



INTERVENTIONS AGAINST CORONAVIRUS

What do people hospitalised with covid-19 think about the care they received?

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Since the start of the covid-19 pandemic, an inordinate mass of variable quality evidence concerning clinical presentation, diagnostic assays, novel treatments, and vaccines has accumulated. As Michie and colleagues note,¹ beyond modelling, practical evidence of social, environmental, behavioural, and systems interventions against covid-19 has received little attention. This is despite such complex interventions forming a cornerstone of the public health response of many countries around the world.

Understanding the health perceptions and beliefs of people affected and ensuring their involvement in the design, implementation, and evaluation of complex covid-19 interventions is vital.²⁻⁴ Sadly, as reflects wider practice,⁴ this has been overlooked by the scientific community during the pandemic. This may, in part, explain why some well meaning policy guidelines are not followed.

Hospitals are no different. Amid the development of excellent diagnostic, treatment, and infection prevention algorithms and guidance,⁵ there has been scant focus on the perspectives of people with covid-19 during their patient journey.

To tackle this shortcoming, we asked people with covid-19 admitted to our specialist tropical and infectious disease unit in Liverpool about the care they received. The feedback covered areas including personal care, fears and expectations, involvement in treatment decisions and discharge planning, information and communication, nutrition, and sleep quality.

We are reviewing this feedback and will compare it with responses received before covid-19. We hope this will help us to establish what we did well and, most importantly, shape what we can do better. We are grateful to the patients who contributed and hope their perspectives will help to improve patient care.

We must all strive to ensure that people, especially from underserved and high risk groups, remain at the heart of our social, economic, clinical, and public health response to covid-19 in the UK and beyond.

Meng-San Wu and Fatima Hayat are joint first authors.

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Full response at: www.bmj.com/content/370/bmj.m2982/rr-3.

¹ Michie S, West R. Behavioural, environmental, social, and systems interventions against covid-19. *BMJ* 2020;370:m2982. doi: 10.1136/bmj.m2982 pmid: 32723732

² Wingfield T, Boccia D, Tovar MA, et al. Designing and implementing a socioeconomic intervention to enhance TB control: operational evidence from the CRESIPT project in Peru. *BMC Public Health* 2015;15:810. doi: 10.1186/s12889-015-2128-0 pmid: 26293238

³ Rai B, Dixit K, Aryal TP, et al. Developing feasible, locally appropriate socioeconomic support for TB-affected households in Nepal. *Trop Med Infect Dis* 2020;5:98. doi: 10.3390/tropicalmed5020098 pmid: 32532101

⁴ Richards T, Scowcroft HBMJ's international patient and public advisory panel. Patient and public involvement in covid-19 policy making. *BMJ* 2020;370:m2575. doi: 10.1136/bmj.m2575 pmid: 32611571

⁵ Beeching NJ, Fletcher T, Fowler R. Coronavirus disease covid-19 diagnosis and management. 2020. <https://bestpractice.bmj.com/topics/en-gb/3000168>.

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