

## Cross-Party Group Annual Return

### Name of Cross-Party Group

**Cross-Party Group on Long Covid**

**Date Group Established** (the date of establishment is the date in this parliamentary session that the Group held its initial meeting, where the office bearers were elected and not the date that the Group was accorded recognition. All Groups should hold their AGMs on, or before, the anniversary of this date.)

21<sup>st</sup> September 2021

### Date of Most Recent Annual General Meeting (AGM)

18<sup>th</sup> December 2025

### Date Annual Return Submitted

18<sup>th</sup> December 2025

**Date of Preceding AGM** [this date is required to aid clerks in verifying that the most recent AGM has taken place within 11 to 13 months of the previous AGM]

14<sup>th</sup> December 2025

### Group Meetings and Activities

Please provide details of each meeting of the Group including the date of the meeting, a brief description of the main subjects discussed and the MSP and non-MSP attendance figures.

Details of any other activities, such as visits undertaken by the Group or papers/report published by the Group should also be provided.

**14<sup>th</sup> January 2025**

## **Meeting Summary: Issues Relating to Long Covid Funding (January 2025)**

The meeting discussed significant concerns regarding the Scottish Government's announced funding for Long Covid, ME/CFS and related conditions, expected to begin in January 2025. While the funding commitment had been welcomed in principle, participants highlighted serious problems with its timing, clarity, and implementation.

It was reported that, despite the funding announcement being made several months earlier, no funding had yet been disbursed to NHS Boards. In the absence of clear national direction, some existing Long Covid services had already been reduced or closed, with patients discharged or turned away and specialist staff redeployed. Participants expressed concern that delays meant the opportunity to stabilise services for the 2025–26 period may already have been lost.

The lack of national clinical standards or service specifications was seen as a major barrier to effective delivery. NHS Boards were reportedly being asked to submit speculative bids based on uncertain funding levels, rather than being guided by clear, clinically led expectations. This was viewed as undermining strategic planning and leading to fragmented, inconsistent provision across Scotland. Particular concern was raised about the impact on workforce retention, with delays risking the permanent loss of specialist knowledge and experience built up within existing services. Participants noted that even if funding were released imminently, re-recruiting skilled staff and rebuilding services would be difficult.

Provision for children and young people was described as extremely limited, with little evidence that paediatric Long Covid services had been prioritised. Similarly, despite being included in the funding announcement, ME/CFS provision remained unclear, with no visible implementation plan, mandated clinical pathways, or care coordination structures in place.

Overall, the discussion concluded that the handling of the January 2025 funding reflected ongoing weaknesses in strategic leadership and delivery. Without urgent action to release funding, set national standards, protect existing services, and involve relevant clinical and

lived-experience expertise, there was a significant risk that the funding would fail to achieve its intended impact and further erode trust among people living with Long Covid and ME/CFS.

### **3<sup>rd</sup> June 2025.**

Meeting Summary: Long-Term Conditions Framework and Long Covid  
The meeting discussed the Scottish Government's consultation on the proposed Long-Term Conditions Framework (LTCF), with a particular focus on the implications for Long Covid, ME/CFS and related conditions.

The consultation aimed to inform future national policy on long-term conditions, which affect around 38% of Scotland's population. While a number of condition-specific strategies were currently in place, the Scottish Government was exploring a shift towards a single, cross-cutting framework. The stated aims included improving person-centred care, timely access to services, treatment effectiveness, and quality of life, alongside supporting NHS reform.

Significant concerns were raised about replacing individual condition strategies with a single framework. Participants felt this risked reducing visibility, funding and specialist expertise for complex conditions such as Long Covid, and could force conditions to compete with one another. The scope of the framework was unclear, including which conditions were covered and how existing strategies would be incorporated or delivered locally.

The framework was also criticised for failing to address structural inequalities such as poverty and housing, and for appearing driven by cost-containment rather than service improvement. Ongoing workforce shortages, loss of specialist staff, limited training, poor access to care, long waits, lack of care coordination, and inaccessible information were highlighted. The limited involvement of the third sector and concerns about duplication and over-reliance on digital self-management tools were also discussed.

