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LONG COVID

Dear Convener,

Thank you for your letter dated 11 September regarding correspondence received by the Committee from Long Covid Kids and Long Covid Scotland on 28 August. I note this related to the decision of the charities to resign from NHS National Services Scotland's National Strategic Network for the long-term effects of COVID-19 (long COVID).

I can inform you that the Scottish Government received correspondence from Long Covid Kids and Long Covid Scotland on 4 August indicating their decision to resign from NHS National Services Scotland's long COVID Strategic Network.

In response, I wrote to the charities on 7 August. In my letter I noted I was very sorry to learn of the organisations' decision, recognised that the Network had benefited from the insight and experience of Long Covid Kids and Long Covid Scotland, and extended an offer for the charities to meet with the Chief Operating Officer for NHS Scotland to discuss the issues raised in their letter, should they wish to do so.

This offer was extended again on 10 September and following a response from the charities, this meeting was scheduled and took place on 29 September. Following the meeting, next

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steps have been identified relating to sharing of information and further engagement, which we hope are helpful to Long Covid Kids and Long Covid Scotland.

We remain committed to learning from the experiences of those with long COVID across the country. This continues to be represented within the Strategic Network via the Health and Social Care Alliance Scotland (the ALLIANCE), which co-ordinates a Lived Experience Network bringing together people affected by long COVID from across Scotland.

Thank you for the invitation to provide information in relation to the topics outlined in your letter. I have responded to each of these in turn below.

“Governance arrangements, decision-making processes, and strategic oversight of the Long Covid Strategic Network”

The Scottish Government commissioned NHS National Services Scotland (NSS) to establish the long COVID Strategic Network in 2022. The network is hosted by National Services Directorate (NSD) in NSS.

The Scottish Government funds NSD to provide programme management resource to support the network. This consists of 1.0 WTE Programme Manager and 0.3 WTE Senior Programme Manager with oversight from an Associate Director and Associate Medical Director.

Clinical subject matter expertise is provided by the Network Lead Clinician, an experienced Consultant Physician with a specific interest in the condition who is formally seconded from a territorial health board to provide 8 hours of support per week. The Lead Clinician took up post in July 2025, replacing the previous post-holder following their departure in January 2025.

Funding for long COVID clinical services across the territorial health boards in Scotland is managed by the Scottish Government and allocations are made directly to health boards. The long COVID Strategic Network does not have the authority to direct NHS boards as to what services they should provide nor how these are delivered. Responsibility for service delivery and patient care remains solely with the territorial health boards. However, key features for a model of best practice for long COVID developed by the Strategic Network have been included within Scottish Government commissioning information (Annex A) provided to NHS boards, alongside relevant clinical guidelines.

The network provides an opportunity for stakeholders to collaborate and work together to develop products which can then be offered for use nationally.

The network members include representatives from a range of disciplines including rehabilitation medicine, general practitioners, paediatric consultants, allied health professionals, service planners, lived experience representatives and public health professionals as well as Scottish Government officials.

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An annual business case is agreed between the NSD programme team and the Scottish Government which documents the deliverables for the network over the performance year. The network annual report is published each year reporting against the agreed business case. The annual report is published on the network website, accessible at <https://www.nn.nhs.scot/longcovid/>.

Formal governance arrangements for the network are as follows:

Oversight board

Chaired by a Chief Officer of Public Health Scotland, this is the decision-making board for the Network. The board meets quarterly and provides opportunity for discussion and approval of work products developed by the working groups in the Network.

Terms of reference for the oversight board and all other groups are documented and approved. Decisions are made through structured discussion with the voting members of the oversight board responsible for formal decisions which are documented by the programme team. Action notes and decisions are documented and shared with the group through dedicated communication channels.

The Scottish Government has two voting members on the oversight board ensuring robust oversight from the Healthcare Quality and Improvement Division.

Steering group

The steering group is chaired by the Lead Clinician of the Network and meets quarterly. This group is responsible for agreeing the priorities of the working groups and tracking progress of the workplans.

Scottish Government officials sit on the steering group, ensuring that information is shared from Scottish Government policy, and that they have awareness of what is happening across the network.

Working groups

Working groups are established based on priorities agreed by the steering group and oversight board. These have included:

- Service planning group
- Subject matter expert group
- Lived experience engagement group
- Vocational rehabilitation group
- Children and young people group

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NSD governance

The long COVID Strategic Network also reports through internal NSD governance. Work products approved by the oversight board are scrutinised by the NSD Strategic Management Group and Senior Management Group - Clinical.

Decision making

As outlined above, decision making regarding the activities and work products of the Network is embedded at all levels of governance in the Network. Working groups make decisions on the most appropriate mechanisms for delivery of work products. The steering group is responsible for prioritising workplans and making recommendations to the oversight board for approval. Formal decisions are recorded and shared through structured communication channels.

“All milestones, spending plans, and delivery timelines linked to the £4.5m Long Covid Support Fund, including explanations for the current delay and safeguards for allocated funds”

As the Cabinet Secretary for Health and Social Care outlined in his letter to the Committee dated 25 September, further to Parliament’s approval of the 2025-26 Scottish Budget on 25 February 2025, the Scottish Government has been engaging closely with NHS boards to support the allocation of resource for new specialist support for Long COVID, Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS) and other similar conditions.

Boards told us that having funding only for a single financial year would be a barrier to their ability to develop new support. Therefore, following further assessment in line with Scottish Government spending controls, we wrote to NHS board Chief Executives on 18 September to confirm that this funding will now be made available on a recurring basis. This commitment provides the longer term assurance necessary to enable boards to plan on a sustainable basis, and support the recruitment and retention of the skilled members of staff required for the delivery of services.

NHS boards’ shares of the available 2025/26 funding will be allocated in full on a recurring basis. From the financial year 2026-27 onwards NHS Boards will receive the £4.5 million resource annually.

In 2025-26 the £4.5 million funding is being provided in addition to remaining resource of approximately £3 million from the £10 million long COVID Support Fund (established 2022). The £10 million fund will be fully disbursed by the end of the 2025-26 financial year.

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A breakdown is as follows:

NHS Ayrshire and Arran	£327,482
NHS Borders	£99,208
NHS Dumfries and Galloway	£133,076
NHS Fife	£307,495
NHS Forth Valley	£246,390
NHS Grampian	£437,038
NHS Greater Glasgow & Clyde	£957,544
NHS Highland	£300,399
NHS Lanarkshire	£561,378
NHS Lothian	£676,576
NHS Orkney	£21,985
NHS Shetland	£21,466
NHS Tayside	£346,825
NHS Western Isles	£29,138
Total	£4,466,000

We will also provide funding of £33,366 to Action for ME to support their *Learn about ME* online CPD module for health & social care professionals.

“Measures ensuring compliance with the NHS Recovery Plan, COVID-19 Recovery Committee recommendations, and statutory duties for children and equality under the Equality Act 2010 and UNCRC Article 24.”

Annual reports on progress through the delivery outcomes set out in the NHS Recovery Plan can be access via the links below.

