

Ms Jenni Minto MSP  
 Minister for Public Health and Women's  
 Health

Date 29 June 2023  
 Your Ref TH/AMP/LH  
 Our Ref MM/SR/CA

Sent via email to:  
[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

Enquiries to [REDACTED]  
 Direct Line [REDACTED]  
 Email [REDACTED]@nhs.scot

Dear Ms Minto

Thank you for your letter dated 16 June 2023. NHS National Services Scotland was pleased to provide evidence to the Committee and to be invited to respond to the recommendations in the report.

National Services Division, a directorate of NHS National Services Scotland was commissioned by Scottish Government to establish a Strategic Network to support the introduction of the National Framework (Scotland's Long Covid Service, September 2021). The ultimate ambition for the Network is to support NHS Boards to develop implementation plans supported by government funding to ensure high-quality care for those people experiencing the long-term effects of COVID-19. We do this by bringing together healthcare colleagues and those with lived experience to ensure Scotland is addressing the needs of the Scottish public who have been impacted by this illness.

I have shared your letter with Manira Ahmad, the Chair of the Strategic Network. The team in National Services Division has already made progress towards our response to the committee report, and in some of the additional actions you have requested.

- **That NHS National Services Scotland provide the COVID-19 Recovery Committee with a copy of the Strategic Network's annual report for 2022-23.**

The annual report for 2022-23 was approved by the Oversight Board in June 2023 and we have provided a copy to the COVID-19 Recovery Committee as requested.

- **Minutes from the Oversight Board are shared with my officials on a timely basis after meetings, who will then brief me on updates.**

Turnaround times for production of meeting minutes have been documented in the Terms of Reference for the Oversight Board. We are committed to providing minutes within 10 working days of the meeting.

OFFICIAL



Chair  
 Chief Executive  
 Director

Keith Redpath  
 Mary Morgan  
 Susi Buchanan

*NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service*

- **Quarterly progress reports from each subgroup are shared with me and my officials on a quarterly basis, setting out actions taken during the past quarter, priorities for the quarter ahead and overall progress towards achieving their intended outcomes.**

Programme management approaches have been put in place to increase transparency and accountability throughout the network. Included within these are highlight reports for each workstream. These will be shared with you and your officials as part of the Network's regular reporting.

- **The National Strategic Network's priorities, key outputs and meeting minutes from the Oversight Board are made available on a publicly accessible webpage.**

A comprehensive communication and stakeholder engagement strategy/plan is under development and will be presented to the next Strategic Oversight Board in December 2023.

The network will work with NSS Digital and Security colleagues to identify the most appropriate web solution to share priorities, key outputs, and meeting minutes. In the meantime, Scottish Government policy colleagues will explore whether there is an interim solution using [www.gov.scot](http://www.gov.scot)

- **Contact details for the long COVID Strategic Network are added to the Strategic Networks section of the NHS National Services Scotland website.**

The email address for the network has been added to the appropriate page - [Strategic networks | National Services Scotland \(nhs.scot\)](#)

- **Regular meetings take place between my officials and the Chair of the Strategic Oversight Board in advance of each Oversight Board meeting.**

Regular meetings take place between the Network Team and Scottish Government policy colleagues to discuss progress, success, risks, and issues. Additional meetings between the chair of the oversight board and Scottish Government colleagues have been scheduled.

- **An update is provided on the framework being developed to evaluate the activity, outputs and outcomes achieved by the network and services across NHS to my office and my officials.**

A copy of this work is attached to this letter and has also been sent on to Scottish Government policy colleagues.

- **An evaluation of post COVID services (including long COVID clinics) in comparison to pathways in Scotland is added to the Strategic Network's workplan for 2023-24, considering the Committee's recommendation under paragraph 213 of its report.**

A proposal has been drafted to secure funding for an evaluation of Long Covid services in Scotland. This evaluation will be based on outputs of the C19-YRS app which will be rolled out to patients this summer. A similar evaluation has been completed in England, and a comparison of the results of each will help us understand how the NHS Scotland approach is performing alongside NHS England. This proposal will be considered at the next oversight board.

- **Work is undertaken to ensure the Oversight Board are provided with timely updates from NHS Boards on the progress being made in establishing and delivering long COVID pathways, their in-year use of the long COVID Support Fund allocations made available to them, and quantitative information on access to, and the usage of the pathways of care they are delivering for people living with long COVID.**

The Network team, Scottish Government, and NHS Board colleagues are working together to understand the range of services currently in place for those who are living with Long Covid, along with the planned and actual allocation of resources for 2023/2024 locally.

In addition, the Lived Experience Group would welcome the opportunity to meet with you. The Network team have contacted your office to arrange this, and dates are being scoped. We have been working hard to ensure that lived experience of Covid-19 is central to the network and will be ensuring they are involved in decision making throughout.

Thank you once again for your letter and we look forward to continuing to contribute to this important work.

Yours sincerely



**Mary Morgan**  
**Chief Executive**  
**NHS National Services Scotland**



**Manira Ahmad**  
**Chief Officer & Chair of the Strategic Oversight Board**  
**Public Health Scotland**

OFFICIAL



Chair  
Chief Executive  
Director

Keith Redpath  
Mary Morgan  
Susi Buchanan

*NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service*

# The Long Covid Network Evaluation Framework

Used to evaluate the activity, outputs and outcomes achieved

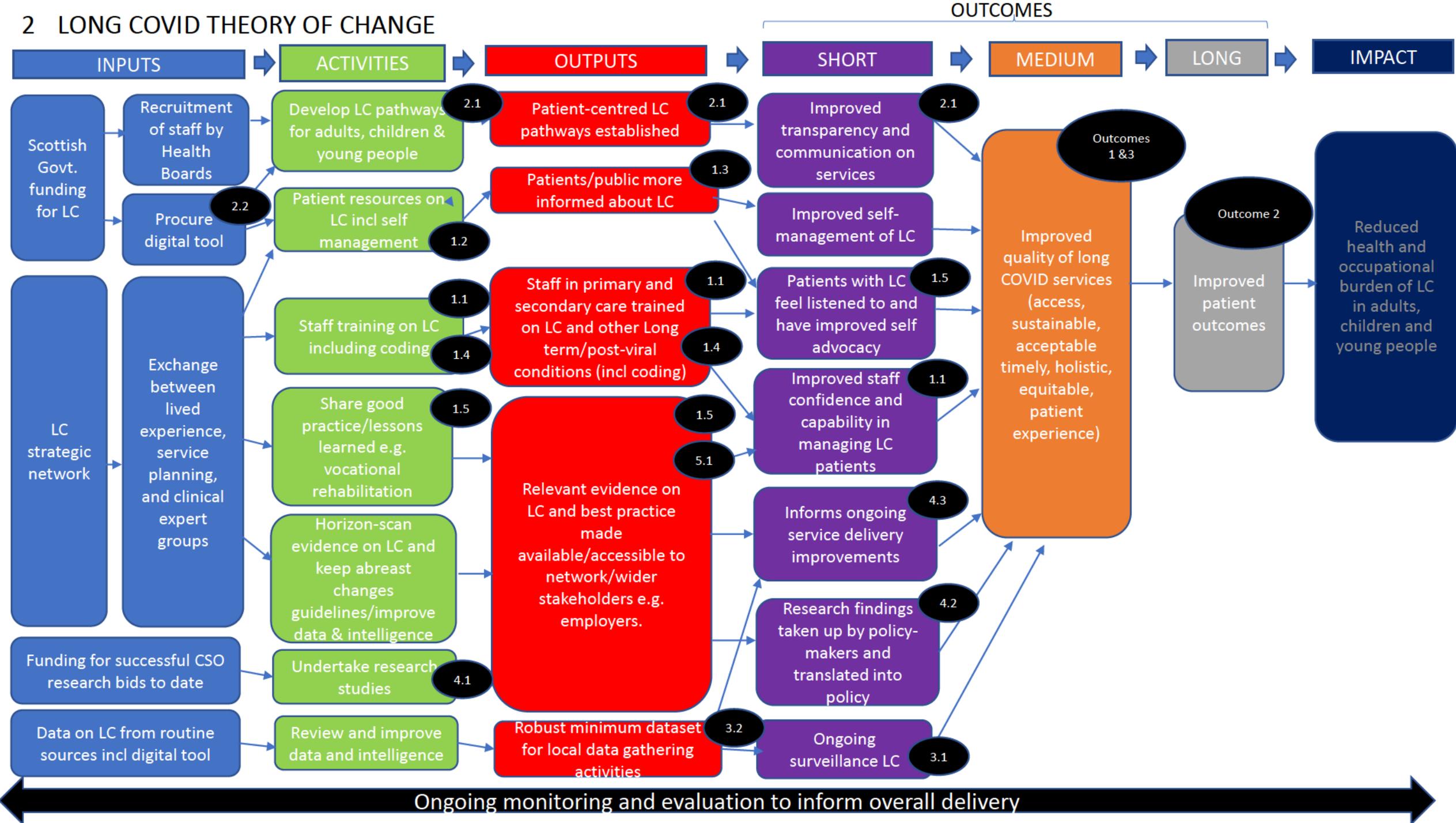
## **Contents:**

P.2) A Theory of Change is a common project management tool. It describes how an intervention, or series of interventions, is expected to lead to specific change. Our Theory of Change is annotated with the indicators which can be found in the Logical Framework.

P.3-4) The Logical Framework, also known as 'Logframe', is a more detailed look at the desired outcomes of the Network and the indicators we will use to measure the achievement of those outcomes. It also outlines where within the network the responsibility lies for the collection of data and the measurement of the indicators.

This is a model used to describe the activities of a programme, its inputs, outputs and outcomes. It is a part of the framework referred to in the recommendation. The logframe will be used to set annual targets for output for each workstream and will monitor progress throughout the lifecycle of the programme. It will monitor progress in line with the meeting cycle of each workstream as a standing item on the agendas. It has been approved by all the workstreams and signed off by the Strategic Oversight Board of the Network. The final documents have been communicated with the workstreams. The next step for them is to set annual milestones.

## 2 LONG COVID THEORY OF CHANGE



PROJECT NAME	Evaluation of long COVID services					
<b>IMPACT</b> Reduced burden of long COVID and improved patient outcomes	<b>Impact Indicators</b>		<b>Baseline</b>	<b>Milestone 1 (31/03/2023)</b>	<b>Milestone 2 (31/03/2024)</b>	<b>Target (31/03/2025)</b>
	Reduced burden of long COVID in Scotland. Improved numbers of people returning to work following diagnosis long COVID.	<b>Planned</b>	Burden - 3% according to ONS. Numbers returning to work - TBD			
	<b>OWNER</b> Evaluation team (TBD)	<b>Achieved</b>				
		<b>Source</b> Burden - ONS surveys/primary care surveillance data via EAVE II. PROMS - C-19 YRS from digital tool. Return to work - ONS Labour surveys/sick lines primary care. (Disaggregated by gender, age, SIMD if possible)				

OUTCOME 1	Outcome Indicator 1		Baseline	Milestone 1 (31/03/2023)	Milestone 2 (31/03/2024)	Target (31/03/2025)	Assumptions	Risks/mitigating actions	
Improved quality and access to long COVID services and pathways. Safe, effective, equitable person-centred care for people with the long term effects of COVID.	Satisfaction with services measured through Patient Related Experience Measures (PREMs). <b>OWNER</b> Evaluation team (TBD)	<b>Planned</b>	TBD				Monitoring and evaluation integrated into the system with data provided on a frequent basis to support targeted improvement in quality of services. Services well resourced and responsive to patient demand/needs.	<b>Risk</b> Difficult to resource quality-improvement given pressure on services already; potential for demand exceeding service capacity; lack of evidence on good quality care for long COVID; people accessing alternative care/homeopathy leading to negative outcomes etc. <b>Mitigate</b> Continue to horizon-scan evidence of best practice, working with colleagues in SIGN/NICE and research partners.	
		<b>Achieved</b>							
		<b>Source</b> PREMs measured by digital tool/questionnaires. Care opinion.							
	Improved quality of life demonstrated through patient-reported outcome measures (PROMs). <b>OWNER</b> Evaluation team (TBD)	<b>Planned</b>	TBD						
		<b>Achieved</b>							
		<b>Source</b> PROMs measured by digital tool/questionnaires.							
	Waiting times in community/secondary care (proxy for access). <b>OWNER</b> Evaluation team (TBD)	<b>Planned</b>		0					
		<b>Achieved</b>							
		<b>Source</b> TBD Digital tool, SCI-gateway							

OUTPUT 1	Output Indicator 1.1		Baseline	Milestone 1 (31/03/2023)	Milestone 2 (31/03/2024)	Target (31/03/2025)	Assumption	Risks/mitigating actions	
Improved awareness of long COVID. Good quality educational materials and training provided to staff (including on coding), and promotion of awareness of long COVID amongst public and employers.	Number of health professionals trained in long COVID identification and management and improvement in knowledge scores post training. <b>OWNER</b> Education and workforce group	<b>Planned</b>		0	Training needs identified		Training and education of staff/patients/public is effective, easily accessible and of good quality.	<b>Risk</b> Poor training results in poorer quality of care and patients feeling less empowered to self-manage. <b>Mitigate</b> providing evidence-based self-management resources, monitor quality of training and revise according to feedback. Learn from practice elsewhere.	
		<b>Achieved</b>							
		<b>Source</b> Numbers trained- NES/Health Boards. Pre- and post- knowledge surveys delivered by NES.							
	Number of people accessing self-help resources for long COVID on NHS inform etc. <b>OWNER</b> Education and workforce group	<b>Planned</b>		TBD	Self-help workbook developed.	Self-help materials published			Number of people accessing materials
		<b>Achieved</b>			Yes				
		<b>Source</b> Hits on NHS inform and number using digital tool for self-management? Can we measure uptake self-mgt booklets?							
	Education strategy for long COVID published and disseminated. <b>OWNER</b> Education and workforce group	<b>Planned</b>		TBD	Scoping stakeholder needs completed, Education strategy developed	Sharepoint resources set up. Implementation of all recommendations of strategy.			
		<b>Achieved</b>			Yes				
		<b>Source</b> Long COVID strategic network.							
	Improved coding of long COVID in routine health systems <b>OWNER</b> Data and intelligence group	<b>Planned</b>		TBD- EAVE II	EAVE II.				
		<b>Achieved</b>							
		<b>Source</b> Primary care surveillance, SMR01.							
	Meeting and sharing of knowledge and experiences of long COVID from lived experience groups with key organisations e.g. Health and Safety Executive etc. <b>OWNER</b> Lived experience group	<b>Planned</b>		Establishment long COVID lived experience groups	Development long covid network comms strategy. Approach to capture stories from lived experience developed. Number deliverables lived experience group fed into?	Number of stories collected. Number deliverables lived experience group fed into?			
		<b>Achieved</b>							
		<b>Source</b> Long COVID lived experience group							

OUTPUT 2	Output Indicator 2.1	Planned	Baseline	Milestone 1 (31/03/2023)	Milestone 2 (31/03/2024)	Target (31/03/2025)	Assumptions	Risks/mitigating actions
Establishment of long COVID pathways or services.	Number of health boards with established long COVID service or pathway in place for adults and children  <b>OWNER: Service planning group</b>		TBD	Number of care pathways developed for adults based on evidence	Number of health boards implementing pathways for children and adults. Staff recruitment by boards completed. Scoping paediatric service needs and development of CYP services. Development exit strategy		Health Boards able to implement proposed service/pathway of care using allocated Scottish Government funding.	<b>Risk:</b> Health Board service model not feasible eg. unable to recruit, or recruitment displaces workforce from other services leading to pressures elsewhere in the system. Lose FY underspend along with opportunity cost of not having spent elsewhere. Funding not available long-term. <b>Mitigation:</b> consider regionalisation of services/alternative models of care. continued communication with SG around finances and need. Ensure robust evidence-base/cost-effectiveness behind proposals for investment.
		Achieved						
<b>Source</b>								
Health Boards								
Output Indicator 2.2	Planned	Baseline	Milestone 1 (31/03/2023)	Milestone 2 (31/03/2024)	Target (31/03/2025)	Assumptions	Risks/mitigating actions	
Access to digital tool across health boards  <b>OWNER: Service planning group</b>		TBD	Digital tool options appraisal. Digital tool procured	Agreement PROMS. Digital tool rolled out all boards	All Boards reporting using digital tool			
	Achieved		Yes					
<b>Source</b>								
Digital tool, Health Boards.								

OUTPUT 3	Output Indicator 3.1	Planned	Baseline	Milestone 1 (31/03/2023)	Milestone 2 (31/03/2024)	Target (31/03/2025)	Assumptions	Risks/mitigating actions
Development of robust minimal dataset to monitor burden long COVID	Establishment ongoing surveillance long COVID  <b>OWNER: Data and intelligence group</b>		TBD	EAVE II findings published Paper on surveillance options long COVID from PHS			Permissions around data governance enable ongoing surveillance of long COVID. Health Boards agree on national minimum dataset.	<b>Risk:</b> Permissions not granted. <b>Mitigate:</b> PHS continuing to have active dialogue around extending EAVE II permissions to GP data. Identify other sources of data e.g. digital tool to continue surveillance.
		Achieved						
<b>Source</b>								
PHS, digital tool								
Output Indicator 3.2	Planned	Baseline	Milestone 1 (31/03/2023)	Milestone 2 (31/03/2024)	Target (31/03/2025)	Assumptions	Risks/mitigating actions	
Establishment and implementation of minimum dataset for digital tool collated nationally  <b>OWNER: Service planning group</b>		TBD	Agree minimum dataset	Minimum data collected by all boards				
	Achieved							
<b>Source</b>								
PHS, digital tool								

OUTPUT 4	Output Indicator 4.1	Planned	Baseline	Milestone 1 (31/03/2023)	Milestone 2 (31/03/2024)	Target (31/03/2025)	Assumptions	Risks/mitigating actions
Research and generation of evidence to improve diagnosis and management of long COVID. Horizon scanning.	Number publications produced from CSO-funded studies and horizon scanning of literature.  <b>OWNER: Research and evidence group</b>		TBD	Horizon scanning approach developed. Implementation of monthly evidence bulletins. X no of research publications, X research workshops sharing latest evidence.			Data robust enough to draw strong conclusions from research, with few limitations; research produced in timely way to inform decision-making; data consistent with other studies etc.	<b>Risk:</b> Limitations encountered when undertaking research meaning assumptions don't hold. <b>Mitigate:</b> Active dialogue research community and network to understand challenges and steps to overcome.
		Achieved						
<b>Source</b>								
CSO-research office/PHS								
Output Indicator 4.2	Planned	Baseline	Milestone 1 (31/03/2023)	Milestone 2 (31/03/2024)	Target (31/03/2025)	Assumptions	Risks/mitigating actions	
Dissemination of evidence-based practice through services  <b>OWNER: Clinical expert and subject matter group</b>		TBD	Development POTS pathway					
	Achieved							
<b>Source</b>								
Using evidence form CSO-research office/PHS/NICE/SIGN/Other to inform practice								
Output Indicator 4.3	Planned	Baseline	Milestone 1 (31/03/2023)	Milestone 2 (31/03/2024)	Target (31/03/2025)	Assumptions	Risks/mitigating actions	
Evidence on cost-effectiveness of long COVID services/ whole system modelling to improve efficiency etc.  <b>OWNER: Evaluation team (TBD)</b>		TBD	Agree data collection					
	Achieved							
<b>Source</b>								
Digital tool, routine health system data, Health Board cost data								

OUTPUT 5	Output Indicator 5.1	Planned	Baseline	Milestone 1 (31/03/2023)	Milestone 2 (31/03/2024)	Target (31/03/2025)	Assumptions	Risks/mitigating actions
Occupational health and vocational rehabilitation	Scoping/mapping of support to vocational rehabilitation.  <b>OWNER: Clinical expert and subject group</b>		TBD	Established SLWG on vocational rehabilitation Agree aims and objectives				
		Achieved						
<b>Source</b>								
TBD								

T: 0300 244 4000  
E: scottish.ministers@gov.scot

Sandesh Gulhane MSP – by email

Ref: Long COVID Support Fund 2022-23  
22 November 2022

Dear Dr Gulhane,

At Health and Social Care Portfolio questions on 9 November 2022, I committed to write to you to provide information outlining the funding made available to NHS Boards and partners for 2022-23 through the long COVID Support Fund, and the initiatives that this funding is supporting.

Please find this information set out below.

### **NHS Ayrshire and Arran, £187,554**

- Development of a long COVID multidisciplinary rehabilitation pathway delivering a single point of access for assessment and co-ordinated support from services including physiotherapy, occupational therapy, and psychology, depending on what is most appropriate for a person's needs.
- Liaison with primary care, third sector community support services and where required, onward referral to specialist clinical pathways via normal routes and triage processes.
- Support is currently being provided to people who require this due to long COVID via services already established in the community depending on their symptoms. For example, this may include primary care services, secondary referral to specialist services e.g. respiratory or cardiology pathways, or referral to intermediate care or rehabilitation services. Staff in these services have received specialist training in the management of long COVID, and there is a small cohort of staff supporting people deemed at most need by their general practitioners on a case by case basis, dependent on availability of staff.
- Support is also being provided to NHS staff who are experiencing symptoms of long COVID. This is primarily provided in occupational health by a specialist physiotherapist, using a long term conditions rehabilitation approach.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

## **NHS Borders, £50,727**

- Development of clear and easy to access pathways for those requiring support for long COVID. These pathways will be developed by an advanced practice occupational therapist based in primary care alongside clinicians from other specialties.
- Support is currently being provided for those with long COVID through existing services in line with presenting symptoms. This may mean support from GP, cardiology, respiratory, physiotherapy, occupational therapy or psychology services as appropriate.

## **NHS Dumfries and Galloway, £79,426**

- Establishment of a small team of experts to lead on the long COVID Rehabilitation Service development. This includes a Lead GP, AHP, Psychologist and Public Health Practitioner.
- Support is currently being provided for people with long COVID by services which were established for people suffering from ME/CFS/Fibromyalgia. GPs can refer to psychology, AHPs and, if necessary specialist secondary care services. In due course the Board intend to unify these services into a more bespoke, streamlined service.

## **NHS Fife, £178,051**

- Development of a long COVID rehabilitation pathway, delivering a point of access for assessment and co-ordinated support from services including nursing, physiotherapy, occupational therapy, and others depending on what is most appropriate for a person's needs.
- Support is currently being provided to people who require this due to long COVID via services already established in the community depending on their symptoms. For example, this may include community rehabilitation teams, chronic fatigue service, pulmonary rehabilitation and other services.

## **NHS Forth Valley, £142,020**

- Development of a screening service for people referred with long COVID and recruitment of an Allied Health Professional long COVID Coordinator, a Clinical Associate in applied Psychology, a full-time Respiratory Physiotherapist and a part-time Psychologist.
- The screening sessions will provide screening and signposting as well as offering supported self management groups.
- The long COVID Coordinator will be responsible for the mapping of services and supporting healthcare professionals' understanding of referral pathways available to support patients with long COVID. The Coordinator will support the development of local networks, and the organisation and delivery of training, to ensure that guidance, tools and pathways are shared throughout General practice, primary and secondary care.
- A long COVID pathway is already in place to support referrers in decision making when people present with long COVID symptoms. There is access to supported self

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)



management resources and referral to specialist services based on people's specific and individual needs.

### **NHS Grampian, £254,847**

- Development of a long COVID rehabilitation pathway embedded within existing services, including supported self management, specialist advice for patients and other professionals, onward referral to appropriate services for investigation or treatment, and may include a single point of access for assessment and co-ordinated support, depending on what is most appropriate for a person's needs.
- Identifying and responding to training needs of the wider workforce in health and care in relation to managing long COVID.
- Support is currently being provided to people who require support due to long COVID via existing services in secondary care, primary care and in the community depending on their symptoms and needs. For example, this may include General practice, occupational therapy, physiotherapy, psychology or specialist services.

### **NHS Greater Glasgow and Clyde, £595,169**

- Development of a long COVID rehabilitation pathway, implementing a single point of access for assessment and co-ordinated support. This service model is focussed on Occupational Therapists delivering specialist assessment to those presenting with the common symptoms of long COVID.
- This service will be a primary care service, accessed via referral from GPs and secondary care. As such, it will liaise closely with primary care and community health and locality services referring to specialist services where required.
- Interventions provided will include virtual and telephone assessment, signposting to online and digital resources and support to utilise these, as well as virtual and face to face group sessions and where required individual virtual or face to face appointments.
- Support is currently being provided to people with long COVID via services already established in the community, depending on their symptoms. For example, this may include General practice, primary care services, rehabilitation services, the Centre for Integrative Care and specialist clinical services such as cardiology and respiratory medicine.
- The Board has a dedicated resource to support staff with long COVID to remain in or return to work.

### **NHS Highland, £119,641**

- Development of a multi-disciplinary complex review group to help signpost and coordinate care for those patients who are severely impacted by long COVID and struggling to recover with rehab.
- The Board already has an operational long COVID pathway, including occupational therapy and physiotherapy staffing to support assessment, goal setting, rehabilitation and coordination for people with long COVID. The pathway will signpost to self management resources as a first option and can be stepped up to supported self management including one to one or group support.
- Close working with third sector colleagues, 'Let's Get on with it Together', in self management resources, groups and peer support. The team is a board wide virtual

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

team offering remote support by telephone or NHS Near Me (video appointments). The team will be working closely with local services across the wide geographical board area to enhance local support.

### **NHS Lanarkshire, £320,007**

- Delivery of a single access point to a long COVID rehabilitation pathway, supported by a team of occupational therapy, psychology, physiotherapy, dietetics and speech & language therapy. The team can assess and help with physical, mental or social difficulties people may have that are related to long COVID.
- The funding made available through the long COVID Support Fund is contributing towards paying for the multi-disciplinary staff supporting the pathway.
- It will support the implementation of a digital, app based tool that allows people with long COVID to measure and monitor their symptoms. This information supports the assessment, intervention and evaluation of their care.

### **NHS Lothian, £372,215**

- Staged scale-up of the long COVID supported Self Management Pathway including the digital self management tool and Chest, Heart & Stroke Scotland advice line. Learning from each phase of the pathway will inform the next stage to implement the pathway across NHS Lothian and its partnership areas of East Lothian, West Lothian, Midlothian, and the City of Edinburgh.
- The application of existing data including how many people have received a clinical intervention and the routes taken to access these services, to inform the development of the Lothian model for long COVID services.
- At present, existing NHS Lothian and associated Health and Social Care Partnership services are providing clinical support for people who need intervention to help them manage their symptoms. People with long COVID have access to a wide range of services including respiratory, neurology, rheumatology and musculo-skeletal teams, amongst others.
- In addition, a trial group of GP Practices across Lothian can refer through to the 'Tailored Talks' digital self management platform, providing access to tailored health information to help them to manage their symptoms and a 12-week programme of support from Chest, Heart & Stroke Scotland's advice line.

### **NHS Shetland, £13,676**

- Facilitation of a local pilot to examine whether the the implementation of an Allied Health Professional Care-Coordinator role improves outcomes for people living with long COVID.

### **NHS Tayside, £194,620**

- Enhancement of the Tayside long COVID rehabilitation pathway. This pathway will be accessed via an individual's GP in line with SIGN guidelines to deliver an accessible point of access for assessment, support and co-ordination.
- At present, people can be supported by national NHS Inform self management and the Chest, Heart & Stroke Scotland advice line as well as local services already

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)



established across within the community depending on their symptoms. People can also access the community listening service for support.

- Where required, services such as psychology, secondary care teams and local specialist rehabilitation teams, embedded within local communities (including physiotherapy, occupational therapy, psychology, dietetics and speech & language therapy) can be accessed via GPs, depending on what is most appropriate for a person's needs.

### **NHS Western Isles, £19,988**

- Facilitation of Public Health intelligence activity to establish the incidence and need related to long COVID across the Western Isles.
- At present, support for people with long COVID is accessible via general practice, with multiple options available for onward referral in line with individual clinical need.

### **Thistle Foundation, £87,343**

- Delivery of a 'Good Conversations' training programme for Allied Healthcare Professionals in Scotland.

### **NHS Orkney, £14,716\***

- A total of £14,716 is available to NHS Orkney through the long COVID Support Fund for 2022-23, should the Board submit a request for funding.
- The Board already has a specialised physiotherapist who assesses and supports long COVID cases as a significant part of their job plan. This is in addition to support being provided via services already established in the community depending on people's specific symptoms.

### **NHS National Services Scotland, £370,000\***

- A total of £370,000 has been identified to support NHS National Services Scotland to undertake national level actions to improve care and support for people with long COVID.
- This includes the operation of a National Strategic Network for long COVID, and the once-for-Scotland procurement of a digital tool to assist the screening and evaluation of care for people with long COVID.

I hope you find the information outlined in this letter to be helpful.

Yours sincerely



**HUMZA YOUSAF**

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

**INVESTORS IN PEOPLE**™  
We invest in people Silver



**DOCUMENT 1**

**From:** [REDACTED, section 38(1)(b)] on behalf of Minister for Public Health & Women's Health  
**Sent:** 20 April 2023 17:48  
**To:** Public Engagement Unit  
**Cc:** Minister for Public Health & Women's Health  
**Subject:** FW: Invite to Inverclyde - Long Covid Support Group  
**Attachments:** Public Health Minister Invite.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Categories:** [REDACTED, section 38(1)(b)], MICASE

Hi,  
Please add to the system as a diary case.  
Regards,  
[REDACTED, section 38(1)(b)]  
Assistant Private Secretary to Jenni Minto MSP  
Minister for Public Health and Women's Health  
1E.10 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@parliament.scot> **On Behalf Of** McMillan SM (Stuart), MSP  
**Sent:** 20 April 2023 13:41  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Subject:** Invite to Inverclyde - Long Covid Support Group

Dear Minister,  
Please find attached a letter from Stuart McMillan MSP inviting you to his constituency. He looks forward to your reply.

Kind regards,  
[REDACTED, section 38(1)(b)]  
[REDACTED, section 38(1)(b)] (she/her) | **Research & Communications Manager**  
**Stuart McMillan MSP for Greenock & Inverclyde**

*Constituency Office*  
26 Grey Place, Greenock, PA15 1YF  
T: 01475 720 930

E: [REDACTED, section 38(1)(b)]@[Parliament.Scot](mailto:Parliament.Scot)



Sign up for Stuart's monthly newsletter [HERE](#)  
<http://www.stuartmcmillan.scot>

P Before you print think about the ENVIRONMENT



You can now register to vote online. Click [here](#) to make sure your vote matters.

\*\*\*\*\*

The Scottish Parliament: Making a positive difference to the lives of the people of Scotland

Pàrlamaid na h-Alba: A' toirt deagh bhuaidh air beatha slugh na h-Alba

[www.parliament.scot](http://www.parliament.scot) : [facebook.com/scottishparliament](https://facebook.com/scottishparliament) : [twitter.com/scotparl](https://twitter.com/scotparl)

The information in this email may be confidential. If you think you have received this email in error please delete it and do not share its contents.

\*\*\*\*\*

## **DOCUMENT 2**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot)

Stuart McMillan MSP  
[REDACTED, section 38(1)(b)]@parliament.scot

Our Reference: 202300354669  
Your Reference: Invite to Inverclyde - Long Covid Support Group

10 May 2023

Dear Stuart,

Thank you for your e-mail of 20 April 2023 to Jenni Minto MSP, Minister for Public Health and Women's Health, inviting her to visit the Inverclyde Long Covid Peer Support Group.

Ms Minto would be delighted to accept your invitation. I would be grateful if you could contact us via email at [ministerphwh@gov.scot](mailto:ministerphwh@gov.scot) to make the necessary arrangements.

Yours sincerely,  
[REDACTED, section 38(1)(b)]

Private Secretary  
Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1  
3DG  
[www.gov.scot](http://www.gov.scot)

### **DOCUMENT 3**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot)

Jane Ormerod  
[longcovidscot@gmail.com](mailto:longcovidscot@gmail.com)

Our Reference: 202300355300

30 May 2023

Dear Jane Ormerod,

Thank you for your e-mail of 25 April 2023 to Michael Matheson MSP, Cabinet Secretary for NHS Recovery, Health and Social Care, inviting him to meet with Long Covid Scotland. As responsibility for policy relating to long COVID lies within the portfolio of the Minister for Public Health and Women's Health, Jenni Minto MSP, Mr Matheson has asked Ms Minto to respond to you on his behalf.

