

Message

From: [NR] [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=9FCB35DFC4F649FABA61AFD6B16566B6] [NR]
Sent: 03/08/2020 09:09:25
To: [NR] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b33d48f397a544b18a61daf540cb0c83 [NR]
[o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c58f5a1fa0324fff82941d8648301a73] [NR]
[o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0d3ddae965fa4b18a8c26612c12553e0] [NR]
Subject: FW: SoS roundtable on the long-term impacts of Covid - readout
Attachments: Request for Primary Care observer at COVID Long Term Health Impacts Roundtable 22 July

Hi everyone,

SofS recently hosted a roundtable about the long term health impacts of covid-19 (on those who have had the virus). Background attached and Sarah's read out is below. No immediate action for us, but worth being aware – expect as work in the space develops, there will be questions about the particular role of general practice. So may have impact on demand work.

If you do think helpful to send on to someone in DHSC, then please just double check with Sarah.

Best

[NR]

GP Strategy, Primary Care Team, Department of Health and Social Care

[I&S]

From: [NR] @dhsc.gov.uk>
Sent: 31 July 2020 18:36
To: Gravenstede, Sarah <Sarah.Gravenstede@dhsc.gov.uk>
Cc: Scully, Edward <edward.scully@dhsc.gov.uk>; Adkins, Jessica <Jessica.Adkins@dhsc.gov.uk>; Howe, Jeannette <jeannette.howe@dhsc.gov.uk>; [NR] @dhsc.gov.uk [NR]
[NR] @dhsc.gov.uk [NR] @dhsc.gov.uk; Joannides, Mark <mark.joannides@dhsc.gov.uk>; Witter, Lucy <lucy.witter@dhsc.gov.uk>; [NR] @dhsc.gov.uk>
Subject: RE: SoS roundtable on the long-term impacts of Covid - readout

Sarah

Thanks for this. As you say very informative. Potentially significant implications for all of our primary care contractors.

Wish my note taking was as good as your.....

[NR]

From: Gravenstede, Sarah <Sarah.Gravenstede@dhsc.gov.uk>
Sent: 31 July 2020 17:19

[See recipients listed above]

Subject: SoS roundtable on the long-term impacts of Covid - readout

Hi all,

Just joined a fascinating – albeit concerning - roundtable hosted by SoS on the research into the long-term impacts of Covid-19. If this doesn't make the case for the importance of CHS, I don't know what does – but I think Jess and Ed have been making that case for a while. My contemporaneous (and therefore slightly unwieldy) notes are below, but I think the key points of interest for us are:

- Post-viral symptoms widespread and not linked to severity of initial illness
- Studies are focused on hospitalised patients - there is a gap in the research in primary care (which brings in some data issues)
- Rehabilitation services etc are inadequate in all but a few parts of the country

Sarah

Notes

Jenny Harries:

- Growing evidence, as with other viral illnesses, that there are long-term impacts, not only for those hospitalised but also those who have experienced mild-moderate symptoms in the community.
- Italy experience – **high proportion of hospitalised individuals with ongoing symptoms eg fatigue, joint pain, chest pain**
- Three triads of symptoms for Covid-19 – respiratory presentation, gastro-intestinal presentation, central nervous system presentation. Broad spread of symptoms indicates that we can expect a broad spread of implications and complications
- Knowledge of long-term impacts limited due to length of time virus been around
- Issues to consider – age, mental health implications

Professor Chris Brightling

- Study in Journal of American Medical Association – Found **at 2 months 90% had ongoing symptoms**. Also this study published today: <https://www.medrxiv.org/content/10.1101/2020.07.29.20164293v1>
- **Set up a study in the UK to follow up 10,000 individuals for 1 year initially** (and potentially up to 25 years). Set up 50 centres to establish the standard of care across the country. In some areas patients left to primary care while others taking a more holistic approach.
- Looking to create a standardised approach to care across three tiers. Looking to introduce pharmacological and non-pharmacological interventions. Applications submitted to look at those individual interventions. Looking what an appropriate rehabilitation programme might look like.
- Important to have links to GP records.
- Imaging a really unique opportunity in UK – other systems don't have ability to link things like chest x-rays with all the patient records, and the imaging will be important in understanding.

NR

- **GPs speaking to more patients who either have very long duration of symptoms eg shortness of breath, or people who get sudden deterioration eg a few days where struggle to function, also people struggling to cope with the psychological impact**
- Need to think about people who had Covid-19 and had **existing LTCs which are starting to deteriorate**
- **Patients who didn't get tested earlier in pandemic or people with negative tests, but had the symptoms, and struggling to understand** what had happened to them. These people need a f2f, or some form of enhanced support.
- Need to use our social prescribers, physios in Primary Care,

Professor

NR

- **Gap in evidence basis is around those who were never hospitalised** – harder to trace, needs community and primary care help to do that, need equivalent research in primary care that would pick up people who are younger or who don't have co-morbidities.

NR

(patient representative).

- Except in pockets of excellence, **patients are discharged from ICU with no support** other than GPs who have little ability to support. (medical representative from ICUs agreed)
- **Need rehab descriptions, personalised support plans, and really good quality services underpinning that.**
- Need to **fund ICUs to implement follow up appointments** for all critical patients across the UK now - this would be an important legacy from Covid

From others

- Need to understand the **impact on people with existing LTCs who have been shielding** and so have not been receiving rehabilitation care, many of whom are living with the same myriad of symptoms that covid patients experiencing.
- The **British Thoracic Society have just published some guidance on adapted rehabilitation programmes** for the post Covid using the model of pulmonary and cardiac rehabilitation.
- **Research needs ongoing data linkage with Primary Care data.** There are flags in GP systems that allow flagging of people with influenza or covid like symptoms. So some data within the GP dataset. Prof Calum Semple raised an issue about something that is easier to do under Scottish law than English law – SoS said send him some details and he will change the law! I didn't understand exactly what it was about but seemed to be about data access I think, linked to the Ben Goldacre project?



Sarah Gravenstede

Deputy Director Primary Care

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I&S

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