

Supplementary written evidence submitted by LongCovidSoS (CBP0089)

The following comments relate to the question “To what extent is the financial investment received to date adequate to manage the backlog?”

NHS England recently published the first [data set](#) on the Post Covid Assessment Services, which reported that 5029 referrals had been accepted to the service in the four week period between 05/07/2021 and 01/08/2021. An additional 708 referrals were rejected as ‘clinically inappropriate’. 4254 initial assessments were carried out. These figures translate to 65,377 referrals and 55,302 initial assessments over the course of a year – approximately 10% of the 643,000 individuals that the [ONS](#) found to have their day to day activities affected by Long Covid. The recently published [NHSE Long Covid Plan for 2021/2022](#) suggests that “around 2.9% of people who had COVID-19 will go on to need NHS support”: estimated to be around 342,000 people. This is based on an earlier ONS figure of 741,000 still experiencing symptoms at 12 weeks combined with NHSE consensus modelling. Of these 342,000 only 20-50% are considered appropriate to be followed up in specialist services and rehabilitation pathways and they arrive at a figure of between 68,000 and 160,000 eligible for referral to the clinics. 50% are expected to self-manage, including those with palpitations and chest pain, and the balance treated in primary care.

We believe that the modelling in this case does not take into account the reality of the impact symptoms have on the lives of many with Long Covid and their inability to return to previous activity; the numbers of patients predicted to require an assessment are unrealistically low.

Modelling on [QALY loss](#) was carried out earlier this year relating to both acute and long-term consequences of Covid-19. The authors of the study modelled a loss of **286,454** QALYs over 10 years due to permanent injury as a result of Covid-19. They suggest that the UK Government willingness-to-pay to avoid these QALY losses would be **£32.2 billion**. The authors conclude:

“There will be a lasting health burden within our society for those who are COVID injured who will require ongoing support. Without adequate planning this may put further pressures on NHS resources... Prevention is better than cure. We provide these numbers as health economic rationale or a willingness to pay to avoid an accumulation of injury due to COVID-19.”

References:

COVID-19 Post-Covid Assessment Service – NHSE Statistics

<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-post-covid-assessment-service/>

Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 2 September 2021

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/2september2021>

Long COVID: the NHS plan for 2021/22

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/06/C1312-long-covid-plan-june-2021.pdf>

A model framework for projecting the prevalence and impact of Long-COVID in the UK

<https://www.medrxiv.org/content/10.1101/2021.05.18.21252341v1>

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