Ms Minto would be delighted to accept your invitation. I would be grateful if you could contact Ms Minto's diary secretary via [MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot) to make the necessary arrangements.

Yours sincerely,  
[REDACTED, section 38(1)(b)]  
Private Secretary

Private Secretary  
Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1  
3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 4**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Kate Forbes MSP  
Kate.Forbes.msp@parliament.scot

Our Reference: 202300360097  
Your Reference: KF17130

21 June 2023

Dear Kate,

Thank you for your email of 24 May 2023 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson MSP, regarding your constituent's feedback on the long COVID self management course developed by Covid Aid and Let's Get On With It Together. I am responding to you on Mr Matheson's behalf as responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

I can confirm that following receipt of the same email that was sent by Ms [REDACTED, section 38(1)(b)] to you on 11 May, my Officials responded to your constituent directly on 1 June 2023.

I have outlined the key information from our response to Ms [REDACTED, section 38(1)(b)] below, which I hope provides you with reassurance in relation to the actions that have been taken following receipt of her feedback.

"I understand from your correspondence that you have contacted the organisations Covid Aid and Let's Get On With It Together to provide detailed feedback on, and raise a number of concerns regarding, the content of their long COVID self-management course. Within your email, you have sought the Scottish Government's assistance to ensure the content of the course is modified.

I can confirm that upon receipt of your email, we contacted Covid Aid to seek assurance that your correspondence had been received and was being processed for response, as they will be best placed to consider and respond to the detailed feedback that you have provided regarding the

course content.

I understand that Covid Aid have been in contact with you directly, and in addition have contacted My Self Management to request that the modules be taken down in order to be reviewed. (My Self Management is the new name for LGOWIT (Let's Get On With It Together), having recently become an independent organisation)). I understand that this review will take place in a peer-led format by people with lived experience of long COVID.

More broadly, as with all organisations which have received Scottish Government grant funding, a process of monitoring and reporting is in place with Covid Aid in relation to the funding provided to support access to the self-management course, to ensure that the initiative meets agreed outcomes and provides value for money."

I would like to thank you for taking the time to raise your constituent's concerns with us, and hope that the information in my reply has been helpful to you.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1  
3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 5**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Willie Rennie MSP  
Willie.Rennie2@parliament.scot

Our Reference: 202300360195  
Your Reference: WR3987

21 June 2023

Dear Willie,

Thank you for your email of 23 May 2023 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson MSP, regarding the support available to individuals suffering from long COVID. I am responding to you as responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

I'm very sorry to learn that a number of your constituents are experiencing long-term effects following COVID-19 infection and have felt it necessary to contact you to raise concerns regarding their access to support for their condition. Please let me reassure you that the Scottish Government takes this issue seriously and recognises the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland.

In your email, you asked what the Scottish Government is doing to support people who are living with long COVID.

Care and support for people with long COVID is being provided across the full range of services delivered by our NHS. This includes assessment and investigation in a setting close to home by local primary care teams, and referral to community-based rehabilitation services or secondary care settings for further investigation of specific complications where appropriate.

However, we know that healthcare support and services for people experiencing long COVID have not always met expectations. That is why the Scottish Government has established a £10 million long COVID Support Fund. We made an initial £3 million

from the fund available over 2022-23, and a further £3 million is being made available from the fund over this financial year. This fund aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these into more clearly defined pathways and to provide a more co-ordinated experience for those accessing support.

The Health Board covering your constituency, NHS Fife, is using the funding made available to continue to develop a long COVID multidisciplinary rehabilitation pathway delivering a single point of access for assessment and co-ordinated support from a range of services that include nursing, occupational therapy, physiotherapy, and psychology, ensuring it is person-centred. This will include a range of interventions, from signposting to relevant information and support, supported self-management, and individualised targeted support.

Additionally, the Scottish Government's Chief Scientist Office (CSO) is funding 10 Scottish-led research projects on the longer-term effects of COVID-19 with a total funding commitment of £2.8 million. These include projects to better understand the prevalence of, symptoms of, and factors associated with, long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

To support consistency, we have also established a national long COVID Strategic Network, which brings together representatives of NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID. In addition, the Network is developing an evaluation framework which will support a consistent approach to monitoring and evaluation to inform the planning and delivery of services.

Should any of your constituents have concerns about their symptoms in relation to long COVID, I would strongly urge them to contact their local GP practice in the first instance. The Primary Care team there are best placed to give advice and guidance about how symptoms can be managed and any potential treatment options for these in the first instance. However, your constituents may also benefit from accessing the long COVID resources which are available on NHS Inform, which provide information on common symptoms associated with long COVID, steps that can be taken to help manage these and when to seek further advice from healthcare professionals.

I would like to thank you for taking the time to raise these concerns with us, and hope that the information in my reply is helpful to you, and your constituents.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire  
Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh  
[www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1  
3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 6**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Stuart McDonald MP  
Astuart.mcdonald.mp@parliament.uk

Our Reference: 202300363070  
Your Reference: RR/ZA20555

4 July 2023

Dear Stuart,

Thank you for your letter of 9 June 2023 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson MSP enquiring what action the Scottish Government is taking to help people living with long COVID. I am responding to you on Mr Matheson's behalf as responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

I'm very sorry to learn that some of your constituents are experiencing long-term effects following COVID-19 infection and have felt it necessary to contact you to raise concerns regarding the impact of long COVID on their health and ability to work. Please let me reassure you that the Scottish Government takes this issue seriously and recognises the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland.

Within your letter, you requested information on the actions the Scottish Government is taking to treat and investigate long COVID. Care and support for people with long COVID is being provided across the full range of services delivered by our NHS. This includes assessment and investigation in a setting close to home by local primary care teams, and referral to community-based rehabilitation services or secondary care settings for further investigation of specific complications where appropriate.

However, we know that healthcare support and services for people experiencing long COVID have not always met expectations. That is why the Scottish Government has established a £10 million long COVID Support Fund. We made an initial £3 million from the fund available over 2022-23, and a further £3 million is being made available from the fund over this financial year. This fund aims to support NHS Boards to

increase the capacity of existing services providing support to people with long COVID, develop these into more clearly defined pathways and to provide a more co-ordinated experience for those accessing support.

To support consistency, we have also established a national long COVID Strategic Network, which brings together representatives of NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID. In addition, the Network is developing an evaluation framework which will support a consistent approach to monitoring and evaluation to inform the planning and delivery of services.

Should any of your constituents have concerns about their symptoms in relation to long COVID, I would strongly urge them to contact their local GP practice in the first instance. The Primary Care team there are best placed to give advice and guidance about how symptoms can be managed and any potential treatment options for these in the first instance.

Additionally, the Scottish Government's Chief Scientist Office (CSO) is funding 10 Scottish-led research projects on the longer-term effects of COVID-19 with a total funding commitment of £2.8 million. These include projects to better understand the prevalence of, symptoms of, and factors associated with, long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

In your letter, you also highlighted the impact of long COVID on your constituents' ability to work. Your constituents may benefit from accessing long COVID resources which are available on NHS Inform. In particular the 'Your Recovery' section which includes signposting to resources produced by organisations with expertise in work related issues. This includes advice for employees and employers produced by the Advisory, Conciliation and Arbitration Service (ACAS).

In addition, your constituents may wish to contact their local authority's welfare rights service or a Citizens Advice Bureau who can provide free, independent and confidential advice on a range of issues. Details of how to find a local Bureau can be found on the Citizens Advice Scotland website at <https://www.cas.org.uk>.

Alternatively, your constituents can contact Citizens Advice Direct on 0808 800 9060 between 9am and 8pm Monday to Friday and between 10am to 2pm on Saturday.

I would like to thank you for taking the time to raise these concerns with us, and hope that the information in my reply is helpful to you, and your constituents.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1  
3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 7**

**From:** Ian Murray <ian.murray.mp@parliament.uk>  
**Sent:** 08 June 2023 14:36  
**To:** Scottish Ministers  
**Subject:** (Case Ref: IM88726)

**Categories:** MICASE

Good afternoon,

Ian has been contacted by a constituent, Mr. [REDACTED, section 38(1)(b)] who has signed a petition urging for much-needed research into debilitating conditions such as Long Covid and MECFS.

Long COVID poses a significant threat - both to the health of the nation and to the Scottish workforce. With an estimated two million people affected, it is crucial that everyone receives the best treatment and care that takes account of their needs. My constituent highlights that it's crucial that Scottish Government are working with employers to raise awareness of long COVID – and to encourage reasonable adjustments to working practices – is also vital.

He also raises that Long COVID will be with us for years to come, and for those who are experiencing its impact, we must ensure there are the services to support them for the long term. Please could you let me know what the Scottish Government is doing in terms of its long COVID strategy and what information I can pass on to my constituent to assure him that you are working on this?

Many thanks,  
Office of Ian Murray MP  
**Ian Murray MP**  
Labour Member of Parliament for Edinburgh South  
Constituency Office: 0131 662 4520  
House of Commons: 0207 219 7064  
Write: 31 Minto Street, Edinburgh, EH9 2BT  
[www.ianmurraymp.com](http://www.ianmurraymp.com)

[Like Ian's Facebook page](#) [Follow Ian on Twitter](#) [Subscribe to Ian's YouTube channel](#)

Ian would like to send you a regular email newsletter from Westminster using this email address. To subscribe please click [here](#) or respond to this email with the word 'subscribe'.

See Ian's current award winning eMagazines [here](#)

We take your privacy seriously. Click [here](#) to see our full privacy policy.

## **DOCUMENT 8**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Ian Murray MP  
ian.murray.mp@parliament.uk

Our Reference: 202300362344  
Your Reference: IM88726

4 July 2023

Dear Ian,

Thank you for your email of 8 June 2023 to Scottish Ministers in relation to long COVID, following your contact with your constituent, Mr [REDACTED, section 38(1)(b)]. I am responding to you as responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

Please let me reassure you that the Scottish Government takes this issue seriously and recognises the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland.

In your email, you requested information on the actions being taken by the Scottish Government to support people who are living with long COVID. Care and support for people with long COVID is being provided across the full range of services delivered by our NHS. This includes assessment and investigation in a setting close to home by local primary care teams, and referral to community based rehabilitation services or secondary care settings for further investigation of specific complications where appropriate.

However, we know that healthcare support and services for people experiencing long COVID have not always met expectations. That is why the Scottish Government has established a £10 million long COVID Support Fund. We made an initial £3 million from the fund available over the financial year 2022-23, and a further £3 million is being made available this year. This fund aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these in to more clearly defined pathways and to provide a more co-ordinated experience for those accessing support.

To support consistency, we have also established a national long COVID Strategic Network, which brings together representatives of NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID. In addition, the Network is developing an evaluation framework which will support a consistent approach to monitoring and evaluation to inform the planning and delivery of services.

To support consistency, we have also established a national long COVID Strategic Network, which brings together representatives of NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID. In addition, the Network is developing an evaluation framework which will support a consistent approach to monitoring and evaluation to inform the planning and delivery of services.

Should any of your constituents have concerns about their symptoms in relation to long COVID, I would strongly urge them to contact their local GP practice in the first instance. The Primary Care team there are best placed to give advice and guidance about how symptoms can be managed and any potential treatment options for these in the first instance. In addition, your constituents may also benefit from accessing the long COVID resources which are available on NHS Inform, which provide information on common symptoms associated with long COVID, steps that can be taken to help manage these and when to seek further advice from healthcare professionals.

Additionally, the Scottish Government's Chief Scientist Office (CSO) is funding 10 Scottish-led research projects on the longer-term effects of COVID-19 with a total funding commitment of £2.8 million. These include projects to better understand the prevalence of, symptoms of, and factors associated with, long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

In your email, you also highlighted the impact of long COVID on the Scottish workforce. You and your constituent may be interested to know that we have worked with NHS 24 to develop a dedicated microsite on NHS inform providing people living with long COVID with clear and accessible guidance on managing their symptoms. It includes specific advice on navigating a return to work and signposts to information developed by the Society of Occupational Medicine and the Advisory, Conciliation and Arbitration Service.

The Scottish Government encourages all employers to apply fair work principles and a flexible approach to dealing with the impacts of COVID-19, in order to support and protect the health and wellbeing of their workforce.

It should be noted that both Employment and Equality law are reserved to the UK Government. As a result, the UK Government is responsible for offering guidance to employers around meeting their legal obligations in terms of reasonable adjustments

in the workplace. This includes the guidance provided by the Department for Work and Pensions (DWP) on Employing disabled people and people with health conditions.

However, as part of our commitment to halve the disability employment gap in Scotland by 2038, the Scottish Government have provided almost £1 million funding to the Scottish Union of Supported

Employment to lead the Apt Public Social Partnership (PSP), which is working to improve the recruitment and retention of disabled people by developing and testing different types of practical support for employers.

In addition, we know that flexibility in hours and location can be invaluable for those with caring commitments; workers over 50 and those preparing for retirement; people with disabilities or who experience periods of poor health; or people balancing multiple roles or interests.

The Scottish Government are pleased that the UK Government have agreed to introduce a right to request flexible working from day one of employment, a measure that the Scottish Government introduced in October 2021 as part of our Fair Work First approach to criteria for public sector spend. Despite employment law being reserved we are doing all we can to work with employers directly and through their representative bodies to explore ways of promoting and supporting flexible, agile and inclusive workplaces that benefit all employees.

In 2022/23 we provided a total of £222,000 in funding to flexible working experts Flexibility Works, to promote and support employers across Scotland to adopt flexible and family friendly workplaces. Between 2019-2023 we also provided funding of £350,588 to Timewise for the production of annual Scottish Flexible Jobs Index reports and the delivery of 'A Fair, Flexible Work Programme for Scotland'.

This focused on training a network of 70 Change Agents, both employment professionals and employability advisers on how to promote flexible working to employers and individuals.

I would like to thank you for taking the time to raise your constituent's concerns with us. I hope the information in my reply is helpful to you both.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1

3DG

[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 9**

**From:** Graeme Dey MSP <[graeme.dey.msp@parliament.scot](mailto:graeme.dey.msp@parliament.scot)>

**Sent:** Thursday, June 8, 2023 2:30 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Subject:** Long Covid (Case Ref: GD1875)

Dear Jenni,

### **RE: Long Covid clinics**

I write to you as Member of the Scottish Parliament for the Angus South Constituency, on behalf of one of my constituents, who recently contacted me in relation to Long Covid clinics. They are a [REDACTED, section 38(1)(b)].

My constituent has been grappling with the effects of [REDACTED, section 38(1)(b)], which has [REDACTED, section 38(1)(b)] for the past eight months. They are concerned about the claimed lack of consideration given to Long Covid clinics in Scotland, especially compared to England and Wales. According to my constituent, they have been [REDACTED, section 38(1)(b)] and have yet to receive an appointment, even after seven months of waiting.

Moreover, my constituent has brought to my attention the fact that the draft paper on Long Covid indicates that no ideas were submitted regarding the management of Long Covid clinics. However, they assert that they have made such a submission.

My constituent also mentioned a report from the Royal College of General Practitioners, which suggests that general practitioners (GPs) should take on the responsibility of managing Long Covid cases, with which my constituent's fundamentally disagrees with.

Therefore, I would appreciate if you could provide me with a more rounded understanding of the Scottish Government's plan to address Long Covid and the role of GPs in managing Long Covid cases.

Thank you for your attention to this matter.

Kind regards,

**Graeme Dey**

MSP for Angus South Constituency

282-284 High Street, Arbroath, DD11 1JF

[Graeme.Dey.MSP@parliament.scot](mailto:Graeme.Dey.MSP@parliament.scot)

01241 873058

<http://www.graemedey.info/new>

Please note that all personal data provided has been processed in line with the

General Data Protection Regulation. This matter has been undertaken on the basis of public interest-democratic engagement.

The office's privacy notice can be found at [this link](#). Please refer in particular to the relevant section, headed Casework.

## **DOCUMENT 10**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Graeme Dey MSP  
graeme.dey.msp@parliament.scot

Our Reference: 202300362817  
Your Reference: GD1875 - Long Covid

5 July 2023

Dear Graeme,

Thank you for your email of 8 June 2023 regarding your constituent and their enquiries in relation to long COVID clinics and care.

I am very sorry to learn that your constituent has been [REDACTED, section 38(1)(b)] for the past eight months, and to hear of the impact that this has on their [REDACTED, section 38(1)(b)]. Please let me reassure you that the Scottish Government takes this issue seriously, and recognises the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland.

In your email, you requested information on how the Scottish Government is responding to long COVID. You also asked for information on the role of General Practitioners in supporting people with long COVID.

We recognise that for many people, their first point of contact with healthcare services will be the healthcare team based in their local GP surgery. Primary care teams have expertise in managing uncertainty and are experienced at assessing people with a variety of symptoms and conditions, as can be the case with long COVID. Care and support for people with long COVID is being provided across the full range of services delivered by our NHS. This includes assessment and investigation in a setting close to home by local primary care teams, and referral to community-based rehabilitation services or secondary care settings for further investigation of specific complications where appropriate.

However, we know that healthcare support and services for people experiencing long COVID have not always met expectations. That is why the Scottish Government has

established a £10 million long COVID Support Fund. We made an initial £3 million from the fund available over 2022-23, and a further £3 million is being made available over this financial year. This fund aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these in to more clearly defined pathways and to provide a more co-ordinated experience for those accessing support.

In your email, you highlighted the issue of long COVID clinics. While none of the services being delivered or developed by NHS Scotland Boards are termed 'long COVID clinics,' initiatives being supported by the funding include key elements of care that are also offered by long COVID assessment clinics elsewhere in the UK. This includes the introduction of single point of access for assessment and co-ordinated support from services including physiotherapy, occupational therapy, and psychology, depending on what is most appropriate for a person's needs.

To support consistency, we have established a national long COVID Strategic Network, which brings together representatives of NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID. In addition, the Network is developing an evaluation framework which will support a consistent approach to monitoring and evaluation to inform the planning and delivery of services.

Additionally, the Scottish Government's Chief Scientist Office (CSO) is funding 10 Scottish-led research projects on the longer-term effects of COVID-19 with a total funding commitment of £2.8 million. These include projects to better understand the prevalence of, symptoms of, and factors associated with, long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

I am sorry to learn that your constituent has been waiting seven months for an appointment to see [REDACTED, section 38(1)(b)]. As you know, the past few years have seen significant challenges for our NHS including COVID-19, including addressing the subsequent patient backlog due to the pandemic and the impact of winter pressures. These pressures have affected almost all aspects of NHS care, including the number of planned care procedures the health service was able to provide.

While we are working hard to recover and remobilise our NHS, this will not be done in a few weeks or even months. Addressing the backlog of care, while continuing to meet the ongoing urgent health and care needs of the country, remains a priority for this Government. In response to these challenges, we published the NHS Recovery Plan in August 2021 which sets out our plans for health and social care over the next 5 years. Backed by over £1 billion of funding, the plan will support an increase in inpatient, day case, and outpatient activity to address the backlogs of care, which will be supported by the implementation of sustainable improvements and new models of care such as the National Treatment Centre programme. The first annual progress

update was published on 4 October 2022 NHS Recovery Plan: annual progress update - gov.scot ([www.gov.scot](http://www.gov.scot)). This update detailed the progress being made against the actions to address the backlog in care and meet ongoing healthcare needs for people across Scotland.

Lastly, I understand that your constituent has raised an issue regarding the content of a “draft paper on long COVID” and a submission that they have made in relation to this. Unfortunately, from the information you have provided, I am unable to identify whether this is a paper which has been developed by the Scottish Government and therefore provide further detail regarding the process by which this was developed.

However, you may wish to be aware that the COVID-19 Recovery Committee published a report of its inquiry on long COVID on 26 April 2023. As you will appreciate, this process was undertaken by the Scottish Parliament and the Scottish Government is not responsible for the content of the Committee’s report which can be found [here](#).

I would like to thank you for taking the time to raise your constituent’s concerns with us, and I hope that the information in my reply has been helpful to you both. I wish your constituent all the best in their recovery.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1  
3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 11**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Richard Leonard MSP  
[REDACTED, section 38(1)(b)]@parliament.scot

Our Reference: 202300369394  
Your Reference: Long COVID

28 August 2023

Dear Richard,

Thank you for your letter of 24 July 2023 regarding the status of the national funding being provided to NHS Boards to support them to deliver support and services for people living with long COVID.

I would like to assure you that we engage with NHS Boards on a regular basis regarding their capacity needs relating to long COVID, and will continue to do so in order to inform the allocation of the long COVID Support Fund.

Specifically, we have commissioned NHS National Services Scotland to establish a National Strategic Network for long COVID. This brings together representatives from NHS Boards to ensure that our national approach can adapt based on emerging evidence and learning from their experience of delivering support and services to people living with this condition.

We recognise the importance of providing clear information to NHS Boards to support their forward planning. You may be interested to know that the Scottish Government wrote to all territorial NHS Boards on 10 May 2023 to confirm their 2023-24 allocations from the long COVID Support Fund and provide information on indicative funding for the financial year 2024-25.

The letter also confirmed that going forward, we will consider baselining long COVID Support funding for NHS Boards at a recurring level to be determined based on progress made by NHS Boards over 2023-24.

I would like to thank you for taking the time to raise your concerns with us, and I hope that you find the information in my reply helpful.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1  
3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 12**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Willie Rennie MSP  
Willie.Rennie2@parliament.scot

Our Reference: 202300372062  
Your Reference: WR4480

1 September 2023

Dear Willie,

Thank you for your email of 15 August 2023 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson MSP regarding the support available for people living with long COVID.

I am responding to you as responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

I am very sorry to learn of the difficulties that your constituent is experiencing as a result of [REDACTED, section 38(1)(b)]. Please let me reassure you and your constituent that the Scottish Government takes the issue of long COVID very seriously and recognises the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland.

Within your email you have asked for information on the action that the Scottish Government is taking to make sure that people living with long COVID can access the appropriate level of care and support.

Care and support for people with long COVID is being provided across the full range of services delivered by our NHS. This includes assessment and investigation in a setting close to home by local primary care teams, and referral to community-based rehabilitation services or secondary care settings for further investigation of specific complications where appropriate.

However, we know that healthcare support and services for people experiencing long COVID have not always met expectations. That is why we have established a £10

million long COVID Support Fund. We made an initial £3 million from the fund available over 2022-23, and a further £3 million is being made available over this financial year. This fund aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these in to more clearly defined pathways and to provide a more co-ordinated experience for those accessing support.

In addition, we have commissioned NHS National Services Scotland to establish a National Strategic Network for long COVID. This brings together representatives from NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID. In addition, the Network is developing an evaluation framework which will support a consistent approach to monitoring and evaluation to inform the planning and delivery of services.

We also recognise the importance of people living with long COVID symptoms having access to quality information on steps they can take to manage their symptoms and when to seek additional advice from a healthcare professional. That is why we have worked with NHS Inform to develop a dedicated microsite which provides people with information and support if they have ongoing symptoms after COVID-19. Should your constituents be interested in this resource, they can access it here: <https://www.nhsinform.scot/long-covid/>.

I would like to thank you for taking the time to raise your constituent's concerns with us, and I hope that you both find the information in my reply helpful.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1  
3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 13**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Michael Marra MSP  
[REDACTED, section 38(1)(b)]@parliament.scot

Our Reference: 202300372891  
Your Reference: MM3556

21 September 2023

Dear Michael,

Thank you for your email of 18 August 2023 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson MSP regarding your constituent and their experience of living with [REDACTED, section 38(1)(b)]. I am responding to you as responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

I am very sorry to learn of the difficulties that Ms [REDACTED, section 38(1)(b)] is experiencing as a result of long COVID. Please let me reassure you both that the Scottish Government takes the issue of long COVID very seriously and recognises the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland.

Firstly, I would like to confirm that the Scottish Government received the correspondence that Ms [REDACTED, section 38(1)(b)] references from Graeme Dey MSP on 8 June 2023 and I replied to this on 5 July 2023. I have attached our response to Mr Dey for completeness as it covers a range of the issues that your constituent has highlighted in her email to you.

Within your email, you have asked us to provide a response to the questions that Ms [REDACTED, section 38(1)(b)] has outlined in her correspondence to you.

Ms [REDACTED, section 38(1)(b)] has asked why each NHS Board should develop their own version of long COVID services. Service organisation recommendations contained in the clinical guideline on managing the long-term effects of COVID-19 developed by the National Institute for Health and Care Excellence (NICE), the

Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of GPs (RCGP) note that “one model would not fit all areas.”

Therefore, rather than mandating one single model, we are giving NHS Boards the flexibility to design and deliver the best models of care tailored to the specific needs of their populations. To support consistency, we have established a national long COVID Strategic Network, which brings together representatives of NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID. In addition, the Network is developing an evaluation framework which will support a consistent approach to monitoring and evaluation of services. Information gathered from this will be used to inform future planning and delivery of services.

The correspondence also asked about the award of long COVID Support funding to Scottish Opera and NHS Boards.

Where Health Boards indicated that they did not require all of the resource that had been made available to them within the financial year 2022-23, we worked with Boards, third sector organisations and people living with long COVID to identify opportunities to maximise the impact of funding available. As a result, we supported 10 additional projects led by third sector organisations to support people living with long COVID, including the initiative delivered by Scottish Opera referenced by your constituent.

Please let me reassure you that we remain committed to delivering the £10m long COVID Support Fund in full, and any funding not utilised by NHS Boards within the financial year 2022-23 will be made available to Boards within the financial year 2025-26.

Lastly, Ms [REDACTED, section 38(1)(b)] has raised the issue of long COVID clinics. You may be interested to note that initiatives being supported by our long COVID Support funding include key elements of care that are also offered by long COVID assessment clinics elsewhere in the UK, including single point of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy.

I would like to thank you for taking the time to raise your constituent’s concerns with us, and I hope that the information in my reply has been helpful to you both.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire  
Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh  
[www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 14**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Alex Cole-Hamilton MSP  
[REDACTED, section 38(1)(b)]@Parliament.scot

Our Reference: 202300379868  
Your Reference: Long Covid

10 October 2023

Dear Alex, Jackie and Sandesh,

Thank you for your letter of 7 October 2023 to the First Minister, Humza Yousaf MSP regarding funding for healthcare support and services for people living with long COVID. I am responding to you as responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

Please let me reassure you that the Scottish Government takes the issue of long COVID very seriously and recognises the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland.

Care and support for children, young people and adults with long COVID is being provided across the full range of services delivered by our NHS, supported by record funding of more than £19 billion for the health portfolio. This includes assessment and investigation in a setting close to home by local primary care teams, and referral to community-based rehabilitation services or secondary care settings for further investigation of specific complications where appropriate.

As you are aware, we have established a £10 million long COVID Support Fund, with an initial £3 million made available over 2022-23, and a further £3 million being made available over this financial year. This fund aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these in to more clearly defined pathways and to provide a more coordinated experience for those accessing support.

At present, 11 of Scotland's 14 territorial NHS Boards have long COVID pathways in operation for adults. In remaining NHS Boards where these pathways are in the

process of development, people with long COVID can receive assessment and input from existing services, based on their symptoms and needs.

Assessment and initial investigation for children and young people with symptoms consistent with long COVID is being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options. Primary care clinicians can refer to occupational therapy and/or physiotherapy for further support where appropriate. Where referral to secondary care is required, children and young people may be referred to general paediatric services for investigation and management.

Our National long COVID Strategic Network has contracted the University of Leeds to support the initial evaluation of long COVID services in Scotland. It is anticipated that the analysis will provide an: analysis of demand and capacity within Scotland's long COVID services; analysis of longer-term outcomes for long COVID patients assessed within NHS Health Board services; and where possible, compare differences in service models.

Within your letter, you have raised the issue of additional funding for long COVID services. I would like to assure you that we engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund. Going forward, we will consider baselining long COVID Support funding for NHS Boards at a level to be determined based on progress made by NHS Boards over 2023-24.

Within your letter, you have also requested information in relation to the recommendation from the COVID-19 Recovery Committee's report on long COVID which stated "the Committee recommends that the Scottish Government and the National Strategic Network works with health boards to introduce a single point of contact for each Long COVID patient across all territorial health boards in Scotland."

As I have indicated above, the long COVID Support Funding we are providing to NHS Boards is intended to support a more co-ordinated experience of accessing services for people living with long COVID, by enabling NHS Boards to develop individualised responses tailored to local circumstances and needs. For example, some NHS Boards have developed single points of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy. In other areas, the co-ordination or single point of contact role will be fulfilled by the primary care team based in the person's local GP surgery.

I would like to thank you for taking the time to raise this issue with me, and I hope that you find the information in my reply helpful.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 15**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Foysol Choudhury MSP  
Foysol.Choudhury.MSP@Parliament.scot

Our Reference: 202300382706  
Your Reference: Long Covid Letter Response (Case Ref: FC1026)

8 November 2023

Dear Foysol,

Thank you for your email of 26 October 2023 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson MSP regarding the issues raised by your constituent, Ms [REDACTED, section 38(1)(b)] in relation to her experience of accessing healthcare support within NHS Lothian for [REDACTED, section 38(1)(b)]. I am responding to you as responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

Firstly, I am very sorry to learn of the difficulties that Ms [REDACTED, section 38(1)(b)] is continuing to experience as a result of [REDACTED, section 38(1)(b)]. Please let me reassure you both that the Scottish Government takes the issue of long COVID very seriously and recognises the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland.

Within your email you have asked for us to address Ms [REDACTED, section 38(1)(b)]'s comment regarding the Scottish Government's policy relating to referral to services delivered outwith a patient's 'home' NHS Scotland Health Board.

It is expected that most patients will be seen and treated locally wherever possible and appropriate, based on clinical need and operational effectiveness. However, it may not always be possible for Health Boards to provide access locally for all patients and for all services where Health Boards are, for example, constrained by geography or specialist services. Some patients may be offered alternatives outwith their local health board area to reduce their waiting time, for example, the Golden

Jubilee University National Hospital or at National Treatment Centres as they become operational.

It is ultimately the responsibility of doctors and their NHS Boards to decide which procedures they carry out and offer to their patients, however, they do still have the responsibility for service delivery and patient treatment and there are robust arrangements in place to allow for out-of-area treatments should this be needed.

NHS Boards can refer a patient to another Board for treatment that would be paid for via a service level agreement between the two Boards. However, the Board receiving the request would need to have the capacity to take on the referral. Referrals must be based on a number of factors including: expertise, appropriateness, capacity and the best interests of the patient as regards to outcomes and safety.

In relation to cross-border out-of-area referrals, arrangements are in place for Scottish patients to access cross-border care where deemed clinically appropriate by relevant specialists and the patient's local NHS Board.

NHS Scotland's National Services Division (NSD) support patients who need access to treatment or investigation of a highly specialised nature; or who have a very rare condition, to obtain the care that they need whilst seeking to ensure that the highest possible standards are delivered within available resources. NSD has no clinical role in relation to the treatment of individual patients, except to provide funding in line with an agreed framework for treatment. Such funding is provided when a Health Board makes a formal application to NSD.

The process for this is as follows:

1. An application for an Out of Area referral is made locally by a secondary care specialist / consultant to the Local Out of Area / Safe Haven team in the Health Board.
2. This board then considers if a second opinion can be obtained elsewhere in Scotland and where there is specific expertise required which is not available elsewhere in Scotland.
3. If they deem that this treatment is not available in Scotland they then send the application to NSD to provide funding.

The application must come from a Scottish secondary care clinician who feels that there is a need for referral to NHS England and must be able to show that the referral is to access a proven, evidence-based, specialist intervention, that is not available elsewhere in NHS Scotland. Only specialised healthcare that cannot be provided safely in NHS Scotland due to its complexity or rarity is provided cross-border.

Your constituent may wish to ask for a second opinion to be arranged, if they wish to progress down the cross-border care pathway. If the Scottish secondary care

clinician feels that there is a need for referral to NHS England then they should make a formal request to the local Out of Area team to consider as outlined above.

In addition to that specific query, I recognise that there a range of issues that your constituent has enquired about which are the responsibility of NHS Lothian. I note that you have written to the Board directly in relation to Ms [REDACTED, section 38(1)(b)]'s case, which is best placed to provide information and to act upon the issues raised regarding her access to support.

Whilst Scottish Ministers are responsible for determining the strategic policy of the NHS in Scotland, neither Scottish Ministers or officials are able to intervene directly in matters relating to clinical decision making as this is the sole responsibility of Healthcare professionals.

