roles

¿Qué quieren las personas viviendo con covid19 prolongado?

- **Acceso-** sin depender de diagnostico/ingreso previo
- **Carga de enfermedad-** esfuerzo mínimo para transitar servicios
- **Responsabilidad asistencial y continuidad de cuidados-** Un profesional que coordine y cuide de manera holística
- **Rehabilitación multidisciplinar**
- **Cuidados basados en pruebas**
- **Aprendizaje por el sistema y ajuste de cuidados continuo**



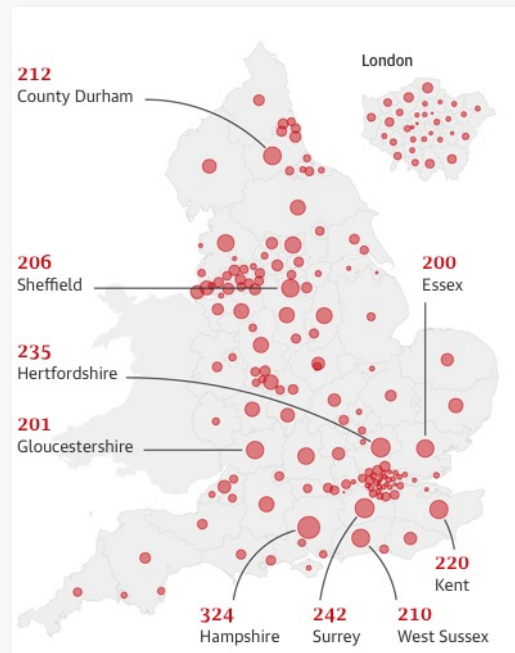
<https://www.bmj.com/content/370/bmj.m3026>

Ladds, E., Rushforth, A., Wieringa, S. *et al.* *BMC Health Serv Res* 20, 1144 (2020). <https://doi.org/10.1186/s12913-020-06001-y>

Transferencia de activos a atención hospitalaria y 'ultrahospitalaria'...



...pero residencias de ancianos adolecen de recursos humanos o materiales suficientes



Residencias de ancianos en Inglaterra contabilizaron 9,762 muertes Covid-19 entre 10 Abril-15 Mayo



Respuesta sanitaria a COVID-19

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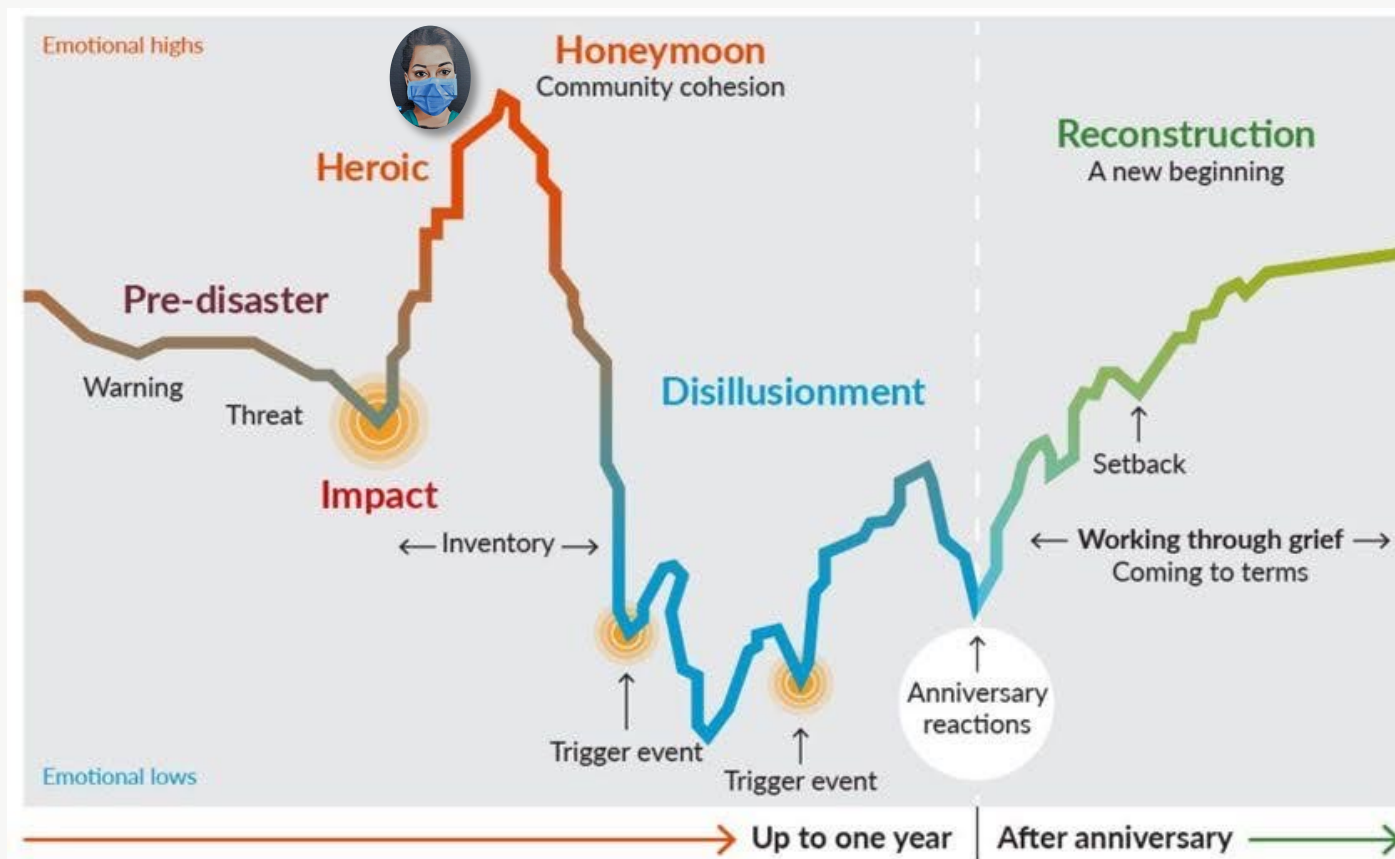
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Reconocimiento social – narrativa heroica...



