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## **Long COVID: The Next Public Health Crisis in the United Kingdom (UK), After the COVID-19 Pandemic.**

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### **Abstract**

*Recent research by the government in the UK has found that two million people are affected by long COVID. This article discusses what long COVID is, what the symptoms are, and how it is diagnosed and treated. This article also discusses how the National Health Service (NHS) plans to treat people using 'long COVID out-patient clinics.' Long COVID is becoming a significant public health crisis in the UK, and in the rest of the world. Long COVID has affected people in every part of society; it has affected the rich and the poor, although it has affected the poor in greater numbers than the rich. The budgetary implications of attempting to treat two million people for this disease are discussed, as are the implications of not treating people with long COVID.*

**Keywords:** COVID-19; Long COVID; National Health Service; Social Policy; United Kingdom.

### **Introduction**

The good news is that the UK seems to have survived the negative effects of a world-wide pandemic and is starting to return to 'normal.' The bad news is that people who have survived COVID-19, now face having a long-term illness and/or disability from 'long COVID' (LC). Sadly, as the National Health Service (NHS) struggles to recover from the after-effects of a pandemic, many people, with LC are not recovering, or they are not receiving adequate treatment. This is because LC is a very new condition. There is very little research published about this condition and there are very few specialists who treat LC. Also, the NHS has very long waiting lists that have built up when out-patient clinics and most non-emergency or elective operations were cancelled during the pandemic, so the NHS is struggling to reduce those long waiting lists, let alone trying to establish out-patient clinics for this new condition

### **What is long COVID?**

Long COVID can be defined as "not recovering [for] several weeks or months following the start of symptoms that were suggestive of COVID, whether you were tested or not." [1]

### **How many people in the UK have been affected by long COVID?**

According to the Office for National Statistics (ONS) "an estimated 945,000 people living in private households in the UK (1.46% of the population) were experiencing self-reported "long COVID" (symptoms persisting for more than four weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else)." [2]

### ***What are the Symptoms of long COVID?***

Common symptoms of long COVID can include: “extreme tiredness (fatigue); shortness of breath; chest pain or tightness; problems with memory and concentration (“brain fog”); difficulty sleeping (insomnia); heart palpitations; dizziness; pins and needles; joint pain; depression and anxiety; tinnitus and earaches; feeling sick, diarrhea, stomach aches, loss of appetite; a high temperature; cough, headaches, sore throat, changes to sense of smell or taste; rashes.”[3]

### ***How is long COVID Treated?***

People need to be tested and diagnosed with long COVID before they can be treated. “These tests will include blood tests; tests to measure blood pressure and heart rate; an exercise tolerance test; ECG (heart tracing); and a chest x-ray. These tests will help rule out any other conditions or issues. If the person has symptoms of a mental health condition, like depression or anxiety, they might be referred for psychological therapies, such as cognitive behavioural therapy (CBT). Treatment may then involve specialists in physiotherapy; occupational therapy; clinical psychology and psychiatry; rehabilitative medicine and may include seeing other specialists depending on specific symptoms.” [4]

Treatment for LC in the UK differs by country, due to devolution. In October 2020 the England NHS chief executive Sir Simon Stevens announced that “£10 million is to be invested this year in addition to local funding to help kick start and designate long COVID clinics in every area across England, and to complement existing primary, community and rehabilitation care.” The ‘[Your Covid Recovery](#)’ [5]– an online rehabilitation service will provide personalized support to patients. Over 100,000 people have used the online hub since it launched in July, which gives people general information and advice on living with long COVID. “Phase two of the digital platform being developed this Autumn by the University of Leicester will see people able to access a tailored rehabilitation plan. This will enable patients to set goals for their mental and physical health, provide peer to peer support through social community forums, offer an ‘ask the expert’ facility for patients to contact their local rehab service, and allow patients to be monitored by their local rehab teams to ensure that they are on track with their care. This service will be available to anyone suffering symptoms that are likely due to COVID-19, regardless of location or whether they have spent time in hospital. It is most likely that patients will access the service through their GP, but they could also be referred through another healthcare professional following assessment.” [6]

### ***Policy Implications***

One question that comes to mind when writing this article is, can the UK government ‘afford’ to recognize LC as a new condition which might also become a long-term disability? People with LC may need to stop working temporarily or permanently and they may need to apply for government benefits through the Department of Work and Pensions (DWP) by claiming Universal Credit (UC) and/or long-term disability payments through the Personal Independence Payment scheme (PIP). This becomes a significant budget issue when we consider the fact that a recent government sponsored study showed that over 2 million people in England are thought to have had one or more COVID-19 symptoms lasting at least 12 weeks. [7] During the past eighteen months the government has spent billions of pounds developing and buying vaccines such as the ones made by Pfizer and Astra Zeneca; treating COVID; paying for workers to be furloughed; and vaccinating most of the UK population, so there is probably very little money or desire by government ministers to spend more money on treating people with LC. But if people are not treated and cannot work or return to work, the cost to the government in Universal Credit and long-term disability payments (PIP) will be much higher than the cost of providing treatment for people with long COVID.

### ***Solutions***

It is well known that the current Prime Minister Boris Johnson suffered from COVID and nearly died. It is yet to be revealed if he has suffered from LC, but I suspect that he has. Several other high-profile politicians have also suffered from COVID-19 and LC, as have many medical professionals, and several well-known sports people and celebrities. It is hoped that government officials who have had COVID will be more sympathetic to approving funds to treat people with long COVID. At the same time as hiring new health care workers and spending millions of pounds on reducing waiting lists caused by the pandemic, we need to establish more long COVID clinics all

over the UK that are staffed by experts. General Practitioners (GP's) also need to learn how to recognize the symptoms of LC and diagnose it, so that patients can be referred to long COVID clinics quickly. Universal Credit (UC) and Personal Independence Payment (PIP) assessors also need to be educated about this disorder, and the government needs to set aside considerable funds to treat this condition. This will be difficult to do, because the government has already spent so much money on responding to the pandemic

### ***Conclusion***

Long COVID threatens to become a 'silent killer' just like undiagnosed high blood pressure has been in the past. The NHS needs to develop more out-patient clinics to treat people with LC, and they need to train more specialists, doctors, and nurses to diagnose and treat people with this condition, so that people with LC do not suffer unnecessarily in the future.

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