If, following the Board's investigation, Ms [REDACTED, section 38(1)(b)] feels that NHS Lothian have not addressed her concerns satisfactorily, the next step in the NHS Complaints Procedure is to seek further independent consideration by the Scottish Public Services Ombudsman (SPSO). Further details on how to complain to the SPSO are available at [www.spsso.org.uk/how-complain](http://www.spsso.org.uk/how-complain).

If Ms [REDACTED, section 38(1)(b)] feels her condition is deteriorating in any way, I would urge her to contact her GP, who can provide a clinical update to her consultant. The GP can also provide management advice and support.

I would like to thank you for taking the time to raise your constituent's concerns with us and I hope that you both find the information in my reply helpful.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 16**

-----Original Message-----

From: [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@sky.com>

Sent: 20 November 2023 20:19

To: PatientAffairs.Corporate@lanarkshire.scot.nhs.uk; Cabinet Secretary for NHS Recovery, Health and

Social Care <CabSecNRHSC@gov.scot>; jenni.minto.msp@parliament.scot;

michael.matheson.msp@parliament.scot

Cc: Fulton McGregor <Fulton.MacGregor.msp@parliament.scot>; [REDACTED, section 38(1)(b)]

<[REDACTED, section 38(1)(b)]@icloud.com>

Subject: Complaint

Dear all,

On behalf of my son [REDACTED, section 38(1)(b)], please find attached a complaint I am making in relation to the substandard treatment of care my son has received for almost 4 years.

I have addressed this to both NHS Lanarkshire and to officials within the Scottish Government where my concerns should be well documented. However, if you require any copies of previous communications please do let me know.

I can be contacted via this email address or via my mobile on [REDACTED, section 38(1)(b)].

I look forward to your response but can I please ask that you do not respond with the same platitudes and standard copy and paste responses that I have received previously. [REDACTED, section 38(1)(b)] is a human being and an amazing one at that. He deserves to be treated with respect and compassion, and an honest acknowledgement of how he has been failed would be appreciated.

Yours sincerely,

[REDACTED, section 38(1)(b)]

## **DOCUMENT 17**

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@sky.com>

**Sent:** Thursday, December 7, 2023 9:54 PM

**To:** Fulton McGregor

<[Fulton.MacGregor.msp@parliament.scot](mailto:Fulton.MacGregor.msp@parliament.scot)>; [jenni.minto.msp@parliament.scot](mailto:jenni.minto.msp@parliament.scot);

Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Subject:** Fwd: FAO [REDACTED, section 38(1)(b)]- Letter from the Cabinet Secretary for Health and Social Care

Dear Fulton and Jenni,

I write to you following the question Fulton raised in parliament today regarding my son [REDACTED, section 38(1)(b)].

Fulton, thank you for yet again raising the plight of [REDACTED, section 38(1)(b)] during today's meeting of the parliament and for tirelessly advocating for us and other long covid sufferers. Sadly we are no further forward than we were back in March 2020.

Jenni, I wanted to follow up on your responses. Firstly, thank you for expressing your sympathy. It is indeed utterly heartbreaking watching your [REDACTED, section 38(1)(b)] and miss out on his entire senior phase of secondary school. However, your sympathy alone won't improve matters for [REDACTED, section 38(1)(b)]. I need this government and the NHS to take action to ensure that medical intervention for individuals with long Covid actually happens.

I thought it may be useful to comment to you directly on some of the content of your responses to Fulton today. Being candid, I find these responses frustrating as I have received this same copy and paste response from the government for quite some time.

To prove that point, please refer to the correspondence below which I have shared with the previous Cabinet Secretary. I am repeatedly told how wonderful it is to have a Covid rehab team available where I live. The sad fact is that this is no use to my son. He needs medical intervention before this could ever be considered a serious option for him. A fact supported by the clinical lead of said covid rehab team. They are not equipped to help [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)], like others with long covid, need urgent access to a multidisciplinary team of specialists. I cannot fathom why you would think that a complex illness like long covid can be treated by physios and psychologists and not medical by specialist medical intervention.

The continued reference pointing to GPs as primary care givers also frustrates me no end. Every single [REDACTED, section 38(1)(b)] to attempt to get [REDACTED,

section 38(1)(b)] to see [REDACTED, section 38(1)(b)] has been rejected. In almost 4 years there has been zero medical support for my son beyond the care of our GPs. Had I not pursued private healthcare, [REDACTED, section 38(1)(b)] would be left at home to rot. How can that be considered a reasonable care pathway? [REDACTED, section 38(1)(b)] has received absolutely zero specialist medical intervention despite being bed bound for over 2 years which I find utterly appalling and frankly negligent.

We have resorted to taking [REDACTED, section 38(1)(b)] to private [REDACTED, section 38(1)(b)] travelling as far as London to seek help.

Our most recent [REDACTED, section 38(1)(b)] was also rejected so again we are forced down a private route for answers. We have spent in excess of £10k seeking answers for [REDACTED, section 38(1)(b)]. My heart aches for the families and individuals who do not have the means to seek private care as it is the only option available in Scotland.

The government investment to date is not nearly enough to make a difference and again, I refer you to the email below (which I sent over a year ago) making these same points.

I have to ask, why am I still having to reiterate these same points almost 4 years into the start of this ill health journey? I have been advocating and raising these matters for years now. I have given my time and shared our experiences with many politicians and healthcare professionals but it has all fallen on deaf ears.

I genuinely believe we are in this position because no one with decision making powers in government is actively listening and no one is willing to support those who have been left isolated, alone and forgotten about.

I implore you to change this and to please listen to those with lived experience and act to resolve this.

The lack of agility in responding to long Covid, the lack of research, and the mediocre interventions that have been taken are not enough for those left with serious health problems. My son does not have a care pathway in place beyond that provided by private consultants that we pay to see. How can that possibly be deemed to be acceptable?

Finally, you mentioned that your team had been in correspondence with me earlier this week. That sounded as though I had been engaged in some form of meaningful dialogue. To clarify with you, all I received was a letter stating the government are unable to intervene in matters relating to clinical decision making.

It feels like no one is listening or willing to engage with me in meaningful dialogue to deliver much needed change.

Sadly, our experience and the insipid response I received from your team earlier this week is testament to the lack of accountability from anyone in government in committing to making a difference to long covid sufferers. It is inexcusable that almost four years on there has been no progress.

I remain open to continuing the dialogue should you wish to discuss this further.

Kind regards,

[REDACTED, section 38(1)(b)]

Sent from my iPhone

Begin forwarded message:

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@sky.com>

**Date:** 8 November 2022 at 21:54:45 GMT

**To:** [CabSecHSC@gov.scot](mailto:CabSecHSC@gov.scot)

**Subject: Re: FAO [REDACTED, section 38(1)(b)]- Letter from the Cabinet Secretary for Health and Social Care**

Dear [REDACTED, section 38(1)(b)],

Thank you for sharing the response to my son [REDACTED, section 38(1)(b)]'s letter. Can you please ensure that this email is shared with Humza?

Thank you for your response and I am glad you have acknowledged that there is more work to be done as at present my son is woefully unsupported and has been for over 2.5 years.

Thank you for also sharing the additional resources although we are already aware of these and sadly they cannot help [REDACTED, section 38(1)(b)] due to the severity of [REDACTED, section 38(1)(b)].

I need to be very candid with you and share that what my son and other long covid patients require is for the government to do more and to urgently establish care pathways and invest in training for medical professionals.

I implore you to listen to my son's lived experience and would like to respond to some of the points you have raised in your letter so that you fully understand the lack of support available and the utter frustration we are experiencing.

## **Funding**

You have stated that funding has been given to NHS Boards but this is clearly not enough. Our own experience is as follows:

- There has been zero funding in medical intervention for [REDACTED, section 38(1)(b)] to benefit from. In Lanarkshire we have recently seen the creation of the Covid rehab team. However, [REDACTED, section 38(1)(b)] needs medical intervention as he cannot rehab his way better from this illness which has [REDACTED, section 38(1)(b)]. Over the summer and because he is now [REDACTED, section 38(1)(b)]. As I said, this is rehab and not medical intervention and the rehab interventions actually [REDACTED, section 38(1)(b)]. Just over a week ago I met with the Service Lead of the rehab team to share our experiences and provide her with a deeper insight into living with Long Covid to help shape this service going forward. They are a great team of very caring individuals and they have been very responsive to my feedback but in reality that team are underfunded, have no permanent base to operate from and the funding they do have is for 2 years only.
- This disease is a complex condition which rehab alone cannot help; a little like breaking your leg and been informed that physio is available without ever having an xray and receiving the appropriate medical treatment. Please listen when I say that urgent medical intervention is required.
- I believe £3m funding was made available in May 2022. Am I able to request information on how much Lanarkshire health board has received? I also need to call out that £3m isn't nearly enough. We have over 250k people with Long Covid in Scotland with our numbers growing every day. My son is [REDACTED, section 38(1)(b)]. This is an ongoing and escalating situation and I implore the Scottish Government to do more.

## **Primary Care Team**

In your last paragpah you also mention you also mention our primary care team being best placed to support. To be candid, this is actually infuriating to read. We are fortunate to have a fantastic and empathetic GP team supporting us but the sad fact remains that they once they have run all the tests at their disposal, they cannot provide further support as there is nowhere for them to send Long Covid patients to. They informed

us that [REDACTED, section 38(1)(b)] needed clinical assessment but had no one to direct us to as there was no obvious specialist to direct him to. We have had to pursue private medical treatment including seeing [REDACTED, section 38(1)(b)] (all at different hospitals as it's difficult to secure private consultants for those [REDACTED, section 38(1)(b)]).

Only recently a private long covid clinic has been established in Scotland. We were fortunate to secure an appointment and for the first time someone reviewed all of [REDACTED, section 38(1)(b)]'s symptoms and test results and made a diagnosis of an illness associated with long covid. It is only part of the jigsaw but provides us with hope and whilst it can't be cured there is treatment for the symptoms. By accessing this clinic we met a professional in Scotland who has educated themselves on this disease and is trying to make a difference however, we cannot access them through the NHS.

I cannot help but question why we have had to go to these measures to access medical care for a young person and my heart breaks for those who cannot afford private healthcare. We need access to multidisciplinary teams of knowledgeable healthcare professionals to be established urgently.

I truly hope these words make an impression and that the government take forward initiatives that actually make a difference for long covid sufferers.

Should you have any questions please do not hesitate to contact me.

Kindest regards,

[REDACTED, section 38(1)(b)]

Sent from my iPhone

On 8 Nov 2022, at 09:46, [CabSecHSC@gov.scot](mailto:CabSecHSC@gov.scot) wrote:

Dear [REDACTED, section 38(1)(b)],

Please find attached correspondence from the Cabinet Secretary for Health and Social Care.

Kind regards,

[REDACTED, section 38(1)(b)] (she/her)

Assistant Private Secretary

Cabinet Secretary for Health and Social Care

Scottish Government | St Andrew's House | Regent Road

| Edinburgh | EH1 3DG

Email: [CabSecHSC@gov.scot](mailto:CabSecHSC@gov.scot)

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

\*\*\*\*\*

\*\*\*\*\*

This e-mail (and any files or other attachments transmitted with it) is intended solely for the attention of the addressee(s). Unauthorised use, disclosure, storage, copying or distribution of any part of this e-mail is not permitted. If you are not the intended recipient please destroy the email, remove any copies from your system and inform the sender immediately by return.

Communications with the Scottish Government may be monitored or recorded in order to secure the effective operation of the system and for other lawful purposes.

The views or opinions contained within this e-mail may not necessarily reflect those of the Scottish Government.

\*\*\*\*\*

\*\*\*\*\*

## **DOCUMENT 18**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

[REDACTED, section 38(1)(b)]  
[REDACTED, section 38(1)(b)]@sky.com

Our Reference: 202300388625  
Your Reference: 202200308648

18 December 2023

Dear [REDACTED, section 38(1)(b)],

Thank you for your email of 7 December 2023 in relation to answers I provided to your MSP, Fulton MacGregor in the Scottish Parliament during General Questions on the same date.

I am sorry to hear that you were dissatisfied with the responses I gave to Mr MacGregor's questions regarding support for people who are living with long COVID, like [REDACTED, section 38(1)(b)]. While I appreciate it will be of limited comfort to you, as I noted in the chamber I am very sorry to hear of the impact of [REDACTED, section 38(1)(b)], and can only imagine how difficult recent years must have been for him and your whole family.

Within your email, you have highlighted that [REDACTED, section 38(1)(b)] requires specialist medical intervention, and informed me that referrals made by [REDACTED, section 38(1)(b)]'s GP have been rejected. I appreciate that this experience will have been a very frustrating one for you and your family.

While I hope you will understand that it would not be appropriate for me to comment on the individual clinical decisions that were made in these instances by the healthcare professionals involved, when patients have an experience that does not meet their expectations, I expect the relevant NHS Board to investigate any concerns raised and to take steps to make sure that lessons are learned. I am aware that you have raised this complaint directly with the patient affairs department at NHS Lanarkshire, who are best placed to investigate and respond to the issues raised.

I recognise that you have raised concerns regarding the level of Scottish Government funding provided to NHS Boards to support their response to long COVID. Please let me reassure you that we continue to engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund. In addition, as I indicated in my response to Mr MacGregor, support for people living with long COVID is being provided across a range of services across our NHS, and this is not limited to services which are directly supported by the Scottish Government's long COVID Support funding.

I am sorry to hear that you do not feel that you have been listened to by the Scottish Government, and of your disappointment that the issues you have outlined in your email are issues which you have raised in the past with other Ministers or officials. On each occasion you have written to the Scottish Government, we have endeavoured to provide an accurate response which addresses the points raised to the best of our ability.

I recognise that there is more to be done to improve care and support for people living with long COVID in Scotland, and we have established a National Strategic Network, managed by NHS National Services Scotland to assist us in this area.

Please let me assure you that I am committed to listening to people living with long COVID. As Minister for Public Health and Women's Health I have engaged directly with and met a range of organisations representing people living with long COVID, including a local long COVID Peer Support Group in Inverclyde, Long Covid Scotland, and the National Strategic Network's Lived Experience Group. I am also due to meet Long Covid Kids on Tuesday 9 January and am pleased to note from Helen Goss that you are planning to be in attendance at this meeting.

Thank you again for taking the time to contact me, and I hope the information contained in my reply is helpful to you.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

**DOCUMENT 19**

**From:** MacGregor F (Fulton), MSP <[Fulton.MacGregor.msp@parliament.scot](mailto:Fulton.MacGregor.msp@parliament.scot)>  
**Sent:** Wednesday, December 13, 2023 10:55 AM  
**To:** Minto J (Jenni), MSP <[Jenni.Minto.MSP@Parliament.scot](mailto:Jenni.Minto.MSP@Parliament.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Subject:** RE: RLT Intro Deck

Dear Jenni

I wonder if officials have had a chance to consider this. I think there is promising research around long covid for example.

I know that [REDACTED, section 38(1)(b)] would be happy to meet with officials to provide further info if required.

Thanks, Fulton

**From:** MacGregor F (Fulton), MSP  
**Sent:** 27 September 2023 18:05  
**To:** Minto J (Jenni), MSP <[Jenni.Minto.MSP@Parliament.scot](mailto:Jenni.Minto.MSP@Parliament.scot)>; Minister for Public Health and Women's Health <[ministerphwh@gov.scot](mailto:ministerphwh@gov.scot)>  
**Subject:** FW: RLT Intro Deck

Dear Minister

Many thanks again for meeting [REDACTED, section 38(1)(b)] from RLT last week. As agreed please find an information pack for you and your officials to consider.

There is information relating to long covid included.

I would be grateful to hear your thoughts on the potential of this therapy in Scotland.

Yours, Fulton

Fulton MacGregor MSP

\*\*\*\*\*

The Scottish Parliament: Making a positive difference to the lives of the people of Scotland

Pàrlamaid na h-Alba: A' toirt deagh bhuaidh air beatha slugh na h-Alba

[www.parliament.scot](http://www.parliament.scot) : [facebook.com/scottishparliament](https://facebook.com/scottishparliament) : [twitter.com/scotparl](https://twitter.com/scotparl)

The information in this email may be confidential. If you think you have received this email in error please delete it and do not share its contents.

\*\*\*\*\*

## **DOCUMENT 20**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Fulton MacGregor MSP  
Fulton.MacGregor.msp@parliament.scot

Our Reference: 202300391103  
Your Reference: RLT Intro Deck

17 January 2024

Dear Fulton,

Thank you for your emails of 27 September 2023 and 13 December 2023 regarding the company HELIOS Red Light Therapy and for sharing the information pack about the application of this therapy for a range of conditions, including long COVID.

Within your emails, you had invited me to share my thoughts about the potential use of RLT in Scotland, and you had also indicated that there was promising research regarding its application for people living with long COVID.

I can advise that the identification, assessment and management of people with long-term effects of COVID-19 in Scotland is guided by the recommendations of an evidence-based UK-wide clinical guideline developed by the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of GPs (RCGP).

The developers of the guideline are actively monitoring the evolving evidence base on treatment interventions to inform updates to the recommendations they provide to healthcare professionals, where appropriate. I would therefore encourage HELIOS to approach NICE directly so that any relevant published evidence on RLT can be considered as part of this process and inform guidelines accordingly. Further information on the clinical guideline for managing the long-term effects of COVID- 19 can be found on the NICE website.

In addition, it may be helpful to clarify that it is for individual Health Boards across Scotland to decide whether to procure and apply new interventions as part of their treatment options available to their patients. In making such decisions, Health

Boards receive support from Healthcare Improvement Scotland's Scottish Health Technologies Group (SHTG). The SHTG is a national agency which, as part of Healthcare Improvement Scotland (HIS) carries out Health Technology Assessments (HTAs).

HTAs provide advice and recommendations supporting NHS Boards when making informed decisions on adopting new technologies. HTAs produced by SHTG include not only robust clinical evaluation of a health technology, which is essential to demonstrate how to improve patient and clinical outcomes, but also includes an economic evaluation.

Anyone can contact SHTG and request advice from them on health technologies. Mr [REDACTED, section 38(1)(b)] can find more information on this process on the SHTG website.

You may also find it helpful to note that we have introduced a new portal – Scotland Innovates, which encourages prospective providers to put forward their new and/or innovative products and solutions which may support NHS Scotland's strategic aims.

Scotland Innovates aims to support such innovations to enable them to get to market through a five-step process – registration, innovation submission, triage, assessment and delivery. Viable and approved innovations will be guided to market through provision of appropriate support and funding.

I would like to thank you for sharing the pack provided by Mr [REDACTED, section 38(1)(b)] with us and I hope that you find the information in my reply helpful.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 21**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Douglas Ross MP  
[REDACTED, section 38(1)(b)]@parliament.uk

Our Reference: 202400391732  
Your Reference: DR/SN/7798

16 January 2024

Dear Douglas,

Thank you for your email of 20 December 2023 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson MSP regarding your constituent's experience of accessing healthcare support for her [REDACTED, section 38(1)(b)]. I am responding to you as responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

Firstly, I am very sorry to learn of the difficulties Ms [REDACTED, section 38(1)(b)] is continuing to experience as a result of [REDACTED, section 38(1)(b)]. Please let me reassure you both that the Scottish Government takes the issue of long COVID very seriously and recognises the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland.

Within your email you have asked for an update on what provision the Scottish Government has for helping people with long COVID, from diagnosis to treatment.

Care and support for people living with long COVID is being provided across the full range of services delivered by our NHS. This includes assessment and investigation in a setting close to home by local primary care teams, and referral to community-based rehabilitation services or secondary care settings for further investigation of specific complications where clinically appropriate.

We have established a £10 million long COVID Support Fund. We made an initial £3 million from the fund available over 2022-23, and a further £3 million is being made available over this financial year. This fund aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID,

develop these in to more clearly defined pathways and to provide a more co-ordinated experience for those accessing support.

Initiatives being supported by the funding include key elements of care that are also offered by long COVID assessment clinics elsewhere in the UK, including single point of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy.

Although we have learned a great deal about COVID-19 since the beginning of the pandemic, there is still much we need to more fully understand in relation to its long-term effects. Crucially, on what the underlying cause of these persistent symptoms may be, to support the development of more precise tests for the diagnosis of long COVID and to identify safe and effective treatments for those affected.

The Scottish Government's Chief Scientist Office (CSO) is funding 10 Scottish-led research projects on the longer-term effects of COVID-19 with a total funding commitment of £2.8 million. These studies aim to improve the understanding of the long term effects of COVID-19 on physical and mental health and wellbeing in Scotland, and inform clinical interventions to support recovery and rehabilitation.

We also recognise the importance of people living with long COVID symptoms having access to quality information on steps they can take to manage their symptoms and when to seek additional advice from a healthcare professional. That is why we have worked with NHS Inform to develop a dedicated microsite which provides people with information and support if they have ongoing symptoms after COVID-19. Should your constituent be interested in this resource, they can access it here: <https://www.nhsinform.scot/long-covid/>.

In relation to Patient Transport, the Scottish Ambulance Service Patient Transport Service (PTS) supports those patients who have a medical or mobility need for transport to be able to access scheduled hospital appointments. When patients contact SAS to request support from PTS, Scheduled Care Coordinators will ask a number of questions. This is part of a Patients Needs Assessment (PNA) to determine whether the patient has a clinical need for assistance from skilled staff.

As well as determining any clinical need the patient may have, the PNA also looks at how a patient would normally get around in their day to day life. If the Service feels a patient does not have a clinical need for PTS they will be signposted to information regarding alternative transport providers or Traveline Scotland.

Financial support for travel to hospital appointments is available for patients and authorised escorts through the patient travel expenses reimbursement schemes, subject to eligibility criteria and medical requirements. The Scottish Government provides the overarching guidance and Health Boards are responsible for developing and applying local policy. This includes assessment of eligibility for support, over

which Boards have discretion to reimburse eligible expenses where it is viewed to be an extension of treatment costs and deemed to be clinically necessary.

Where travel is necessary, Boards are expected to support patients to identify and access support available. It is important that individual circumstances are discussed between patients and clinicians ahead of treatment being arranged to ensure that arrangements adequately consider such matters and that the necessary treatment can be provided in a patient-centred way.

Whilst Scottish Ministers are responsible for determining the strategic policy of the NHS in Scotland, neither Scottish Ministers or officials are able to intervene in matters relating to clinical decision making, or local patient transport policies, as these are the sole responsibility of the Health Board. When a patient has an experience that does not meet their expectations, this should be raised with the relevant health board. In this case, Ms [REDACTED, section 38(1)(b)] may choose to contact NHS Grampian's Feedback Service, and more information about this process can be found here: <https://www.nhsinform.scot/care-support-andrights/health-rights/feedback-and-complaints/making-a-complaint-about-your-nhs-care-or-treatment/>

If following the Board's investigation, Ms [REDACTED, section 38(1)(b)] feels that NHS Grampian have not addressed her concerns satisfactorily, the next step in the NHS Complaints Procedure is to seek further independent consideration by the Scottish Public Services Ombudsman (SPSO). Further details on how to complain to the SPSO are available at <https://www.spsso.org.uk/making-complaint>.

I would like to thank you for taking the time to raise your constituent's concerns with us and I hope that you and Ms [REDACTED, section 38(1)(b)] find the information in my reply helpful.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

**DOCUMENT 22**

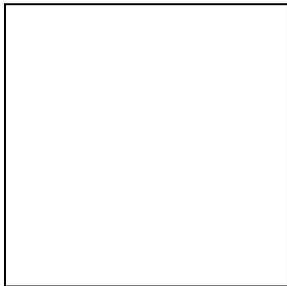
**From:** Helen Goss <[REDACTED, section 38(1)(b)]@longcovidkids.org>  
**Sent:** Monday, December 18, 2023 9:50 PM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>  
**Subject:** Letter from Long Covid Kids

Dear Ms Minto,

Please find attached a letter from Long Covid Kids and we look forward to hearing from you at your earliest convenience.

Wishing you, your family and your team a healthy and happy festive period.

Warm wishes,  
Helen



**Helen Goss**  
COO & Scotland Lead

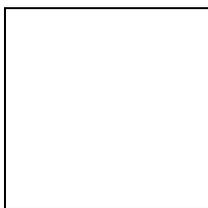
- [REDACTED, section 38(1)(b)]@longcovidkids.org
- Long Covid Kids & Friends Charity
- Registered in England & Wales (1196170) and Scotland (SC052424)
- [longcovidkids.org](http://longcovidkids.org)



Please note as a person living with Long Covid, I may not always be able to respond promptly as I work flexibly around my condition.

Please contact [info@longcovidkids.org](mailto:info@longcovidkids.org) for general enquiries.

The information contained in this electronic mail may contain confidential or legally privileged information. It is for the intended recipient(s) only. Should you receive this message in error, please notify the sender by replying to this mail. If you are not the intended recipient, any disclosure, distribution, reproduction, printing or reliance on the contents of this information is strictly prohibited. Whilst all care has been taken, Long Covid Kids will not be responsible for viruses introduced by this mail or attachments.



## **DOCUMENT 23**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Helen Goss  
[REDACTED, section 38(1)(b)]@longcovidkids.org

Our Reference: 202300390530  
Your Reference: Long Covid Kids

29 January 2024

Dear Ms Goss,

Thank you for your letter of 18th December 2023 regarding my letter of 14th December 2023 to Jackie Baillie MSP in relation to her question regarding the development of dedicated paediatric long COVID services.

Firstly, I regret that we were unable to meet on 9th January and understand that my Private Office team has been in touch following your request and has rescheduled to an alternative date. I appreciate the very challenging circumstances that you and your Long Covid Kids colleagues are facing in supporting loved ones living with the condition.

Thank you for taking the time to contact me to provide your views on the contents of my letter to Ms Baillie. Please find below a response to the questions which you have outlined within your letter.

**Is the Scottish Government aware that at present there are no paediatric Long Covid services currently in operation?**

Rather than deliver condition-specific services, NHS Boards are providing support to children and young people with long COVID through existing services based on their individual signs and symptoms, as outlined below.

Assessment and initial investigation is being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options for these in the first instance. Primary care clinicians can refer to occupational therapy and physiotherapy for further support where

appropriate. In cases where referral to secondary care is required, children and young people may be referred for investigation and management.

Has the Scottish Government had sight of the proposed clinical pathway for paediatric Long Covid?

The draft pathway has been developed by the children and young people workstream of the NSS long COVID Strategic Network chaired by the Scottish Government's Senior Medical Advisor for Paediatrics, Dr [REDACTED, section 38(1)(b)] following discussion at the group's meetings on 17 April, 16 August and 22 November 2023. Feedback on the draft pathway has been sought from members of the children and young people workstream before it progresses to other governance groups within the Strategic Network for further consideration and completion.

Does the Scottish Government agree that the updated clinical pathway does not appear to include dedicated paediatric Long Covid services at all?

The draft clinical pathway is focussed on initially excluding serious conditions other than long COVID in children and young people who present with concerning symptoms. Once this has been done the focus of the pathway is on ensuring appropriate investigations take place either in primary care or secondary care and, where appropriate, signposting to relevant resources and/or onward referral to appropriate services.

I respectfully request evidence demonstrating the actions taken by the government to support its assertion of prioritising Long Covid as a serious health concern.

The Scottish Government has established a £10 million Fund to support NHS Boards in responding to the needs of people with long COVID. We have outlined our intention to protect our level of current spending on long COVID, despite the extremely challenging financial situation, with the 2024-25 budget published on 19 December 2023 outlining our plans to make £3 million from our long COVID Support Fund available over 2024-25.

We have also established a National Strategic Network to support our response to long COVID, applying a model used successfully for other more longstanding areas of healthcare - such as the Scottish Trauma Network, the Scottish Perinatal Network and the Scottish Veteran's Care Network.

In a similar context, can the Scottish Government provide evidence demonstrating any actions taken thus far to address the recommendations stemming from the COVID19 Recovery Committee's Long Covid inquiry report published on 28th April 2023.

The Scottish Government responded fully on 16 June 2023 to all recommendations made by the COVID-19 Recovery Committee's report on long COVID. This response is accessible on the Scottish Parliament website at Long COVID Scottish Government Response | Scottish Parliament Website.

In addition to these specific questions, I recognise that your letter offers a range of broader reflections and comments regarding the priorities of Long Covid Kids. I had hoped to discuss these with you during our planned meeting of 9th January, and welcome the opportunity to do so when we meet next month.

Thank you for taking the time to contact me to provide your feedback, and I hope the information in my response is helpful to you.

Regards,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 24**

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@sky.com>

**Sent:** Wednesday, December 20, 2023 12:02 PM

**To:** Fulton McGregor

<[Fulton.MacGregor.msp@parliament.scot](mailto:Fulton.MacGregor.msp@parliament.scot)>; [jenni.minto.msp@parliament.scot](mailto:jenni.minto.msp@parliament.scot);

Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Subject:** Re: FAO [REDACTED, section 38(1)(b)]- Letter from the Cabinet Secretary for Health and Social Care

Dear Jenni,

Thank you for your response but I fear the point I have been raising has been missed.

I thought it would be useful to clarify this ahead of our meeting in January.

The mantra from the Scottish Government is for primary care clinicians to make referrals. I know you cannot comment on why [REDACTED, section 38(1)(b)]'s referrals have been rejected but to clarify, [REDACTED, section 38(1)(b)] has received no treatment from the NHS because each referral has been rejected as the consultants state they do not have the expertise necessary or that we are not living in the right postcode as we are out of area for specialist support.

The point I repeatedly make is that there is a severe lack of specialist services available for long covid patients. [REDACTED, section 38(1)(b)] has the utter misfortune of having [REDACTED, section 38(1)(b)]. Both illnesses are not catered for in Scotland.

[REDACTED, section 38(1)(b)] is [REDACTED, section 38(1)(b)] yet receives no health care other than the private healthcare which we have sourced. In what world, does that seem fair or right?

If I can be candid, I fear [REDACTED, section 38(1)(b)] is being directly discriminated against as the barriers and obstacles to accessing health care are insurmountable due to his diagnosis. I also fear that the stigma that surrounds long covid permeates through medical and government decision making bodies. Please know that I don't say these words lightly. In almost four years we have seen no improvement and I can no longer reasonably explain to my son why this is the case.

I do appreciate that you are actively consulting and that there are strategic networks in place however, this is not moving quickly enough. I have taken the time to personally feed into many of these networks and nothing has changed.

Better research and improved education of medical professionals is required as is urgent access to multidisciplinary teams for patients.

The bottom line is that NHS Lanarkshire and indeed the entire Scottish NHS are not resourced to provide specialist care. I have indeed raised a complaint with NHS Lanarkshire but they have failed to respond in a timely manner. I await an update from them.

This is the reason I have escalated my concerns to the Scottish Government. The lack of investment (what has been invested to date is making no impact) and the zero provision of medical intervention, both locally and nationally, requires urgent action to be rectified.

It is my personal belief that this requires action from the highest level in government as, to date, patients like [REDACTED, section 38(1)(b)] have been failed. The mediocre efforts taken to date are simply not enough.

You say that support is being provided but this is simply not true as demonstrated by our lived experience and outlined in my previous correspondence.

We see no evidence of any meaningful support during our ongoing battle to ensure a medical care pathway is established for [REDACTED, section 38(1)(b)].

I do look forward to meeting in January in the hope that we can work together to ensure urgent action is taken.

In the interim, I hope you have a lovely Christmas.

Kind regards,

[REDACTED, section 38(1)(b)]

Sent from my iPhone

## **DOCUMENT 25**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

[REDACTED, section 38(1)(b)]  
[REDACTED, section 38(1)(b)]@sky.com

Our Reference: 202300391166  
Your Reference: Letter from the Cabinet Secretary for Health and Social Care

29 January 2024

Dear Ms [REDACTED, section 38(1)(b)],

Thank you for your email of 20th December 2023 providing additional information to supplement your previous correspondence of 7th December 2023. I appreciate the time you had taken to outline this to me in advance of our meeting scheduled for Tuesday 9th January.

I regret that we were unable to meet on this occasion, and understand that my Private Office team has been in touch with your colleagues at Long Covid Kids in response to their request to reschedule the meeting to a later date. I appreciate the very difficult circumstances that you and fellow representatives of Long Covid Kids are facing in supporting family members living with the condition, and look forward to meeting at a more suitable time for you and your colleagues.