Specific risks for Long Covid were emphasised, including its fluctuating, multi-system nature, lack of clear diagnostic and treatment pathways, and significant impact on quality of life and ability to work. Participants stressed that generalist models of care were insufficient and that services remained patchy or non-existent in parts of Scotland.

Serious concern was expressed about the delayed delivery of the Scottish Government's announced £4.5 million funding for Long Covid, ME/CFS and related conditions.

Reports indicated that services were being reduced or closed, patients discharged, specialist staff redeployed, and paediatric provision remained minimal. The lack of disbursed funding, clear national standards, and strategic planning was seen as placing existing progress and trust at risk.

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### **MSP Members of The Group**

Please provide names and party designation of all MSP members of the Group.

**Jackie Baillie MSP (LAB),**  
**Paul O'Kane MSP (LAB),**  
**Alex Cole Hamilton MSP (LD),**  
**Bill Kidd MSP (SNP),**  
**Beatrice Wishart MSP (LD),**  
**Sandesh Gulhane MSP (CON)**

### **Non-MSP Members of The Group**

For organisational members please provide only the name of the organisation, it is not necessary to provide the name(s) of individuals who may represent the organisation at meetings of the Group.

<b>Individuals</b>	Kate McLachlane
	Stuart McIver
	Susan Hedgely
	Samantha Tully

Sheena Alalami

Dorothy Grace Elder

Paula Lally

Jennifer Syme

Esperanza Miyake

Jane Ormerod

Jasmine Mailley

Sarah Marshall

Sheeran Smith

Shaun Qureshi

Amy Small

Freja Lundberg

Shaben Begum

Moira Newiss

Christina Moriarty

Caroline Macdonald

Morag Connell

Jackie Baxter

Emma Davies

Barbara Melville

Joanna Leszczuk

Miranda Curry

Leanne Mitchell

Helen Goss

Conor Walker

Lesley Walker

Ben Finch

Maria Timoney

Jenny O'Boyle

Ramsay Meldrum

Elizabeth Ritchie

	<p>Helen Gibson</p> <p>Alison Love</p> <p>Kyla Johnson</p> <p>Callum O'Dwyer</p> <p>Chris White</p> <p>Kevin Bell</p> <p>Sarah Jayne Marshall</p> <p><b>Academic Members</b></p> <p>David Blane</p> <p>Gail Carson</p> <p>Prof. Kay Cooper</p> <p>Dr Tracy Ibbotson</p> <p>Eddie Duncan</p> <p>Nicholas Sculthorpe</p>
<b>Organisations</b>	Long Covid Scotland, Long Covid Kids

## Group Office Bearers

Please provide names for all office bearers. The minimum requirement is that two of the office bearers are MSPs and one of these is Convener – beyond this it is a matter for the Group to decide upon the office bearers it wishes to have. It is permissible to have more than one individual elected to each office, for example, co-conveners or multiple deputy conveners.

<b>Convener</b>	Jackie Baillie, Alex Cole Hamilton, Sandesh Gulhane.
<b>Deputy Convener</b>	NA
<b>Secretary</b>	Long Covid Scotland, Stuart McIver & Jane Ormerod
<b>Treasurer</b>	NA

## Financial Benefits or Other Benefits

**Please provide details of any financial or material benefit(s) the Group anticipates receiving from a single source in a calendar year which has a value, either singly or cumulatively, of more than £500. This includes donations, gifts, hospitality or visits and material assistance such as secretariat support.**

NA

## TO BE COMPLETED BY THE CONVENER

### COMPLIANCE WITH SECTION 6 OF THE CODE OF CONDUCT (Please tick all boxes that apply)

**I, Convener of the Cross-Party Group on <X>, hereby declare that, in line with the requirements of Section 6 of the Code of Conduct, this CPG has:**

5 MSP Members from 3 different political parties



Held at least 2 quorate meetings in the last 12 months	✓
Held an AGM within 11-13months of the date of registration or the last AGM	✓
Submitted an annual return form within 30 calendar days of the AGM	✓
Provided Standards Clerks with 10 calendar days' notice of all meetings <i>Explanation provided to Standards Clerk</i>	
Provided minutes of all meetings	✓
Signed	
Date	6.1.26