Inquiry into Long Covid – Response from NHS Grampian

• Details on the current services available including information on how the Scottish Government funding has been used;

NHS Grampian undertook discovery work during late 2021-spring 2022 and a prioritisation exercise which informed our initial bid via Service Planning Group for our response to Long Covid. The discovery work included interrogating available data, understanding staff and service experiences and engagement with people with lived experience of Long Covid to identify key workstreams we hoped to pursue.

A second revised bid was put forward at request of the Service Planning Group to bring it in line with NRAC funding formula which meant we would be unable to deliver a dedicated multi-disciplinary Long Covid Service.

Instead the funding is being used to recruit into posts to provide provision via creating clear pathways through existing services, develop supported and unsupported self-management resources and develop/deliver cross system education and training for clinical staff across our health and care system.

The model aims to include a Clinical Lead post each for Adults and Paediatrics as well as Long Covid Practitioners to sit under them for both. The practitioners may not be hands on clinical however will be of a clinical background so as to best inform discussions and decision making around the development of pathways and resources, and may offer an advice-only referral service/single point of contact.

The adult workstreams will focus on primary and secondary care however the paediatric workstreams will also include working along with the education system.

• Any barriers to service development and provision;

Although initial proposals suggested something closer to a clinical MDT service, funding was not allocated in a way that would allow for that. With what we received the short life working group continued to work together to propose the current plan (see above) which we feel goes some way in meeting the needs of those with the condition.

Recruiting to part time positions with fixed term funding has been difficult in the current climate, not least because there are no 'extra' staff that can be pulled from for these roles. It requires areas to release valuable staff for the duration of the secondments which, although an initial year long period, may be extended to up to 3 if funding continues to be release from SG. We are now on our 2nd round of recruitment that has just closed with some interest and interviews to take place in the coming weeks however one post will need to go out for a 3rd round. However recruitment remains a key risk.

Services will be developed to offer sustainable pathways in existing services (predominantly rehabilitation and psychological support), however these services will have no additional resource to manage the anticipated increase in demand.

• Any examples of good practice; and

NHS Grampian have led the way in our engagement with people with lived experience (both adults and children and families/carers) and we are embedding this into our approach going forward.

We have an established project delivery board, with membership from key professional groups, people with lived experience and project support.

We have also established a Professional Network to provide a platform for our workforce to share experience and information, seek advice and discuss research, emerging evidence etc. This is in its infancy but we hope to expand it in the coming months.

• Details of future plans for long COVID service provision in the short and medium term

We do not envisage a dedicated Long COVID specific service provision in the short or medium term however pathways will be developed to ensure patients are referred to the most appropriate services to support them in managing their symptoms ensuring a holistic, coordinated approach.

We are hoping to offer digitally supported pathways, utilising the digital tool being procured by NHS Scotland. We would hope this could be offered in the short term, although timeframe is dependent on procurement process and information governance assessments.