Thank you for taking the time to contact me to provide your feedback, and I look forward to meeting with you and members of Long Covid Kids in due course.

Yours sincerely,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG [www.gov.scot](http://www.gov.scot)

## **DOCUMENT 26**

--Original Message-----

From: [REDACTED, section 38(1)(b)] <fyronmnn7v6f\_x5sp6hqvkp4kfw6yusw@writetothem.com>

Sent: 01 February 2024 00:22

To: Minto J (Jenni), MSP <Jenni.Minto.MSP@Parliament.scot>

Subject: Letter from your constituent [REDACTED, section 38(1)(b)]

CAUTION: This e-mail originated from outside of The Scottish Parliament. Do not click links or open attachments unless you recognise the sender and know the content is safe.

[REDACTED, section 38(1)(b)]

Phone: [REDACTED, section 38(1)(b)]

Email: [REDACTED, section 38(1)(b)]@hotmail.com

Thursday 1 February 2024

Dear Ms. Minto,

I have this evening seen the Scottish government's post on the social media platform 'X' regarding Long Covid. I am aghast at the approach this has taken to a very serious condition, which is receiving very little funding to deal with it.

As [REDACTED, section 38(1)(b)], I know that you enjoy reading, so please take some time to read the following links outlining the serious implications Covid can have on people's health and what Long Covid is:

What Is Long COVID?

<https://whn.global/what-is-long-covid/>

COVID isn't just infecting you—it could be reactivating viruses that have been dormant in your body for years <https://fortune.com/well/2022/12/26/is-long-covid-chronic-fatigue-syndrome-myalgic-encephalomyelitis/>

Risks of digestive diseases in long COVID: evidence from a population-based cohort study <https://pubmed.ncbi.nlm.nih.gov/38195495/>

Heart-disease risk soars after COVID — even with a mild case

<https://www.nature.com/articles/d41586-022-00403-0>

<https://www.nature.com/articles/s41590-023-01724-6>

Long COVID manifests with T cell dysregulation, inflammation and an uncoordinated adaptive immune response to SARS-CoV-2

COVID-19 and Immune Dysregulation, a Summary and Resource

<https://whn.global/covid-19-and-immune-dysregulation-a-summary-and-resource/>

In addition, Covid's main transmission mode is airborne, so improving air quality in our indoor spaces will vastly reduce the numbers affected by Long Covid.

Aerosols from speaking can linger in the air for up to nine hours

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8349476/>

The effects of each Covid infection are cumulative, so we need a clean air approach to reduce the risk to people's health.

I hope you find these journal papers informative, and I hope it leads you as the Scottish Government minister for public health and women's health to take a better approach to this condition. I look forward to hearing from you and send my best wishes. If you would like to discuss this further, I am happy to speak to you and have some excellent contacts in the Long Covid and clean air community.

Yours sincerely,

[REDACTED, section 38(1)(b)]

6268db17f5ac6e0c33c8/e0bbb099bbcf8860bed5

(Signed with an electronic signature in accordance with section 7(3) of the Electronic Communications Act 2000.)

[ This message was sent by WriteToThem.com. If you have had any problems receiving this message, please email [support@writetothem.com](mailto:support@writetothem.com) and we'll get back to you. See <http://www.writetothem.com/> for more details about the service. We have sent this email to [Jenni.Minto.msp@parliament.scot](mailto:Jenni.Minto.msp@parliament.scot); if this address is out of date please email us so that we can update our records. ]

\*\*\*\*\*

The Scottish Parliament: Making a positive difference to the lives of the people of Scotland Pàrlamaid na h-Alba: A' toirt deagh bhuaidh air beatha sluagh na h-Alba

<http://www.parliament.scot/><<http://www.parliament.scot/>> :

[facebook.com/scottishparliament](https://www.facebook.com/scottishparliament)<[http://facebook.com/scottishparliament](https://www.facebook.com/scottishparliament)> :

[twitter.com/scotparl](https://twitter.com/scotparl)<[http://twitter.com/ScotParl](https://twitter.com/ScotParl)>

The information in this email may be confidential. If you think you have received this email in error please delete it and do not share its contents.

**DOCUMENT 27**

**From:** Helen Goss <[\[REDACTED, section 38\(1\)\(b\)\]@longcovidkids.org](mailto:[REDACTED, section 38(1)(b)]@longcovidkids.org)>  
**Sent:** Friday, February 2, 2024 7:12 PM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Long Covid Scotland <[longcovidscot@gmail.com](mailto:longcovidscot@gmail.com)>  
**Subject:** Statement from UK Long Covid Organisations

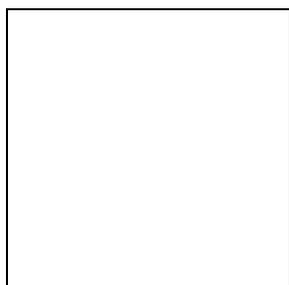
Dear Ms Minto,

Please see attached a statement from the UK Long Covid organisations in response to the recently updated [NHS inform video guidance](#).

We look forward to receiving a response at your earliest convenience.

Kind regards,

Helen



**Helen Goss**

COO & Scotland Lead

[\[REDACTED, section 38\(1\)\(b\)\]@longcovidkids.org](mailto:[REDACTED, section 38(1)(b)]@longcovidkids.org)

Long Covid Kids & Friends Charity  
Registered in England & Wales (1196170) and Scotland  
(SC052424)

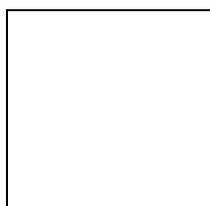
[longcovidkids.org](http://longcovidkids.org)



Please note as a person living with Long Covid, I may not always be able to respond promptly as I work flexibly around my condition.

Please contact [info@longcovidkids.org](mailto:info@longcovidkids.org) for general enquiries.

The information contained in this electronic mail may contain confidential or legally privileged information. It is for the intended recipient(s) only. Should you receive this message in error, please notify the sender by replying to this mail. If you are not the intended recipient, any disclosure, distribution, reproduction, printing or reliance on the contents of this information is strictly prohibited. Whilst all care has been taken, Long Covid Kids will not be responsible for viruses introduced by this mail or attachments.



## **DOCUMENT 28**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Helen Goss  
[REDACTED, section 38(1)(b)]@longcovidkids.org

Our Reference: 202400397349  
Your Reference: Statement from UK Long Covid Organisations

13 February 2024

Dear Ms Goss,

Thank you for your email of 2 February 2024 providing a copy of a statement published by long COVID organisations in relation to a post from the @ScotGovHealth X account on 31 January, relating to long COVID.

I understand that the signatories to the statement have written to express their dissatisfaction with the content of the post made by the @ScotGovHealth account, and the video content of the NHS inform page which it linked to. I am sorry to hear that you and the signatories did not find the post to be helpful.

The long COVID microsite on NHS inform aims to provide advice on symptoms people may experience, steps they can take which may help to manage them, and when to seek additional input from healthcare professionals. All clinical information on the microsite has been reviewed by a healthcare professional prior to publication to ensure accuracy.

In Spring 2023, user research was conducted with people living with long COVID to understand their experiences of accessing the long COVID information contained on NHS inform, and identify areas for further development of the content. Participants for the user research were recruited independently through a specialist agency, and the opportunity to participate was also shared directly with members of the long COVID National Strategic Network's lived experience group. This included charities representing people living with long COVID, such as Long Covid Scotland.

A finding from the user research was a request for video content from people with lived experience of long COVID talking about their experience and things they had found to be helpful.

Participants for the videos were recruited independently through a specialist agency, and the opportunity to participate in the case study videos was also shared directly with members of the long COVID National Strategic Network's lived experience group. This included charities representing people living with long COVID, such as Long Covid Scotland.

We take the issue of long COVID very seriously and recognise the significant impact it can have on the health and wellbeing of those most severely affected. We understand that people can have a diverse range of experiences, both in relation to the symptoms and severity.

Each video relates to one individual's perspective of their journey with long COVID, in their own words. After recording, each participant was invited to review the draft content of their video to ensure it was reflective of their experience, and they provided consent prior to publication. We are extremely grateful to all of those who chose to take part in this process and share their personal testimony.

Lastly, I hope you may find it helpful for me to confirm that the NHS inform long COVID microsite does highlight that there are many different signs and symptoms of long COVID, and that these can include cardiovascular and neurological symptoms. In addition, the website provides information on balancing activity and rest, pacing and Post-exertional malaise (PEM).

Thank you for taking the time to contact me to raise your concerns, and I hope the information in my response is helpful to you.

Yours sincerely,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 29**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@sky.com](mailto:[REDACTED, section 38(1)(b)]@sky.com)>

**Sent:** Wednesday, January 31, 2024 9:09 PM

**To:** Fulton McGregor <Fulton.MacGregor.msp@parliament.scot>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Subject:**

Dear Fulton and Jenni,

Please look at this tweet from the Scottish Government and the link to website (see link below).

This needs removed immediately.

Words actually fail me at how poor this content is and how damaging it is to those individuals struggling with long covid.

I have shown it to my son and he is devastated. It minimises the effect of those who are seriously ill with long covid and suggests that physio and Pilates will make you better. Neither example is representative of someone with severe long covid.

Frankly this is gaslighting and I am beyond disappointed that this is the stance that has been taken.

No one is actively listening to the long covid community and after 4 years of research and feedback from patients this is simply inexcusable.

I look forward to your response.

[REDACTED, section 38(1)(b)]



Public Health Minister @jenni\_minto has welcomed updates to the NHS Inform website long COVID guidance where Laura, Chris and others share their experiences and what has helped them live with long COVID.  <https://t.co/ARt4FKXllr>

 [Scot Gov Health \(@scotgovhealth\) on X](#)  
[x.com](#)

Sent from my iPhone

## **DOCUMENT 30**

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gmail.com>

**Sent:** Monday, January 29, 2024 1:13 PM

**To:** [Jenni.Minto.msp@parliament.scot](mailto:Jenni.Minto.msp@parliament.scot); [Michael.Matheson.msp@parliament.scot](mailto:Michael.Matheson.msp@parliament.scot);

Cabinet Secretary for NHS Recovery, Health and Social Care

<[cabsecnrhsc@gov.scot](mailto:cabsecnrhsc@gov.scot)>; Minister for Public Health & Women's Health

<[ministerphwh@gov.scot](mailto:ministerphwh@gov.scot)>

**Cc:** Mundell O (Oliver), MSP <[Oliver.Mundell.msp@parliament.scot](mailto:Oliver.Mundell.msp@parliament.scot)>

**Subject:** Long Covid Care In Scotland

Dear Mr. Matheson & Ms. Minto,

Please find attached a complaint I have today lodged with Dumfries and Galloway NHS in relation to healthcare for patients suffering from Long Covid. I have copied in my local MSP Oliver Mundell who is aware of the lack of LC care within the region.

As the government's representatives for healthcare I am sending you both a copy as my complaint highlights that the government's current strategy is enabling a healthcare postcode lottery and is not working for many patients like myself. To excuse the disparity between regions as an opportunity to learn which models lead to improved patient outcomes is inherently cruel for those of us who have suffered from this chronic illness for over 4 years and are receiving next to no care.

I eagerly await your response (but please do not send me a cut and paste standard quoting things like £10m over 3 years, Covid Aid, etc. when I have clearly illustrated that these policies are not working for so many of us who require urgent medical interventions).

Best regards,

[REDACTED, section 38(1)(b)]

**DOCUMENT 31**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@outlook.com](mailto:[REDACTED, section 38(1)(b)]@outlook.com)>  
**Sent:** 30 January 2024 16:35  
**To:** Minto J (Jenni), MSP <[Jenni.Minto.MSP@Parliament.scot](mailto:Jenni.Minto.MSP@Parliament.scot)>  
**Subject:** Long Covid

**CAUTION:** *This e-mail originated from outside of The Scottish Parliament. Do not click links or open attachments unless you recognise the sender and know the content is safe.*

HiJenni, I hope you don't mind me contacting you, my details for you, [REDACTED, section 38(1)(b)] dob [REDACTED, section 38(1)(b)]. I met you at a Long Covid Peer Support Group in Inverclyde which you kindly attended I think around August 23 and then I met you on a visit I had with a community group I attend at a local library at Parliament in September 23.

I am feeling lost/trapped at the moment and don't know where to turn. I was referred to [REDACTED, section 38(1)(b)] in September 23 and haven't heard anything yet. I try to be positive most of the time but I joined a [REDACTED, section 38(1)(b)] Peer Support Group in [REDACTED, section 38(1)(b)] around about oct/Nov 23. I have met people who have never been hospitalised with Covid and they are really struggling to get support with Long Covid symptoms.

I feel that I am totally supported by my Consultant and [REDACTED, section 38(1)(b)] team where all the people that haven't gone through a hospital stay are completely lost and desperate for help. Are you aware of anything or anywhere they can reach out to for support please?

Yours Sincerely, [REDACTED, section 38(1)(b)].

\*\*\*\*\*

The Scottish Parliament: Making a positive difference to the lives of the people of Scotland

Pàrlamaid na h-Alba: A' toirt deagh bhuaidh air beatha sluagh na h-Alba

[www.parliament.scot](http://www.parliament.scot) : [facebook.com/scottishparliament](https://facebook.com/scottishparliament) : [twitter.com/scotparl](https://twitter.com/scotparl)

The information in this email may be confidential. If you think you have received this email in error please delete it and do not share its contents.

\*\*\*\*\*

## **DOCUMENT 32**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@icloud.com](mailto:[REDACTED, section 38(1)(b)]@icloud.com)>

**Sent:** Saturday, February 3, 2024 9:28 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Subject:** Fwd: Long Covid NHS inform publication

Sent from my iPhone

Begin forwarded message:

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@icloud.com](mailto:[REDACTED, section 38(1)(b)]@icloud.com)>

**Date:** 3 February 2024 at 16:07:50 GMT

**To:** [Jenni.Minto.msp@parliament.scot](mailto:Jenni.Minto.msp@parliament.scot)

**Subject:** Long Covid NHS inform publication

Dear Jenni Minto MSP

I am writing to express my anger at the NHS videos created to inform the public of Long Covid.

None of the videos depict the reality of my life since [REDACTED, section 38(1)(b)] in September 2022.

I did work full time in Local Government, I was a healthy active person with two dogs and a husband, I was a busy Mum of two adult children and helped with the care of my two young Grandchildren.

Now, I am [REDACTED, section 38(1)(b)], my husband [REDACTED, section 38(1)(b)] and I can [REDACTED, section 38(1)(b)]. This impounded with long wait times to see Hospital Consultants over 15 months has negatively impacted on my recovery.

Where is the video that depicts my reality, why does the Scottish Government choose not to warn people of the dangers of Long Covid and that this illness is disabling.

I find the recent video campaign totally belittles legitimate Long Covid sufferers and I would implore you to remove them as they are damaging.

Having supported the SNP as I have always wished for an Independent Scotland, we now feel as a family we can no longer vote SNP.

Our voices are not being heard and the health of the general

population is being threatened by this Government non action.

Yours sincerely

[REDACTED, section 38(1)(b)]

Sent from my iPhone

## **DOCUMENT 33**

Jenni Minto MSP  
Minister for Public Health and Women  
Scottish Government  
St Andrew`s House  
Regent Road  
Edinburgh  
EH1 3DG

Our Ref: MA982 13 February 2024

Dear Jenni

A constituent, [REDACTED, section 38(1)(b)], contacted me to highlight their concerns regarding a lack of access to healthcare for long covid patients. Please find below the text of their email.

I would appreciate it if you could provide an update on any action the Scottish Government is taking to support urgent access to ensure appropriate services are available for long Covid patients without further delay.

i look forward to your reply in due course, which will assist me when responding to my constituent as fully as possible.

Kind regards  
Yours sincerely  
**Martin Whitfield MSP**  
**South Scotland**

Dear Martin

I am writing with regards to access to healthcare for long Covid patients. You might be aware there has been a recent update from the Scottish Government concerning the NHS Inform website pertaining to long COVID guidance. I have seen that Jenni Minto, Minister for Public Health & Women`s Health, has welcomed this guidance in a post on Twitter: <https://twitter.com/scotgovhealth/status/1752735974541455368>

Since then I have been in touch with my GP here [REDACTED, section 38(1)(b)], as she has been working hard to locate [REDACTED, section 38(1)(b)] resources for

me. I note that I am a [REDACTED, section 38(1)(b)] and have been [REDACTED, section 38(1)(b)], subsequent to an [REDACTED, section 38(1)(b)] in April 2020. My GP has exhausted all routes in seeking support and has confirmed a few days ago that the NHS has no active services dealing with [REDACTED, section 38(1)(b)] at present. You might find this as shocking as I did, given the confidence Jenni Minto expressed at the new guidance.

The website lists a number of services which cannot be accessed by members of the public: <https://www.nhsinform.scot/long-term-effects-of-covid-19-long-covid/about-long-covid/yourrecovery/> It reads: 'During your journey, you may see a range of professionals with various specialist skills. They'll help with different aspects of your recovery. You may be referred for more specialist advice or help with your rehabilitation and recovery. The team at your GP practice will work with you and arrange any referral to the right service in your local health board'. As mentioned, my GP has gone over all possible routes of referral and there is no rehabilitation, treatment or monitoring support for patients with long Covid.

Other sections of the website refer to how care will be planned, stating: 'Your healthcare professional may also talk with you about whether you need further appointments to check your progress and recovery'. Again, there are no resources currently available to assess or provide care, indeed to check 'progress and recovery' for long Covid patients anywhere in Scotland. The statement is especially painful to read given the ongoing neglect of patients' needs. The only recourse I have at present is to a peer support group run by Chest Heart & Stroke Scotland, which is a charity. This is outrageous.

The website is therefore inaccurate, and provides false hope. Rather, this reads more like an attempt to show that action is being taken while leaving patients to fend for themselves. This is a highly problematic position on behalf of the NHS, and the government needs to take a clear critical stance.

You might be aware that a number of charities that have done outstanding work in supporting and advocating for people who are suffering from this dreadful condition have issued a statement expressing disappointment at this guidance, which neglects to consider the full picture and severe impact of long Covid on our community. I am copying a link to the letter here:  
<https://twitter.com/LongCovidScot/status/1753493518394274114>

There are tens of thousands of individuals in Scotland (2 million in the UK, including children) who are still struggling with the major impact of Covid. As the pandemic has been conveniently forgotten by most -- including members of government I might add -- we are also expected to 'carry on'. Yet we are not provided with the bare minimum, essential health support we need precisely so that we might move on with our lives. It's nice to hear others' recovery stories, and it's nice that the NHS and the Scottish Government are sharing those stories. But what about the rest of us? I have a lot to offer to this community, yet in order to be able to do that I need to get better. For that,

I need medical support. Treatment options do exist, and interdisciplinary long Covid clinics have been especially successful at helping patients recover. I strongly recommend listening to this recent BBC report on the clinic run by UCL in London: <https://www.bbc.co.uk/sounds/play/m001vzy9> The report will help you understand, I'm sure, that with enough resources and medical support made available, long Covid sufferers can and will recover to a great extent, if not fully. Why are Scottish residents deprived of this?

You can also listen to (or read) this excellent interview with Dr. Claire Taylor, who is based in Scotland and has trained a number of GPs and NHS staff in diagnosing long Covid. As she well explains, treatment options are available, however patients need to be properly screened, and resources need to be put into long term monitoring and care. This is absolutely doable!  
<https://www.buzzsprout.com/1835170/13288851> I should note that Dr. Taylor has had to start a private clinic in order to provide care for patients. This is the only long Covid clinic active in Scotland, which is truly unacceptable.

Access to health care is a human right. That right needs to be safeguarded by the government. I ask you to please contact Jenni Minto, Minister for Public Health & Women's Health and Neil Gray MSP, recently appointed Cabinet Secretary for NHS Recovery, Health and Social Care, urging them to take this matter seriously and begin working on making services available for long Covid patients without further delay.

With best wishes,  
[REDACTED, section 38(1)(b)]

## **DOCUMENT 34**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP  
T : 0300 244 4000  
E : scottish.ministers@gov.scot

Joe FitzPatrick MSP  
joe.fitzpatrick.msp@parliament.sco

Our Reference: 202400400443  
Your Reference: JO3920

28 February 2024

Dear Joe,

Thank you for your email of 21st February 2024 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP with regard to the Scottish Government's strategy on long COVID. I am providing you with this response because responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

Within your email, you have asked for information on the Scottish Government's approach to responding to long COVID, following correspondence on this issue from a constituent.

Firstly, I would like to reassure you and your constituent that the Scottish Government takes the issue of long COVID very seriously, and recognises the significant impact it can have on those most severely affected.

We have established a £10 million long COVID Support Fund, which aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these into more clearly defined pathways and to provide a more co-ordinated experience for those accessing support. An initial £3 million was made available from the fund over 2022-23, and a further £3 million is being made available over this financial year. A total of £195,000 is being made available to your constituent's Health Board, NHS Tayside, from the long COVID Support Fund over 2023-24.

We have commissioned NHS National Services Scotland to establish a National Strategic Network for long COVID. This brings together representatives from NHS Boards across Scotland to provide a forum for the exchange of learning and best

practice from within and beyond Scotland in developing support and services for people with long COVID.

In addition, the Scottish Government has worked with clinicians in a range of disciplines to develop an 'Implementation Support Note' which gives healthcare professionals targeted information to support them with the assessment and management of their patients with long COVID. Healthcare professionals can access this information [on the SIGN website](#), and it is also available through a [mobile app](#).

We have also awarded a total of around £2.8 million for 10 research projects on the long-term effects of COVID-19. This includes projects to better understand the prevalence of, symptoms of, and factors associated with long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

While the Scottish Government provides core funding and is responsible for setting the strategic policy for the NHS in Scotland, responsibility for service delivery rests locally with Health Boards who configure services taking into account local circumstances and the reasonable needs of their patient populations. Therefore, should you or your constituent have queries relating to the availability of support and services to them locally, I would encourage you and your constituent to contact NHS Tayside directly, as they will be best placed to provide you with information.

Thank you for taking the time to contact me to raise this issue on behalf of your constituent, and I hope the information in my response is helpful to you both.

Yours sincerely,  
**Jenni Minto MSP**

## **DOCUMENT 35**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Oliver Mundell MSP  
oliver.mundell.msp@parliament.scot

Our Reference: 202400402818  
Your Reference: (Case Ref: OM350) - OM/AM

2 April 2024

Dear Oliver,

Thank you for your email of 4 March 2024 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP, regarding your constituent Mr [REDACTED, section 38(1)(b)] since the beginning of the pandemic. I am providing you with this response because responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

I am very sorry to learn of the difficulties Mr [REDACTED, section 38(1)(b)] has experienced as a result of [REDACTED, section 38(1)(b)]. Please let me reassure you, and your constituent, that I take the issue of long COVID very seriously and was grateful for the opportunity to spend time with members of Long Covid Scotland and others living with long COVID at the Parliamentary event on 13 March which Mr [REDACTED, section 38(1)(b)] has highlighted in his email to you. Later that day I also spoke in a Members Business Debate to join colleagues across the Chamber in raising awareness of International long COVID Day 2024.

I would also like make you aware that my officials wrote to Mr [REDACTED, section 38(1)(b)] directly on 13 February 2024 to respond to concerns he had raised in correspondence to the Scottish Government dated 29 January 2024. For completeness, I have included the contents of our response as an annex to this letter.

I would like to firstly begin by addressing your constituent's concerns around the support provided by his health board. The Scottish Government wants everyone to have the best possible experience when they need to access our health and care services. We have set out the wider policy within which NHS Scotland is expected to

deliver services and expect all NHS Boards to provide high quality care that is safe, effective, and person-centred. I am, therefore, most concerned to learn that your constituent has had to raise a complaint with NHS Dumfries and Galloway.

The Patient Rights (Scotland) Act 2011 and supporting legislation, provides a specific right for people to make complaints, raise concerns, make comments, and give feedback about NHS treatment and services. The Act also places a duty on NHS Boards to thoroughly investigate and respond to any concerns raised, to take improvement actions where appropriate and to share learning from the views they receive. When a person has concerns about their treatment or care, this should be addressed at a local level through the NHS complaints handling procedure (CHP). When that is not possible the Scottish Public Services Ombudsman (SPSO) is the second and final stage in the complaints process.

We expect NHS Boards to comply with their legal duty regarding complaints handling. However, the CHP does make provision for timescales of responses to complaints to be extended where appropriate, providing the person making the complaint is kept informed.

While it would not be appropriate for me to comment on or intervene in NHS Dumfries and Galloway's investigation of your constituent's complaint, I did ask my officials to contact the Board for an update. The Board confirmed that they received Mr [REDACTED, section 38(1)(b)]' complaint on 29 January 2024 and in their response, offered Mr [REDACTED, section 38(1)(b)] a meeting with the Deputy Medical Director to discuss his concerns. Mr [REDACTED, section 38(1)(b)] has since responded to advise he would like to take up that offer.

I hope that your constituent is satisfied with the Board's response once received. However, if Mr [REDACTED, section 38(1)(b)] is unhappy with the Board's decision, he can then ask the SPSO to consider the complaint. The SPSO has the powers to comment on the appropriateness of clinical care provided and the way in which the initial complaint to the Board has been handled. The SPSO is independent from the provider of healthcare and Ministers and investigates complaints about most organisations providing public services in Scotland. Their role is to give an independent and impartial decision on complaints, and it also has a statutory role in improving complaints handling by organisations. Further information and contact details are available on the SPSO website at; [www.spsso.org.uk](http://www.spsso.org.uk).

Additionally, I understand your constituent had raised concerns about Social Security Support. Social Security Scotland officials have advised me that they received Mr [REDACTED, section 38(1)(b)]' re-determination request on 15 November 2023, asking them to look again at their decision on his change of circumstances for Adult Disability Payment.

In line with our person-centred approach, Social Security Scotland have clear and transparent deadlines to make re-determinations. There is an upper limit of 56

calendar days to complete a re-determination for disability benefits. If they are unable to make a re-determination within this timeframe, the redetermination goes 'out of time' and a letter is sent to the client to inform them of their right to appeal without waiting for the re-determination to be made.

As Social Security Scotland did not complete Mr [REDACTED, section 38(1)(b)]' re-determination request within 56 days, they sent him a letter on 4 March 2024 with the next steps he can take. Mr [REDACTED, section 38(1)(b)] can either wait for the redetermination to be completed, or he can now submit an appeal to the Social Security Chamber First-tier Tribunal for Scotland. If Mr [REDACTED, section 38(1)(b)] would like to appeal, he is advised to contact Social Security Scotland by calling 0800 182 2222 or by visiting [Requesting a redetermination or an appeal - mygov.scot](https://www.requesting-a-redetermination-or-an-appeal-mygov.scot).

I would like to thank you for taking the time to raise your constituent's concerns with us, and I hope my reply is helpful to both you and Mr [REDACTED, section 38(1)(b)].

Annex A

Dear Mr [REDACTED, section 38(1)(b)],

Thank you for your email of 29 January 2024 to the former Cabinet Secretary for NHS Recovery, Health and Social Care – Michael Matheson MSP, and the Minister for Public Health and Women's Health – Jenni Minto MSP.

Scottish Government Ministers receive a large volume of correspondence and I hope you will understand that as much as they would like to, it is not always possible for them to reply personally to each enquiry. I am responding to you on behalf of the Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP and the Minister for Public Health and Woman's Health, Jenni Minto MSP as responsibility for the development of policy related to long COVID lies with my team.

I was very sorry to read of your dissatisfaction with your Health Board which has led to you lodging a complaint with NHS Dumfries and Galloway's Patient Services Team. While I hope you will understand that it would not be appropriate for me to comment on the individual clinical decisions that were made by the healthcare professionals involved, when patients have an experience that does not meet their expectations, the Scottish Government expects the relevant NHS Board to investigate any concerns raised and take steps to make sure that lessons are learned.

If following the Board's investigation you are unsatisfied with NHS Dumfries and Galloway's response, then the next step in the NHS Complaints Procedure is to seek further independent consideration by the Scottish Public Services Ombudsman

(SPSO). Further details on how to complain to SPSO are available at: [How to complain about a public service | SPSO](#).

I recognise that you are concerned by the Scottish Government's long COVID strategy and differences in services between Health Boards. While the Scottish Government provides core funding and is responsible for setting the strategic policy for the NHS in Scotland, responsibility for service delivery rests locally with Health Boards who configure services taking into account local circumstances and the reasonable needs of their patient populations.

We continue to engage with NHS Boards on a regular basis and have established a long COVID National Strategic Network, managed by NHS Services Scotland, to provide NHS Boards with a central national forum to share best practice and learning from delivering support to people living with long COVID.

Thank you for taking the time to contact the Scottish Government, and I hope the information contained in my reply is helpful to you.

Yours sincerely,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 36**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Beatrice Wishart MSP  
[REDACTED, section 38(1)(b)]@Parliament.scot

Our Reference: 202400402893  
Your Reference: BW4411

2 April 2024

Dear Beatrice,

Thank you for your email of 5 March 2024 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP regarding the Scottish Government's approach to supporting people living with long COVID. I am providing you with this response because responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

Firstly, I am very sorry to learn of your constituent's difficult experience since developing [REDACTED, section 38(1)(b)]. I can only imagine how challenging this has been for him, and his family members. I would like to reassure you and your constituent that the Scottish Government takes the issue of long COVID very seriously and recognises the significant impact it can have on those most severely affected.

Within your email, you have asked for information on the Scottish Government's approach to responding to long COVID.

We have established a £10 million long COVID Support Fund, which aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these into more clearly defined pathways and to provide a more co-ordinated experience for those accessing support. An initial £3 million was made available from the fund over 2022-23, and a further £3 million is being made available over this financial year. A total of £13,676 is being made available to your constituent's Health Board, NHS Shetland, from the long COVID Support Fund over 2023-24.

We have commissioned NHS National Services Scotland to establish a National Strategic Network for long COVID. This brings together representatives from NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID.

In addition, the Scottish Government has worked with clinicians in a range of disciplines to develop an 'Implementation Support Note' which gives healthcare professionals targeted information to support them with the assessment and management of their patients with long COVID. Healthcare professionals can access this information on the SIGN website, and it is also available through a mobile app.

The Scottish Government's Chief Scientist Office (CSO) has awarded a total of around £3.1 million for 11 projects on the long-term effects of COVID-19. This includes projects to better understand the underlying risk factors, prevalence, symptoms and impacts of long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

While the Scottish Government provides core funding and is responsible for setting the strategic policy for the NHS in Scotland, responsibility for service delivery rests locally with Health Boards who configure services taking into account local circumstances and the reasonable needs of their patient populations. Therefore, I am reassured to hear of your intention to also engage with NHS Shetland on this issue, as they will be best placed to provide you with information on the Board's local response, which I hope you will find helpful.

Thank you for taking the time to contact me to raise this issue on behalf of your constituent, and I hope the information in my response is helpful to you both.

Yours sincerely,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 37**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Keith Brown MSP  
keith.brown.msp@parliament.scot

Our Reference: 202400404897  
Your Reference: KB3000

9 April 2024

Dear Keith,

Thank you for your email of 15 March 2024 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP regarding the Scottish Government's approach to supporting people living with long COVID. I am providing you with this response because responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

Firstly, I am very sorry to learn of your constituent's difficult experience since developing [REDACTED, section 38(1)(b)]. I can only imagine how difficult this experience has been for her. I would like to reassure you and your constituent that the Scottish Government takes the issue of long COVID very seriously and recognises the significant impact it can have on those most severely affected.

Within your email, you have asked for information on the Scottish Government's approach to responding to long COVID.

We have established a £10 million long COVID Support Fund, which aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these into more clearly defined pathways and to provide a more co-ordinated experience for those accessing support. An initial £3 million was made available from the fund over 2022-23, and a further £3 million is being made available over this financial year. A total of £133,896 is being made available to your constituent's Health Board, NHS Forth Valley, from the long COVID Support Fund over 2023-24.

We have commissioned NHS National Services Scotland to establish a National Strategic Network for long COVID. This brings together representatives from NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID.

In addition, the Scottish Government has worked with clinicians in a range of disciplines to develop an 'Implementation Support Note' which gives healthcare professionals targeted information to support them with the assessment and management of their patients with long COVID. Healthcare professionals can access this information on the SIGN website, and it is also available through a mobile app.

