

# Post Covid-19 Syndrome or "Long Covid"

Mike Procter – Director of Transformation SWL ICB (Merton & Wandsworth)

Page 41



# What is Post Covid-19 Syndrome or 'Long Covid'?

• COVID-19 infection presents with a wide range of different symptoms and severities and the likelihood of developing long term effects is not related to the severity of the acute infection

The term Post COVID applies to any period after infection and includes the acute period (up to 4 weeks after infection), ongoing symptomatic period (between 4 to 12 weeks) and Post COVID syndrome (12 weeks or more, sometimes called 'Long COVID')

- Details of how some people are affected by Long COVID are still emerging, but research suggests around one in five people who test positive for COVID-19 have symptoms for five weeks or longer. For around one in ten people, they last 12 weeks or longer
- These long-term effects are often reported by people who didn't need to go to hospital during the acute phase of COVID and their symptoms were managed in the community



# **Common symptoms**

- fatigue
- breathlessness
- anxiety and depression
- palpitations
- chest pains
- joint or muscle pain
- not being able to think straight or focus ('brain fog')
- dizziness
- persistent cough
- loss of taste or sense of smell



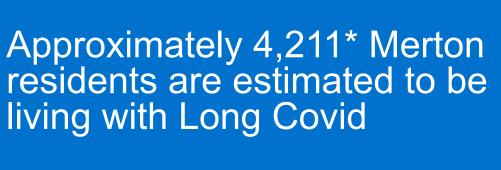
# **Estimated Prevalence**

Estimates of the number of people in the UK population suffering from long COVID symptoms vary from ~1 million with symptoms for 4+ weeks in the UK to 2 million adults with symptoms for 12+ weeks in England alone

People who tested positive for COVID-19 are around eight times more likely to suffer prolonged symptoms than observed in the general population

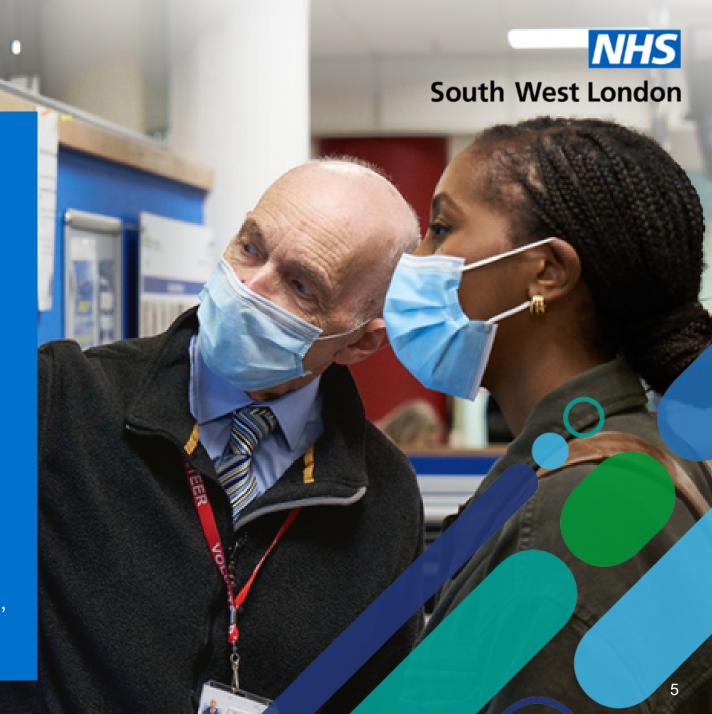
Higher rates are reported in:

- those aged 35 to 69 years
- females
- people living in the most deprived areas
- those working in health or social care
- people with pre-existing, activity-limiting health conditions



According to the ONS UK Coronavirus (COVID-19) Infection Survey data published February 2022 and GLA population estimates for Merton 2021

\*figures are currently the best available estimates, with a high level of uncertainty



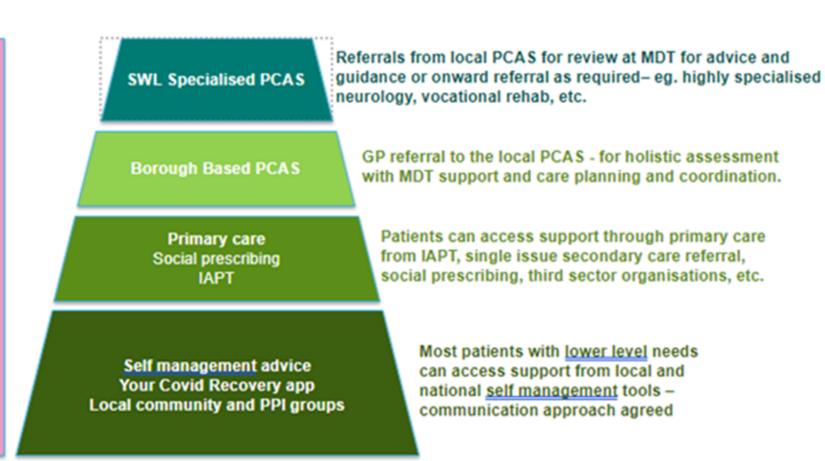
# **Support in Merton & Wandsworth**

**South West London** 

Page 46

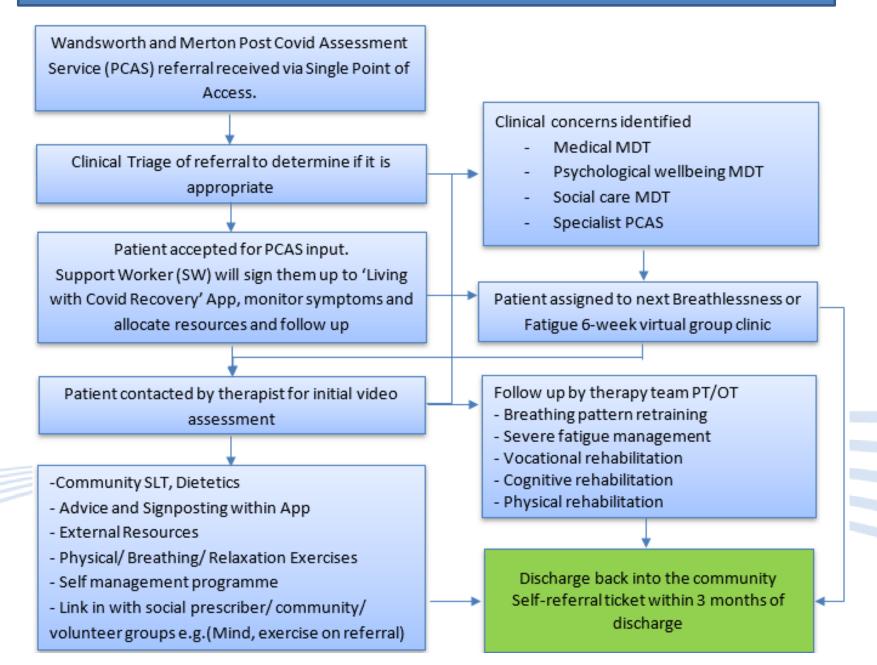
Shared DoS for each borough

Communications



#### Patient Pathway to the Post Covid Assessment Service

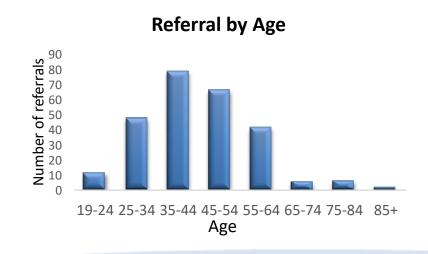




# **PCAS** referral demographics



- Average 10 to 15 referrals each week
- Females: 77%
- Average age: 48 yrs
- Ethnicity
  - White: 40%
  - Mixed Ethnic groups: 27%
  - Asian or Asian British: 16%
  - Black, Black British, Caribbean, African: 11%
  - Other/ Not recorded: 6%



# Page 49

### **Health Equity Audit (April to December 2022 – 9 months)**

#### **Summary of Post Covid Assessment Service Activity**

#### **Key findings**

- Uptake in Merton (which was previously lower than in Wandsworth) has improved considerably since April 22 and is now higher than Wandsworth, compared to need.
- Some PCNs have shown a notable increase in referral rates since April 22, notably SW Merton and Morden PCNs. North Merton and Grafton PCNs are still lower than expected, given need.
- Men are under-represented in the service, which should be receiving around 4 in 10 referrals from them, rather than 3 in 10 currently. This has improved slightly since April 22
- People in their 50s and 60s are best represented by the service. Younger adults and older people (70+) are slightly more under-represented although this has improved since April 22.
- In Apr 22, the service was targeted towards the higher prevalence in deprived areas. In this most recent analysis, the level of targeting has deteriorated slightly and the more affluent areas now have slightly better uptake compared to the need.
- The service is effective at targeting **BAME groups**, who have higher numbers in the service than expected.

#### Method

- The most recent national prevalence data for long COVID was extracted from the national ONS survey, for those experiencing symptoms for 12+ weeks. This provided national prevalence for age, sex, and deprivation.
- https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialca re/conditionsanddiseases/datasets/alldatarelatingtoprevalenceofongoingsy mptomsfollowingcoronaviruscovid19infectionintheuk
- National prevalence by age were applied to small area resident statistics for Wandsworth & Merton. These were then 'normalised' to account for overall differences by deprivation in the national data.
- These estimates were used to make comparisons with the 370 unique service users in the Post-COVID service data (Apr 21-Nov 22), to understand what % of the estimated demand the service had reached, allowing reasonable comparisons by age, sex, deprivation and geographical area.

#### Practice breakdown - Merton

#### **Practices with highest referral rates**

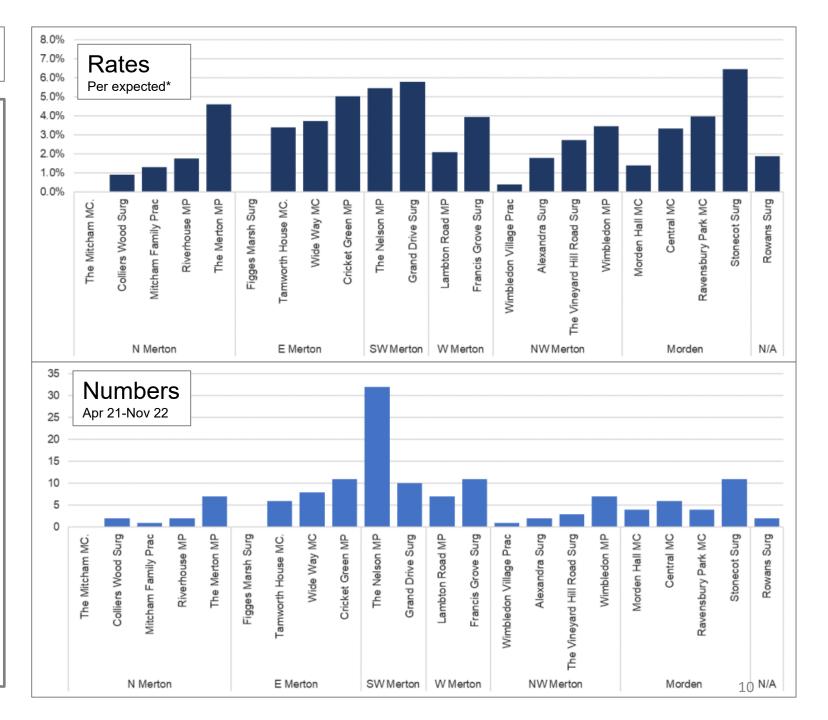
Stonecot Surg 6.5%
Grand Drive Surg 5.8%
The Nelson MP 5.5%
Cricket Green MP 5.1%
The Merton MP 4.6%
Ravensbury Park MC 4.0%

#### Practices with lowest referral rates

The Mitcham MC. 0.0%
Egges Marsh Surg 0.0%
Wimbledon Vill Prac 0.4%
Colliers Wood Surg 0.9%
Mitcham Family Prac 1.3%
Morden Hall MC 1.4%

Note: 5% under-recording of practice codes in data. Individual patients only counted once in analysis.

\*National prevalence rates by age and sex applied to practice populations. Not adjusted for deprivation

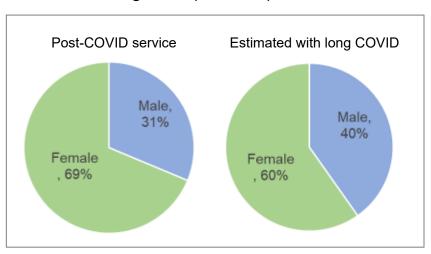




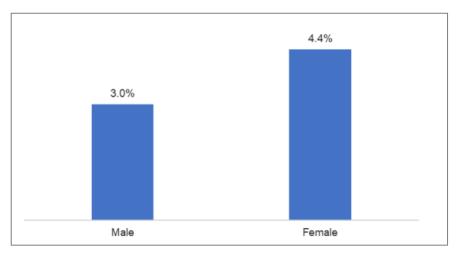


#### Uptake of Wandsworth & Merton Post-COVID service by sex (April to Dec 22)

#### Post-COVID service volumes by sex – compared to estimated residents with long COVID (12+ weeks)



#### Post-COVID service uptake by sex – as % of estimated residents with long COVID (12+ weeks)



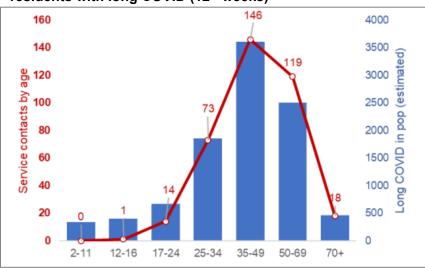
- The service is around 50% more likely to reach females than males.
- This is a slight improvement on the Apr 22 analysis.
- The under-representation may reflect a broader issue, with men being less likely to attend other services like general practice.



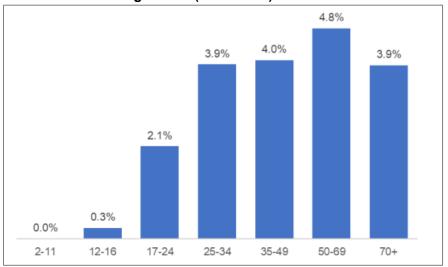


#### Uptake of Wandsworth & Merton Post-COVID service by age (April to Dec 22)

#### Post-COVID service volumes by age – compared to estimated residents with long COVID (12+ weeks)



#### Post-COVID service uptake by age – as % of estimated residents with long COVID (12+ weeks)



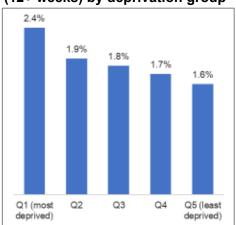
- The service has been most successful at reaching those in their 50s and 60s.
- There is now better uptake among those aged 70+ and 25-34, compared to the Apr 22 analysis.

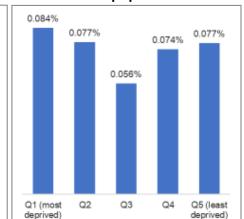




#### Uptake of Wandsworth & Merton Post-COVID service by deprivation (April to Dec 22)

#### National prevalence of long COVID Post-COVID service activity by (12+ weeks) by deprivation group total resident population





#### Post-COVID service uptake by deprivation – as % of estimated residents with long COVID (12+



- National prevalence rates of long COVID by deprivation quintile show a strong gradient, with higher prevalence in more deprived areas.
- Post COVID service activity per total population also shows a slightly higher uptake in most deprived areas

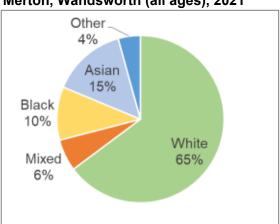
- Local estimates built from national data take into account age and deprivation.
- The rate of service use per estimated cases shows the service seems slightly better at reaching the least deprived than the most deprived, and a lower uptake in Quintile 3 – neither deprived nor affluent. This is a slight deterioration on the Apr 22 analysis.



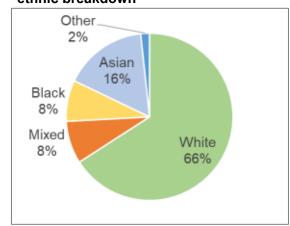


#### Uptake of Wandsworth & Merton Post-COVID service by ethnicity (April to Dec 22)

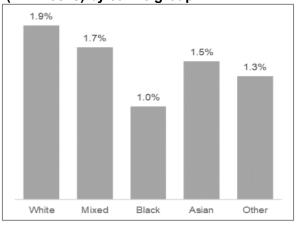
#### Ethnic breakdown in population of Merton, Wandsworth (all ages), 2021



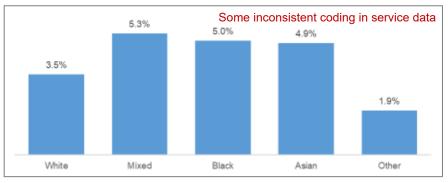
#### Post COVID service volumes by ethnic breakdown



National prevalence of long COVID (12+ weeks) by ethnic group



Post-COVID service uptake by ethnic group – as % of estimated residents with long COVID (12+ weeks)



- The ethnic breakdown of Post COVD patients (where recorded) matches the local population relatively well.
- Nationally, Long COVID is more common in the White ethnic group than BAME groups
- This means there are slightly fewer from the White group in the service than expected. The low uptake among 'Other' may reflect poor coding by the service.



## Tackling Health Inequalities: Increasing uptake

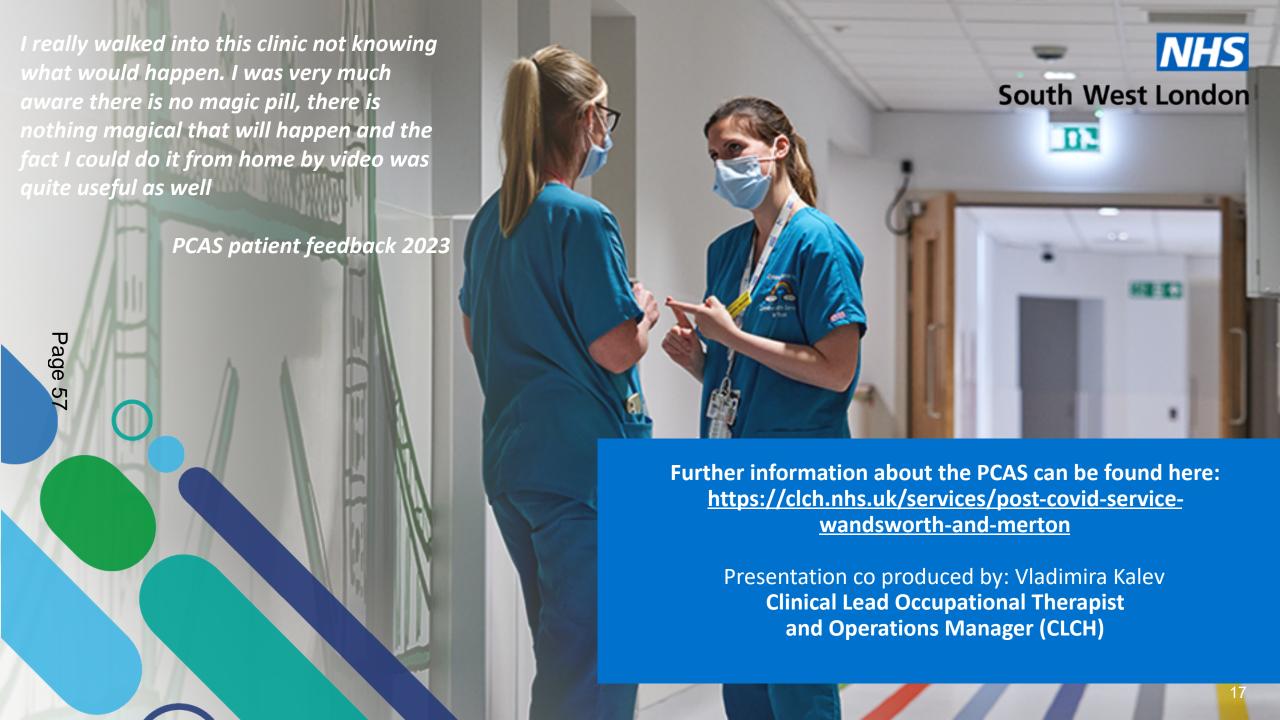


- Raising awareness with Merton PCNS to increase referrals
- Participating in Community Skills Events
- Establishing strong working relationships across primary, secondary and community sector
- Completed the health equity audit assessment tool
- Applied for co-production funding
- Linking with Merton Public Health for further co-production approaches and to ensure inequalities are openly discussed, and addressed





- Established direct referral routes to social prescribing and IAPT with close working agreements/weekly MDTs
- Linked with Health Watch and Community Champions and disseminated patient information leaflets to individuals & organisations within Merton
- Presented to Merton Health & Wellbeing board
- Presented at Mental Health Grand Round to raise awareness of the service
- Completed patient story in January 2023
- Local press release due in 2023, with patient story to be included
- Updated CLCH external web page
- Working towards setting up of Peer Support Group



This page is intentionally left blank