NHS Recovery Plan: annual progress update 2022 – <https://www.gov.scot/publications/nhs-recovery-plan-annual-progress-update/>

NHS recovery plan: progress report 2023 – <https://www.gov.scot/publications/nhs-recovery-plan-progress-report-2023/>

NHS Recovery Plan 2021-2026: annual progress update report 2024 – <https://www.gov.scot/publications/nhs-recovery-plan-2021-2026-annual-progress-update-report-2024/>

The Scottish Government responded in full in June 2023 to all recommendations put forward by the COVID-19 Recovery Committee following its inquiry on long COVID. A copy of the response is accessible on the Scottish Parliament website at [Minister for Public Health dot](https://www.parliament.scot/Minister-for-Public-Health)

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NHS boards exercise responsibilities in relation to planning, commissioning and delivering healthcare services, and take overall responsibility for the health and wellbeing of the populations they serve. NHS Boards are discrete legal entities and legally accountable and responsible for how they carry out their functions, services, duties and responsibilities.

The Scottish Government has issued statutory guidance to support public authorities in the implementation and operation of their duties under Part 2 (the compatibility duty) and Part 3 (section 18) (the reporting duty) of the UNCRC Act. The statutory guidance aims to ensure all public authorities are aware of their duties and how to fulfil them.

The Scottish Government is funding NHS Education for Scotland to provide advice and guidance for Health Boards in understanding their duties in the UNCRC Act and in taking a children's human rights approach.

“Update on the current status of research into Long Covid and its treatment”

The Scottish Government's Chief Scientist Office (CSO) issued a call for research on the longer-term effects of Covid-19 infection during the pandemic. Six of the nine projects funded from this call have been completed and have reported. The remaining three are in the later stages of completion or reporting. Details of the projects, including final reports are at: [Long Covid Call – Chief Scientist Office](#)

CSO also supports standing open competitive grant and fellowships schemes that provide research funding opportunities for applied health research across the range of health conditions and NHS and population health challenges in Scotland. These schemes are open to applications for research on long COVID. Applications undergo independent expert review with funding recommendations made by independent expert committees. Through these schemes two further projects and a research fellowship related to long COVID have been funded with details at:

[Health Improvement, Protection and Services Research Committee 2022 – Chief Scientist Office](#)

[Health Improvement, Protection and Services Research Committee 2023 – Chief Scientist Office](#)

[NRS Career Researcher Fellows – April 24 – March 27 – Chief Scientist Office](#)

In addition, CSO contributes financially to the National Institute for Health Research (NIHR) in order that NIHR research programmes are open to applications from researchers in Scotland ([NIHR Programmes – Chief Scientist Office](#)). These programmes also provide funding opportunities for long COVID research with applications undergoing independent expert review and funding recommendations made by independent expert committees.

CSO also funds the clinical research platform delivered by NHS Research Scotland that allows NHS Boards to host and participate in research studies and clinical trials. This platform is available to support research on long COVID with a number of studies currently being supported.

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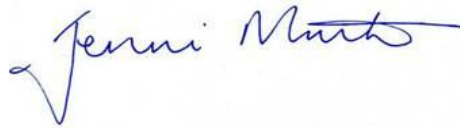
The treatment of long COVID is informed by the recommendations of clinical guideline NG188 on managing the long-term effects of COVID-19, developed jointly by the Scottish Intercollegiate Guidelines Network (SIGN), the National Institute for Health and Care Excellence (NICE) and the Royal College of General Practitioners (RCGP). The [SIGN website](#) indicates that NICE continues to check the publication of new evidence to consider whether this would change any recommendations in the guideline. Further information on the process by which NICE guidelines are developed and updated can be accessed at <https://www.nice.org.uk/what-nice-does/our-guidance/about-nice-guidelines/how-we-develop-nice-guidelines>.

“Update on what each NHS Board has been doing since the pandemic first emerged in early 2020 to address the needs of those experiencing Long Covid in Scotland”

This is outlined in Annex B.

I hope this response is helpful to the Committee.

Yours sincerely,



Jenni Minto MSP

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Annex A – Commissioning information provided to NHS boards – 18 September 2025

Recommendations 8.1 and 8.2 (below) of NICE guideline 188 on managing the long-term effects of COVID-19 should be followed for any services being considered.

8 Service organisation

8.1

Provide access to multidisciplinary services, if available, (these could be 'one-stop' clinics) for assessing physical and mental health symptoms and carrying out further tests and investigations. Services should be led by a doctor with relevant skills and experience and appropriate specialist support, taking into account the variety of presenting symptoms. [2020, amended 2021]

8.2

Provide integrated, multidisciplinary rehabilitation services, based on local need and resources. Healthcare professionals should have a range of specialist skills, with expertise in managing fatigue and respiratory symptoms (including breathlessness). Additional expertise may be needed depending on the age and symptoms of the person. The core team could include, but not be limited to, the following specialist areas:

- occupational therapy
- physiotherapy
- clinical psychology and psychiatry
- rehabilitation medicine. [2020]

In relation to myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome (ME/CFS) NICE guideline NG 206 should be followed for any services being considered.

Multi-board proposals are welcomed and encouraged where appropriate, to ensure adequate population coverage across all NHS Scotland boards.

Boards are requested to consider what would be needed to extend provision for these conditions to paediatric services if there is an identified need for this in your board.

Boards are requested to consider how you can collaborate with other boards to provide a more efficient and effective service, whether this might be, for example, for the most complex cases and/or for specific populations e.g. paediatrics.

Boards are requested to consider the following summary of key features for a model of best practice for long COVID outlined by NHS National Services Scotland's long COVID Strategic Network in its sustainability recommendations.

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Summary of features

- Allow the patient to feel listened to and heard. This will improve engagement and outcomes for the patient as well as allowing a smoother and more coordinated journey through the healthcare system. This would best be achieved by a combination of primary care and assessment at a dedicated service.
- Include appropriate and robust assessment with involvement of a doctor (this may be a GP). This again will help the patient feel listened to and heard, as well as reducing the number of inappropriate referrals.
- Include multidisciplinary rehabilitation specific to the patients' needs. This may be a combination of individual and group, in person or virtual.
- Include multidisciplinary team review where required. This must include a doctor (this may be a GP).
- Provide continuity of care with the same healthcare professional or team as much as possible, for example, by providing a care coordinator or a single point of contact.
- Vocational rehabilitation should play an important role in the holistic support and management of those with LC.
- These services should be multi-agency to make them resilient and sustainable.

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Annex B

NHS Ayrshire & Arran (information provided 18 September 2025)

Summary of response activities

Initially in Ayrshire it was ensured that the team had the right training to assess across professional boundaries to minimise waiting times across professions. Training to all team members has included Breathing Pattern Disorder, Postural Orthostatic Tachycardia Syndrome (PoTs), and Acceptance and Commitment Therapy.

The specialist team have ensured that people have had the investigations for their symptoms to exclude an alternative diagnosis. Triage then focuses on matching the individuals needs/ geographical area to allow the person to have the assessment whether virtual or face to face that meets their wishes. The service has evolved with time and focusses on individualised consultations and treatment planning with the aid of groups that again have evolved with service user feedback. We currently run Breathe Easy/Move Gently and increased the number of contacts that people can have with the team. We are also piloting a mindfulness group as another group choice suitable within our menu of services.