The Scottish Government's Chief Scientist Office (CSO) has awarded a total of around £3.1 million for 11 projects on the long-term effects of COVID-19. This includes projects to better understand the underlying risk factors, prevalence, symptoms and impacts of long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

While the Scottish Government provides core funding and is responsible for setting the strategic policy for the NHS in Scotland, responsibility for service delivery rests locally with Health Boards who configure services taking into account local circumstances and the reasonable needs of their patient populations. You may be interested to note that NHS Forth Valley's website provides information on the Long COVID service which the Board is delivering, and this is accessible at <https://nhsforthvalley.com/new-long-covid-service-introduced-in-forth-valley/>. Should you wish further information regarding this service, I would encourage you to contact NHS Forth Valley directly as the Board would be best placed to provide this.

Thank you for taking the time to contact me to raise this issue on behalf of your constituent, and I hope the information in my response is helpful to you and your constituent.

Yours sincerely,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 38**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Joe FitzPatrick MSP  
joe.fitzpatrick.msp@parliament.scot

Our Reference: 202400406172  
Your Reference: JO3920

27 March 2024

Dear Joe,

Thank you for your email of 22 March 2024 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP regarding the Scottish Government's approach to supporting people living with long COVID. I am providing you with this response because responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

Within your email, you have asked for information on the Scottish Government's approach to responding to long COVID.

We have established a £10 million long COVID Support Fund, which aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these into more clearly defined pathways and to provide a more co-ordinated experience for those accessing support. An initial £3 million was made available from the fund over 2022-23, and a further £3 million is being made available over this financial year. A total of £194,620 is being made available to your constituent's Health Board, NHS Tayside, from the long COVID Support Fund over 2023-24.

We have commissioned NHS National Services Scotland to establish a National Strategic Network for long COVID. This brings together representatives from NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID.

In addition, the Scottish Government has worked with clinicians in a range of disciplines to develop an 'Implementation Support Note' which gives healthcare professionals targeted information to support them with the assessment and management of their patients with long COVID. Healthcare professionals can access this information on the SIGN website, and it is also available through a mobile app.

The Scottish Government's Chief Scientist Office (CSO) has awarded a total of around £3.1 million for 11 projects on the long-term effects of COVID-19. This includes projects to better understand the underlying risk factors, prevalence, symptoms and impacts of long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

While the Scottish Government provides core funding and is responsible for setting the strategic policy for the NHS in Scotland, responsibility for service delivery rests locally with Health Boards who configure services taking into account local circumstances and the reasonable needs of their patient populations. Should you wish further information regarding relevant local services, I would encourage you to contact NHS Tayside directly as the Board would be best placed to provide this.

Thank you for taking the time to contact me to raise this issue on behalf of your constituent, and I hope the information in my response is helpful to you both.

Yours sincerely,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 39**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Ben Macpherson MSP  
Ben.macpherson.msp@parliament.scot

Our Reference: 202400405558  
Your Reference: BM5229

3 April 2024

Dear Ben,

Thank you for your office's email of 19 March 2024 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP regarding the Scottish government's approach to supporting people living with long COVID. I am responding because long COVID policy lies within my portfolio as Minister for Public Health and Women's Health.

Firstly, I am very sorry to learn of your constituent's difficult experience since developing [REDACTED, section 38(1)(b)]. I can only imagine how challenging this experience has been for her. I would like to reassure you and Ms [REDACTED, section 38(1)(b)] that the Scottish Government takes the issue of long COVID very seriously and recognises the significant impact it can have on those most severely affected.

Within your email, you have asked for information on the Scottish Government's approach to responding to long COVID.

We have established a £10 million long COVID Support Fund, which aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these into more clearly defined pathways and to provide a more co-ordinated experience for those accessing support. A total of £6 million has been made available from the fund over 2022-23 and 2023-24, and a further £3 million is being made available over this financial year.

This funding has enabled NHS Lothian to develop a support pathway for people impacted by long COVID which is delivered in partnership with Chest, Heart and

Stroke Scotland (CHSS). The pathway provides a combination of digitally enabled support and 1:1 support from a CHSS health practitioner to help patients manage symptoms such as fatigue and breathlessness. Information on how GPs across Lothian can refer patients to this support pathway is on the NHS Lothian website.

We have also commissioned NHS National Services Scotland to establish a National Strategic Network for long COVID. This brings together representatives from NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID.

In addition, the Scottish Government has worked with clinicians in a range of disciplines to develop an 'Implementation Support Note' which gives healthcare professionals targeted information to support them with the assessment and management of their patients with long COVID. Healthcare professionals can access this information on the SIGN website, and it is also available through a mobile app.

The Scottish Government's Chief Scientist Office (CSO) has awarded a total of around £3.1 million for 11 projects on the long-term effects of COVID-19. This includes projects to better understand the underlying risk factors, prevalence, symptoms and impacts of long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

Ms [REDACTED, section 38(1)(b)] also asked for information on any plans to open a long COVID clinic in Edinburgh. It may be helpful if I explain that while the Scottish Government provides core funding and is responsible for setting the strategic policy for the NHS in Scotland, responsibility for service delivery rests locally with Health Boards who configure services taking into account local circumstances and the reasonable needs of their patient populations. Should you or Ms [REDACTED, section 38(1)(b)] wish further information regarding the development and delivery of local services, I would encourage you to contact NHS Lothian directly as they would be best placed to provide this.

Thank you for taking the time to contact me to raise this issue on behalf of your constituent, and I hope the information in my response is helpful to you and Ms [REDACTED, section 38(1)(b)].

Yours sincerely,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

## **DOCUMENT 40**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Daniel Johnson MSP  
daniel.johnson.msp@parliament.scot

Our Reference: 202400406679  
Your Reference: DJ17165

8 April 2024

Dear Daniel,

Thank you for your email of 26 March 2024 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP regarding the Scottish Government's approach to supporting people living with long COVID. I am responding because long COVID policy lies within my portfolio as Minister for Public Health and Women's Health.

Firstly, I would like to reassure you and your constituent that the Scottish Government takes the issue of long COVID very seriously and recognises the significant impact it can have on those most severely affected.

In your email, you asked about the research that is being undertaken in relation to long COVID.

The Scottish Government's Chief Scientist Office (CSO) has awarded a total of around £3.1 million for 11 research projects on the long-term effects of COVID-19. This includes projects to better understand the underlying risk factors, prevalence, symptoms and impacts of long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

These projects supplement a wider range of research studies which are taking place globally which aim to better understand long COVID, the underlying mechanisms of the disease and how best to support those affected.

The identification, assessment and management of people with long-term effects of COVID-19 in Scotland is guided by the recommendations of a UK-wide clinical guideline developed by the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of GPs (RCGP).

This has been developed using a 'living approach', which means that the organisations responsible for its development continue to actively monitor the global evidence base on potential treatment interventions for long COVID, to make sure that our approach to supporting people with long COVID is informed by high quality evidence, regardless of where the studies generating this evidence are taking place.

I understand that your constituent has also raised the issue of diagnostic tests and medications available for long COVID.

Currently, there is no single diagnostic test that health professionals can use to identify long COVID, and the clinical guideline recommends that clinicians tailor tests and investigations in line with people's presenting signs and symptoms.

In the first instance, health professionals will try to rule out any other underlying conditions and complications as part of a thorough clinical assessment.

In addition, the clinical guideline notes that "there is a lack of evidence for pharmacological interventions to treat [long COVID]" however, there are established treatments for managing the common symptoms often seen with [long COVID] which can be followed for symptomatic relief."

Further information regarding the guideline can be found on the NICE website. You may also be interested to note that NICE welcomes feedback on the guideline, and this can be provided by contacting [nice@nice.org.uk](mailto:nice@nice.org.uk) using the subject line 'COVID-19 feedback: NG188'.

The Scottish Health Survey (SHeS) provides annual estimates of self-reported long COVID within private households in Scotland. This national survey provides data on long COVID prevalence, symptoms and their impact on day-to-day activities, enabling annual monitoring in the Scottish population.

Your constituent may also be interested to know that we have established a £10 million long COVID Support Fund, which aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these into more clearly defined pathways and to provide a more co-ordinated experience for those accessing support. A total of £6 million has been made available from the fund over 2022-23 and 2023-24, and a further £3 million is being made available over this financial year.

Whilst the Scottish Government provides core funding and is responsible for setting the strategic policy for the NHS in Scotland, responsibility for service delivery rests locally with Health Boards who configure services taking into account local circumstances and the reasonable needs of their patient populations. Should your constituent wish further information regarding the services provided by NHS Lothian. I would encourage them to contact NHS Lothian directly as the Board would be best placed to provide this.

I would like to thank you for taking the time to raise these concerns with us, and hope that the information in my reply is helpful to you and your constituent.

Yours sincerely,  
Jenni Minto MSP

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)  
Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

**DOCUMENT 41**

-----Original Message-----

From: [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@me.com>

Sent: 13 March 2024 18:36

To: Minto J (Jenni), MSP <Jenni.Minto.MSP@Parliament.scot>

Subject: Long Covid support

CAUTION: This e-mail originated from outside of The Scottish Parliament. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Ms Minto

I watched the Long Covid report on Scotland Today tonight which included your interview.

I [REDACTED, section 38(1)(b)] in December 2020 and have suffered [REDACTED, section 38(1)(b)] ever since. I had to [REDACTED, section 38(1)(b)]. There is definitely not enough support and a great lack of understanding regarding LC.

I was lucky to be [REDACTED, section 38(1)(b)]. I attended weekly support meetings and

subsequently have been [REDACTED, section 38(1)(b)]. Their help and support has been invaluable, especially as there is so little support, as they are trained to specifically deal with LC patients. At my last visit with [REDACTED, section 38(1)(b)] she told me the team would no longer exist in a years time as it was being disbanded due to lack of funding. I consider myself to be very lucky to be helped by this group and can only imagine there are a great many other people who would benefit from this service but soon won't get the chance.

It's situations like this that cause dismay among LC sufferers and make us doubt our condition is taken seriously. The closure of the Lanarkshire Covid Rehab team is an absolute travesty and highlights in my opinion that more funds are needed.

I would appreciate your thoughts on this matter and look forward to your response.

Kind regards

[REDACTED, section 38(1)(b)]

Sent from my iPad

\*\*\*\*\*

The Scottish Parliament: Making a positive difference to the lives of the people of Scotland Pàrlamaid na h-Alba: A' toirt deagh bhuaidh air beatha sluagh na h-Alba

[www.parliament.scot](http://www.parliament.scot)<<http://www.parliament.scot>> :

[facebook.com/scottishparliament](http://facebook.com/scottishparliament)<<http://facebook.com/scottishparliament>> :

[twitter.com/scotparl](http://twitter.com/ScotParl)<<http://twitter.com/ScotParl>>

The information in this email may be confidential. If you think you have received this email in error please delete it and do not share its contents.

\*\*\*\*\*

## **DOCUMENT 42**

-----Original Message-----

From: [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gmail.com>

Sent: 15 March 2024 15:28

To: Somerville S (Shirley-Anne), MSP <Shirley-Anne.Somerville.msp@parliament.scot>

Cc: Minto J (Jenni), MSP <Jenni.Minto.MSP@Parliament.scot>; Cole-Hamilton A (Alex),

MSP <Alex.Cole-Hamilton.msp@parliament.scot>; Gulhane S (Sandesh), MSP <Sandesh.Gulhane.MSP@Parliament.scot>

Subject: Long Covid Awareness Day

CAUTION: This e-mail originated from outside of The Scottish Parliament. Do not click

links or open attachments unless you recognise the sender and know the content is safe.

Dear Shirley-Anne Somerville

I am writing to you regarding Long Covid services in Fife- or should I say, the total lack of Long Covid services in Fife.

I visited your office a couple of years ago, earlier in [REDACTED, section 38(1)(b)], which is [REDACTED, section 38(1)(b)]. At the time I discussed my concerns with you regarding lack of help and support for people like me, who [REDACTED, section 38(1)(b)] in the first wave of the pandemic. I also raised my concerns regarding the effect on working age people and how I could foresee how potentially disastrous this could be for the Scottish economy.

I now come back to you following my attendance at the Long Covid Scotland call to action day at the Scottish Parliament on Wed 13th March. During the drop in session attended by Jenni Minto, Sandesh Gulhane and Alex Cole Hamilton, it was said that all

Scottish health boards have been given funding for Long Covid services - however, as

LC sufferers including myself have repeatedly pointed out, this funding is NOT translating to actual services in the majority of health boards. And I would include Fife in that majority.

Imagine my disgust and distress therefore to find out, today, on International Long

Covid Awareness Day, that Fife Health Board have spent 0% of their allocated LC funding. Sadly, as reported on STV, they are not the only health board to do this.

As I have stated, I am [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)]. I [REDACTED, section 38(1)(b)]. I have [REDACTED, section 38(1)(b)], my life is an endless round of fighting for medical help and support in the midst (STILL) of disbelief and dismissal and waiting lists years long. There has NEVER been any type of Long Covid service in Fife and now finding out what I have in the media, I doubt there ever will be.

There are at least 187000 Scots with LC - although I would feel quite confident in saying that is a drastic undercount, given that nobody is recording this anymore. How many more does this have to be before proper action is taken? Both help and support for those who already [REDACTED, section 38(1)(b)]- but also, crucially, preventative measures for those who have not yet been so unfortunate.

Particularly with regards to the disgusting failure of infection prevention and control in hospitals and other medical settings where nosocomial Covid infection after going into hospital for completely unrelated conditions now appears to be the norm. Also, not to forget what I can only see as a bizarre failure of public health decision making with regards to allowing a Bio Safety hazard level 3 virus to run rampant in our schools, totally neglecting and discarding the duty of care towards and the human rights of Scottish children. Especially in light of the recent Bradford appg report from Westminster regarding equality in schools, in which it was clearly stated that improving ventilation was key to improving attendance and sickness levels. I myself [REDACTED, section 38(1)(b)]. As I already [REDACTED, section 38(1)(b)]- despite me doing everything I could at the time to keep myself and my family safe.

I would also draw your attention to the recently published study from Cambridge hospital where proper HEPA filtration was found to reduce levels of Covid virus circulating in the air in the wards almost completely. It's clear that the research is there - the evidence is there - and it's imperative that Scotgov act upon it.

However, I will return now to my initial concern. Why has no Long Covid service funding been used in Fife? Where has this allocated funding gone? Has it been diverted and used for something else?

As your constituent, I would like answers to these questions. I would also like to know after a long gruelling 4yrs, why are Long Covid services STILL a postcode lottery in Scotland? Where are these 'pathways' that Scotgov says have been put in place? My GP certainly is unaware of any.

Why do I read about Scotgov self congratulating themselves about how well they have supported Long Covid sufferers when the reality on the ground for us is quite different? Do MSP's understand just how insulting that is?

I would like Fife health board brought to account. I would like to know where the money is and do they have plans to do anything with it? And I would like to know why they do not appear to care one single bit about Long Covid sufferers in Fife.

I also ask, how much longer will Scotgov talk but not act on preventative measures? How many more people will end up with Long Covid, losing homes, jobs and livelihood, childhoods and independence?

Regards

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Sent from my iPhone

\*\*\*\*\*

The Scottish Parliament: Making a positive difference to the lives of the people of Scotland Pàrlamaid na h-Alba: A' toirt deagh bhuaidh air beatha sluagh na h-Alba

[www.parliament.scot](http://www.parliament.scot)<<http://www.parliament.scot>> :

[facebook.com/scottishparliament](http://facebook.com/scottishparliament)<<http://facebook.com/scottishparliament>> :

[twitter.com/scotparl](http://twitter.com/ScotParl)<<http://twitter.com/ScotParl>>

The information in this email may be confidential. If you think you have received this email in error please delete it and do not share its contents.

\*\*\*\*\*

## **DOCUMENT 43**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@hotmail.co.uk](mailto:[REDACTED, section 38(1)(b)]@hotmail.co.uk)>

**Sent:** Wednesday, April 3, 2024 11:36 AM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Subject:** Long Covid

Dear Madam,

I was very surprised and interested to see the Scottish news report on your recent visit to the long Covid clinic based at Crosshouse Hospital, Kilmarnock.

As I [REDACTED, section 38(1)(b)] and have been asking my local GP practice in Kilmarnock if there were any such clinics for me to be referred to/attend, and being told repeatedly that there were not, you may understand my interest. I have been asking about any such clinics since May 2023 and I live in [REDACTED, section 38(1)(b)] (my postcode is [REDACTED, section 38(1)(b)])

I [REDACTED, section 38(1)(b)]. I then b[REDACTED, section 38(1)(b)]. I was [REDACTED, section 38(1)(b)]. My employer [REDACTED, section 38(1)(b)] has been mildly supportive, and I was able to [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)]. However due to combination of the waiting time for consultation appointment and staff depletions within the department, I had to [REDACTED, section 38(1)(b)] and am now in the position of being dismissed from work due to my attendance.

I am emailing you as I simply wanted to say that in my experience whilst in paper, things may seem to be in place to truly support people with this debilitating condition, in reality it is not the case and I would appreciate any advice you may be able to provide me with.

Your faithfully

[REDACTED, section 38(1)(b)]

## **DOCUMENT 44**

Jenni Minto MSP  
Minister for Public Health and Women  
Scottish Government  
St Andrew`s House  
Regent Road  
Edinburgh  
EH1 3DG

Our Ref: MA982  
8 April 2024

Dear Jenni

[REDACTED, section 38(1)(b)]

Thank you for your recent response to my letter on behalf of the above constituent (copy attached for ease of reference) it is much appreciated.

Having forwarded your response to [REDACTED, section 38(1)(b)], my constituent appreciates that you have expressed concerns given the gravity of Long Covid. However, [REDACTED, section 38(1)(b)] informs me they not persuaded that the Scottish government are fully grasping the urgency of this matter. [REDACTED, section 38(1)(b)] is of the opinion 'it is not just about personal circumstances, access to treatment and quality of life: Long Covid remains a major health concern, especially since there are currently no mitigations in place to limit the spread of SARS-COV-2'.

Please find a response below to your letter [REDACTED, section 38(1)(b)]has asked me to forward to you for your consideration and reply in due course.

Thank you for your attention to this matter.

Kind regards

Yours sincerely  
**Martin Whitfield MSP**  
**South Scotland**

The impacts of this condition have been thoroughly documented by now, and given her role as Minister for Public Health and Women`s Health, I would expect MSP Minto to be well acquainted with this growing body of literature. Leaving aside health, the economic impact of Long Covid is certainly massive and hard to ignore as shown most recently in this Cambridge Econometrics report (published March 20, 2024):

[https://www.camecon.com/news/new-economic-analysis-reveals-long-covid-could-be-a-long-term-drag-on-economic-growth-and-add-pressure-to-already-ztrainednhs/?utm\\_source=Twitter&utm\\_medium=Twitter&utm\\_campaign=Balvi&utm\\_id=Balvi](https://www.camecon.com/news/new-economic-analysis-reveals-long-covid-could-be-a-long-term-drag-on-economic-growth-and-add-pressure-to-already-ztrainednhs/?utm_source=Twitter&utm_medium=Twitter&utm_campaign=Balvi&utm_id=Balvi)

To quote: 'Based on the assumption that there are no long-term healthcare funding commitments to manage Long Covid, the results estimate that Long Covid is likely to reduce GDP by around £1.5bn and 138,000 jobs each year. Were prevalence to increase to 4 million people per year by 2030, the negative impacts would increase to a reduction of around £2.7bn in GDP and 311,000 job losses each year.' There are currently 'no long-term healthcare funding commitments to manage Long Covid' in place in Scotland or in the UK.

MSP Minto mentions the sums that were allocated by the government towards providing medical support for Long Covid via the NHS during 2022-2023 and 2023-2024 where NHS Lothian was allocated £383,097 this past year. I'm sorry to say but, in practice, this piecemeal approach means that the £10 millions mentioned translate to meager sums at a local level. This approach can hardly be considered effective or strategic in tackling such a major challenge. Surely the government has some responsibility here beyond making budget decisions. We are all painfully aware of the challenges the NHS is facing at present. Even more reasons for the government to lead an initiative in tackling Long Covid head on by setting out a clear plan of action, setting priorities, investing in research, care and medical support, implementing mitigation measures such as improved ventilation in public institutions and mandating masks in health care settings. The WHO has recently published a useful report and tool which explains in very clear terms the types of mitigations necessary to limit transmission of SARS-COV-2: <https://partnersplatform.who.int/aria>. Other governments around the world are taking action, see for instance this briefing from Aotearoa NZ: <https://www.phcc.org.nz/briefing/long-covid-aotearoa-nz-risk-assessment-and-preventive-actionurgently-needed>. At the moment, Scottish citizens do not even have access to vaccines or antiviral medication. An entire generation of pre-school and school age children have not been vaccinated at all, making them highly vulnerable to Covid and Long Covid. Surely more can be done.

I find it concerning to read that the government has provided no oversight or framework with regards to how these sums should be spent, nor has it scrutinised whether this funding is indeed reaching Long Covid patients. Present estimates indicate that 187,000 people are suffering from this condition in Scotland, that is 3.5% of the population (and we know these are low numbers given that accurately diagnosing Long Covid remains a problem). For the present year, the spending per person amounts to a meager £12.88 per person which basically amounts to the cost of a few boxes of Paracetamol. How can this be considered adequate in dealing with a health crisis of such proportions?

It deserves further mention that with regards to the funding allocated in 2022-2023, NHS Greater Glasgow and Clyde used only about 2% of the £595,169 (the highest

amount given to any health board in Scotland), amounting to just £12,992 spent. NHS Grampian spent 13% of the £254,842 allocated, while NHS Lothian used £17% of its £372,215. It is truly shameful to allow such precious funding to be wasted or remain unused while so many people are suffering.

With regards to the NHS information website: <https://www.nhsinform.scot/long-term-effects-of-covid-19-long-covid/about-long-covid/your-recovery/> As I have explained previously, I must insist that MSP Minto and the government be made aware that the website does not provide an accurate list of services available to Long Covid patients and is therefore misleading. My GP has carefully looked into all potential routes for securing support for me, and has been unsuccessful. I am sharing this information as a patient, and I note that my experience is shared across many other constituencies. I am a member of several [REDACTED, section 38(1)(b)] and currently there are very few to no patients who are receiving the types of support listed. It is an important matter that the government should investigate. This was certainly the sentiment expressed, and vocally, by Long Covid patients who joined the meeting organised in front of the Scottish Parliament on March 13. I believe MSP Minto was present. And if further evidence is needed, I suggest consulting this report published by Chest, Heart and Stroke in early March: [https://www.chss.org.uk/news/thousands-of-scots-living-with-long-covid-left-unsupported-and-unable-to-work/?utm\\_source=X&utm\\_medium=X&utm\\_campaign=Long+Covid+Cornerstone+Report+&utm\\_id=Long+Covid+Cornerstone+Report](https://www.chss.org.uk/news/thousands-of-scots-living-with-long-covid-left-unsupported-and-unable-to-work/?utm_source=X&utm_medium=X&utm_campaign=Long+Covid+Cornerstone+Report+&utm_id=Long+Covid+Cornerstone+Report) It paints a very grim and concerning picture.

At present I am not receiving any type of medical attention, and am left with managing my condition on my own to the best of my abilities. Due to the high risks associated with reinfection and a lack of access to life saving antiviral medication I must continue to shield. I have [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)]. The only [REDACTED, section 38(1)(b)]. As you can imagine the fees are very high, as are the costs for monthly supplements.

As part of [REDACTED, section 38(1)(b)], I was also [REDACTED, section 38(1)(b)]. My GP has tried, without success, to find a [REDACTED, section 38(1)(b)]. I have managed to find [REDACTED, section 38(1)(b)], however the costs for an initial consultation are over £300. Additionally, [REDACTED, section 38(1)(b)]. I [REDACTED, section 38(1)(b)]. My request has been denied, and there are no further routes for me to seek support. My condition is insufficiently recognised, which means that medical professionals, NHS staff and even the assessors for these services are usually misinformed, even reluctant to provide support. At best [REDACTED, section 38(1)(b)]. These are all areas where the government can provide overview by consulting experts (those actually studying Covid and Long Covid, not the minimizers), by creating and implementing policies that are actually responding to the current crisis instead of seeking to hide or deflect it.

Please keep in mind that I am a highly educated [REDACTED, section 38(1)(b)], with a stable source of income, and I am barely managing. Can you even imagine the situation many other people must be in? It is imperative that the Scottish Government reconsiders Long Covid as a high priority issue, seeking to find immediate solutions to ameliorate this situation.

---

## **DOCUMENT 45**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : scottish.ministers@gov.scot

Martin Whitfield MSP  
[REDACTED, section 38(1)(b)]@parliament.scot

Our Reference: 202400408231  
Your Reference: Case Ref: MA982

17 April 2024

Dear Martin,

Thank you for your follow-up letter of 8 April 2024 in relation to my correspondence of 29 February 2024 regarding your constituent, [REDACTED, section 38(1)(b)], who is [REDACTED, section 38(1)(b)].

Within your letter, you have asked for my response to the range of issues which have been raised in [REDACTED, section 38(1)(b)] latest letter to you. Please find this information outlined below.

### Access to COVID-19 vaccination

The Scottish Government's decision-making throughout all COVID-19 vaccination programmes continues to be guided by the expert clinical advice of the Joint Committee on Vaccination and Immunisation (JCVI).

The JCVI is an independent expert advisory committee that advises United Kingdom government health departments in the four UK nations on immunisations and the prevention of infectious disease. The JCVI has the responsibility to provide high quality and considered advice and recommendations to the UK Health Ministers following thorough risk and benefit analysis.

On 7 February 2024 the Joint Committee on Vaccination and Immunisation (JCVI) published its advice on a 2024 Spring COVID-19 Vaccination Programme: COVID-19 spring 2024 and future vaccination programmes: JCVI advice, 4 December 2023 - GOV.UK ([www.gov.uk](http://www.gov.uk)).

For spring 2024, the JCVI advises that a COVID-19 vaccine should be offered to:

- All adults aged 75 years and over
- Residents in care homes for older adults
- Individuals aged 6 months and over who are immunosuppressed (as defined in tables 3 and 4 in the COVID-19 chapter of the Green Book)

Last year in June 2023, the JCVI ended the rolling offer of COVID-19 vaccination therefore anyone under the age of 65 who is not deemed at risk or immunosuppressed, are now not eligible for any COVID-19 vaccination as part of the national programme. The primary aim of the COVID-19 vaccination programme has always been the prevention of severe COVID-19 disease, hospitalisation and death in those most at risk and for spring 2024 this remains unchanged.

Further information regarding eligibility for the COVID-19 Spring 2024 Vaccination Programme can be found on [NHS inform](#).

### Access to antiviral medication

There are currently several COVID-19 treatments available for selected groups of people with COVID-19, which are designed to treat the symptoms of the disease. Eligibility criteria for COVID-19 treatments were developed by an independent expert working group commissioned by the UK Government's Department of Health and Social Care, based on the best available clinical evidence. The criteria are set out in an updated [independent advisory group report](#), published in March 2023. The policy targets those higher risk individuals who have the potential to both be least likely to generate a material immune response to vaccines and be at highest risk of disease progression, hospitalisation and death.

The Scottish Medicines Consortium, as part of a partnership with the National Institute for Health and Care Excellence, has recently published collaborative advice assessing the clinical and cost-effectiveness of COVID-19 treatments UK-wide. In line with a move to business-as-usual delivery of COVID-19 services, Health Boards will use their existing medicines governance frameworks to determine whether and how these COVID-19 medicines may be made available and the associated communication and delivery mechanisms, including access to testing, within their local area.

### 'Mitigations in place to limit the spread of SARS-COV-2'

Currently, there are no general COVID-19 restrictions in place, and we are now living with COVID-19 as one of several respiratory infections. The advice stays the same; we continue to ask everyone to take sensible precautions to stay well and protect others, including taking up the offer of vaccination when invited and to try to stay at home if you are not well.

Throughout the pandemic, public health advice on a range of complementary protective measures has been provided. When restrictions were in place (up to April 2022) advice was in place through guidance to support understanding and adherence

of restrictions. Since the lifting of restrictions, COVID-19 specific guidance is still in place for the public and wider guidance for individuals and non-clinical workplaces, promoting a risk-based approach to building resilience to respiratory infections, including COVID-19.

Scottish Government guidance is reviewed and updated regularly to ensure that information for the public and workplaces aligns to current policy. Any change in response will be driven by the data and evidence gathered, as well as expert advice.

### Long COVID funding

I recognise that [REDACTED, section 38(1)(b)] has raised concerns regarding the proportion of available long COVID support funding spent by NHS Greater Glasgow and Clyde, NHS Grampian and NHS Lothian within the financial year 2022 to 2023. Due to challenges and delays in recruiting members of staff, these NHS Boards were unable to spend in full the funding made available to them over 2022 to 2023. However, all of these Boards have increased their level of spending from the fund in the financial year 2023 to 2024.

Please let me reassure you that the Scottish Government remains committed to delivering the £10 million long COVID Support Fund in full. We engage with NHS Boards on a regular basis regarding their capacity needs and will continue to do so in order to inform the allocation of the fund. Going forward, we will we will consider baselining long COVID Support funding for NHS Boards at a recurring level to be determined based on progress made by Boards.

### Information on local services

Our national health information service, NHS inform aims to provide the people of Scotland with information to help them make informed decisions about their own health and the health of the people they care for.

The section of the NHS inform page referenced by [REDACTED, section 38(1)(b)] aims to provide examples of the types of healthcare professionals which may be involved in providing support to people living with long COVID, noting that that these may vary depending on the individual's specific symptoms and NHS Board area. The page is not intended to serve as a directory of local services, and as I outlined in my previous letter, this information would be most appropriately accessed via [REDACTED, section 38(1)(b)]' local Health Board, NHS Lothian. For example, information on how GPs across Lothian can refer patients to the Board's long COVID support pathway can be found on [the NHS Lothian website](#).

Thank you for taking the time to contact me to raise these issues on behalf of your constituent, and I hope the information in my response is helpful to you and [REDACTED, section 38(1)(b)].

Yours sincerely,

**Jenni Minto MSP**

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

Tha Ministearanna h-Alba, an luchd-comhairleachaidh sònraichte agus Rùnaire Maireannach fo chumhachan Achd Coiteachaidh (Alba) 2016. Faicibh [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH13DG [www.gov.scot](http://www.gov.scot)

## **DOCUMENT 46**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@yahoo.co.uk](mailto:[REDACTED, section 38(1)(b)]@yahoo.co.uk)>  
**Sent:** 19 March 2024 15:47  
**To:** Minto J (Jenni), MSP <[Jenni.Minto.MSP@Parliament.scot](mailto:Jenni.Minto.MSP@Parliament.scot)>  
**Subject:** RE: Long Covid Support

**CAUTION:** *This e-mail originated from outside of The Scottish Parliament. Do not click links or open attachments unless you recognise the sender and know the content is safe.*

Dear Jenni Minto,

I'm writing to you on the subject of Long Covid Support.

My name is [REDACTED, section 38(1)(b)] and I live in [REDACTED, section 38(1)(b)]. I'm currently in [REDACTED, section 38(1)(b)].

I [REDACTED, section 38(1)(b)]. I was [REDACTED, section 38(1)(b)], fit and enjoyed an active life, [REDACTED, section 38(1)(b)]. The following years have been a fight to gain support and information from the NHS - between being told my symptoms are in my head to being told that there simply isn't enough information, funding or support out there to help me.

Finally, I was [REDACTED, section 38(1)(b)] this year. Having lived with, survived with, battled with [REDACTED, section 38(1)(b)] for all this time, the prospect of this finally gave me hope, made me feel visible and bolstered my feelings towards a better level of recovery.

Today, I had to exit the session in tears on account of sheer frustration with the quality of information and guidance being supplied.

In my journey to discover more, determined there must be more information out there - I learned more from a 17 minute youtube video from a University Hospital in Austin, than I had in 4 hours 30 minutes of NHS power point slides. These slides are condescending and take form in secondary school style illustrations and during todays session, a suggestion was made in order to make yourself feel better, brush your hair and put some lipstick. This, delivered from a Healthcare Professional who themselves stated they're not a counsellor, but whom went on to tell 20+ people in the session how we should feel and how we should talk to ourselves.

During my own research to discover more about what I can continue to do to aid my own recovery today - imagine my horror to read that the funding allocated to Glasgow has not be utilised fully. Just 2% of the £595,169 funding allocated, amounting to a shocking £12,995 - less than a used car!

This would go some ways to explain the basic level of information, guidance and support I'm receiving and the live, laugh, love long covid style presentations I'm experiencing at present.

I am enraged at this discovery. I have worked all my life, and continue to work full time despite [REDACTED, section 38(1)(b)]. I have no option to reduce my hours, I don't want to lose my 20+ year career and I want to make the best recovery I can, even with the acceptance I probably will never fully get my old life back... and yet I'm met with a health authority who have deemed it fit to spend such a paltry amount. To me, it absolutely reflects the attitude and priority given to sufferers of this disability.

I read a transcript of the Chamber Meeting on March 13th - International Long Covid Day.

My question to you as Minister for Public Health - what are the consequences of the findings on the spending?

The source of my question comes from a deep rooted concern of what happens next for me and other people with Long Covid. Are we going through this clinic experience to generate metrics that can be used to say - we did conduct a program and people said they found it useful. Yet, in reality, nothing has changed for me so far, other than to return to feeling let down and left to deal with it myself.

£595,169 is a significant amount of funding, and could have been fully utilised bringing a higher level of care, information and enhance the service available. So, what is going to be done to ensure the level of care, information and support available to people such as myself increases and actually provides value? We are people who are continuing day after day to work, put a brave face on, and exist our lives away - when research and more tangible support could be available.

I write to you outlining my experiencing the 2% spent in Glasgow on meagre crumbs of superficial information being brushed from the NHS table - all whilst being made to feel guilty of asking - please Sir can I have some more? By the practitioners running it.

I write to you as one of many, and one who happened to have the energy and resilience to do so today - on behalf of the many who do not.

Best regards,

[REDACTED, section 38(1)(b)]

\*\*\*\*\*

The Scottish Parliament: Making a positive difference to the lives of the people of Scotland

Pàrlamaid na h-Alba: A' toirt deagh bhuaidh air beatha slugh na h-Alba

[www.parliament.scot](http://www.parliament.scot) : [facebook.com/scottishparliament](https://facebook.com/scottishparliament) : [twitter.com/scotparl](https://twitter.com/scotparl)

The information in this email may be confidential. If you think you have received this email in error please delete it and do not share its contents.

\*\*\*\*\*

## **DOCUMENT 47**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA

Minister for Public Health and Women's Health  
Jenni Minto MSP

T: 0300 244 4000  
E: scottish.ministers@gov.scot

Dave Doogan MP  
Dave.doogan.mp@parliament.uk

—

Our Reference: 202400408635  
Your Reference: DD11783

8 May 2024

Dear Dave,

Thank you for your letter of 9 April 2024 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP regarding the concerns raised by your constituent, [REDACTED, section 38(1)(b)], about the use of Chronic Pain Abilities Determinant (CPAD) assessments in people living with long COVID by healthcare insurance companies. I am responding to you because responsibility for long COVID policy rests with me as Minister for Public Health and Women's Health.

I am very sorry to learn of the impact [REDACTED, section 38(1)(b)] has had on your constituent. I can only imagine how difficult this must be for [REDACTED, section 38(1)(b)] and his wife. I would like to reassure you that the Scottish Government takes the issue of long COVID very seriously and recognises the significant impact it can have on those most severely affected.

I note the concerns that you have raised on behalf of [REDACTED, section 38(1)(b)] about the use of CPAD assessments in people living with long COVID by healthcare insurance companies. Within your letter, you have asked the Scottish Government for information on why such assessments are required by health insurance companies, research supporting the use of these assessments and legislation which may be pursued to address concerns regarding their use.

The regulation of financial services, including insurance, is currently reserved to the UK Government. Scottish Ministers are therefore unable to intervene in the

commercial decisions made by financial services companies or comment on individual complaints.

More broadly, the identification, assessment and management of people with long-term effects of COVID-19 in healthcare settings Scotland is guided by the recommendations of a UK-wide clinical guideline developed by the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of GPs (RCGP).

This has been developed using a 'living approach', which means that the organisations responsible for its development continue to actively monitor the global evidence base on long COVID, to make sure that the clinical recommendations are informed by the most up to date and high-quality evidence, regardless of where the studies generating this evidence are taking place.

Within your letter, you have also asked for information on actions taken by the Scottish Government following the COVID-19 Recovery Committee's report 'Long COVID'.

Since the publication of the report, a suite of educational resources have been published on NHS Education for Scotland's learning platform, Turas, to improve healthcare staff's knowledge and understanding of long COVID. We have also worked with NHS Inform, Scotland's national health information service, to update the range of long COVID information available on its site. That followed a user research exercise to allow us to better understand the experiences of those living with long COVID, as well as their suggestions on priorities for further development of the content.

In addition, over the financial year 2023 to 2024 we made available £3 million from our £10 million long COVID Support Fund, to support NHS boards to increase the capacity of services supporting those with the condition, develop these into more clearly defined local pathways, and provide a more co-ordinated experience for those accessing support. A further £3 million will be made available from the fund over the financial year 2024 to 2025.

I would like to thank you for taking the time to raise your concerns with us, and I hope that the information in my reply has been helpful to you and your constituents.

Yours sincerely,

**Jenni Minto MSP**

## **DOCUMENT 48**

**From:** [REDACTED, section 38(1)(b)]

**Sent:** 25 April 2023 17:19

**To:** 'firstminister@gov.scot'; Deputy First Minister and Cabinet Secretary for Finance; Cabinet Secretary for NHS Recovery, Health and Social Care; 'MinisterforPB@gov.scot'; 'ministerphwh@gov.scot'

**Cc:** [REDACTED, section 38(1)(b)]; Harden J (John); Nicol L (Lynne); Pollock LA (Linda); Leitch J (Jason); [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Communications NHS Recovery, Health and Social Care; Hutchison D (David) (Special Adviser); Gollan J (Jennie)

**Subject:** RE: Briefing on forthcoming COVID-19 Recovery Committee report - Inquiry on long COVID - Due for publication Weds 26 April 00:01

**Attachments:** Long COVID.pdf; Summary of long COVID report published by COVID-19 Recovery Committee.docx

**Importance:** High

PO First Minister, Deputy First Minister, Cabinet Secretary for NHS Recovery, Health and Social Care, Minister for Public Health and Women's Health and Minister for Parliamentary Business.

Please find attached an **updated copy** of the embargoed report due to be published by the COVID-19 Recovery Committee at 00:01 tonight and a corresponding word document summarising the recommendations.

Please note that Committee Clerks mistakenly shared an **incorrect draft** of the report yesterday, and have apologised sincerely for this error. I would be grateful if you could disregard any previous versions.

The updated version contains a change to their previous position statement regarding long COVID clinics, and now contains a recommendation regarding these (extracted below for ease).

*The Committee invites the Scottish Government, working with the National Strategic Network, to take a leadership role in reviewing the best practice of Long COVID clinics and evaluate whether they may be an appropriate development here.*

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]  
Senior Policy Manager

Clinical Priorities  
Planning and Quality Division



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

**From:** [REDACTED, section 38(1)(b)]

**Sent:** 24 April 2023 16:23

**To:** 'firstminister@gov.scot' <[firstminister@gov.scot](mailto:firstminister@gov.scot)>; Deputy First Minister and Cabinet Secretary for Finance <[DFMCSF@gov.scot](mailto:DFMCSF@gov.scot)>; Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>;

'MinisterforPB@gov.scot' <[MinisterforPB@gov.scot](mailto:MinisterforPB@gov.scot)>

**Cc:** : [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]>; Harden J (John) <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; Nicol L (Lynne) <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; Pollock LA (Linda) <[Linda.Pollock@gov.scot](mailto:Linda.Pollock@gov.scot)>; Leitch J (Jason) <[Jason.Leitch@gov.scot](mailto:Jason.Leitch@gov.scot)>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; Hutchison D (David) (Special Adviser) <[David.Hutchison@gov.scot](mailto:David.Hutchison@gov.scot)>; Gollan J (Jennie) <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>

**Subject:** Briefing on forthcoming COVID-19 Recovery Committee report - Inquiry on long COVID - Due for publication Weds 26 April 00:01

PO First Minister, Deputy First Minister, Cabinet Secretary for NHS Recovery, Health and Social Care, and Minister for Parliamentary Business.

Please note that we understand that the COVID-19 Recovery Committee will publish the report of its inquiry on long COVID on Wednesday at 00:01.

An embargoed copy of the report provided by the Clerks is attached, alongside a short summary of the recommendations.

Officials will work with Communications to develop media lines in advance of publication. We are engaging with the National Strategic Network for long COVID to

seek a clinical and subject matter expert view on the recommendations to inform the advice provided to Ministers in due course.

Should you require any further information at this stage then please do let me know.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Senior Policy Manager

Clinical Priorities

Planning and Quality Division



Scottish Government

St Andrew's House

Regent Road

Edinburgh EH1 3DG

## **DOCUMENT 49**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA

Minister for Public Health and Women's Health  
Jenni Minto MSP

T: 0300 244 4000  
E: scottish.ministers@gov.scot

Jackie Baillie MSP  
Jackie.Baillie.msp@parliament.scot

—

14 December 2023

Dear Jackie,

I am getting in touch following your supplementary question to PQ S6O-02808 on 29 November 2023, to which I committed to follow up to provide a more detailed response in writing.

Please let me reassure you again that the Scottish Government takes the issue of long COVID seriously and we recognise the significant impact that long COVID can have, and continues to have, on the health and wellbeing of those most severely affected across Scotland, including children and young people.

Within your question, you had asked for information on the development of dedicated paediatric long COVID services.

As I had outlined in my earlier response to Ms Gallacher, care and support for children and young people with symptoms consistent with long COVID is being provided by the full range of services delivered by our NHS across Scotland. Assessment and initial investigations are being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options. Primary care clinicians can refer to occupational therapy and physiotherapy for further support where appropriate.

Where referral to secondary care is required, children and young people may be referred to general paediatric services for investigation and management.

Our National long COVID Strategic Network has a dedicated workstream that is looking specifically at the needs of children and young people, and it includes

representation from the Royal College of Paediatrics and Child Health and the charity Long Covid Kids.

The group is reviewing and updating the information that is available to NHS Board colleagues and primary care clinicians on the appropriate assessment, referral and management pathways for children and young people with long COVID symptoms. Once updated, the information will be shared with NHS Boards as a clinical pathway for local implementation.

The aim is to improve consistency of approach across Scotland.

You had also asked for information on the forecast spending requirements for long COVID treatment over the next 10 years.

As you are aware, we have established a £10 million long COVID Support Fund, with an initial £3 million made available over 2022-23, and a further £3 million being made available over this financial year.

I would like to assure you that we engage with NHS Boards on a regular basis regarding their capacity needs and will continue to do so in order to inform the allocation of the long COVID Support Fund. Going forward, we will consider baselining long COVID Support funding for NHS Boards at a level to be determined based on progress made by NHS Boards over 2023-24.

I would like to thank you again for raising the issue of long COVID and children and young people with me and I hope that you find the information in my reply helpful.

Yours sincerely,

**Jenni Minto MSP**

## **DOCUMENT 50**

**From:** [REDACTED, section 38(1)(b)]

**Sent:** 28 September 2023 12:01

**To:** Minister for Public Health & Women's Health

**Cc:** [REDACTED, section 38(1)(b)]; Lynne Nicol; John Harden; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]

**Subject:** Briefing pack - meeting with long Covid Scotland - Tuesday 3 October - 11:45-12:30

**Attachments:** Briefing - Minister PHWH meeting with Long Covid Scotland.doc

Hi PO team,

Please find attached a briefing pack for Ms Minto's meeting with long Covid Scotland, scheduled for Tuesday 3 October at 11:45-12:30.

If you require any further information at this stage then please do let us know.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Senior Policy Manager

Clinical Priorities

Planning and Quality Division



Scottish Government

St Andrew's House

Regent Road

Edinburgh EH1 3DG

## **DOCUMENT 51**

**From:** [REDACTED, section 38(1)(b)]  
**Sent:** 22 November 2023 09:33  
**To:** Minister for Public Health & Women's Health  
**Cc:** [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]  
**Subject:** Note of meeting with Long COVID Strategic Network Lived Experience Oversight Group - 16 November  
**Attachments:** Ministerial engagement - Minute of Minister for Public Health and Women's Health meeting with Strategic Network Lived Experience Oversight Group - 16 November 2023.docx

Good morning PO,

Please find attached a minute of the meeting with the long COVID Strategic Network Lived Experience Oversight Group which took place on 16 November. Would you be able to review and let us know if you are content?

Many thanks

[REDACTED, section 38(1)(b)]





## **DOCUMENT 53**

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)] @nhs.scot> on behalf of Mary Morgan <mary.morgan@nhs.scot>  
**Sent:** 30 June 2023 09:21  
**To:** Minister for Public Health & Women's Health  
**Cc:** Susan Buchanan; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]  
**Subject:** RE: F.A.O: Mary Morgan, Correspondence from Jenni Minto MSP, Minister for Public Health and Women's Health - ref Long COVID Strategic Network  
**Attachments:** 2023-06-29 Response to Ms Minto re Long Covid incl Framework.pdf

Good morning [REDACTED, section 38(1)(b)]

Thank you for sending through the letter from Jenni Minto MSP regarding the Long Covid Strategic Network. Please find attached our response.

With kind regards

[REDACTED, section 38(1)(b)]



[REDACTED, section 38(1)(b)]

Executive Assistant to Chair and Chief Executive  
**NHS National Services Scotland**

Tel: 0131 275 7480 | [REDACTED, section 38(1)(b)]@nhs.scot |  [Chat on Teams](#)



**We are NHS National Services Scotland.** We offer a wide range of services and together we provide national solutions for the wellbeing of the people of Scotland. **Find out more about our services at [www.nss.nhs.scot](http://www.nss.nhs.scot)**



**From:** [REDACTED, section 38(1)(b)]@gov.scot <[REDACTED, section 38(1)(b)]@gov.scot> **On Behalf Of** [MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)  
**Sent:** 16 June 2023 16:10  
**To:** Mary Morgan <[mary.morgan@nhs.scot](mailto:mary.morgan@nhs.scot)>  
**Cc:** [MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)  
**Subject:** F.A.O: Mary Morgan, Correspondence from Jenni Minto MSP, Minister for Public Health and Women's Health - ref Long COVID Strategic Network

Dear Ms Morgan,

Please find attached correspondence from Jenni Minto MSP, Minister for Public Health and Women’s Health for your attention.

Regards,

[REDACTED, section 38(1)(b)]

Assistant Private Secretary to Jenni Minto MSP

Minister for Public Health and Women’s Health

1E.10 | St Andrew’s House | Regent Road | Edinburgh | EH1 3DG

\*\*\*\*\*  
\*\*\*\*

This e-mail (and any files or other attachments transmitted with it) is intended solely for the attention of the addressee(s). Unauthorised use, disclosure, storage, copying or distribution of any part of this e-mail is not permitted. If you are not the intended recipient please destroy the email, remove any copies from your system and inform the sender immediately by return.

Communications with the Scottish Government may be monitored or recorded in order to secure the effective operation of the system and for other lawful purposes. The views or opinions contained within this e-mail may not necessarily reflect those of the Scottish Government.

\*\*\*\*\*  
\*\*\*\*

-----  
-----

This email is intended for the named recipient only. If you have received it by mistake, please (i) contact the sender by email reply; (ii) delete the email from your system; . and (iii) do not copy the email or disclose its contents to anyone.

-----  
-----

**DOCUMENT 54**

**From:** [REDACTED, section 38(1)(b)] on behalf of Minister for Public Health & Women's Health

**Sent:** 30 August 2023 17:18

**To:** [REDACTED, section 38(1)(b)]; Minister for Public Health & Women's Health

**Cc:** [REDACTED, section 38(1)(b)]; John Harden; [REDACTED, section 38(1)(b)]; Lynne Nicol; Jennie Gollan; [REDACTED, section 38(1)(b)]

**Subject:** RE: For clearance - note of Minister for Public Health and Women's Health meeting with Inverclyde long COVID Peer Support Group - Wednesday 23 August 2023

Hi [REDACTED, section 38(1)(b)],

Ms Minto has noted and has asked me to thank you for these comprehensive notes, I will be in touch next week to set up a meeting with officials.

Regards,

[REDACTED, section 38(1)(b)]  
Assistant Private Secretary to Jenni Minto MSP  
Minister for Public Health and Women's Health  
1E.10 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>  
**Sent:** Friday, August 25, 2023 5:12 PM  
**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>  
**Cc:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; John Harden <John.Harden@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; Lynne Nicol <Lynne.Nicol@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>  
**Subject:** For clearance - note of Minister for Public Health and Women's Health meeting with Inverclyde long COVID Peer Support Group - Wednesday 23 August 2023

PO,

Please find attached a note of Ms Minto's meeting with the Inverclyde long COVID Peer Support Group on Wednesday 23 August. I'd be grateful if you can confirm if Ms Minto is content or has any comments.

To also flag that there was an action arising for PO to arrange follow up conversation between the Minister and Officials.

A copy of this note has been saved in ERDM at <https://erdm.scotland.gov.uk/documents/A44998418/details>.

If you require any further information then do let me know.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Senior Policy Manager

Clinical Priorities

Planning and Quality Division



Scottish Government

St Andrew's House

Regent Road

Edinburgh EH1 3DG

## **DOCUMENT 55**

**From:** [REDACTED, section 38(1)(b)]  
**Sent:** 29 November 2023 08:33  
**To:** Minister for Public Health & Women's Health  
**Cc:** [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)];  
[REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]  
**Subject:** RE: Portfolio sups - answer for (S6O-02808) David Torrance MSP  
**Attachments:** Draft answer to supplementary - PQ S6O-02808 - Long COVID CYP.docx

Hi [REDACTED, section 38(1)(b)],

Please find attached as requested for S6O-02808 on long COVID.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]  
Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot> **On Behalf Of** Minister for Public Health & Women's Health

**Sent:** Tuesday, November 28, 2023 1:21 PM

**To:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>

**Cc:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Subject:** FW: Portfolio sups

Hi,

Can you please provide a response to the actual supps below (Highlighted in green) for Ms Minto by 10am tomorrow using the attached template.

Regards,

[REDACTED, section 38(1)(b)]

Assistant Private Secretary to Jenni Minto MSP

Minister for Public Health and Women's Health

1E.10 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot> **On Behalf Of** Cabinet Secretary for NHS Recovery, Health and Social Care

**Sent:** Tuesday, November 28, 2023 1:05 PM

**To:** Minister for Social Care, Mental Wellbeing & Sport <MinisterSCMWS@gov.scot>; Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <CabSecNRHSC@gov.scot>

**Subject:** FW: Portfolio sups

FYI

**From:** David Hutchison <David.Hutchison@gov.scot>

**Sent:** Tuesday, November 28, 2023 1:01 PM

**To:** Cabinet Secretary for NHS Recovery, Health and Social Care <CabSecNRHSC@gov.scot>

**Subject:** FW: Portfolio sups

## Portfolio sups.

### NHS Recovery, Health and Social Care

#### NHS Recovery, Health and Social Care

1. [REDACTED – out of scope]

2. [REDACTED – out of scope]

3. **Meghan Gallacher:** To ask the Scottish Government what it is doing to support children with long COVID. (S60-02808)

**David Torrance:** Can the Cab Sec provide any further information as to the work being undertaken by the long COVID Strategic Network to improve treatment for children and young people with long covid?

4. [REDACTED – out of scope]

5. [REDACTED – out of scope]

6. [REDACTED – out of scope]

7. [REDACTED – out of scope]

8. [REDACTED – out of scope]

### **DOCUMENT 56**

**From:** REDACTED]

**Sent:** 13 October 2023 14:50

**To:** Minister for Public Health & Women's Health

**Cc:** [REDACTED, section 38(1)(b)]; John Harden; Lynne Nicol; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Jennie Gollan; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]

**Subject:** For clearance - Minister for Public Health and Women's Health - actions arising from meeting with Officials re long COVID - 4 October 2023

**Attachments:** Ministerial engagement - Minute of Minister for Public Health and Women's Health meeting with Officials on long COVID - 4 October 2023.docx; Ministerial engagement - Minute of Minister for Public Health and Women's Health meeting with Long Covid Scotland - 3 October 2023.docx; Ministerial engagement - Visit to Inverclyde long Covid Peer Support Group - 23 August 2023 - letter of thanks.docx

Hello PO colleagues,

I am contacting you regarding follow-up actions from the Minister's meeting with Officials on 4 October to discuss long COVID.

This meeting itself also covered follow-up actions from two Ministerial engagements that Ms Minto had recently undertaken with long COVID stakeholder groups – a visit to Inverclyde Long Covid Peer Support Group on 23 August, and a meeting with Long Covid Scotland on 3 October.

I would be grateful if you could indicate whether the Minister is content with the documents and actions outlined below.

**Minute of meeting with Officials re long COVID – Wednesday 4 October 2023** – draft attached.

**Minute of the Minister's meeting with Long Covid Scotland – Tuesday 3 October 2023** – draft attached. As discussed with the Minister, it is proposed that a copy of this minute, alongside the minute of the 4 October meeting is sent to Long Covid Scotland by Officials.

**Letter of thanks to Inverclyde Long Covid Peer Support Group following visit – Wednesday 23 August 2023** – draft attached. It is proposed that this letter, and a copy of the minute of the 4 October meeting is sent to the Inverclyde Long Covid Peer Support Group from the Minister's mailbox, cc'ing Stuart McMillan MSP.

**Additional actions/options available** – These were not discussed directly during the meeting with the Minister, however, if Ms Minto would like to proceed with any of the additional options outlined below, please let us know and we can start early discussions with partner organisations to take forward.

- Visit to an NHS Board long COVID pathway/service. The Minister commented on Mr Matheson's visit earlier this summer to NHS GGC's long COVID service and Ms Minto may find it beneficial to undertake a similar engagement. NHS Ayrshire and Arran is a potential option that could be scoped out for a future visit should the Minister wish, or other NHS Board areas.
- Meeting with NHS National Services Scotland long COVID Strategic Network Programme Team & Working Group chairs. Would provide the Minister with an insight in to the work being undertaken by the Network.

If you require any further information, then please do let me know.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Senior Policy Manager

Clinical Priorities

Planning and Quality Division



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **DOCUMENT 57**

**From:** [[REDACTED, SECTION 38(1)(B)]] on behalf of Minister for Public Health & Women's Health  
**Sent:** 03 November 2023 16:42  
**To:** [[REDACTED, SECTION 38(1)(B)]]; Minister for Public Health & Women's Health  
**Cc:** [[REDACTED, SECTION 38(1)(B)]]; John Harden; Lynne Nicol; [[REDACTED, SECTION 38(1)(B)]]; [[REDACTED, SECTION 38(1)(B)]]; Jennie Gollan; [[REDACTED, SECTION 38(1)(B)]]; [[REDACTED, SECTION 38(1)(B)]]  
**Subject:** RE: For clearance - Minister for Public Health and Women's Health - actions arising from meeting with Officials re long COVID - 4 October 2023  
**Attachments:** FAO [[REDACTED, SECTION 38(1)(B)]]- Visit to Inverclyde long Covid Peer Support Group - 3 November 2023.pdf

Hi [[REDACTED, SECTION 38(1)(B)]],

Confirming the letter has now been issued. Copy attached for your records.

Regards,

[[REDACTED, SECTION 38(1)(B)]]

Deputy Private Secretary to Cabinet Secretary for NHS Recovery, Health and Social Care – Michael Matheson

Scottish Government

E: [MinisterMWSC@gov.scot](mailto:MinisterMWSC@gov.scot)

M: [[REDACTED, SECTION 38(1)(B)]]

**From:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>

**Sent:** Friday, November 3, 2023 11:24 AM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[Ashleigh.Simpson@gov.scot](mailto:Ashleigh.Simpson@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[Nicci.Motiang@gov.scot](mailto:Nicci.Motiang@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[Will.Wood@gov.scot](mailto:Will.Wood@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[Suzi.Mair@gov.scot](mailto:Suzi.Mair@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>

**Subject:** RE: For clearance - Minister for Public Health and Women's Health - actions arising from meeting with Officials re long COVID - 4 October 2023

Hi [[REDACTED, SECTION 38(1)(B)]], many thanks for confirming.

Please find attached an updated copy of the letter of thanks as requested. The email addresses for recipient is [[REDACTED, SECTION 38(1)(B)]]- [[REDACTED, SECTION 38(1)(B)]]@gmail.com , cc'ing [Stuart.McMillan.msp@parliament.scot](mailto:Stuart.McMillan.msp@parliament.scot)

I've also attached a PDF copy of a meeting minute which is to go along with the email as an attachment.

Grateful if you can provide a copy of the email once it goes, and I'll save for our records.

Best wishes

[[REDACTED, SECTION 38(1)(B)]]

[[REDACTED, SECTION 38(1)(B)]]

Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

**From:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot> **On Behalf Of** Minister for Public Health & Women's Health

**Sent:** Thursday, November 2, 2023 4:28 PM

**To:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>

**Subject:** RE: For clearance - Minister for Public Health and Women's Health - actions arising from meeting with Officials re long COVID - 4 October 2023

Hi [[REDACTED, SECTION 38(1)(B)]],

Ms Minto is content with the documents and states the final sentence on the letter to the Inverclyde reads: I wish your group every continued success for the future.

Can this be changed to: I could clearly see the mutual support everyone was giving to each other. I send you all my best wishes.

Grateful if you can send over the revised letter and I will issue to group.

Regards,

[[REDACTED, SECTION 38(1)(B)]]

Deputy Private Secretary to Cabinet Secretary for NHS Recovery, Health and Social Care – Michael Matheson

Scottish Government

E: [MinisterMWSC@gov.scot](mailto:MinisterMWSC@gov.scot)

M: [[REDACTED, SECTION 38(1)(B)]]

## **DOCUMENT 58**

**From:** [[REDACTED, SECTION 38(1)(B)]] on behalf of Minister for Public Health & Women's Health  
**Sent:** 23 November 2023 16:54  
**To:** [[REDACTED, SECTION 38(1)(B)]]; Minister for Public Health & Women's Health  
**Cc:** [[REDACTED, SECTION 38(1)(B)]]; [[REDACTED, SECTION 38(1)(B)]]  
**Subject:** RE: Note of meeting with Long COVID Strategic Network Lived Experience Oversight Group - 16 November

Hi [[REDACTED, SECTION 38(1)(B)]],

Ms Minto is content.

Regards,

[[REDACTED, SECTION 38(1)(B)]]  
Deputy Private Secretary to Cabinet Secretary for NHS Recovery, Health and Social Care – Michael Matheson  
Scottish Government  
E: [MinisterMWSC@gov.scot](mailto:MinisterMWSC@gov.scot)  
M: [[REDACTED, SECTION 38(1)(B)]]

**From:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>  
**Sent:** Wednesday, November 22, 2023 9:33 AM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** [[REDACTED, SECTION 38(1)(B)]]<[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>  
**Subject:** Note of meeting with Long COVID Strategic Network Lived Experience Oversight Group - 16 November

Good morning PO,

Please find attached a minute of the meeting with the long COVID Strategic Network Lived Experience Oversight Group which took place on 16 November. Would you be able to review and let us know if you are content?

Many thanks

[[REDACTED, SECTION 38(1)(B)]]

## **DOCUMENT 59**

**From:** [[REDACTED, SECTION 38(1)(B)]]  
**Sent:** 16 November 2023 10:19  
**To:** Minister for Public Health & Women's Health  
**Cc:** [[REDACTED, SECTION 38(1)(B)]]; Lynne Nicol; John Harden; [[REDACTED, SECTION 38(1)(B)]]; [[REDACTED, SECTION 38(1)(B)]]  
**Subject:** RE: Diary request - Minister for PHWH - speaking input - long COVID Strategic Network event - 5 December 2023 - 10:00-11:30 - response requested by close of play Thursday 2 November  
**Attachments:** Pre-recorded speaking note for MPHWH - 5 Dec.docx; Briefing - Minister for PHWH - long COVID Network event - pre recorded address.docx

Good morning PO,

Please find attached a briefing pack for Ms Minto's pre-recorded speech as scheduled on 23 November.

If you require any further information at this stage please do let us know.

Kind regards

[[REDACTED, SECTION 38(1)(B)]]

**From:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot> **On Behalf Of** Minister for Public Health & Women's Health  
**Sent:** Tuesday, November 7, 2023 8:28 AM  
**To:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>  
**Cc:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; John Harden <John.Harden@gov.scot>; Lynne Nicol <Lynne.Nicol@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>  
**Subject:** RE: Diary request - Minister for PHWH - speaking input - long COVID Strategic Network event - 5 December 2023 - 10:00-11:30 - response requested by close of play Thursday 2 November

Thanks [[REDACTED, SECTION 38(1)(B)]],

Ms Minto is happy to do a pre-record. Can you let me know when you need it by? Grateful for a speaking note and short briefing.

Thanks,

[[REDACTED, SECTION 38(1)(B)]]

[[REDACTED, SECTION 38(1)(B)]]

Private Secretary to the Cabinet Secretary for NHS Recovery, Health and Social Care – Michael Matheson  
Scottish Government

St Andrew's House | Regent Road | Edinburgh | EH1 3DG  
[[REDACTED, SECTION 38(1)(B)]]



All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

**From:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>  
**Sent:** Wednesday, November 1, 2023 4:37 PM  
**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>  
**Cc:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; John Harden <John.Harden@gov.scot>; Lynne Nicol <Lynne.Nicol@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>  
**Subject:** Diary request - Minister for PHWH - speaking input - long COVID Strategic Network event - 5 December 2023 - 10:00-11:30 - response requested by close of play Thursday 2 November

PO Minister for Public Health & Women's Health,

Officials are liaising with colleagues at NHS National Services Scotland regarding the organisation of a conference event on long COVID it is hosting on 5 December 2023 at COSLA Conference Centre, Edinburgh.

NHS National Services Scotland has asked officials to scope the possibility of a Ministerial speaking input at the opening of the event (within time slot 10:00-11:30).

Please find attached a PS minute requesting the Minister's view on this proposal. I'd be very grateful if you could provide a response by the close of play on Thursday 2 November if at all possible, and I will inform NHS NSS colleagues of the outcome.

If you require any further information then please do let me know.

Best wishes

[[REDACTED, SECTION 38(1)(B)]]

[[REDACTED, SECTION 38(1)(B)]]  
Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **DOCUMENT 60**

**From:** [[REDACTED, SECTION 38(1)(B)]] on behalf of Minister for Public Health & Women's Health  
**Sent:** 16 June 2023 16:12  
**To:** [[REDACTED, SECTION 38(1)(B)]]; Minister for Public Health & Women's Health  
**Cc:** [[REDACTED, SECTION 38(1)(B)]] ; [[REDACTED, SECTION 38(1)(B)]]  
**Subject:** RE: Minister for Public Health and Women's Health - Routine submission - Response to COVID-19 Recovery Committee report on long COVID - response requested close of play Monday 12 June/Final copies for your records/Filing  
**Attachments:** Letter to Jim Fairlie MSP - ref COVID-19 Recovery Committee - dated 16.06.2023.pdf; Letter to [[REDACTED, SECTION 38(1)(B)]] NHS National Services Sotland - ref Long COVID Strategic Network - dated 16.06.2023.pdf

Hi [[REDACTED, SECTION 38(1)(B)]],

Please find attached copies of the final letters sent out today for your records/eRDM filing.

Regards,

[[REDACTED, SECTION 38(1)(B)]]

Assistant Private Secretary to Jenni Minto MSP

Minister for Public Health and Women's Health

1E.10 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

**From:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>

**Sent:** Wednesday, June 14, 2023 5:19 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>

**Subject:** FW: Minister for Public Health and Women's Health - Routine submission - Response to COVID-19 Recovery Committee report on long COVID - response requested close of play Monday 12 June

Hi [[REDACTED, SECTION 38(1)(B)]],

Thanks for your help with this.

To highlight for ease that the only sections that require updating if these go out tomorrow (or any other date other than today (14 June)) are

[Minister's letter to the Committee](#)

Page 1 – date under the address

Page 8 – Point 157, second paragraph – “I wrote to NHS National Services Scotland on 14 June 2023 (edit as appropriate)



[[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; David Hutchison <[David.Hutchison@gov.scot](mailto:David.Hutchison@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>

**Subject:** RE: Minister for Public Health and Women's Health - Routine submission - Response to COVID-19 Recovery Committee report on long COVID - response requested close of play Monday 12 June

Hi [[REDACTED, SECTION 38(1)(B)]],

Further to our exchange on MS Teams, I am attaching a clean version of the two Ministerial letters as requested.

To note that these have been marked up with **tomorrow's date**, however this can be tweaked dependent on the final date of issue. A reminder that SG's deadline for providing a response to the Committee is by Friday 23 June.

I'd be very grateful if you could confirm the Minister's decision on the submission when possible, and if you can let us know the anticipated issue date for the letters then we will update our FMQ note and Comms lines accordingly.

Best wishes

[[REDACTED, SECTION 38(1)(B)]]

[[REDACTED, SECTION 38(1)(B)]]

Senior Policy Manager  
Clinical Priorities  
Planning and Quality Division



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

**From:** [[REDACTED, SECTION 38(1)(B)]]

**Sent:** Wednesday, June 7, 2023 2:11 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>; Minister for Social Care, Mental Wellbeing & Sport <[MinisterSCMWS@gov.scot](mailto:MinisterSCMWS@gov.scot)>; DG Health & Social Care <[DGHSC@gov.scot](mailto:DGHSC@gov.scot)>; Chief Medical Officer <[CMO@gov.scot](mailto:CMO@gov.scot)>; Deputy Chief Medical Officers



[[REDACTED, SECTION 38(1)(B)]]

[[REDACTED, SECTION 38(1)(B)]]

Senior Policy Manager

Clinical Priorities

Planning and Quality Division



Scottish Government

St Andrew's House

Regent Road

Edinburgh EH1 3DG





Scottish Government  
Riaghaltas na h-Alba  
gov.scot

*Please note I work part-time from Tuesday to Friday*

## **DOCUMENT 62**

**From:** [[REDACTED, SECTION 38(1)(B)]]  
**Sent:** 15 November 2023 16:38  
**To:** Minister for Public Health & Women's Health  
**Cc:** [[REDACTED, SECTION 38(1)(B)]]; Lynne Nicol; John Harden; [[REDACTED, SECTION 38(1)(B)]]; [[REDACTED, SECTION 38(1)(B)]]; [[REDACTED, SECTION 38(1)(B)]]  
**Subject:** RE: Briefing pack - meeting with Lived Experience Oversight Group of long COVID Strategic Network - Thursday 16 November - 14:45-15:45  
**Attachments:** Briefing - Minister PHWH meeting with Long Covid Lived Experience Oversight Group - 16 November 2023.doc

Apologies – please find updated briefing attached.

**From:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot> **On Behalf Of** Minister for Public Health & Women's Health  
**Sent:** Wednesday, November 15, 2023 4:27 PM  
**To:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>  
**Cc:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Lynne Nicol <Lynne.Nicol@gov.scot>; John Harden <John.Harden@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>  
**Subject:** RE: Briefing pack - meeting with Lived Experience Oversight Group of long COVID Strategic Network - Thursday 16 November - 14:45-15:45

Hi,

There doesn't seem to be an annex E? I think maybe P7 is annex E? Can you confirm and amend/resend briefing.

Regards,

[[REDACTED, SECTION 38(1)(B)]]  
Assistant Private Secretary to Jenni Minto MSP  
Minister for Public Health and Women's Health  
1E.10 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

**From:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>  
**Sent:** Monday, November 13, 2023 2:01 PM  
**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>  
**Subject:** RE: Briefing pack - meeting with Lived Experience Oversight Group of long COVID Strategic Network - Thursday 16 November - 14:45-15:45

Hi PO colleagues,

Please find attached an updated briefing pack for the Minister's rescheduled meeting with the Lived Experience Oversight Group of the Long COVID National Strategic Network, which is on Thursday 16 November at 14:45. It includes updated images highlighting the governance structure and role description for the long COVID Strategic Network.

Thank you,  
[[REDACTED, SECTION 38(1)(B)]]

**From:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>  
**Sent:** Friday, November 10, 2023 2:28 PM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>  
**Subject:** Briefing pack - meeting with Lived Experience Oversight Group of long COVID Strategic Network - Thursday 16 November - 14:45-15:45

Hi PO colleagues,

Please find attached an updated briefing pack for the Minister's rescheduled meeting with the Lived Experience Oversight Group of the Long COVID National Strategic Network, which is on Thursday 16 November at 14:45.

Official support will be provided by [[REDACTED, SECTION 38(1)(B)]], Team Leader, Clinical Priorities Unit, and [[REDACTED, SECTION 38(1)(B)]], Unit Head, Clinical Priorities Unit. If you require any further information then please let us know.

Best wishes

[[REDACTED, SECTION 38(1)(B)]]

[[REDACTED, SECTION 38(1)(B)]]  
Senior Policy Manager  
Clinical Priorities



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

**From:** [[REDACTED, SECTION 38(1)(B)]]

**Sent:** Thursday, September 21, 2023 8:22 AM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>; [[REDACTED, SECTION 38(1)(B)]] <[[REDACTED, SECTION 38(1)(B)]]@gov.scot>

**Subject:** Briefing pack - meeting with Lived Experience Oversight Group of long COVID Strategic Network - Tuesday 26 September 13:00-14:00

Good morning PO,

As discussed, please find attached a briefing pack for Ms Minto's meeting as above scheduled for Tuesday at 1pm.

Please note that the attendee list is still being confirmed and we will provide an updated version of the briefing pack once we receive further information.

If you require any further information at this stage then please do let me know. I note that a pre-meeting is scheduled with supporting officials and staff from NHS National Services Scotland for 10:45 on the Tuesday morning.

Best wishes

[[REDACTED, SECTION 38(1)(B)]]

[[REDACTED, SECTION 38(1)(B)]]

Senior Policy Manager  
Clinical Priorities  
Planning and Quality Division



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG



For introductory context I have also attached a copy of the most recent working draft of the FMQ note for this area.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Senior Policy Manager  
Clinical Priorities  
Planning and Quality Division



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **DOCUMENT 64**

**From:** [REDACTED, section 38(1)(b)]  
**Sent:** 21 December 2023 17:47  
**To:** Minister for Public Health & Women's Health  
**Cc:** [REDACTED, section 38(1)(b)]; John Harden; [REDACTED, section 38(1)(b)]; Lynne Nicol; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]  
**Subject:** Briefing pack - Minister for PHWH meeting with Long Covid Kids - Tuesday 9 January 10:30-11:15  
**Attachments:** Ministerial engagement - Briefing - Minister PHWH meeting with Long Covid Kids - 9 January 2024.doc

Hi PO colleagues,

As requested, please find attached a briefing pack for Ms Minto's MS Teams meeting with Long Covid Kids on Tuesday 9<sup>th</sup> January at 10:30.

Official support for pre-meet and meeting is listed below.

- [REDACTED, section 38(1)(b)], Senior Policy Manager, Clinical Priorities Unit
- [REDACTED, section 38(1)(b)], Senior Medical Advisor – Paediatrics
- John Harden, Deputy National Clinical Director
- [REDACTED, section 38(1)(b)], Unit Head, Clinical Priorities Unit
- [REDACTED, section 38(1)(b)], Team Leader, Clinical Priorities Unit

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]  
Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **DOCUMENT 65**

**From:** [REDACTED, section 38(1)(b)] on behalf of Minister for Public Health & Women's Health  
**Sent:** 28 February 2024 09:35  
**To:** [REDACTED, section 38(1)(b)]; First Minister; Minister for Public Health & Women's Health  
**Cc:** [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Lynne Nicol; John Harden; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]  
**Subject:** RE: PO First Minister - draft correspondence to Jim Fairlie MSP - follow up to long COVID FMQ 8 February 2024/Final copy of letter for your records/eRDM filing  
**Attachments:** Letter to Jim Fairlie MSP - Ref Follow up to FMQs on 08 February on Long COVID - dated 28.02.2024.pdf

Hi [REDACTED, section 38(1)(b)],

Please find attached a copy of the final letter sent out today for your records/filing. Ms Minto also commented as follows:

Good letter with lots of helpful information. Thanks

Regards,

[REDACTED, section 38(1)(b)]  
Assistant Private Secretary to Jenni Minto MSP  
Minister for Public Health and Women's Health  
1E.10 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Sent:** Tuesday, February 27, 2024 12:23 PM  
**To:** First Minister <[FirstMinister@gov.scot](mailto:FirstMinister@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Subject:** RE: PO First Minister - draft correspondence to Jim Fairlie MSP - follow up to long COVID FMQ 8 February 2024

Thanks [REDACTED, section 38(1)(b)].

Ged and PO colleagues, please find attached an updated draft on Ms Minto's letterhead for your consideration.

Best wishes

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**

Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)> **On Behalf Of** First Minister

**Sent:** Tuesday, February 27, 2024 11:43 AM

**To:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; First Minister <[FirstMinister@gov.scot](mailto:FirstMinister@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Will Wood <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Subject:** RE: PO First Minister - draft correspondence to Jim Fairlie MSP - follow up to long COVID FMQ 8 February 2024

[REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)]

Grateful if this can also issue from Ms Minto please?

Many thanks,

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)] (she/her)**

**Deputy Private Secretary**

**Office of the First Minister**

5<sup>th</sup> Floor | St Andrews House | Regent Road | Edinburgh | EH1 3DG | [REDACTED, section 38(1)(b)]

**The First Minister's box closes at 2pm, Monday to Friday.** Further details, including preferences, can be found [here](#).

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Please note Scottish Ministers, Special advisers and the Permanent Secretary to the Scottish Government are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot) for information.

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>

**Sent:** Wednesday, February 21, 2024 4:59 PM

**To:** First Minister <FirstMinister@gov.scot>

**Cc:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; Lynne Nicol <Lynne.Nicol@gov.scot>; John Harden <John.Harden@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>

**Subject:** PO First Minister - draft correspondence to Jim Fairlie MSP - follow up to long COVID FMQ 8 February 2024

PO First Minister, (cc PO Minister for Public Health and Women's Health for awareness).

At FMQs on 8<sup>th</sup> February, FM committed to write to Jim Fairlie MSP with additional information as per the exchange below

*"I am [ . . . ] happy to write to Jim Fairlie with details of long Covid services that are available in our health boards."*

To support this action to be completed, please find attached a draft correspondence to Mr Fairlie for FM's consideration/issue. If you require any further information please let me know, and grateful if you can provide a copy of letter if sent and we will file for our records.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Senior Policy Manager

Clinical Priorities

Healthcare Quality and Improvement

Directorate of the Chief Operating Officer



Scottish Government

St Andrew's House

Regent Road

Edinburgh EH1 3DG

**DOCUMENT 66**

**From:** [REDACTED, section 38(1)(b)]  
**Sent:** 08 March 2024 16:02  
**To:** Minister for Public Health & Women's Health  
**Cc:** [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)];  
[REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)];  
[REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)];

[REDACTED, section 38(1)(b)]; Lynne Nicol; John Harden;  
[REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)];  
Jennie Gollan

**Subject:** RE: 13:00 - 13:15 Photocall: Long Covid Call to Action - Weds  
13th March

**Attachments:** Briefing - Long Covid Scotland photo call and drop in session - 13  
March 2024.doc

Hi [REDACTED, section 38(1)(b)] and colleagues,

As requested, please find attached light touch briefing for the long Covid Scotland / long COVID CPG photo call and drop-in session.

If you require any further information then do let me know.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]  
Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

-----Original Appointment-----

**From:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Sent:** Tuesday, March 5, 2024 9:50 AM

**To:** Minister for Public Health & Women's Health; Minto J (Jenni), MSP; [REDACTED, section 38(1)(b)];  
[REDACTED, section 38(1)(b)]; **Subject:** 13:00 - 13:15 Photocall: Long Covid Call to Action

**When:** 13 March 2024 13:00-13:30 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.

**Where:** Outside Parliament main entrance

Hi [REDACTED, section 38(1)(b)],

Please see attached email for details, unfortunately Ms Minto won't be able to attend the drop in session as we have our portfolio's that day, could we have a light briefing for this by 3pm on Monday 11 March.

Regards,

[REDACTED, section 38(1)(b)]



## **DOCUMENT 67**

**From:** [REDACTED, section 38(1)(b)]  
**Sent:** 08 March 2024 15:55  
**To:** Minister for Public Health & Women's Health  
**Cc:** [REDACTED, section 38(1)(b)]; Lynne Nicol; John Harden; DG Health & Social Care; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Jennie Gollan  
**Subject:** RE: 17:25 - 18:10 Members Business: S6M-12371: Sandesh Gulhane: International Long Covid Awareness Day 2024:  
**Attachments:** Draft speech - Member's Business - S6M-12371 - International long COVID day - 13 March 2024.docx; Briefing - Minister for Public Health and Women's Health - Member's Business - S6M-12371 - International long COVID day - 13 March 2024.docx

Hi [REDACTED, section 38(1)(b)] and colleagues,

As requested, please find attached a briefing pack and draft speaking note for Wednesday's debate.

Official support will be provided by

(in person) - [REDACTED, section 38(1)(b)], Senior Policy Manager, Clinical Priorities Unit ([REDACTED, section 38(1)(b)])

(in person) – [REDACTED, section 38(1)(b)], Team Leader, Clinical Priorities Unit ([REDACTED, section 38(1)(b)]) – very grateful if you could confirm your mobile number to PO on Monday

(remotely) – [REDACTED, section 38(1)(b)] Unit Head, Clinical Priorities Unit ([REDACTED, section 38(1)(b)])

(remotely) – Dr John Harden, Deputy National Clinical Director ([REDACTED, section 38(1)(b)])

If you require any further information in the meantime then do let us know.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]  
Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

-----Original Appointment-----

**From:** Minister for Public Health & Women's Health [MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

**Sent:** Tuesday, March 5, 2024 12:57 PM

**To:** Minister for Public Health & Women's Health; Minto J (Jenni), MSP; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]

**Cc:** [REDACTED, section 38(1)(b)]; John Harden

**Subject:** 17:25 - 18:10 Members Business: S6M-12371: Sandesh Gulhane: International Long Covid Awareness Day 2024:

**When:** 13 March 2024 17:25-18:10 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.

**Where:** Chamber

Pre-brief – Tuesday 12 March, timings 11:45 – 12:15

Hi [REDACTED, section 38(1)(b)],

Can you please confirm official support and provide the briefing and speaking notes on separate documents by 3pm on Monday 11 March.

Regards,

[REDACTED, section 38(1)(b)]

## **DOCUMENT 68**

**From:** [REDACTED, section 38(1)(b)]  
**Sent:** 12 March 2024 15:52  
**To:** Minister for Public Health & Women's Health  
**Cc:** [REDACTED, section 38(1)(b)]; Lynne Nicol; John Harden; DG Health & Social Care; V; [REDACTED, section 38(1)(b)]; Jennie Gollan  
**Subject:** RE: 17:25 - 18:10 Members Business: S6M-12371: Sandesh Gulhane: International Long Covid Awareness Day 2024:  
**Attachments:** Draft speech - Member's Business - S6M-12371 - International long COVID day - 13 March 2024.docx; Members Business Debate - International long COVID day 2024 - lines to take on potential interventions.docx; Briefing - Minister for Public Health and Women's Health - Member's Business - S6M-12371 - International long COVID day - 13 March 2024.docx

Hi PO colleagues,

Further to the pre-meet with the Minister this morning, please find attached an updated copy of the draft speech, alongside a copy of lines to take on potential interventions.

Also attached is a copy of the briefing pack, although for clarity that remains unchanged from the version I'd sent up on Friday.

If you need anything further then do let me know.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]  
Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **DOCUMENT 69**

**From:** [REDACTED, section 38(1)(b)]

**Sent:** 13 March 2024 15:15  
**To:** Minister for Public Health & Women's Health  
**Cc:** [REDACTED, section 38(1)(b)]; Lynne Nicol; John Harden; DG Health & Social Care; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Jennie Gollan  
**Subject:** FW: 17:25 - 18:10 Members Business: S6M-12371: Sandesh Gulhane: International Long Covid Awareness Day 2024:  
**Attachments:** Draft speech - Member's Business - S6M-12371 - International long COVID day - 13 March 2024.docx; Members Business Debate - International long COVID day 2024 - lines to take on potential interventions.docx; Briefing - Minister for Public Health and Women's Health - Member's Business - S6M-12371 - International long COVID day - 13 March 2024.docx  
**Importance:** High

Hi [REDACTED, section 38(1)(b)] and PO colleagues,

Please find attached an updated copy of the speech as discussed.

Also attached is an updated copy of the lines to take on potential interventions, with additions re lived experience engagement (page 3), and collection of prevalence data to inform planning (page 5).

The debate briefing pack is attached but for clarity remains unchanged from the version you have.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]  
Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

**DOCUMENT 70**

**From:** [REDACTED, section 38(1)(b)]  
**Sent:** Friday, March 22, 2024 1:24 PM  
**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>  
**Cc:** [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)];

[REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Lynne Nicol <Lynne.Nicol@gov.scot>; [REDACTED, section 38(1)(b)]; John Harden <John.Harden@gov.scot>; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]

**Subject:** Briefing pack - Minister for Public Health and Women's Health meeting with Long Covid Kids - Wednesday 27 March

PO colleagues,

As requested, please find attached a briefing pack for Ms Minto's scheduled meeting with Long Covid Kids on Wednesday 27 March.

Supporting the meeting and pre-meet will be

- [REDACTED, section 38(1)(b)], Senior Medical Advisor - Paediatrics
- [REDACTED, section 38(1)(b)], Senior Policy Manager, Clinical Priorities Unit
- [REDACTED, section 38(1)(b)], Unit Head, Clinical Priorities Unit

If you require any further information then do let me know.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]  
Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **DOCUMENT 71**

**From:** [REDACTED, section 38(1)(b)]

**Sent:** Thursday, March 7, 2024 3:04 PM

**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** [REDACTED, section 38(1)(b)]; Lynne Nicol <Lynne.Nicol@gov.scot>; John Harden <John.Harden@gov.scot>; [REDACTED, section 38(1)(b)];

[REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Jennie Gollan <Jennie.Gollan@gov.scot>; [REDACTED, section 38(1)(b)]

**Subject:** Briefing pack - Minister for Public Health and Women's Health visit to NHS Ayrshire and Arran - long COVID - Monday 11 March

Hi PO,

Please find a copy of the briefing pack for Monday's visit attached as discussed.

I will be attending to provide official support from policy – [REDACTED, section 38(1)(b)] and [REDACTED, section 38(1)(b)] will be attending to provide support from Comms - [REDACTED, section 38(1)(b)]

If you require any further information in the meantime then please do let me know.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **DOCUMENT 72**

**From:** [REDACTED, section 38(1)(b)]

**Sent:** Wednesday, April 10, 2024 10:14 AM

**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <CabSecforNRHSC@gov.scot>; Minister for Social Care, Mental Wellbeing & Sport <MinisterSCMWS@gov.scot>; [REDACTED, section 38(1)(b)]; Lynne Nicol <Lynne.Nicol@gov.scot>; John Harden <John.Harden@gov.scot>; John Burns <John.Burns@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Chief Medical Officer <CMO@gov.scot>; Carolyn McDonald <Carolyn.Mcdonald@gov.scot>; [REDACTED, section 38(1)(b)]; Richard McCallum <Richard.McCallum@gov.scot>; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Jennie Gollan <Jennie.Gollan@gov.scot>

**Subject:** Routine submission - Minister for Public Health and Women's Health - Profiling of Long COVID Support Fund and the future of long COVID support and services - response requested by Monday 22 April

PO Minister for Public Health and Women's Health

Please find attached a routine submission which looks to:

- [REDACTED, section 29(1)(a)]
- [REDACTED, section 29(1)(a)]

A response is requested by Monday 22 April. If you require any further information then please do get in touch.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **DOCUMENT 73**

**From:** [REDACTED, section 38(1)(b)]

**Sent:** Wednesday, April 10, 2024 11:49 AM

**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <CabSecforNRHSC@gov.scot>; Minister for Social Care, Mental Wellbeing & Sport <MinisterSCMWS@gov.scot>; [REDACTED, section 38(1)(b)]; Lynne Nicol <Lynne.Nicol@gov.scot>; John Harden <John.Harden@gov.scot>; John Burns <John.Burns@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Chief Medical Officer <CMO@gov.scot>; Carolyn McDonald <Carolyn.Mcdonald@gov.scot>; [REDACTED, section 38(1)(b)]; Richard McCallum <Richard.McCallum@gov.scot>; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Jennie Gollan <Jennie.Gollan@gov.scot>

**Subject:** RE: Routine submission - Minister for Public Health and Women's Health - Profiling of Long COVID Support Fund and the future of long COVID support and services - response requested by Monday 22 April

PO colleagues,

With apologies – grateful if you could withdraw this submission for the time being, and we will be in touch with a further update in due course.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

**From:** [REDACTED, section 38(1)(b)]

**Sent:** Wednesday, April 10, 2024 10:14 AM

**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <CabSecforNRHSC@gov.scot>; Minister for Social Care, Mental Wellbeing & Sport <MinisterSCMWS@gov.scot>; [REDACTED, section 38(1)(b)]; Lynne Nicol <Lynne.Nicol@gov.scot>; John Harden <John.Harden@gov.scot>; John Burns <John.Burns@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Chief Medical Officer <CMO@gov.scot>; Carolyn McDonald

<Carolyn.Mcdonald@gov.scot>; [REDACTED, section 38(1)(b)]; Richard McCallum  
<Richard.McCallum@gov.scot>; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Jennie  
Gollan <Jennie.Gollan@gov.scot>

**Subject:** Routine submission - Minister for Public Health and Women's Health - Profiling of Long  
COVID Support Fund and the future of long COVID support and services - response requested by  
Monday 22 April

PO Minister for Public Health and Women's Health

Please find attached a routine submission which looks to:

- [REDACTED, section 29(1)(a)]
- [REDACTED, section 29(1)(a)]

A response is requested by Monday 22 April. If you require any further information then  
please do get in touch.

Best wishes

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Senior Policy Manager  
Clinical Priorities  
Healthcare Quality and Improvement  
Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **DOCUMENT 74**

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>

**Sent:** Tuesday, February 27, 2024 11:17 AM

**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>

**Subject:** RE: Due 06/03: Case 202400399338 - Graeme Dey MSP

Hi [REDACTED, section 38(1)(b)],

Yes thanks, I can confirm that the paragraphs at the end include the key information from Ms Minto's response to the joint statement from long covid charities, so there may be limited value in attaching it to this response.

However, should the Minister wish to draw a link to the response, I have added an additional few words in green in the sentence below that.

Best wishes

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**

Senior Policy Manager

Clinical Priorities

Healthcare Quality and Improvement

Directorate of the Chief Operating Officer



Scottish Government

St Andrew's House

Regent Road

Edinburgh EH1 3DG

**From:** [REDACTED, section 38(1)(b)] > **On Behalf Of** Minister for Public Health & Women's Health

**Sent:** Tuesday, February 27, 2024 10:48 AM

**To:** [REDACTED, section 38(1)(b)]

**Cc:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>; [REDACTED, section 38(1)(b)]

**Subject:** Due 06/03: Case 202400399338 - Graeme Dey MSP

Morning [REDACTED, section 38(1)(b)],

Please see below feedback from Ms Minto;

*I have suggested below (see highlighted) that the letter I sent to groups who were in touch regarding the NHS inform site it attached to this response. However, I think the further paragraphs basically contain the same information. Can you get officials to confirm this?*

Grateful if you can confirm.

Thanks

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]** | Assistant Private Secretary | Minister for Public Health and Women's Health – Jenni Minto

St Andrew's House | Regent Road | Edinburgh | EH1 3DG | Email: [ministerphwh@gov.scot](mailto:ministerphwh@gov.scot)

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

---

**Draft Response Text:**

Thank you for your emails of 15 February 2024 to the Cabinet Secretary for NHS Recovery, Health and Social Care, Neil Gray MSP, and myself regarding healthcare support available to people living with long COVID. I am providing you with this response to both emails as responsibility for policy relating to long COVID lies within my portfolio as Minister for Public Health and Women's Health.

Firstly, I am very sorry to learn of the difficulties that your constituent is experiencing as a result of long COVID. I would like to reassure you and [REDACTED, section 38(1)(b)] that the Scottish Government takes the issue of long COVID very seriously, and recognises the significant impact it can have on those most severely affected.

Within your email, you have asked for information on actions being taken by the Scottish Government to support access to appropriate healthcare services for people living with long COVID.

We have established a £10 million long COVID Support Fund, which aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these in to more clearly defined pathways and to provide a more co-ordinated experience for those accessing support. An initial £3 million was made available from the fund over 2022-23, and a further £3 million is being made available over this financial year. A total of £383,000 is being made available to your constituent's Health Board, NHS Lothian, from the long COVID Support Fund over 2023-24.

We have commissioned NHS National Services Scotland to establish a National Strategic Network for long COVID. This brings together representatives from NHS Boards across Scotland to provide a forum for the exchange of learning and best practice from within and beyond Scotland in developing support and services for people with long COVID.

In addition, the Scottish Government has worked with clinicians in a range of disciplines to develop an 'Implementation Support Note' which gives healthcare professionals targeted information to support them with the assessment and management of their patients with long COVID. Healthcare professionals can access this information on the SIGN website, and it is also available through a mobile app.

While the Scottish Government provides core funding and is responsible for setting the strategic policy for the NHS in Scotland, responsibility for service delivery rests locally with Health Boards who configure services taking into account local circumstances and the reasonable needs of their patient populations. Therefore, should you or [REDACTED, section 38(1)(b)] have queries relating to the availability of

support and services to them locally, I would encourage you to contact NHS Lothian directly, as they will be best placed to provide you with information.

I understand that your constituent has also highlighted a statement published by long COVID organisations raising concern regarding the publication of case study videos of people living with long COVID, on NHS inform. Please let me reassure you that we consider all feedback provided to us, and I can confirm that I replied to these organisations regarding their statement on 13 February 2024, ~~which is attached to this response.~~

~~This confirmed that t~~The case study videos were developed following user experience research conducted with people living with long COVID to understand their experiences of accessing the long COVID information contained on NHS inform, and identify areas for further development of the content.

Participants for both the user experience research and the recording of case study videos were recruited independently through a specialist agency, and the opportunity to participate in both processes was also communicated to relevant stakeholder organisations which included charities representing people living with long COVID.

The NHS inform website notes that there are many different signs and symptoms of long COVID, that not every person is affected in the same way and that the length of time which symptoms will last will vary from person to person.

Each case study video relates to one individual's perspective of their journey with long COVID, in their own words. After recording, each participant was invited to review the draft content of their video to ensure it was reflective of their experience, and they provided consent prior to publication. We are extremely grateful to all of those who chose to take part in this process and share their personal testimony.

Thank you for taking the time to contact me to raise this issue on behalf of your constituent, and I hope the information in my response is helpful to you both.

## **DOCUMENT 75**

**From:** [REDACTED, section 38(1)(b)]

**Sent:** Wednesday, March 27, 2024 4:26 PM

**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]

**Subject:** Meeting note - Jenni Minto meeting with Long Covid Scotland and Long Covid Kids 27 March

[REDACTED, section 38(1)(b)] and PO colleagues, please find attached a note of the Minister's meeting with Long Covid Scotland and Long Covid Kids this morning.

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Unit Head, Clinical Priorities

Healthcare Quality & Improvement

Directorate of the Chief Operating Officer, NHS Scotland

Scottish Government

[REDACTED, section 38(1)(b)] / [REDACTED, section 38(1)(b)]

St Andrew's House, Edinburgh

## **DOCUMENT 76**

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>  
**Sent:** Wednesday, April 3, 2024 9:16 AM  
**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>  
**Cc:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>  
**Subject:** RE: Meeting note - Jenni Minto meeting with Long Covid Scotland and Long Covid Kids 27 March

Thanks Louise, requested change incorporated in the attached.

Best  
Will

**[REDACTED, section 38(1)(b)]**  
Unit Head, Clinical Priorities  
Healthcare Quality & Improvement  
Directorate of the Chief Operating Officer, NHS Scotland  
Scottish Government

[REDACTED, section 38(1)(b)]@gov.scot / [REDACTED, section 38(1)(b)]  
St Andrew's House, Edinburgh

**From:** [REDACTED, section 38(1)(b)] > **On Behalf Of** Minister for Public Health & Women's Health  
**Sent:** Tuesday, April 2, 2024 5:34 PM  
**To:** [REDACTED, section 38(1)(b)] >; Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>  
**Cc:** [REDACTED, section 38(1)(b)] [REDACTED, section 38(1)(b)]  
**Subject:** RE: Meeting note - Jenni Minto meeting with Long Covid Scotland and Long Covid Kids 27 March

Thanks [REDACTED, section 38(1)(b)],

Ms Minto is grateful for this coming up so promptly – it's much appreciated.

Small change as below please:

The Minister thanked [REDACTED, section 38(1)(b)] for sharing her experience and said that it was helpful to hear that [REDACTED, section 38(1)(b)] was now receiving some support. She said it should not have taken three years of chasing to achieve this. She asked officials to consider whether this was something that could be replicated or best practice shared.

**I think this reads as I have suggested the three years of chasing could be replicated – which is clearly not what I meant.**

**So can I suggest:**

The Minister thanked [REDACTED, section 38(1)(b)] for sharing her experience and said that it was helpful to hear that [REDACTED, section 38(1)(b)] was now receiving some support. She said it should not have taken three years of chasing to achieve this.

She asked officials to consider whether the recent support pathway that [REDACTED, section 38(1)(b)] is on was something that could be replicated or best practice shared across the network.

Thanks,

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Private Secretary to the Cabinet Secretary for NHS Recovery, Health and Social Care – Neil Gray  
MSP  
Scottish Government

St Andrew's House | Regent Road | Edinburgh | EH1 3DG  
CabSecforNRHSC@gov.scot

[REDACTED, section 38(1)(b)]



All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

**From:** [REDACTED, section 38(1)(b)]

**Sent:** Wednesday, March 27, 2024 4:26 PM

**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** [REDACTED, section 38(1)(b)] >; [REDACTED, section 38(1)(b)]

**Subject:** Meeting note - Jenni Minto meeting with Long Covid Scotland and Long Covid Kids 27 March

[REDACTED, section 38(1)(b)] and PO colleagues, please find attached a note of the Minister's meeting with Long Covid Scotland and Long Covid Kids this morning.

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Unit Head, Clinical Priorities  
Healthcare Quality & Improvement  
Directorate of the Chief Operating Officer, NHS Scotland  
Scottish Government

[REDACTED, section 38(1)(b)] / [REDACTED, section 38(1)(b)]

St Andrew's House, Edinburgh

## **DOCUMENT 77**

**From:** [REDACTED, section 38(1)(b)]

**Sent:** Monday, November 6, 2023 11:57 AM

**To:** Freja Lundberg <[REDACTED, section 38(1)(b)]@gmail.com>; Jane Ormerod <[REDACTED, section 38(1)(b)]@btinternet.com>; [REDACTED, section 38(1)(b)]. <[REDACTED, section 38(1)(b)]@hotmail.co.uk>

**Cc:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>

**Subject:** Long Covid Scotland Meeting with Minister for Public Health and Women's Health - 3 October 2023

Good morning Freja, Jane and [REDACTED, section 38(1)(b)]

Please find attached a minute of your meeting with Ms Minto, and a minute of her follow-up meeting with Officials, which the Minister has asked me to share with you. Apologies for the delay in being able to send this on.

I hope this is helpful to you, and if you require any further information then please do get in touch

Best wishes

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**

Senior Policy Manager

Clinical Priorities

Healthcare Quality and Improvement

Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

**From:** [REDACTED, section 38(1)(b)]. <[REDACTED, section 38(1)(b)]@hotmail.co.uk>

**Sent:** Wednesday, October 4, 2023 2:38 AM

**To:** Jenni.Minto.msp@parliament.scot; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** [REDACTED, section 38(1)(b)]@btinternet.com; Freja Lundberg <[REDACTED, section 38(1)(b)]@gmail.com>

**Subject:** FAO Jenni Minto - Long Covid clinics - BMJ September 2023 - Long Covid Scotland

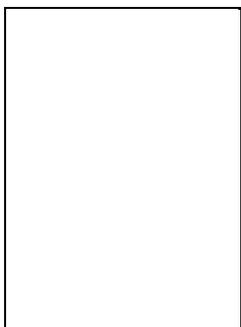
**OFFICIAL**

Good morning,

I'd like to please pass our sincere thanks to both yourself Jenni, and to your full team for taking the time to meet with us yesterday and for the informative and productive discussion.

