

Addressing patient safety concerns for Long COVID patients



We need to listen to patients and commission research

- There needs to be a scientific and global approach to the study of patients undergoing prolonged COVID-19 symptoms to understand the numbers affected, the causes, how long they remain contagious and to investigate possible treatments.
- Patients must be encouraged to speak up via their GPs, researchers and social media, and they must be listened to. Where patients are dissatisfied with the services and the support they are receiving, they should be encouraged to share this insight through online reporting and, if needed, the NHS complaints process.
- The Department of Health and Social Care should establish a Long COVID patient advisory group to inform the design of new services, support, research and patient communication.

Urgent need for COVID-19 recovery guidance and support

- The development of national guidance co-produced with people who have lived experience of Long COVID, and the immediate and consistent application of this guidance.
- Quality rehabilitation support for Long COVID patients, whether they have confirmed or suspected COVID-19.
- Services to be provided for as long as people need them, wherever they live in the UK.

The psychological impact of Long COVID on patients, with or without a formal diagnosis

- Patients recovering from suspected Long COVID should be given the same support, regardless of whether they have had COVID-19 confirmed by a test result or not.
- Appropriate psychological support needs to be available to help patients come to terms with the impact of long-term illness.
- We need to learn whether unconscious bias about chronic illness is affecting professionals' decision-making and patients' access to services. If so, guidance, advice, training and support should be provided.

Are serious conditions being overlooked?

- 'Red flag' symptoms that may be indicative of other conditions should be appropriately investigated in Long COVID patients.

A second pair of ears

- Reasonable adjustments should be considered to allow a companion to accompany patients with debilitating symptoms (including 'brain-fog') to appointments, or to speak with a clinician over the phone.

Health inequalities

- Long COVID patients should be included in research and action being taken to address health inequalities and COVID-19.
- Rehabilitation outcomes should be monitored and reported so that learning can be captured and so that any emerging inequalities in access to services are identified and addressed quickly.

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