

Midlothian Integration Joint Board



26th August 2021

Title: Long Covid support in Midlothian

Item number:

Agenda number: 5.7

Executive summary

To provide an update to the IJB with regards to support for Long Covid in Midlothian

Board members are asked to:

Note the service provision for people with Long Covid in Midlothian.

Long Covid Support in Midlothian

1 Purpose

- 1.1 To provide an update to the IJB with regards to support for Long Covid in Midlothian.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
- Note the service provision for people with Long Covid in Midlothian.

3 Background and main report

- 3.1 It is widely recognised that whilst most people will fully recover from Covid 19, some people may continue to have long term symptoms following exposure and subsequent diagnosis of the Covid 19 virus. These ongoing symptoms may include shortness of breath, fatigue, neurological and musculoskeletal problems.

Although data on the prevalence of Long Covid is limited an estimated 79,000 people in Scotland were experiencing self-reported Long Covid in the four-week period ending 6 March 2021 and of these 50,000 people had experienced symptoms for over 12 weeks, according to the [Office of National Statistics](#). The National Institute for Health Research undertook a [dynamic review of the evidence around ongoing Long Covid](#) in March 2021 which highlighted a range of issues in measuring Long Covid, including a lack of consistent definition.

Initial scoping work in July 2020, indicated that the number of patients requiring additional support for Long Covid symptoms in Midlothian at that time was low and negated the need for a new Long Covid specific pathway. It was also considered that the creation of a condition specific pathway for Long Covid would potentially contribute to inequity in service provision as a condition specific pathway was not available for other chronic conditions.

Instead it was agreed that Midlothian would manage patients with Long Covid symptoms through one of the existing and well-established pathways, depending on the needs of the patient. This was symptom based rather than diagnosis based and included pathways into:

- **Community Respiratory Team (CRT)** – for patients who have been hospitalised with Covid 19, were discharged home and struggling with breathing.

- **Pulmonary Rehabilitation (PR)** – for those who had not been hospitalised, had been managing in the community, but were struggling with breathing.
- **Midlothian Community Physical Rehabilitation Team (MCPRT)** – for those who needed help to return to function – their breathing issues were not as severe and fatigue and deconditioning was the biggest issue. For those with neurological symptoms. Vocational rehabilitation would also be managed by MCPRT Occupational Therapists.
- **Musculoskeletal Physiotherapy (MSK)** – for those with musculoskeletal symptoms and/ or required support to return to exercise.

It was recognised that referrers could be unclear which pathway they should be using to access the support required for their patients. The pathway information has been shared across all Midlothian GP practices on a number of occasions, however with the establishment of the Single Point of Access for referrals within Midlothian, it is also recognised that GP's can use this as a point of contact to have their referral directed to the most appropriate team.

In December 2020, [Sign 161: Managing the long term effects of Covid 19](#) was published to aid development of Long Covid pathways in line with best available evidence. This guideline was reviewed to ensure the support available in Midlothian was being delivered in line with its recommendations.

Sign 161 advocates access to integrated local pathways into multidisciplinary assessment for Long Covid support and rehabilitation. Additionally, it recommends that health care professionals should have a range of specialist skills and expertise in treating and managing fatigue and respiratory symptoms. This is all currently available within the existing Midlothian pathways and services.

It is recognised that demand on the community based teams has increased, so there will be a need to monitor additional demand.

4 Policy Implications

4.1 N/A

5 Directions

5.1 There is not a Direction that deals specifically⁶ with Long COVID however it does related to Direction 9 (Long Term Conditions) and Direction 21 (Allied Health Professionals).

6 Equalities Implications

6.1 There may be equalities implications as Long COVID is currently being treated through primary care, people who are less likely to access GP services could also be less likely to seek or receive help with long COVID which could further increase the gap in health outcomes for people living in the least and most deprived areas.

- 6.2 Emerging research is indicating that the impacts of long COVID differ by age, gender, disability (pre-existing health status) and deprivation which could further increase inequalities

7 Resource Implications

- 7.1 There may be resource implications should the demand for community services continue to increase.

8 Risk

- 8.1 There is a risk that the services could be overwhelmed if there is a surge in the number of people requiring Long Covid support. Capacity and demand is being closely monitored in all our community teams and additional funding sought as required.

9 Involving people

- 9.1 N/A

10 Background Papers

- 10.1 N/A

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Appendices: