

Clearance checklist

*Inclusion of this checklist is **mandatory**. Please complete the whole list and private office will remove before putting submission in the box. A submission without it will be sent back.*

Note: Contact names provided must have seen and approved the submission.

<u>Finance</u>	Does this involve any spending or affect existing budgets?	<input type="checkbox"/> If yes, named official <input checked="" type="checkbox"/> No
<u>Legal</u>	Does this include legal risk, a court case or decisions that can be challenged in court?	<input type="checkbox"/> If yes, named official <input checked="" type="checkbox"/> No
<u>Communications</u>	Could this generate media coverage, or a response from the health sector?	<input type="checkbox"/> If yes, named official <input checked="" type="checkbox"/> No
<u>Analysis and fact-checking</u>	Does this include complex data, statistics or analysis?	<input type="checkbox"/> If yes, named official <input checked="" type="checkbox"/> No
<u>Devolved Administrations and the Union</u>	Does this promote union wide policies, or will it affect Wales, Scotland or Northern Ireland?	<input type="checkbox"/> If yes, named official <input checked="" type="checkbox"/> No
<u>Legislation</u>	Does this include options that may require or impact primary or secondary legislation/regulations? If yes, please discuss with the DHSC Legislation Team.	<input type="checkbox"/> If yes, named official <input checked="" type="checkbox"/> No
<u>Parliamentary Handling</u>	Does this require engagement with parliamentarians or a statement in Parliament? If so, please discuss with the Parliamentary Affairs Team, and Intelligence, Insight and Engagement Team.	<input type="checkbox"/> If yes, named official <input checked="" type="checkbox"/> No
<u>Fraud</u>	Have you considered fraud risks?	<input type="checkbox"/> If yes, named official <input checked="" type="checkbox"/> No
<u>Commercial</u>	Does this include commercial or contractual implications?	<input type="checkbox"/> If yes, named official <input checked="" type="checkbox"/> No
<u>Technology, digital & data</u>	Does this rely on or have crossover with a tech/digital/data solution?	<input type="checkbox"/> If yes, named NHSX official <input checked="" type="checkbox"/> No
<u>Health Data/Personal data use</u>	Does this involve the use of sensitive health/care data? Discuss with the SIRO team. Could this require the processing of Personal Data (Data Protection Act 2018)? Discuss with the Data Protection Officer team.	<input type="checkbox"/> If yes, named SIRO/DPO official <input checked="" type="checkbox"/> No
<u>Strategy and Implementation Unit</u>	Does this relate to cross-cutting or longer-term implications for wider DHSC strategy? Does this relate to one of the Secretary of State priorities or a manifesto commitment?	<input type="checkbox"/> If yes, named official <input checked="" type="checkbox"/> No
<u>Duties, Tests and Appraisals</u>	Do the following tests apply and have they been considered; <ul style="list-style-type: none"> • Secretary of State Statutory Duties including on health inequalities • Public Sector Equality Duty • Family Test • Other (please specify) 	<input type="checkbox"/> If yes, which test? <input type="checkbox"/> No

To: SofS and PS(PC)

From: Name Redacted
 Long COVID Policy
 Clearance: Sarah Norton, Deputy
 Director, Community Health
 Care
 Date: 11 February 2022
 Copy: As email distribution

LONG COVID UPDATE

Issue	This submission provides our regular monthly update on long COVID matters for February 2022
Date a response is needed by Reason	No response is required
Recommendation	This submission is for information only

Discussion

1. Following our previous update note of 14 January 2022, this submission provides:
 - a. a general update on long COVID matters over the last four weeks;
 - b. An updated dashboard (Annex A) which includes the latest data from studies undertaken by the Office for National Statistics (ONS), activity data from NHS England and Improvement (NHSEI), press reports, social media and relevant research;
 - c. As requested by SpAds, a supplementary document (Annex B) summarising desk-research into international approaches to long COVID.

Prevalence Estimates

(ONS Publication on 3 February 2022, covering the 4-week period ending 2 January 2022)

2. The ONS prevalence data this month remains relatively stable. Key points:
 - Total number of people with self-reported long COVID (symptoms for 4+ weeks): **1.332 million (2.1% of the UK population)**. This is slightly higher than previous month (1.266 million people or 2.0% of the population at 6 December 2021).
 - **275,000** people (21% of those with self-reported long COVID, up slightly from 270,000 at 6 December) first had (or suspected they had) COVID-19 less than 12 weeks previously, **947,000** (892,000 at 6 December) had

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symptoms for 12+ weeks, and **554,000** (506,000 at 6 December) for at least a year.

- Symptoms were adversely affecting day-to-day activities of **836,000** people (809,000 at 6 December), with **244,000** (247,000 at 6 December) being impacted a lot.

3. The next data set is due to be published by ONS on 3 March 2022.

NHS Activity Data

(Publication on 10 February 2022: reporting period 22 November 2021 to 19 December 2021)

Referrals	<ul style="list-style-type: none"> • During the 4-week period 22 November 2021 – 19 December 2021 there were a total of 5,593 referrals to NHS Post COVID assessment services, 458 (8%) fewer than in the previous 4 weeks. • Of these referrals a total of 4,946 were accepted as clinically appropriate for assessment (89%). The proportion of accepted referrals has increased slightly (2%) on the previous 4-week period.
Activity	<ul style="list-style-type: none"> • There were a total of 4,750 initial specialist assessments completed during the period, an increase of 151 (3%) compared with the previous 4-week period. This is the highest figure reported for initial specialist assessments since the data publication commenced. • An additional 8,695 follow up appointments were carried out, an increase of 608 (8%). This is also the highest figure reported for follow up appointments since the data publication commenced.
Access	<ul style="list-style-type: none"> • Of those who had an initial specialist assessment during the period: • 3,820 declared their ethnicity. Of those, 3,077 were white (81%). • 4,610 declared their sex. Of these 2,939 were female (64%) compared with 1,671 male (36%) • 4,616 declared their age. 1,516 of these (33%) were under the age of 45. 2,428 were aged between 45 and 64 (53%). 672 were aged 65+ (15%). • Of the 4,750 initial specialist assessments 1,011 (21%) were patients from the most deprived areas (as defined by the Index of Multiple Deprivation, IMD 1 and 2)
Waiting times	<ul style="list-style-type: none"> • Of those who had their initial specialist assessment during the reporting period, 39% were seen within 6 weeks, and 47% within 8 weeks of referral. 35% of patients waited longer than 15 weeks. • There is significant regional variation in the length of waits with 81% of patients in the North West being seen within 6 weeks of a referral, compared with 4% in the South East. 64% of patients in the South East were waiting over 15 weeks

4. The next data set is due to be published on 10 March 2022.

Roundtable Planning

5. The next long COVID roundtable will be held on Thursday 10 March 2022.
6. As requested by PS(PC), the session will have a focus on children and young people. There will be an opportunity to hear from Sir Terence Stephenson regarding the newly published definition of long COVID in children and young people, developed as part of the CLoCK Study, consultant paediatricians as well the ONS and patients.
7. A draft agenda is included below. We will send detailed briefing to PS(PC) during w/c 28 February 2022.

CONTENT	SPEAKER	DURATION
Welcome and introductions	Maria Caulfield MP	5 mins
Patient perspectives	Patient representatives	10 mins
Update from NHSEI	Dr Cathy Hassell	10 mins
Update: <ul style="list-style-type: none"> • The latest prevalence data • Wave 2 of the Schools Infection Survey 	Name Redacted	15 mins
Children and young people: <ul style="list-style-type: none"> • Update from the CLoCK study • Clinical perspective 	<ul style="list-style-type: none"> • Sir Terence Stephenson • Terry Segal, Consultant Paediatrician, University College London Hospitals NHS Trust • Prof Russell Viner 	30 minutes
Close	Maria Caulfield, MP	5 mins

Emerging Evidence on Vaccination and Long Covid

8. Two further publications have added to emerging evidence that vaccination may have a protective effect against long COVID.
9. On 26 January 2022, the ONS published an analysis on self-reported long COVID after two vaccine doses. In a sample of UK adults aged 18-69 years, receiving two doses of a COVID-19 vaccine before infection was associated with a 41% decrease in the odds of reporting long COVID symptoms lasting at least 12 weeks, relative to being unvaccinated when infected. It is unclear whether this improvement was sustained. The analysis was based on data to November 2021 and does not consider the impact of boosters or of the Omicron variant.
10. A study in Israel (Jan 2022) found two vaccine doses was associated with a substantial decrease in the most common long COVID symptoms.
11. On 27 January 2022, the UK Health Security Agency (UKHSA) published a rapid review examining the effect of vaccination on transmission of COVID-19. Overall, the evidence suggests that although vaccination was likely effective in reducing transmission of COVID-19 to contacts from cases with Wild type and

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non-Delta variants, the effectiveness of vaccination against transmission has likely been reduced against the Delta variant, and there is evidence from both transmission and viral load studies that there is a reduction in vaccine effectiveness against transmission of the Delta variant in the time after the second dose of vaccine.

Long Covid And Work

12. The All Party Parliamentary Group (APPG) on Coronavirus held an evidence session on long COVID on 18 January 2022. Featured were a three patient stories (including two discussing long COVID services in Northern Ireland) and updates from three clinicians leading long COVID research projects. While not the focus of the session, the discussion raised again calls for long COVID to be made an occupational disease and a recognized disability, and for further therapeutics research.
13. On 8 February 2022, research findings published by the Chartered Institute of Personnel and Development show that 46% of respondent organisations had employees with long COVID over the last 12 months, with one in four listing the condition as the main cause of sickness absence. The research also found that the majority (70%) of employers had measures in place to support staff, including access to occupational health services, tailored support and availability of flexible working.

Research

Petition

14. An e-petition calling upon the Government to fund research into any potential relationship between microclots and long COVID/ME has gained over 10,000 signatories. This derives from growing interest in HELP Apheresis being provided as a treatment to long COVID patients in Germany, and publication of research findings of a small study (n=70) in South Africa which suggest that removal of fibrin amyloid microclots, accompanied by platelet activation, is helpful in treating fatigue as a primary symptom of long COVID. The study included a subset of patients following an anticoagulation regime, which also reported improvement in fatigue.
15. As the petition reached 10,000 signatories, a Government response has been prepared by the Science, Research and Evidence team.

NIHR-Funded Research

16. Two of the NIHR-funded research projects have published material during this reporting period.
 - a. CLOCK Study: a peer-reviewed paper of the CLOCK three-month results have been published in The Lancet Child and Adolescent Health. A paper that used the Delphi consensus technique to create a definition of long COVID in children has been published in the Archives of Disease in Childhood
 - b. LC-COS: A paper has been published on The Lancet pre-print server on the outcomes of an international Delphi study to define core outcomes for long COVID research in adults. Future research will determine which measurement instruments are the most appropriate to measure the core outcomes in the twelve domains identified.

Parliamentary Business

17. During this reporting period, we have received one Parliamentary Question on long COVID:

- Andrew Gwynne MP (Denton and Reddish)
 - To ask the Secretary of State for Health and Social Care, what steps his Department is taking to resume referrals from GPs to a) King's College Hospital Trust and b) Guy's and St Thomas' Hospital for treatment of long covid and for what reason South East London clinical commissioning group made the decision to pause acceptance of referrals.

Union

18. As a devolved matter, there are different approaches taken to the provision of long COVID services in the Devolved Administrations. However, there is a shared interest in the Government-funded research projects, which are pan-UK. We engage regularly with counterpart officials to share information, and align long COVID policy where practicable to do so.

Conclusion

19. This submission is for information only. Our next update will be provided on 11 March 2022.

Name Redacted

Long COVID Policy

Primary and Community Healthcare, I&S