We have ensured the lived experience voice is heard through our Governance Group and Long Covid Scotland rep. We have active service feedback through an ongoing Patient engagement survey that looks at the patient experience. We have positively evaluated using completion of COVID-19 Yorkshire Rehabilitation Scale (C19-YRS) and EQ5D and produced a user-friendly infographic of results.

Publicity has been both local and national; concentrated around social media/ hosting a ministerial visit/ ensuring primary care had referral access through SCI gateway/ utilisation of GP lunchtime learning to promote service/ posters sent out to all GP surgeries in Ayrshire who requested resources.

Provision of support and services

The clinical team are all Band 7 comprising Physiotherapist (0.6WTE), Nurse (0.5WTE), Occupational Therapist (0.6WTE). For more significant psychological needs there is access to psychology support on an individual basis (Band 8a 0.5WTE)

The team screen for red flags/ appropriate investigations and triage to the best suited clinician. Individualised consultations and treatment programmes are provided that can include groups for those that benefit from breath work and gentle movement. We link with national support groups (Chest Heart & Stroke Scotland - CHSS) and local support groups for example North Ayrshire library. We have a governance group with wide Ayrshire representation overseeing the service.

The Board does not have a dedicated long COVID service for children and young people (CYP), but CYP with long COVID can access shared care with paediatric services or, if older

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(around 16), access services directly. Support for CYP without a formal diagnosis is not available, as a diagnosis following medical investigations is required for any care pathway. The clinical pathway, when accessible, involves a nurse, physiotherapist, occupational therapist, and psychology services. Exclusion of serious pathology is ensured through medical investigations conducted by consultants or primary care. The Board currently has no referrals for CYP with long COVID. It should be acknowledged that coding and identification of CYP with long COVID is challenging.

Forward plans

Our proposal in 2025-26 includes:

- Full time temporary Band 5 Psychology Assistant.
- CYP scoping activity to assess where young people who have potentially post-viral issues are having their needs met.
- Further scoping activity to explore people with lived experience of ME/CFS to ensure that staff have the correct skill set to meet their needs, and provide the correct service within resources to meet the needs of this group of people.
- Activity to assist with service evaluation.
- Activity to develop electronic records that any clinician can access for current up to date information

Into year 2026-27 and beyond depending on funding the aim is to:

- Broaden access to the service to people with ME/ CFS/ type diagnosis.
- Part time temporary 0.2 WTE recruitment planned for an extended role GP- Increase Safety netting, perhaps increase prescribing options
- Band 6 temporary 1.0 WTE OT role to help meet increased need for assessments and enhance group symptom-based options
- Increase reception admin to ensure a more responsive service to referrals/ patient phone calls/ triage and questionnaires.

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Summary of response activities

NHS Borders has taken an evolving approach to supporting people with long COVID. In the early stages of the pandemic, support was primarily delivered through physiotherapy services, which responded to individual presentations of post-COVID symptoms such as breathlessness and fatigue. There was no formal pathway or coordinated service in place at this time.

In March 2023, a dedicated Long Covid Occupational Therapist was appointed to a post within Primary Care. This role was developed in response to an expressed need for a holistic, person-centred model of care and this has provided a structured and consistent approach to supporting individuals with long COVID across the Borders through the development of the pathway.

Key actions taken since the post was established include:

- Creation of a referral pathway from GP practices to a long COVID Occupational Therapist for assessment and rehabilitation support.
- Delivery of individualised rehabilitation plans, focusing on fatigue management, return to work, and daily functioning.
- Development of a peer support group for patients, offering a safe space to share experiences, coping strategies, and mutual encouragement.
- Collaboration with Physiotherapy, Wellbeing Service and third-sector partners to ensure a multidisciplinary approach.
- Staff education and peer support opportunities to raise awareness and improve understanding of long COVID across services.
- Ongoing data collection and service evaluation will inform future planning and help identify gaps in provision. This work is being supported through close collaboration with our Quality Improvement colleagues in NHS Borders.

This service has provided a structure for patients navigating the uncertainty of long COVID and has contributed to national learning through professional networks and shared practice forums.

Provision of support and services

Adults with long COVID are currently supported through a Primary Care based service led by an Occupational Therapist, established in March 2023. Support includes:

- Individualised assessment and rehabilitation planning, focusing on fatigue management, daily functioning strategies, and vocational support
- Multidisciplinary collaboration, particularly with physiotherapy, dietetics, patients GP, to address the complex and fluctuating nature of symptoms.

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- Peer support group facilitation, offering patients a safe and space to share experiences, coping strategies, and mutual encouragement
- Support with return to work and occupational health liaison, including advocacy for patients navigating workplace adjustments
- Referral to secondary care services when clinically indicated (e.g. respiratory, cardiology).

The service is designed to be flexible and person-centred, recognising the relapsing and remitting nature of long COVID and the need for ongoing review and support.

There is currently no dedicated long COVID service for children and young people within our Board. Paediatric patients are supported through existing paediatric services. At present, there are no plans to develop a paediatric specific long COVID pathway.

Forward plans

NHS Borders is committed to sustaining and developing support for people living with long COVID and other energy limiting conditions. Future plans include:

- Continuation of the current Primary Care model, with existing Occupational Therapy input.
- Enhanced multidisciplinary collaboration - access to multidisciplinary team input from NHS Lothian, which will support clinical decision making, service integration and enhanced expertise.
- Development of group-based interventions, including fatigue management programmes, to complement individual support and promote peer connection.
- Improved data capture to ensure accurate recording of service activity and inform future service development. Alignment with neighbouring NHS boards in data collection processes will support consistency, benchmarking, and shared learning across regions.

We will continue to engage with national guidance, emerging research, and lived experience to ensure our service remains responsive, evidence-informed, and aligned with the needs of our population here in the Borders.

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Summary of response activities

A project team was established with a scoping and mapping exercise which included measurement of staff confidence of long COVID and survey of patient experience. This led to pathway development and subsequent implementation.

With the addition of Scottish Government money additional hours for physiotherapy and occupational therapy and a new rehabilitation assistant practitioner role have been developed. This allowed a pathway to be developed with a single access point into the Community Rehabilitation Team, with each referral undergoing a Multi-disciplinary team (MDT) triage to ensure the right first professional is identified.

The D&G team are connected nationally, attending updates and linking into special interest groups, thereby ensuring alignment to emerging best practice. The clinical team delivering the service also attend regular clinical updates. There is also a wider staff training programme in place as to ensure region wide enhanced knowledge this is required due to the emerging evidence around management of long COVID.

Provision of support and services

The service model aims to ensure at the point of diagnosis each patient receives a holistic assessment. The pathway has been established with a single access point into the Community Rehabilitation Team, with each referral undergoing a MDT triage to ensure the right first professional is identified. This follows medical assessment and diagnosis of which remains the responsibility of primary care. This model aligns to best practice guidelines and aims to maximise outcomes and independence. The pathway is predominantly delivered by Occupational therapy and Physiotherapy. If the patients require psychology a referral is completed to the general clinical health psychology team. The pathway takes a holistic approach, assessing needs and current assets. The practitioner works with patients and their primary care practitioners, to develop strategies to manage/reduce symptoms and improve quality of life and functional ability. This also includes when appropriate liaising with specialist secondary care services. The pathway involves supporting and advising on rehabilitative interventions; and coordinating appropriate and meaningful patient journeys including with Community Link, Active Lives and third sector organisations.