Reconocimiento social – narrativa heroica...



- ¿Es posible que tan solo estemos en fase de luna de miel...?

Liderazgo subserviente

- **Liderazgo** enfermero **visible** en decisiones de crisis, en crisis
 - Ausencia de **'Red Team thinking'** sobre consecuencias inesperadas o indeseadas
- **Liderazgo** estratégico **equitativo**, que impulse participación de ciudadanía en medidas COVID-19
- **Liderazgo estratégico** que se centra en promoción del bienestar social futuro
 - Articulado por principios de cuidados centrados en la persona (person-centred care)
 - Planificación a medio y largo plazo

GUEST EDITORIAL

The Need for Visible Nursing Leadership During COVID-19

2020 was welcomed as the Year of the Nurse and Midwife (World Health Organization [WHO], 2020b), but it will long be remembered as the year of COVID-19. It has illustrated the best in nursing resourcefulness and has also been the year when many nurses and other key workers died, mainly due to a lack of personal protective equipment. The Year of the Nurse and Midwife seems an appropriate time to reflect on nursing leadership and plan for the future. Thus, in this editorial, we as a group of nursing leaders from across Sigma Chapters in the United Kingdom—Phi Mu (England), Upsilon Xi at Large (Wales), and Omega Xi (Scotland)—aim to draw on this emergent critical dialog about nursing leadership to offer our collective position for embracing future opportunities afforded by this unexpected global event. We constructively focus on three key aspects: (a) leadership as not visible; (b) leadership as not collaborative; and (c) leadership not advocating for personhood of citizens. We aim to take a future facing position and search for what can be done and what is possible in the future, moving out of the immediate crisis into recovery.

Globally, 99% of healthcare professionals are nurses (WHO, 2020a). Of these, there are leaders at every level—in practice, education, and research. The recent WHO (2020a) report on the State of the World's Nursing 2020 calls for countries globally to take action to invest in their education and jobs, and primarily to strengthen nurse leadership, ensuring their role in influencing the development of health policy as well as decision making and contributing to the effective leadership and management of health and social care systems. We recognize that in a crisis on the scale of COVID-19, with incomplete and even conflicting evidence, speed is of the essence. We also recognize that safety remains a top priority, and that preferred decision-making models and processes across nursing have been sidelined for more directive and command-based models. We believe it is time to reflect on how nurse leaders need to reinstate our preferred person-centered decision-making models and processes and regain our visibility across the healthcare system. The inclusivity of such approaches allows for patient, carer, and community response and collaboration in care.

Now is the time for nurse leaders to be increasingly visible and active participants with other key decision makers, to offer our creativity and, for example, our

extensive experience of practice development and quality improvements that can enable transformation in the system, grounded in enhancing staff and patient experience. Given the enormity of the task of leading and managing the safety and well-being of the population during this pandemic, several liberties that really matter to persons in care settings and others significant to them were eroded and often arbitrarily removed, for example, family contact and choices at the end of life. The consequences for people's health and well-being as well as community cohesion have barely been explored, and it is time to recapture nursing's fundamental attention on person and person-centeredness before it is relegated or even lost.

Indeed, we suggest there is an urgency to close the dissonance between the commitment of nurses with responsibilities for shared decision making and person-centeredness locally in practice, and the apparent silence of nursing leaders about the absence of citizen representation among the Scientific Advisory Group for Emergencies advising the government using scientific evidence. After all, evidence-based and evidence-informed practice includes data from studies, clinical experience, and patient preferences, and not a reliance on any one type of knowledge in isolation.

