



## Bristol Health and Wellbeing Board

Title of Paper:	<b>Long COVID services - BNSSG</b>
Author (including organisation):	<b>Jen Tomkinson, Sirona care &amp; health</b>
Date of Board meeting:	<b>20/4/22</b>
Purpose:	Information and discussion

- Paper to be no more than two pages long; full reports or more information can be added as appendices
- Draft papers are reviewed by the Public Health team
- Final papers will be published on the [public website](#)
- Board correspondence: [HWB@bristol.gov.uk](mailto:HWB@bristol.gov.uk)

### 1. Executive Summary

Update on Long COVID Healthcare services in the area

### 2. Purpose of the Paper

Board requested information on the Long COVID service and its development since inception. The presentation will aim to support understanding and information sharing around the healthcare response to Long COVID in the local area

### 3. Background and evidence base

What is the problem or issue being addressed and what do we know about what works? Draw on data from the JSNA, user feedback, national guidance etc. How will the recommendations contribute to improving outcomes? What is the impact on health inequalities? Where appropriate please refer to the One City Plan and other relevant plans.

Following the first wave of the COVID-19 pandemic, a new and emerging condition has been described as 'long Covid', which can have a significant effect on people's quality of life. Presentation and severity of symptoms are wide ranging; national and international evidence on prevalence and effective interventions is limited and in preliminary stages.

National funding has been utilised to develop Long Covid services with Sirona being allocated non recurrent funding for a contribution to the system wide development and implementation of a long Covid pathway. The service went live in December 2020 following a short period of pathway design. The service model is a clinic based single multi-disciplinary assessment with signposting to other services, initiation with digital self-management tools, direct care through 121 and group activities and multi-disciplinary meetings with system partners for those service users with significant complexity. Sirona took a test & learn approach through development of the service and based this on continuous learning as well as guideline development. (National Institute for Health Research ; A dynamic review of the evidence around ongoing COVID-19, March 2021 <https://evidence.nihr.ac.uk/themedreview/living-with-covid19-second-review/>)

Communication with wider stakeholders has included information shared directly with GPs, use of Remedy ([remedy.bnssgccg.nhs.uk](http://remedy.bnssgccg.nhs.uk)). Training to primary care has also been offered to support understanding of pathways from the GP Long COVID lead

Services have integrated across health boundaries and include specialist input from the Chronic Fatigue specialist service, psychological therapies as well as development of peer support through integration with VCSE partners. There is integration with occupational health partners regarding support NHS/social care staff returning to work.

Since December 2020 have received 1300 referrals to the service; of which approximately 750 are from Bristol. 67% female with the majority of referrals (90%) coming from GPs

## **4. Community/stakeholder engagement**

As part of the initial set up of the service, a company called daffodil were commissioned to complete some patient / service user engagement.

Through the initial setting up of the peer support service with Peer Partnership; engagement with service users was completed to understand needs.

The Long COVID service was set up through a working group including partners from secondary care, primary care, voluntary sector, community care and the integrated Healthier Together system teams. This has included services for Children & Young People.

## **5. Recommendations**

This service is new and evolving and we were requested to attend the board to describe the model to ensure partner organisations are aware of the ongoing work so majority of this is for information.

We are keen to work with well-being partners to develop and build on services for people with Long COVID and would value thoughts from the board on how we best do this please. This would be particularly focussed on groups that are currently not engaging with services but may have more risk associated with COVID-19.

It would be helpful if the board could support awareness raising particularly with employers regarding the impact of Long COVID and need for vocational rehabilitation to support return to work, specifically regarding reasonable adjustments for management of some of the common symptoms e.g. brain fog and fatigue

## **6. City Benefits**

The services have been developed with the aim of ensuring equity of access. Clinics are run across the whole of BNSSG to enable access

Have communicated with GPs to ensure that they are aware of the service and referral routes.

Developing an approach as a system to support improving access and awareness to services following completion of Equality Impact Assessment.

## **7. Financial and Legal Implications**

Nil at this time

## **8. Appendices**