The pathway remains in its development phase and requires continued focus and support to ensure it is embedded and provides a coordinated holistic service for those with energy limiting conditions. There is ongoing development plans with areas of focus such as; to increase promotion of the pathway to ensure everyone appropriate is referred.

There is no separate long COVID team for children and young people; rather patients are seen through general paediatrics services. This generally works well however when highly specialist input is required this causes challenges as it is not currently delivered locally. This

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has required younger children being referred through the exceptional pathway to the specialist services in London.

Forward plans

The adult pathway is continuing to develop and focused work is planned to promote within primary care to ensure maximisation of pathway.

The rehabilitation focused model will continue to be strengthened with the addition of Chest, Heart and Stroke Scotland who have been commissioned to provide a self management programme. This will provide seamless transition from health services into communities. Further work is planned with community development teams to explore, current assets and develop communities and third sector based pathways.

The addition of dedicated psychology input will also further strengthen the MDT and the holistic, and biopsychosocial approach.

Formal project management support is planned starting Oct 25 to explore Paediatric pathway, and identify opportunities for regional working.

The project management support will also strengthen data collection, measurement of impact and develop strategies for coproduction of services.

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Summary of response activities

We attempted to recruit a range of staff across nursing, allied health professions and psychology, however due to the temporary nature of the funding this proved very challenging. Therefore, to ensure we provided a service to the population of Fife, we decided to take a slightly different approach and link in with our existing staff who work across a range of long-term condition management; this allowed us to provide a MDT approach to the management of these patients this included, physiotherapy, occupational therapy and psychology.

We also managed to utilise an existing member of staff with skills to a co-ordinator facilitator role. This allowed us to map our existing pathways, develop staff educational support and guidance, patient and carer information and also we have a FROG page. We therefore did not employ external individuals, but offered internal staff an increase in hours to undertake the necessary service provision. This has allowed us to build knowledge and expertise across teams and therefore a degree of sustainability.

Provision of support and services

We do not have a specific long COVID service for either CYP or adults. However, our existing services are available for anyone to access. The range of services available are, psychology, occupational therapy and physiotherapy. They can also be referred into a medical specialty they may require for assessment and on-going advice and care. The services available offer universal, targeted and individual responses, dependent upon the need and requirement of the individual requesting assistance. All patients also have access to the long COVID workbook.

Forward plans

We plan to continue with a service provision utilising a long-term condition management approach with referral on to any required medical specialty as required. We are also looking at taking a regional approach with Lothian, Borders and Forth Valley; in line with the SG request around services for long COVID, ME, CFS.

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Summary of response activities

- We work closely with a wide range of healthcare staff, service users and support groups to establish strong connections and networks across Forth Valley
- Deliver training, support and advice on how to manage a wide range of common symptoms including fatigue, brain fog, stress and pain as well as improving the range of daily activities which can be undertaken to patients, carers and NHS staff including the Scottish Prison Service.
- Can refer to other healthcare professionals, if required, such as occupational therapy, dieticians, pain services and other specialist hospital-based services and support Developed local and regional plans to further improve local services and support for people with long COVID
- Support patients to return to or stay in work with support for other Forth Valley rehab services.
- We offer more 1:1 session then group session at the request of the participant's feedback

Provision of support and services

Work has been undertaken to develop additional local services and support to meet the needs of local people experiencing symptoms of long COVID, recognising the complexity and range of symptoms involved and the different needs and experiences of each individual person affected.

The Forth Valley long COVID service offers advice on managing and improving the symptoms of the condition for young people aged 16 and over and adults who have been diagnosed by their GP as having long COVID. It provides a wide range of practical and professional advice and support to help people manage their symptoms, increase their quality of life and improve their overall health and wellbeing. This includes support from psychology, physiotherapy and nursing staff.

People can be referred to the Forth Valley long COVID service by a range of healthcare professionals (such as a GP, physiotherapist or occupational therapist). The service is being developed with input from a local support group for people with experience of long COVID.

The Forth Valley long COVID service does not provide direct services for children and young people. Rather, support for children and young people is provided via services that provide specialist support to paediatric populations and can ensure that those accessing the service do not have any other underlying paediatric serious pathology. The long COVID service can provide information on signposting to third sector organisations.

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Forward plans

Through the non-recurring funding received to date we have successfully trialled a comprehensive MDT approach in Lothian to our most complex patients after securing input from a Consultant in Rehabilitation Medicine. Planned expansion will allow us to meet the needs of our most complex patients, on a Regional basis for patients across NHS Lothian, Fife, Forth Valley and Borders. All boards will offer their own local rehabilitation services however due to capacity and expertise required will be challenged to offer a comprehensive MDT approach that includes appropriate medical and psychology input in each board independently. Instead this will be offered Regionally with each board contributing their NRAC share to the Regional aspect; access will be supported through both outreach where appropriate and / or remote access fully utilising digital approaches. Our regional approach will also offer educational opportunities for local staff in all four boards, enhancing sustainability of services going forward.

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Summary of response activities

In 2021/22 NHS Grampian began work with key stakeholders across primary care, secondary care and third sector as well as those with lived experience to undertake a comprehensive analysis of requirements to support adults and children living with long COVID.

Following a successful bid to the Scottish Government NHS Grampian was awarded 254K per annum on a non-recurring 3 year basis to establish a long COVID service for adults and children.

A senior responsible owner was appointed and a project board established which included professional and lived experience representatives to oversee delivery of the project. The project board also maintained links and assurance requirements to the Scottish Government long COVID policy team and were represented on the national network groups (National Service Planning Board and Clinical & Subject Matter Expert Group).

During the initial consultation stage key outcomes became clear and the objectives and scope were agreed, these were:

- Develop an approach to the management of care for those living with long COVID which will improve on current experiences.
- Develop pathways and understanding of what impact this new condition may have on the system as a whole going forward
- Provide training and education for health and care professionals across our system to raise awareness of long COVID and improve guidance and confidence in supporting patients living with long COVID.
- Pathways across both adult and paediatric services, to include self-management, primary care and community-based support, rehabilitation support and secondary care investigations and treatment.
- Co-ordination of training, education and public health messaging for both patients and clinicians
- Ensuring lived experience reps are involved in all parts of the project

The adult long COVID service was launched in October 2023 for Adults and March 2024 for children.

Provision of support and services

NHS Grampian's long COVID service offers support to adults and children across Aberdeen City, Aberdeenshire and Moray. Patients are mainly referred to the service through their GP practice although secondary care specialities may refer patients already within the system.

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It is recognised, through feedback from our lived experience group, that accessing support can be challenging with many having journeyed through multiple services and specialities. The current model is a multi-disciplinary one ensuring a person's condition and needs are matched with the treatment offered.

The adult long COVID team consists of; clinical lead, long COVID practitioners and rehabilitation consultant. The children's service consists of clinical lead and long COVID practitioner. The long COVID practitioners as part of the multi-disciplinary team act as a single point of contact for patients making it easier for them to navigate and access the support they require. Meeting the principles of realistic medicine, the service offers a personalised approach to patient care with patients involved in making decisions as to treatment avenues and how they will manage their condition.