These are extraordinary times, especially as it appears that should we experience further waves of COVID-19, we need to be prepared and draw on the investment in nursing leadership, a global focus for a number of years, and ensure that it is visible and effective at a strategic level. For example, leadership frameworks developed over the past 20 years have leaned heavily towards transformational, distributive, collaborative, and person-centered methodologies and are now widely advocated and used in organizations globally. However, in the context of COVID-19, we observed and experienced a master-servant model of leadership that failed to draw upon the collective intelligence, knowledge, wisdom, and intellectual capital of the wider nursing community. As nurse leaders, we have reflected on the use of the crisis management strategy of command and control, which at the outset we would continue to support in the interest of population safety. However, as the situation unfolds, we believe it is now time to reflect and learn from this and from others across the global community.

Journal of Nursing Scholarship, 2020, 0(0), 1-3.
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Respuesta sanitaria a COVID-19

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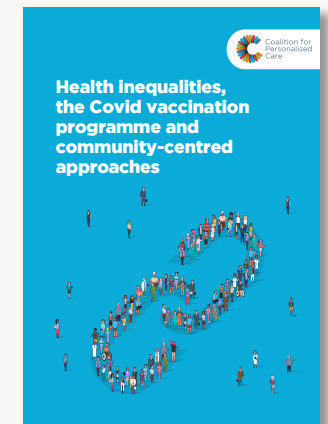
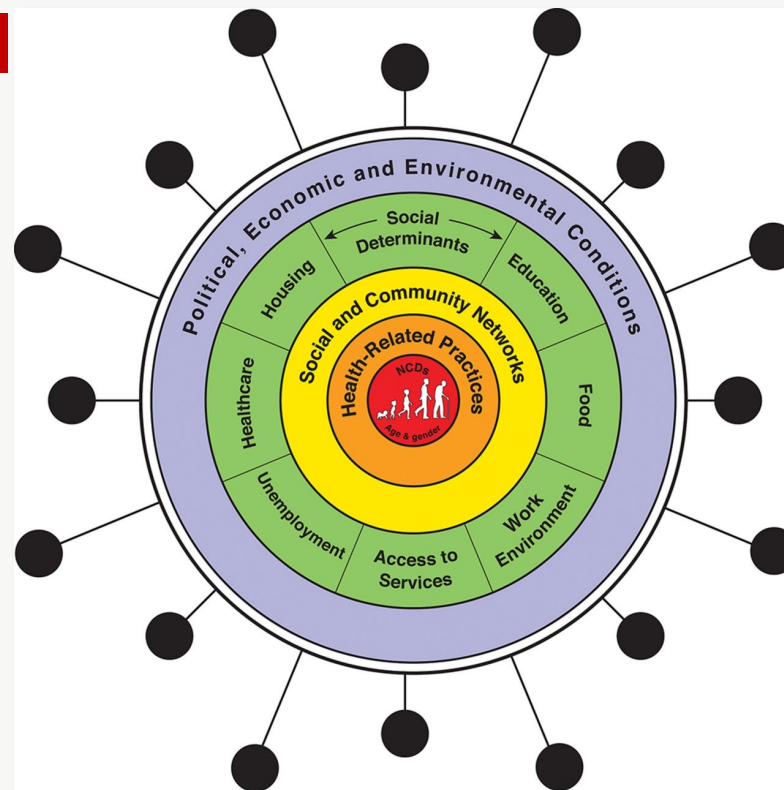
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Respuesta sanitaria a COVID-19: abogacía social



Check for updates

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Cite this as: BMJ 2021;372:n376
<https://doi.org/10.1136/bmj.n376>
Published: 11 February 2021

Poverty, health, and covid-19

Yet again, poor families will be hardest hit by the pandemic's long economic fallout

Margaret Whitehead, David Taylor-Robinson, Ben Barr

Covid-19 does not strike at random—mortality is much higher in elderly people, poorer groups, and ethnic minorities, and its economic effect is also unevenly distributed across the population. The economic fallout is likely to be felt for years. Without concerted preventive action worse off families and communities will be disproportionately affected, increasing health inequalities in the UK and globally.

for this scheme has been precarious, and measures have been inadequate to maintain the health of growing children.

Long term forecast

Predicted long term economic effects include lower future earnings and unemployment, particularly for parents, into poverty of the pandemic on employment is predicted.

BMJ 2021;372:n376 | doi: 10.1136/bmj.n376

Mutismo enfermero en 'iatrogenias COVID-19'

Comprender el COVID-19 desde una perspectiva de salud pública
 Profesionales de la Escuela Andaluza de Salud Pública

¿Cómo puede afectar esta pandemia a las infancias desfavorecidas?