Patients referred into the adult service will receive an initial appointment with the long COVID practitioner to gather information about their individual symptoms and circumstances. Within the children's service all patients are seen by general paediatrics in parallel with the COVID practitioner. Dependant on the outcome of the assessment, a patient's onward care can include advice, signposting, review with a rehabilitation consultant or further assessment. The team have developed good links with other services and following initial assessment may directly refer patients to: Occupational Therapy, Physiotherapy, Dietician, Speech and Language Therapy, Neuropsychology, Occupational Health, Mental Health services, Citizen Advice Bureau, Social Work, and various support groups. Referral to specialist services such as; Rheumatology, Cardiology, Sleep Clinic, Ear Nose and Throat, Dermatology, Respiratory and Psychology is done via the GP practice.

Both the adult and paediatric teams work closely together sharing learning as appropriate and ensuring smooth transitions for those moving from one to the other.

One of the objectives of the service is to provide training and support to other healthcare professionals and increase awareness of the condition and the support available. The team have delivered training through educational events both virtually and in person. This has included topics such as self-management, fatigue and breathing pattern disorders. Community events have also been held for healthcare staff and members of the public as opportunity to learn about services that can support people living with long COVID. These events were well received and attended.

Forward plans

We have recently been notified by the Scottish Government that NHS Grampian's bid for additional funding for long COVID ME/CFS and similar conditions has been successful.

This funding will allow us to continue to develop an effective, adult and paediatric long COVID pathway including transition from the child to adult pathway. We will sustain and augment these pathways to include ME/CFS and other similar long term conditions, enabling equitable access to a wider population who experience similar presentations and challenges in managing their condition.

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In developing the existing pathway and through engagement with service users we have identified limitations and capacity issues within existing services to help manage the complexity and variety of symptoms people with long COVID experience. There is an opportunity to build on the experience from our long COVID service to develop an inclusive needs/symptom led pathway approach.

Initial discussions had taken place with key colleagues prior to submission of the bid for additional funding. With funding now in place broader engagement is planned to inform the requirements for the future service model. This will involve consultation with adult and paediatric stakeholders including those with lived experience, collaboration with functional disorder pathway, third sector partners and potentially other NHS boards.

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Summary of response activities

NHSGGC established a board wide AHP long COVID Service in March 2023, after a recruitment phase in late December 2022 through to March of 2023. This service offers brief interventions using supported self-management approaches. The team is comprised of an AHP Team Lead, advanced practitioner occupational therapists and advanced practice physiotherapists, Health Care Support Workers and admin staff.

The team offer a waiting well online pre-assessment group, access to the National long COVID workbook as well as directing patients to a robust website with curated digital resources from credible sources. In addition to this if clinically indicated patients are offered 1:1 interventions in a location of their choice. This can be at home, in a clinic, a community venue or via Near me.

All interventions are tailored to meet individual needs and treatment goals and priorities are collaboratively agreed.

The team support people to manage a range of symptoms, allowing them to live fulfilling, independent lives. Typically patients treatments focus on; fatigue management, anxiety and depression, respiratory issues, self care and cognitive issues such as brain fog. One of our physiotherapists has taken a lead on PoTs and works closely with GPs, cardiology and respiratory colleagues to provide an MDT response to this complex condition.

Provision of support and services

Adults with long COVID – see above. The long COVID Service does not provide a service to children but can offer advice to our specialist children's service colleagues if required. We have had very small numbers of young people referred but will accept people aged 15 or over.

Forward plans

Part of the GGC long COVID team's remit was to offer training on how best to support people they may see who have been diagnosed with long COVID (but may be seeing another service for another condition). We continue to offer in service training to teams on a regular basis. We have also provided in service CPD sessions to our GP colleagues when requested.

The team has also developed an excellent website with a number of resources that the public and practitioners can access.

People participating in the Waiting Well Group initiative were supported to establish an informal peer support network, to help them build their own community of support.

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The team are working on a number of scientific posters which will be shared at various national events and a final report will be produced as this service is due to end in March 2026.

NHSGG&C has submitted a proposal to the Scottish Government for Long Term Conditions (LTC) funding. This would allow the board to augment the existing staffing profile and broaden the service out to other LTC such as myalgic encephalomyelitis. This would mean that the board will continue to see people who present with long COVID symptoms for at least another two years.

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Summary of response activities

From early 2021, NHS Highland established a short-life working group to design an active, whole-system response to long COVID. In February 2021 we launched a clinicians' survey (primary care, secondary care and AHPs) which identified key unmet needs: lack of clear self-management guidance and signposting, absence of dedicated follow-up, and variable/slow access to appropriate rehabilitation. In response, we created an initial COVID Rehabilitation & Recovery pathway for our LC bid submitted in March 2022. On 22 September 2022 Sci-Gateway referrals went live via GPs.

The initial COVID Rehabilitation & Recovery pathway included:

- curated self-management resources (NHS Hub)
- virtual education offers (fatigue and breathlessness management)
- a triage/screening approach to direct referrals to the right support at the right time, and
- early staffing to stand up the service (Occupational Therapy, Physiotherapy and Psychology), with administrative support

We adopted the C19-YRS (COVID-19 Yorkshire Rehabilitation Scale) to structure baseline assessment and follow-up, and built governance around the five domains of Population, People, Pathways, Performance and Progress, enabling systematic improvement and reporting. We linked with acute COVID follow-up activity hosted in Respiratory Services and worked towards a more sustainable model of post-COVID care.

Through 2022–2024 we iteratively refined the model, including medical triage and MDTs, and expanding virtual delivery (NHS Near Me and telephone), to ensure equitable access across our large rural geography, while maintaining in-person options when clinically indicated. We embedded person-centred assessment and rehabilitation—covering fatigue/PEM-aware pacing, breathlessness, cognitive strategies, and psychological support—alongside vocational advice where appropriate.

During 2023/24 we initiated regional collaboration with NHS Orkney and NHS Shetland on a north-of-Scotland approach, laying the groundwork for formalised network agreements that respect local expertise and avoid a top-down 'hub and spoke' model. In parallel, we strengthened data collection (referrals, waits, outcomes, experience) to inform quality improvement and future sustainability.

By 2025, drawing on national guidance and learning, we prepared to consolidate Long COVID provision within an integrated Long-Term Conditions (LTC) Recovery Service, preserving the core of what has worked—medical triage, multidisciplinary assessment and coordinated rehabilitation—while scaling capacity, reach and consistency.

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Provision of support and services

We provide a predominantly virtual, multidisciplinary service with in-person options as needed. The model operates as a coordinated “one-stop” clinic to ensure comprehensive medical assessment (including exclusion of alternative diagnoses) and integrated rehabilitation across Occupational Therapy, Physiotherapy and Psychology. Interventions include fatigue/PEM-aware pacing and energy management, breathlessness rehabilitation, autonomic/orthostatic symptom support strategies, cognitive rehabilitation, sleep and mood interventions, vocational guidance, and supported self-management. Access is via GP referral; we use structured tools (e.g., C19-YRS) to track symptoms and outcomes and share plans with patients and GPs to ensure continuity.

Our approach to care is grounded in a holistic, patient-centred partnership recognising mind–body interplay in chronic illness and drawing on evidence from this rapidly evolving field. We work collaboratively with each person to understand their story, priorities and goals, tailoring support to what matters most to them. Our clinical framework has four connected elements:

- 1) Comprehensive assessment to understand all contributory factors and to rule out treatable conditions.
- 2) Address reversible contributors, optimising general health to support overall wellbeing.
- 3) Personalised rehabilitation delivered by the MDT (physiotherapy, occupational therapy, psychology), emphasising supported self-management to enhance function and quality of life.
- 4) Integrate research opportunities, offering participation where appropriate to advance understanding and, when possible, enable earlier access to promising treatments.

This acknowledges long COVID as a fluctuating, multi-system condition requiring adaptive, individualised care that honours lived experience while providing evidence-based support for living well.

At present, there is no dedicated paediatric long COVID pathway within our service. CYP with suspected long COVID are supported via existing paediatric services, with ad-hoc liaison from our team where helpful. A defined paediatric component for long COVID/ME-CFS support is being scoped in 2025/26 with stakeholders and families, with delivery planned from 2026/27.

Forward plans

We will establish an integrated LTC Recovery Service covering Long COVID, ME/CFS, post-treatment Lyme disease syndrome (PTLD) and closely overlapping conditions, leveraging shared rehabilitation approaches while tailoring to individual need. The clinical service will remain doctor-led (e.g., GP/specialty doctor) to ensure robust medical assessment and will blend virtual and in-person delivery for equitable access across Highland and partner Island Boards.

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Capacity and workforce (2025/26–2027/28):

- Medical leadership: ~0.8 WTE GP (clinical lead) with consultant physician sessions for complex cases/PoTs.
- Programme/Service leadership: ~0.4 WTE Band for cross-board governance, data/reporting, and sustainability.
- Therapies: OT (≥1.0 WTE), Physiotherapy (0.6→1.0 WTE as demand indicates), Clinical Psychology (~0.6 WTE).
- Business support & data/audit capacity to underpin access, outcomes and improvement.
- Planned investment is £300k in 2025/26 (Oct–Mar delivery) and £300k p.a. in 2026/27 and 2027/28.

Pathways and quality:

- Maintain “one-stop” assessment with clear onward links;
- Develop an orthostatic intolerance/POTS pathway (home NASA Lean where appropriate, AHP management, prescribing when indicated).
- Implement a consistent outcomes set (e.g., C19-YRS; PEM/fatigue and function measures; EQ-5D; functional tests such as sit-to-stand/NASA Lean), plus patient experience.
- Paediatrics: co-design model in 2025/26; commence delivery in 2026/27 (paediatric consultant input/liaison MDT).

Regional model & engagement:

Our service operates as a comprehensive, multidisciplinary “one-stop” clinic, led by a doctor (e.g., a GP or physician with a specialist interest) to ensure robust medical assessment. It offers holistic evaluation, diagnosis (or exclusion of alternative causes), and coordinated rehabilitation for individuals experiencing persistent symptoms such as pathological fatigue, post-exertional malaise, cognitive difficulties, palindromic arthropathy, breathlessness, and autonomic dysfunction.

Our vision is to develop a gold-standard, person-centred service for Long COVID, ME/CFS, PTLTD, and similar conditions—one where patients feel listened to, supported, and guided toward improved health and quality of life. By “gold standard,” we mean that every patient in Highland and our partner Island Boards can access timely assessment and coordinated multidisciplinary care without navigating fragmented services.

We also aspire to sharing expertise across boards so that patients in remote island communities receive the same standard of care as those on the mainland, while contributing to emerging research and guideline development.

To achieve this, we aim to formalise network agreements with Island Boards. Our approach is to avoid a top-down “hub and spoke” model and instead create a collaborative network of equal partners. NHS Highland can provide specialist input (e.g., virtual consultations with a

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GP or consultant), while local island teams contribute their expertise in rural medicine and deliver hands-on elements of rehabilitation care.

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Summary of response activities

NHS Lanarkshire's long COVID Pathway launched in June 2022, supported by joint funding from NHS Lanarkshire (53%) and the Scottish Government (47%) at a cost of £671,548 per annum for two years. In 2024–2025, the Scottish Government provided sole funding of £320,007, initially expected to be the final year of delivery. As a result, NHS Lanarkshire began mainstreaming the pathway, with plans to close to new referrals from October 2024. This transition period allowed for:

- Completion of treatment for patients on the existing waiting list by the remaining Covid workforce
- Continued development of specialist clinical expertise to support patient flow into integrated mainstream services
- Dissemination of Covid specific clinical knowledge through education programmes to the wider workforce

The pathway was replaced by a Rehabilitation Coordination Tool, enabling referrers to access the most appropriate service based on presenting symptoms. Subsequently an additional funding resource for 2025–2026 has created an opportunity to reset and redesign future services, shifting towards a specialist model focused on symptom rather than diagnosis.

From 2022 to 2024, the long COVID Pathway aligned with SIGN 161 guidance, supporting primary care in the assessment, diagnosis, and signposting of individuals with long COVID. For those requiring rehabilitation, an AHP-led interdisciplinary team including allied health professionals and psychology provided treatment. Patients were screened and triaged using a tiered approach, offering self-management resources, group programmes, and/or 1:1 interventions. Notably, over 85% of referrals required 1:1 support.

During the pathway's implementation, 1,356 referrals were received, with 1,196 accepted. Of these, 69% originated from primary care. The pathway was strategically and operationally supported by both primary and secondary care, facilitating individualised care planning and coordination.

The pathway also served as an access point for children and young people (CYP) under 16 with long COVID. Between 2022 and 2024, only 8 CYP referrals were received, with most CYP support occurring within secondary care, particularly CAMHS. A shared responsibility pathway has been developed to clarify how the long COVID pathway interfaces with CYP services as it is essential that rehabilitation for CYP must be tailored in collaboration with CYP services.

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Provision of support and services

Following the mainstreaming of the long COVID Pathway in October 2024, patients with long COVID are now being supported within a range of mainstream services across NHS Lanarkshire. Some of these services include:

Primary Care Occupational Therapy (PCOT): All GP practices in Lanarkshire now have embedded Occupational Therapists. GPs can refer any patient experiencing symptoms that impact occupational functioning. This service is accessible regardless of diagnosis and is a key component of the mainstream response to long COVID.

Respiratory Physiotherapy: NHS Lanarkshire has a dedicated respiratory physiotherapy service that accepts direct referrals for patients experiencing breathlessness or breathing pattern disorders associated with long COVID. Currently, 11% of service demand is attributed to long COVID, with patients currently seen within 7 weeks.

The current long COVID specialist workforce, now operating as the Energy Limiting Conditions (ELC) Specialist Team, continues to support patients who remained on the waiting list from 2024. All rehabilitation for these patients is now underway, with no waiting times. As part of current service redesign, the Energy Limiting Conditions Specialist Team (supported by Scottish Government long COVID funding for 2025–2026 and Long-Term Conditions funding for energy limiting conditions from 2025–2028) has co-produced a pathway with PCOT for patients presenting with moderate to very severe symptoms, that exceed the scope of standard PCOT provision. This pathway, launched in July 2025, is subject to ongoing evaluation to ensure its effectiveness and sustainability. Additional referral pathways have been developed from MSK services, cardiology clinics and infectious diseases for patients presenting with Energy Limiting Conditions including long COVID related or dysautonomic symptoms. These pathways are in the early stages of development and will ensure that patients are directed to appropriate support based on symptom presentation.