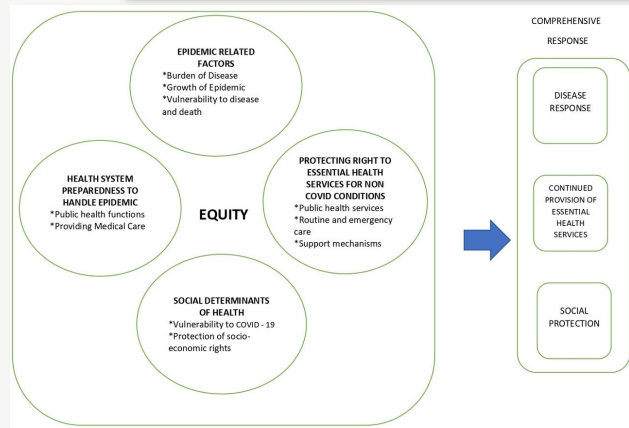
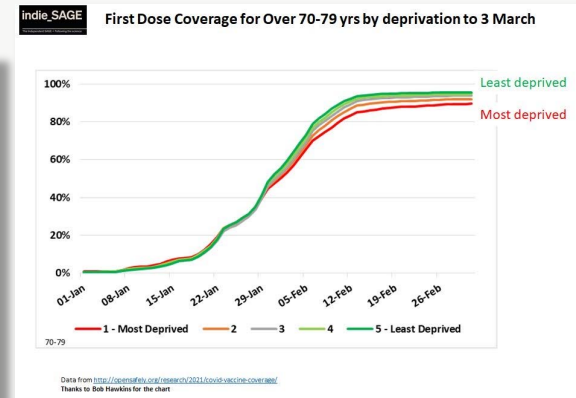
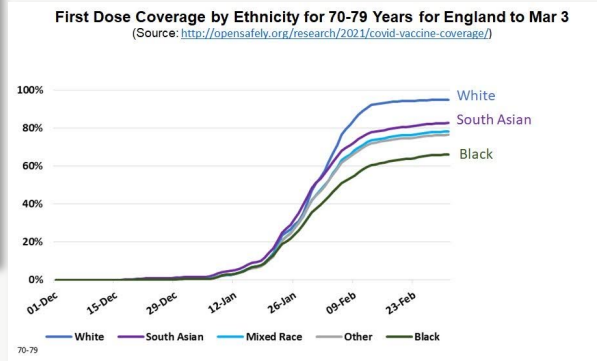
Publicada el 3 julio 2020 por [comarunivaysaludpublica](#)

RESERVA

Por: [Ainhoa Rodríguez](#), [Olga Leraña](#) y [David Gómez](#)

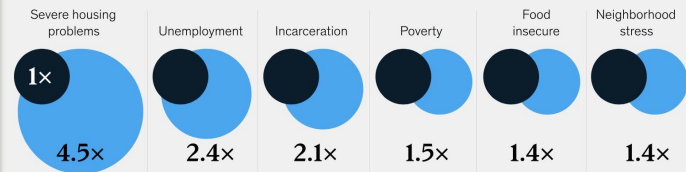
ARTÍCULOS ORIGINALES PROFESIONALES PARA REVISTAS CIENTÍFICAS

- Epidemias, virus y activos para la salud del barrio
- Implicaciones de la pandemia por COVID-19 sobre el cáncer en España
- Modelos predictivos de la epidemia de COVID-19 en España con curvas de Sompertz

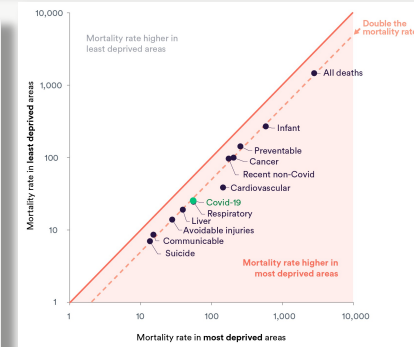


The socioeconomically vulnerable are more likely than the general population to lack testing, to contract coronavirus, and to develop a severe case—or die from it.

Likelihood of dying of COVID-19 per 100,000 by socioeconomic vulnerability type, multiplier



Source: Vulnerable Populations Dashboard by McKinsey



Instituto de Estudios Urbanos y Territoriales, IUC
Confinamiento se dificulta según condiciones sociales y urbanas

Materialidad de viviendas, circulación y acceso a servicios son los factores que inciden en cumplimiento de cuarentenas.

Facilidades para cumplir con cuarentenas y distanciamiento

Necesidad de investigaciones sobre lo común y lo global



“Ninguno estamos a salvo si **todos** no estamos a salvo”

Tedros Adhanom Ghebreyesus, Director-General OMS

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