Since the launch of the new pathways from July 2025, newly referred patients have been appointed promptly, with no delays in access to care.

Covid Rehab for CYP demand remained low throughout 2022-2024. A shared pathway is still in place, ensuring patients are supported by the correct skill level to meet their needs.

Forward plans

Building upon the above described pathway development, NHSL aim to develop an Energy Limiting Conditions Specialist Team, opening to GP referrals on 1 December 2025.

The service will provide evidence-based, person-centred assessment and rehabilitation for people living with the symptoms associated with conditions such as long COVID, ME/CFS, and other related post-viral fatigue syndromes in line with NICE 209 for ME and NICE 188

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Covid-19 rapid guideline. The team will address a gap in coordinated care for this population and reduce pressures on primary and acute services.

The specialist service will focus on patients who have moderate to severe/very severe fatigue and support mainstream services through upskilling and education to manage patients who present with mild presentations, in order to focus on specialist care and management of symptoms. This adopts the tiered model of universal, targeted and specialist rehab that underpins NHSL rehab framework.

The team will be interdisciplinary and develop robust links with other specialist services, social care and third sector.

The service will provide support to individuals over the age of 16 (not in education). Specialist CYP skills will remain within NHSL CYP services, as this is the most appropriate model for NHSL. The service will link and collaborate with CYP services to ensure learning/education and support is available for all Children and Young People's pathways as required.

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Summary of response activities

NHS Lothian recognised early the complexity and heterogenous nature of long COVID. Rather than a single standalone service, we developed a stratified approach that we felt best met the needs of our population.

Initially our approach was twofold, stratified on need rather than diagnostic criteria:

1. Supported self-management across a range of rehabilitation services in partnership with Chest Heart and Stroke Scotland including development of a supported self-management digital platform.
2. Enhanced individual clinical services that offer support to those with the most commonly presenting symptoms of long COVID. This includes a range of therapeutic and rehabilitation services, including vocational rehabilitation, breathlessness and fatigue management

Recognising an unmet clinical need for a discrete cohort of patients with more complex needs, in the past 12 months we have also been able to develop a full Multidisciplinary Review Clinic which includes input from a Rehabilitation Medicine consultant for those individuals who have particularly complex needs offering comprehensive assessment, including linking more formally with other medical services e.g. respiratory, cardiology.

Service User engagement has been a key factor throughout the development of our long COVID services, with our clinical lead chairing our long COVID Patient Representative Group. We plan to expand membership of this group to those with other long term conditions.

Provision of support and services

NHS Lothian provides, individualised, accessible, flexible, compassionate, trauma-informed, responsive, high quality, nationally recognised specialist multidisciplinary services for patients and their families.

We provide timely access to a range of evidence-based interventions and resources, (consistent with NICE guidelines) for patients experiencing the range of severity of ME/CFS, Post Covid or PVFS symptoms.

These services include but are not limited to:

- Myalgic Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS) service - MDT including psychology, physiotherapy and occupational therapy
- Speech and Language Therapy for persistent symptoms e.g. swallowing / throat symptoms, communication, laryngeal/airway sensitivity and breathing pattern disorder
- Work Support / vocational rehabilitation service
- Rehabilitation Medicine consultant clinics – complexity / medical management
- Multi-disciplinary review clinic – complex patient review
- Advice line services and education via Chest, Heart and Stroke Scotland (CHSS)

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We also ensure that service users are involved throughout in decisions relating to their physical, emotional and social care needs.

Our services support individuals to develop self-management strategies of their long term condition, enhancing their potential for improved functioning, maintenance of independent living and education/training/work, enhanced mental health, and quality of life.

We believe that the needs of Children and Young People are best met through the wrap around model already provided using a GIRFEC approach with services working in close collaboration. However we have also enhanced the support available to CYP and families affected by LC through increased Occupational therapy input plus close collaboration with ME/CFS service.

Forward plans

The previous three years of non-recurring funding has allowed us to evaluate the most effective method of delivering the right care and support for this patient group based on best available evidence.

Based on our experience to date we plan to continue with a needs rather than diagnostic led approach where individuals can be stratified to the service that best meets their individual needs. We will continue to develop our comprehensive network of clinicians from a range of professional backgrounds that collaborate and communicate regularly, ensuring individuals can access the right level of support in a timely way.

Our plan is to further expand the existing services to allow capacity to meet demand.

These services include but are not limited to:

- Myalgic Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS) service - MDT including psychology, physiotherapy and occupational therapy
- Speech and Language Therapy for persistent symptoms e.g. swallowing / throat symptoms, communication, laryngeal/airway sensitivity and breathing pattern disorder
- Work Support / vocational rehabilitation service
- Rehabilitation Medicine consultant clinics – complexity / medical management
- Multi-disciplinary review clinic – complex patient review
- Advice line services and education via Chest, Heart and Stroke Scotland (CHSS)

Based on our successful trial of a comprehensive MDT approach in Lothian to our most complex patients after securing input from a Consultant in Rehabilitation Medicine we also plan to expand this offer from 2026 / 2027 to meet the needs of our most complex patients, on a Regional basis for patients across NHS Lothian, Fife, Forth Valley and Borders. Whilst all boards will offer their own local rehabilitation services, due to capacity and expertise required we believe a comprehensive MDT approach that includes appropriate medical and psychology input is more sustainable if planned regionally. Access will be supported through both outreach where appropriate and / or remote access fully utilising digital approaches.

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Our approach will allow us to offer flexible appointment times and spaces; this may be individually or in group settings or in home settings where fatigue is a barrier to engagement. Our GPs will continue to have an important role in having overall clinical oversight of their patients as they would with any other long term condition.

Crucially however, where there is a requirement for a comprehensive MDT approach for those individuals with the most complex needs, we will be able to offer this in a timely manner. Our service model fully reflects NICE guidelines.

Our regional approach will also offer educational opportunities for local staff in all four boards, enhancing sustainability of services going forward.

For Children and Young People we believe that their needs will continue to be met best through the wrap around model already provided using a GIRFEC approach however we will enhance our offer to Children and Young people through increased Occupational therapy input plus close collaboration with ME/CFS service.

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Summary of response activities

We have established services for long COVID. As a small island Board we have created some dedicated resource but also integrated into other primary and secondary care services

Monies from Scottish Government have been used to provides 0.5 WTE salary for a specialist physiotherapist. Further NHS Orkney non-dedicated funding is invested to support primary and secondary assessment and therapies.

Following initial assessment and investigation in primary care, primary care referrals are triaged by secondary care physician consultants and physiotherapy.

Provision of support and services

Dedicated physiotherapist 0.5WTE. Primary and secondary care assessment according to NICE guidance through general clinical services including psychology. Treatment is offered according to NICE guidance.

Forward plans

The plan would be to continue services with focus on:

- Integration with services for ME and CFS
- Collaboration with larger mainland Boards to offer the benefits of scale to our rural and remote population

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Summary of response activities

Existing island services across a range of health and social care professional groups deliver services to people with a wide range of health and social care needs. Many services accept self-referral and are accessible to people with long COVID. To maintain service resilience our local approach is delivered by generalist specialists who work with individuals, referring on to specialist services where necessary.

Provision of support and services

Support for both adults and children are based on conversations and assessed need - it may range from targeted intervention and treatment to signposting and information sharing or linking with community and third sector support structures. Ultimately it should be person centred and may span from community to primary care and secondary care services depending on the individual needs.

Forward plans

Following the expansion of criteria from a dedicated long COVID response to include other long-term conditions, NHS Shetland has reviewed the relative components required. Discussion and planning conversations are taking place with colleagues in both Orkney (who face similar challenges unique to Island Boards) and the North of Scotland boards to review what is working well and what are the opportunities to work together to implement a North of Scotland Pathway that could deliver the key components of the recommendations.

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Summary of response activities

NHS Tayside has adopted an integrated, person-centred model for supporting those managing the symptoms of long COVID. This approach enables individuals to manage the symptoms and impacting functional limitations associated with long COVID, enabling the maximisation of their quality of life through a rehab focused approach.

The GP remains the responsible medical officer for these patients. The AHP rehabilitation and symptom management service is embedded in HSCP structures and led by Allied Health Professionals, with secondary care advice and treatment where applicable using well embedded models of consultant connect MDT support. This service offers timely access and early intervention.

As well as face to face offers, optimising the use of digital resources, the service offers online self-management support, appointments via near me, links with Chest Heart & Stroke Scotland (CHSS) Advice Line and third-sector supports.

Key elements of the service model include:

- Primary care-led initial investigations and management planning
- Rehabilitation and support provided by AHP services
- Supported self-management and early intervention
- The use of digital self-management programmes
- Multidisciplinary assessments and individualised rehabilitation
- Education and rehabilitation programmes
- Integration of psychological and spiritual care, where appropriate
- Support for vocational rehabilitation and return to work.

The Tayside long COVID rehab model receives positive feedback and offers a responsive service for the often relapsing, remitting nature of the individual's needs.

The pathway and referral guidance for the service for those aged 16+ is available on our public facing website: [NHS Tayside](#)

Children and young people have access to all existing AHP rehab services and can have their symptoms and needs supported there.

The service were supported to develop resources to support children experiencing long Covid. Requests for assistance from the children's services can be made by calling their advice line. This advice line is open to parents, carers, professionals and is open Tuesday 9:30 – 11:30 and Thursdays 4:00 – 6:00. The number is 01382 740317.

Provision of support and services

As above

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Forward plans

NHS Tayside are currently developing plans for a specialist AHP led rehab service for anyone experiencing symptoms similar to long COVID and other energy limiting Long Terms conditions.

This plan would retain the GP as the medical officer for the patient and provide care co-ordination via an AHP rehab consultant in Long Term conditions.

This service will offer people experiencing long COVID and other conditions access to education, support and specialist rehab intervention to support them in managing their symptoms to maximise their quality of life.

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Summary of response activities

As the pandemic progressed it became clear that there was a new cohort of patients who developed prolonged sequelae secondary to their primary infection with symptoms similar, though not identical to, ME/CFS. As information emerged regarding the syndrome of long COVID, the Health Board set up a small group of interested clinicians to identify the best way of addressing the needs of affected patients. This included members of various teams from General and Respiratory Medicine, Primary Care, Occupational Therapy and Physiotherapy, Mental Health, with input from the third sector.

The group identified the unique challenges faced in an Island community particularly in terms of geography, workforce, patient demographic, and a relatively small cohort of affected patients. It agreed that a dedicated long COVID clinic would be less efficient and did not fit with the ethos of Values Based Health and Care. Instead a 'virtual' MDT approach was agreed to be a much better model both in terms of resource allocation but, more importantly, to provide the best experience possible for the patient cohort avoiding the need for unnecessary travel, investigations and 'routine' interventions. This approach also provided a better fit for a population spread over three separate island groups allowing the options of face to face, near me and telephone consultation as required.

The team were fortunate to be able to use the SG provided monies for long COVID development to second a nurse into a fixed term development role to bring all of the above together and help develop the intranet site and local resources and provide a link to the national programme. The ideal service was felt to involve a substantive co-ordinator to hold the service together and allow a relevant contact point (single point of contact) but issues of recruitment prevented this at that time. To ensure awareness of the model and of the interested clinicians this was promoted by various channels including the local weekly interface meetings, GP Sub, direct communications with primary care and direct contact with clinicians from members of the local 'virtual' MDT.

The local intranet was also used as a vehicle to notify staff through the clinical portal, especially regarding services which could be accessed online from the third sector such as CHSS/long COVID SOS and for specialist clinical syndromes such as Postural Tachycardia Syndrome (PoTS). This content is updated and maintained as new guidance and resources are developed.

Provision of support and services

NHSWI had been very fortunate throughout the pandemic in seeing a *relatively* low rate of COVID cases and subsequently a likely lower rate of long COVID cases (no clear data cording however to prove or disprove this assumption). The virtual MDT of clinical staff and partners supporting the virtual MDT is made up of the following:

- Integration of psychological and spiritual care, where appropriate

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- GP/Primary Care Team
- Primary Care Occupational Therapy (PCOT)
- Physiotherapy
- General Medicine
- Respiratory Medicine
- Paediatrics Medicine
- Mental Health Team
- Public Health Team
- Pain Association Scotland
- Chest Heart and Stroke Scotland
- Local Council

At present there is no overall co-ordinator for long COVID cases and instead the referring community (largely primary care) are made aware of the resources available and routes into support. For many cases the starting point is a referral to the local PCOT. This group of staff have embraced the virtual MDT approach and, after initial assessment, provide clear signposting to all relevant specialist groups depending on presentation (breathlessness/PoTS/psychological issues etc.). The PCOT is a wider generic role supporting many conditions in primary care and capacity remains an issue to effectively manage this cohort of patients.

Access exists for programmes focusing on pacing and a bio psycho social model with support from Chest Heart and Stroke Scotland (CHSS) and the Pain Association Scotland.

Due to the small numbers, suspected paediatric cases are managed through direct referral to the local paediatric team who co-ordinate local support.

Forward plans

The work to date has clearly identified the need for an increase in the dedicated time required for a single point of contact.

A job description for a long COVID co-ordinator for two days a week is currently going through the necessary approval processes. Once agreed this will act to hold the case load of long COVID patients being responsible for the patient journey throughout. They will collect referral data, standardise an initial assessment (using the tools validated for use in NHS Scotland), arrange appropriate signposting and follow up each patient to help measure improvement or otherwise. They will also ensure that data is captured to further anticipate demand. The ongoing SG support with recurring funding is critical to the success of this role.

In addition to the above there is an opportunity to work collaboratively with colleagues in NHS Highland, Orkney and Shetland to allow us to pool resources for some of the more difficult areas to deliver on (such as psychological support).

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In parallel with the above, the Realistic Medicine lead will continue to add to and update the local intranet long COVID page to ensure relevant information and resources are available to all referrers.

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