As promised and (as per below), I have included the full BMJ link/article from last month as referenced in our meeting which sheds some light on what UK clinics do/have done, and how single points of access are managed/overseen in the rest of the UK by doctors per NICE guidelines and which was of particular relevance to our discussions and within context of your intimated future scoping meeting.

What happens inside a long covid clinic? | The BMJ



### What happens inside a long covid clinic?

Close to 100 NHS long covid clinics have sprung up. Erin Dean visits one and meets a multidisciplinary team tailoring support for this wide ranging and poorly understood condition. When 60 year old Shelley Curran caught covid-19 in autumn 2020, she waited to feel better. And waited. While her husband, who has chronic obstructive pulmonary disease, recovered well, her symptoms dragged on. "I just never really got better," she says. "I stayed breathless and I was fatigued—and then new symptoms came along to join the ones I already had. I can only do something for 10 to 15 minutes and then I have to stop to recover. People, even GPs, think you're making it up." Curran, who lives in Wokingham, has had four appointments with the long covid assessment clinic at the Royal Berkshire NHS Foundation Trust in Reading. She has had many symptoms including brain fog, digestive problems, nausea, pins and needles, feeling lightheaded, and shoulder and hip pain. She is one of 2300 patients the clinic—which is par

[www.bmj.com](http://www.bmj.com)

Best of wishes and our sincere thanks again.

Yours sincerely,

[REDACTED, section 38(1)(b)]

Trustee

Long Covid Scotland

### **DOCUMENT 78**

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot> **On Behalf Of** Minister for Public Health & Women's Health

**Sent:** Wednesday, January 31, 2024 3:34 PM

**To:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; Tom Thomson <Tom.Thomson@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>  
**Cc:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>  
**Subject:** FW: FOR CLEARANCE - Long Covid Your Recovery/NHS Inform tweet

Hi [REDACTED, section 38(1)(b)],

Confirming that Ms Minto is content to clear this tweet.

Regards,

[REDACTED, section 38(1)(b)]  
Assistant Private Secretary to Jenni Minto MSP  
Minister for Public Health and Women's Health  
1E.10 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>  
**Sent:** Wednesday, January 31, 2024 12:59 PM  
**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>  
**Cc:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; Tom Thomson <Tom.Thomson@gov.scot>; Jennie Gollan <Jennie.Gollan@gov.scot>  
**Subject:** FOR CLEARANCE - Long Covid Your Recovery/NHS Inform tweet

[REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)], PO

Please find tweet highlighting NHS Inform long COVID microsite – Your Recovery which has been refreshed and now includes case study videos and a range of further/complementary.

We're aiming to issue future posts highlighting the other videos in the series.

Grateful to know if Ms Minto is content to issue

Thanks  
[REDACTED, section 38(1)(b)]

**TWEET**



**Scot Gov Health**

@scotgov... • Just now

Public Health Minister @Jenni Minto has welcomed updates to the NHS Inform website long COVID guidance where Laura, Chris and others share their experiences and what has helped them live with long COVID.



[bit.ly/NHSInformYourRecovery](https://bit.ly/NHSInformYourRecovery)



[REDACTED, section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government

## **DOCUMENT 79**

Jenni Minto MSP  
Minister for Public Health and Women's Health  
The Scottish Government

Date: 20 April 2023

Dear Jenni,

### **Re: Ministerial visit to Inverclyde – Inverclyde Long Covid Peer Support Group**

Congratulations on being appointed as our new Minister for Public Health and Women's Health. I wish you every success and look forward to working with you and supporting you in any way I can.

As you will know, I have always sought to make sure that in my role as the MSP for Greenock and Inverclyde, I am raising issues affecting my constituency, but also highlighting the successes, with the Scottish Government. The appointment of our new First Minister and his Ministerial team therefore presents me with an opportunity to invite colleagues to Inverclyde to see what we have to offer.

As Minister for Public Health and Women's Health, I would like to invite you to visit the Inverclyde Long Covid Peer Support Group. I visited the group for the second time earlier this month and was again struck by the stories I heard from those in attendance. Many have lost their jobs or are currently going through the process of eventually having their employment terminated. Specifically, in relation to your role as Minister for Women's Health, most of those in attendance are women.

The group have been very kind to me and thanked me for simply listening as they feel they are often ignored. I believe if you were also to come and listen to their stories and experiences, you would gain a valuable insight into the new reality those living with long Covid are having to navigate. Before meeting with the group, I did not fully understand the condition or appreciate how it can affect everyone so differently. If you require more information before deciding on whether to meet with the group, please get in contact.

I look forward to hearing from you and hope your diary commitments will permit you to accept my invitation.

Yours sincerely,

Stuart McMillan MSP

## **DOCUMENT 80**

FAO:

[REDACTED, section 38(1)(b)], Patient Affairs Manager NHS Lanarkshire

Jenny Minto, Minister for Public Health

Michael Matheson, Cabinet Secretary

Fulton McGregor, MSP

### **Introduction**

On behalf of my son, [REDACTED, section 38(1)(b)] who is copied into this email. I wish to raise a formal complaint at the treatment, or more precisely the lack of medical intervention received from NHS Lanarkshire.

I am authorised by [REDACTED, section 38(1)(b)] to speak on his behalf. Please do let me know if you require any additional authorisation from [REDACTED, section 38(1)(b)] who has been copied into this email.

I have also included the Scottish Government in my email as I wish to also raise a complaint directly with the Cabinet Secretary and Minister for Public Health. I have been in direct correspondence with the previous Cabinet Secretary for Health and Social Care and wish to alert the current Cabinet Secretary and Minister for Public Health to the utter failure to treat long covid patients in Scotland.

For completeness, I have copied my MSP Fulton McGregor who is aware of my son's condition, is supportive and has raised my son's situation in parliament several times.

[REDACTED, section 38(1)(b)], you will be familiar with [REDACTED, section 38(1)(b)] history as I previously complained about the inability for my son to receive [REDACTED, section 38(1)(b)] when he [REDACTED, section 38(1)(b)] despite having a clinical history or deteriorating health following each [REDACTED, section 38(1)(b)]. For ease of reference, that case number was [REDACTED, section 38(1)(b)]

### **Summary**

To summarise, my son [REDACTED, section 38(1)(b)], fell ill [REDACTED, section 38(1)(b)]. He was a previously fit, healthy, and academic young man and yet his life has altered beyond recognition after [REDACTED, section 38(1)(b)].

It is hard for me to put into words how devastating and debilitating the impact of [REDACTED, section 38(1)(b)] has been for [REDACTED, section 38(1)(b)]. He has [REDACTED, section 38(1)(b)]. He has [REDACTED, section 38(1)(b)].

To date, [REDACTED, section 38(1)(b)] has received no meaningful medical intervention from the NHS beyond [REDACTED, section 38(1)(b)]. He was [REDACTED, section 38(1)(b)], but [REDACTED, section 38(1)(b)] requires medical intervention before rehab can be a realistic option for him. A fact which the [REDACTED, section 38(1)(b)] also agree with. Unfortunately, [REDACTED, section 38(1)(b)] has been the only solution that has been offered to [REDACTED, section 38(1)(b)]. I have said previously in correspondence with the NHS and with Scottish Government, that this is the equivalent of asking someone with a broken leg to start physiotherapy before they've been x-rayed and received medical treatment. It is inconceivable that this advice would be given to someone with a broken bone, and it is not an appropriate solution for a complex illness like [REDACTED, section 38(1)(b)].

## Concern

I have campaigned for change to the way long covid young people are treated and have been involved in numerous correspondences with the NHS and the Scottish Government, sharing [REDACTED, section 38(1)(b)] lived experience in the hope that someone would listen and make meaningful change.

Sadly, nothing has changed in the near four years that [REDACTED, section 38(1)(b)] has been ill. I fear he is out of sight and out of mind as far as both the NHS and Scottish Government are concerned.

Recently, I was horrified to learn in the press that Jason Leitch has branded parents of Long Covid sufferers' "extremists" and I truly hope that my advocacy for [REDACTED, section 38(1)(b)] has not impacted the medical treatment he should have received as clearly there is an issue with the beliefs of policy makers.

As a family, we have spent hours researching long covid and advocating for [REDACTED, section 38(1)(b)] to gain access to medical professionals. We have had to resort to seeking private healthcare for [REDACTED, section 38(1)(b)] and I estimate we have spent over £10k in pursuing diagnostic medical interventions as we have had to pay to see specialists such as [REDACTED, section 38(1)(b)] and more recently [REDACTED, section 38(1)(b)].

When I have raised this with both the NHS and the Scottish Government, I have received the same standard response that [REDACTED, section 38(1)(b)]s GP is the primary carer and can make referrals. This is referenced in the correspondence I had with Humza Yousaf in November 2022 and more recently by NHS Lanarkshire as part of the response to my formal complaint that there is no medical care pathway in place. They stated the following:

*"Similar to the first point, in the NHS Lanarkshire pathway, GPs are the primary medical coordinator of care. The pathway is integrated into the wider medical landscape, such as cardiology, respiratory and ENT. This pathway model is supported by SIGN 161 and the NSS Long Covid National Network as well as the local Lanarkshire group detailed previously".*

I was even advised by the previous Cabinet Secretary's office to make a complaint about our GP if they did not provide referrals. This suggestion horrified me as our GPs have been the only medical professionals to try and help [REDACTED, section 38(1)(b)] and this leads me onto my complaint.

## Complaint

The sad fact is that **every single [REDACTED, section 38(1)(b)]**.

Last October, we found a [REDACTED, section 38(1)(b)] (the sole medical professional in Scotland treating long covid) and [REDACTED, section 38(1)(b)] remains [REDACTED, section 38(1)(b)]. We pay for this private support as it is the only option we have available to us in Scotland.

[REDACTED, section 38(1)(b)] clinical diagnosis is [REDACTED, section 38(1)(b)].

This doctor has [REDACTED, section 38(1)(b)] and [REDACTED, section 38(1)(b)]s [REDACTED, section 38(1)(b)]. This summer we had our first family holiday together in four years, albeit [REDACTED, section 38(1)(b)] required [REDACTED, section 38(1)(b)] and was [REDACTED, section 38(1)(b)]. He has been able to start college part time to try and catch up with his missed education. However, he needs [REDACTED, section 38(1)(b)], and the reality is that after a day at college he comes home and [REDACTED, section 38(1)(b)]. He could not complete two days in succession due to the [REDACTED,

section 38(1)(b)). [REDACTED, section 38(1)(b)] often misses days at college due to the [REDACTED, section 38(1)(b)]. Like [REDACTED, section 38(1)(b)] and [REDACTED, SECTION 38(1)(B)], the severity of [REDACTED, section 38(1)(b)] can fluctuate unpredictably, making his return to education extremely challenging.

At [REDACTED, section 38(1)(b)] most recent appointment, [REDACTED, section 38(1)(b)] doctor stated that [REDACTED, section 38(1)(b)]. He has [REDACTED, section 38(1)(b)]. Some of this may be due to [REDACTED, section 38(1)(b)]. She notes that he is [REDACTED, section 38(1)(b)]. His [REDACTED, section 38(1)(b)] is still [REDACTED, section 38(1)(b)].

Based on the above our GP [REDACTED, section 38(1)(b)] to request that [REDACTED, section 38(1)(b)] gets help and [REDACTED, section 38(1)(b)].

The response that was received from [REDACTED, section 38(1)(b)] stated that they decline to see patients with [REDACTED, SECTION 38(1)(B)] as it is not their speciality and they have no expertise in its management. They state that [REDACTED, section 38(1)(b)] is [REDACTED, section 38(1)(b)]. Their recommendation is [REDACTED, section 38(1)(b)].

This is absolutely appalling and not acceptable for a number of reasons:

1. They have made a decision/assumption on the state of [REDACTED, section 38(1)(b)] health without seeing him. Yes, he has [REDACTED, section 38(1)(b)], but he is [REDACTED, section 38(1)(b)] and he [REDACTED, section 38(1)(b)] as I have outlined above. His symptoms are [REDACTED, section 38(1)(b)]. The value of validating symptoms and their impact on patients should not be underestimated and to judge [REDACTED, section 38(1)(b)] to be [REDACTED, section 38(1)(b)] without seeing him is to grossly underestimate the severity of his condition
2. To suggest that we refer to a website to obtain a care pathway is absolutely appalling. Had any effort been made to look at [REDACTED, section 38(1)(b)] medical history they would see that we have [REDACTED, section 38(1)(b)] and he [REDACTED, section 38(1)(b)], he also received a [REDACTED, section 38(1)(b)] but [REDACTED, section 38(1)(b)] which is why our GP [REDACTED, section 38(1)(b)]
3. I suggest that the [REDACTED, section 38(1)(b)] Department take their own advice and [REDACTED, section 38(1)(b)] UK website as there is a section to help educate medical professionals. Indeed, the very website they referred [REDACTED, section 38(1)(b)] to contains advice for medical professionals and highlights that *"If not adequately treated, [REDACTED, section 38(1)(b)] can become a debilitating disorder that can lead to significant disability and impaired quality of life"*
4. There is also a section on said website regarding [REDACTED, section 38(1)(b)] which directs medical professionals to a British Journal of General Practice article which states that *"management within a multidisciplinary team was recommended for [REDACTED, section 38(1)(b)] clinics can provide an ideal setting to facilitate this"*.

How ironic that the website we get referred to informs us that [REDACTED, section 38(1)(b)] requires treatment from a multi-disciplinary team in a [REDACTED, section 38(1)(b)] clinic. An option not available to anyone in Scotland.

Surely, if the expertise does not exist to treat [REDACTED, SECTION 38(1)(B)] in Lanarkshire, then a more useful suggestion would be to seek an out of area referral to someone who has the expertise to help [REDACTED, section 38(1)(b)]. Can this be actioned or would this too be rejected?

In summary, I am officially complaining because despite doing everything within my power and repeatedly telling those in power that medical intervention is required, the sad reality for [REDACTED, section 38(1)(b)] is that no one has listened.

[REDACTED, section 38(1)(b)] has been seriously let down by the medical profession and the Scottish Government and I fear that the inaction to treat [REDACTED, section 38(1)(b)] has resulted in permanent damage to his health.

We remain utterly bewildered and frankly broken by the gap in care afforded to [REDACTED, section 38(1)(b)] as a [REDACTED, section 38(1)(b)] versus patients with other conditions.

I reiterate yet again that complex illnesses like [REDACTED, section 38(1)(b)] require complex treatment solutions and yet [REDACTED, section 38(1)(b)] has received no medical intervention at all. I would like an answer as to why my son has been neglected and unable to receive any medical intervention in almost four years.

At present, [REDACTED, section 38(1)(b)] and many others like him, remain a tragic reminder of a pandemic the NHS and Scottish Government seem eager to forget.

I look forward to the response from both the NHS and the Scottish Government.

Your sincerely,

[REDACTED, section 38(1)(b)]

## **DOCUMENT 81**

Cabinet Secretary for Health and Social Care  
Rùnaire a' Chaibineit airson Slàinte agus Cùram Sòisealta  
Humza Yousaf BPA/MSP

T: 0300 244 4000

E: CabSecHSC@gov.scot

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]@sky.com

Our Reference: 202200308648

Your Reference: Long covid

7 November 2022

Dear [REDACTED, section 38(1)(b)],

Firstly, please let me sincerely apologise for the length of time it has taken for you to receive a response to your letter, this has been caused by an issue with the process that the Scottish Government uses to issue correspondence that has now been rectified.

Thank you for your letter addressed to the First Minister and I, which was hand delivered to me at the Long Covid Kids Scotland event at the Scottish Parliament on the 28th of June 2022.

I'm very sorry to hear you were not well enough to attend the event in person as you had hoped. I am grateful to you for taking the time to write to me to explain what [REDACTED, section 38(1)(b)] has been like for you and to highlight areas where you think we can make improvements for people in similar situations as you.

I was sad to learn about just how much things have changed for you since you first [REDACTED, section 38(1)(b)] and then again on [REDACTED, section 38(1)(b)]. I can only imagine how hard it must be for you to cope with [REDACTED, section 38(1)(b)] on a daily basis, and I appreciate that these have impacted your ability to attend school and take part in the other activities you enjoyed so much previously.

I want you to know the Scottish Government is listening and understands the negative impact that Long COVID is having on those children, young people and adults affected in Scotland.

Care and support for people with Long COVID is being provided across the full range of services being delivered by our NHS. This includes local primary care teams, community based rehabilitation services and referrals for further investigation delivered in secondary care settings where needed. But we know that there is more work to be done.

We are all working hard to make sure each person living with Long COVID gets the care and support that is right for them. We have provided funding to NHS Boards across Scotland, including NHS Lanarkshire, to enable them to take forward a range of projects to improve the help they provide for people living with Long COVID.

This will provide resource to enable Boards to design models of care tailored to the specific needs of their local populations, which may involve strengthening the co-ordination of existing services, or establishing dedicated services, such as Long COVID clinics, where that is identified as the most appropriate local response.

I am really sorry to hear that Long COVID has affected your time at school. I know that it must be really hard for you to be off for so long, missing out on work and also time with your friends. In the Scottish Government, we want everyone to have a good experience at school and to get any support that they might need to help them to do their best.

In Scotland, there is a law that says if you need extra or different help from the other children who are in your class or year group, you have a right to get extra support to get the best out of your learning. It doesn't matter why you need extra help and you might only need it for a short time or a slightly longer time.

We also know that there might be times when children can't go to school for longer periods of time because they are unwell. In cases like this, your school should help you to be able to learn at home or somewhere else, if you need to, until you are ready to go back to school.

If you are still finding things difficult at school and think that you might need some extra help, you or your parents can ask your school or your local council to think about how they could give you extra support. I know it can sometimes be difficult to ask for extra help. So there are people you can speak to, who are separate from your school and the council, who may be able to help you to do that. There is a service called My Rights, My Say who can give you information on your rights and help you to have your voice heard when decisions are made about the support that you might need at school. You can find out information on this service and how you can speak to them by going to this website: <https://reach.scot/>.

Your parents might also want to think about contacting a service called Enquire. This is the national advice and information service for parents about additional support for learning. They have a helpline where your parents can speak to someone about the issues you are having and what help your school might be able to provide. Information about Enquire can be found on their website: [www.enquire.org.uk](http://www.enquire.org.uk).

You have rightly highlighted research as being a key priority. Whilst we have learned a great deal about COVID-19 since the beginning of the pandemic, I recognise that there is still much we need to more fully understand in relation to its long-term effects. Crucially, on what the underlying cause of these persistent symptoms may be, and to identify safe and effective treatments for those affected.

The Scottish Government's Chief Scientist Office (CSO) is funding 9 Scottish-led research projects on the longer-term effects of COVID-19 with a total funding commitment of £2.5 million. These studies aim to improve the understanding of the long term effects of COVID-19 on physical and mental health and wellbeing in Scotland, and inform clinical interventions to support recovery and rehabilitation.

In addition, the Scottish Intercollegiate Guidelines Network, the National Institute for Health and Care Excellence and the Royal College of General Practitioners continue to actively monitor the global evidence base on potential treatment interventions for Long COVID. This will make sure that the recommendations for healthcare professionals contained within their UK-wide clinical guideline are

informed by quality evidence, regardless of where the studies producing this evidence are taking place.

While I know that you have already contacted your local GP practice, I would encourage you to stay in contact with them regarding symptoms that are causing you concern. The Primary Care team there are best placed to give you advice and guidance about how these can be managed and any potential treatment options for these symptoms in the first instance.

Thank you again for taking the time to write to raise this important issue with me. I hope you find the information in this letter helpful and that you start to feel better soon.

Yours sincerely,  
HUMZA YOUSAF

## **DOCUMENT 82**

### **By Email**

Ms Jenni Minto MSP  
MinisterPHWH@gov.scot

18th December 2023

Dear Ms. Minto,

I am writing in reference to your letter addressed to Jackie Baillie MSP on December 14, 2023, in response to the supplementary question to PQ S6O-02808 on November 29, 2023, regarding the establishment of dedicated paediatric Long Covid services in Scotland.

I wish to address several assertions made in your letter and respectfully request information and substantiation for the statements provided.

Your statement mentions that *"...care and support for children and young people with symptoms consistent with Long Covid is being provided by the full range of services delivered by our NHS across Scotland."* However, numerous communications from Long Covid Kids to the Scottish Government, NSS Long Covid Strategic Network, the Scottish Parliamentary Long Covid Inquiry, and others have consistently contradicted this claim.

It's regrettable that we find ourselves consistently reiterating to the Scottish Government the multiple factors contributing to this situation:

- **Absence of public health messaging:** Parents and caregivers lack information and education on identifying Long Covid symptoms in children, thereby hindering their ability to recognise the reason why their children face challenges in daily functioning.
- **Absence of training and support for NHS clinicians:** Primary care lacks updated training on paediatric Long Covid, leading to an inability to identify, diagnose, and treat symptoms effectively.

The outcomes resulting from the current inadequacies in public health communications and healthcare services are alarming and detrimental for affected children and their families:

1. Parents and caregivers, faced with the lack of accessible healthcare or proper guidance, often encourage their children to endure their symptoms, unwittingly causing further harm and exacerbating their conditions.
2. When seeking primary care, families are met with clinicians who lack the necessary training, support, and expertise to identify, diagnose, and treat paediatric Long Covid. This inadequacy results in:
  - a. Refusal of referrals or repeated refusals when attempting to access paediatric services.
  - b. Acceptance of referral but with extended waiting periods, leaving the young patient without necessary treatment or support during this crucial period.

3. Upon attending secondary care paediatric appointments, families encounter clinicians ill-prepared to identify, diagnose, and treat paediatric Long Covid symptoms. This often leads to:
  - a. Inappropriate discharge with generic advice on lifestyle modifications like exercise, diet, and sleep hygiene, overlooking the gravity of the Long Covid symptoms and treatments that can improve quality of life.
  - b. Improper discharge to CAMHS and/or allied health professionals, failing to address the specific needs of Long Covid patients.
  - c. Discharge from paediatric services without any further care or support, exacerbating the lack of appropriate medical attention.
4. Furthermore, those referred to CAMHS and allied health professionals confront similar challenges, encountering clinicians unequipped to handle the nuances of paediatric Long Covid, perpetuating a cycle of inadequate care.

**Urgently addressing these issues through effective public health messaging and NHS clinician training is imperative to prevent further harm.**

*“Our National long COVID Strategic Network has a dedicated workstream that is looking specifically at the needs of children and young people, and it includes representation from the Royal College of Paediatrics and Child Health and the charity Long Covid Kids. The group is reviewing and updating the information that is available to NHS Board colleagues and primary care clinicians on the appropriate assessment, referral and management pathways for children and young people with long COVID symptoms. Once updated, the information will be shared with NHS Boards as a clinical pathway for local implementation. The aim is to improve consistency of approach across Scotland.”*

There seems to be a misunderstanding regarding the focus of the children and young person’s workstream, which, contrary to the assertion, isn’t engaged in ‘reviewing and updating information available to NHS board colleagues and primary care clinicians on appropriate pathways for children and young people with long COVID symptoms.’ Instead, this responsibility has been shouldered by the Clinical Subject Matter Experts workstream. Unfortunately, we were not involved in this process and remain unaware of the individuals within this subgroup who conducted the review without our input.

Furthermore, we find it disheartening that the Strategic Network has not engaged Dr Claire Taylor and [REDACTED, section 38(1)(b)], both renowned experts in Scotland, to contribute their expertise. We can only assume this omission was unintentional. We urge the Scottish Government to prioritise the engagement of the most qualified and experienced clinicians to ensure optimal patient outcomes.

Upon review of the updated paediatric clinical pathway for Long Covid, received 14th December 2023, there remains a conspicuous absence of dedicated paediatric Long Covid services. This omission prompts questions about the exact placement of these services within the updated pathway. Is the Scottish Government aware that at present there are no paediatric Long Covid services currently in operation, and has the Scottish Government had sight of the proposed clinical pathway for paediatric Long Covid? Does the Scottish Government agree that the updated clinical pathway does not appear to include dedicated paediatric Long Covid services at all?

As you may be aware, the dedicated children and young person's workstream was established in early 2023 but has encountered challenges, notably with only two poorly attended meetings held so far—on April 17th and November 22nd 2023. The workstream suffers from resource limitations, leading to attendees, including Consultant Paediatrician [REDACTED, section 38(1)(b)], voluntarily contributing their time without compensation. This raises concerns about expecting NHS Scotland clinicians to offer their expertise without remuneration. We seek assurance from the Scottish Government regarding the provision of additional resources to adequately support and compensate NHS Scotland's paediatric clinicians involved in the CYP workstream to ensure their commitment and ability to attend meetings and contribute.

*“As you are aware, we have established a £10 million long COVID Support Fund, with an initial £3 million made available over 2022-23, and a further £3 million being made available over this financial year.*

*I would like to assure you that we engage with NHS Boards on a regular basis regarding their capacity needs and will continue to do so in order to inform the allocation of the long COVID Support Fund.”*

It remains unclear how this funding adequately caters to the needs of paediatric Long Covid patients. The discrepancy between allocated funding and Article 24 of the United Nations Convention on the Rights of the Child, ensuring children's right to the best possible health and good quality healthcare demands further evidence to justify the sufficiency of the allocated resources.

Additionally, the proposal to base future Long Covid service funding on progress made over 2023-24 instead of considering 2022-23 raises questions about the delay and rationale behind this decision, which requires clarification.

The current situation, characterised by insufficient funding allocated to NHS health boards for the establishment of paediatric Long Covid services, the lack of public health messaging to educate parents and caregivers about the risk of recurrent SARS-CoV-2 infections leading to Long Covid in children, inadequate education, training, and support for NHS Scotland clinicians, along with the absence of policies addressing indoor air quality in schools and public spaces to curb SARS-CoV-2 transmission and subsequently reduce Long Covid cases, raises doubts regarding the Scottish Government's commitment to addressing Long Covid.

**I respectfully request evidence demonstrating the actions taken by the government to support its assertion of prioritising Long Covid as a serious health concern.**

In a similar context, can the Scottish Government provide evidence demonstrating any actions taken thus far to address the recommendations stemming from the COVID19 Recovery Committee's Long Covid inquiry report published on 28th April 2023.

We look forward to our meeting scheduled for January 9th 2024, and hope for a constructive discussion.

Wishing you and your team a healthy and joyous Christmas and New Year.

Sincerely,  
Helen Goss

Long Covid Kids  
COO & Scotland Lead



**A joint statement from UK Long Covid charities.**

On the 31st of January 2024, the Scottish Government issued [an update on long COVID guidance](#) on NHS Inform via the official @scotgovhealth X channel (formerly Twitter). Public Health Minister Ms. Jenni Minto MSP expressed approval of the update, wherein individuals such as Laura, Chris, and others shared their experiences coping with Long Covid.

Regrettably, Long Covid Kids, Long Covid Scotland, Long Covid SOS, Long Covid Support and Long Covid Physio are unable to support the guidance in its current form. We strongly urge the Scottish Government to withdraw the video, extend an apology to the Long Covid community, and commit to development of the wider NHS Inform materials with input from Long Covid charities.

The disseminated video for inclusion on the NHS Inform website has caused widespread distress within the Scottish, UK, and global Long Covid community. We assert that the video:

- **Downplays the challenges encountered by individuals grappling with the persistent effects of SARS-CoV-2.** Many people with Long Covid find it difficult to articulate their experiences, and the video presentations leave many feeling invalidated or gaslit in their ongoing struggle to receive fundamental care.
- **Fails to fully represent the diverse symptoms and severity of Long Covid.** This multifaceted condition manifests uniquely in individuals, emphasising the need to recognise the diverse symptoms and their profound impact. Neglecting references to cardiology, neurology, and immunology, despite documented symptoms, may inadvertently imply Long Covid is primarily psychosomatic. This contradicts published research with evidence of cardiovascular, neurological, and immunological involvement. A more inclusive approach by the Scottish Government that depicts severe as well as milder presentations of Long Covid could significantly improve public understanding and empathy.
- **Disregards treatment for symptom management** by conveying a potentially harmful message on increasing exercise without proper screening for Post-Exertional Malaise (PEM) and/or Post-Exertional Symptom Exacerbation (PESE). Many individuals struggle daily and have been unable to access support from Long Covid services or General Practitioners after almost four years. People living with other life-altering conditions are not typically prescribed Pilates or gardening as treatments.

We express deep disappointment that, despite our established collaborative relationship, the Scottish Government did not engage with any Long Covid charities in producing the video to achieve an outcome mutually beneficial for both NHS Inform and the Long Covid community. From our perspective, this was a missed opportunity and the resultant disservice to the majority of people affected by Long Covid could have been avoided.

The participants in the video are to be commended for their courage in sharing their experiences and we acknowledge and appreciate the bravery required to speak and be filmed.

## **DOCUMENT 84**

[REDACTED, section 38(1)(b)]  
[REDACTED, section 38(1)(b)]  
[REDACTED, SECTION 38(1)(B)]

29th January 2024

Dear Sir/ Madam,

I am writing to lodge a complaint about my treatment as a [REDACTED, section 38(1)(b)] patient within Dumfries and Galloway NHS over the last two plus years. The complaint relates to the care I have/ have not received, the health boards failure to provide an adequate service and my treatment by healthcare professionals within the service.

I have copied in my local MSP Oliver Mundell, [REDACTED, section 38(1)(b)] of the D&G LC Pathway and the Chief Executive of D&G NHS, Jeff Ace. In addition, I have sent copies to the Health Secretary Michael Matheson and Minister for Public Health Jenni Minto. A recent excerpt from minutes of a meeting held between members of the LC community and the Scottish Government (04/10/23) states, "The Minister and Officials noted concern from stakeholders regarding variation across NHS' Boards responses to Long Covid. The SG's response has been to support NHS Boards to develop models of care tailored to their local population's needs, and consequently approaches do vary across Boards in terms of individual delivery models and staffing compositions of teams. Testing a range of approaches provides an opportunity to learn from different models of care to assess what leads to improved outcomes for patients." I intend to demonstrate how this strategy of throwing mud at the wall to see what sticks breeds healthcare inequality between regions and that in regions where very little support is available to patients it can be viewed as inherently cruel. We all have the right to the best possible healthcare so why should it be that a patient in the Highlands is treated better than a patient in D&G?

I have written previously regarding LC services in D&G (November 2021, September 2022, a FOI request in December 2022 and to NHS D&G chief Executive Jeff Ace in October 2023). Each of the responses was met with a standardised reply that promised an "imminent" LC service made up of allied and mental health professionals, specialist GPs and existing clinics. In a letter to the LC Inquiry, in March 2023, Mr. Ace stated that a specialist GP had been employed to work alongside allied health and psychology leads to provide a robust LC service for patients. SIGN guidelines recommend a specialist GP with relevant skills and experience. The specialist GP, employed on a four hour a week contract, has since left without consulting a single LC patient. No replacement has been employed. The entire service is being run by an occupational therapist who excels at what she does but is not in a position to tackle the complex medical needs of the LC patient. Indeed, all that she has been able to do for me is to [REDACTED, section 38(1)(b)] and give me a [REDACTED, section 38(1)(b)]. I would suggest this [REDACTED, section 38(1)(b)] but this has not happened. Instead, I have [REDACTED, section 38(1)(b)]. I understand the complexities that D&G NHS have in running a LC service. The £80,000 a year funding from the Scottish Government is an insult to both patient and health board alike. It is no surprise that the GP lead left so quickly when the present service is being run on a shoestring budget. For the patient, for whom it has been suggested that living with LC can be worse than living with Stage IV cancer (Guardian, 2023), it leaves us in a healthcare wilderness. Given the promises made, in previous complaint responses and from the Chief Executive to the LC Inquiry, it is a matter of urgency that a robust service becomes the standard as soon as possible. Some of us are now entering our fifth year of chronic illness and disability and have had next to no assistance.

Patients with other incurable diseases are not treated this way and neither should those suffering from LC. If an adequate service cannot be established then the heads of D&G NHS need to go public and openly criticise the Scottish Government for their lack of understanding of the condition and the inadequate funding allocated to deal with it.

Prior to developing LC I was [REDACTED, section 38(1)(b)]. My job involved high levels of physical stamina. For example, I would excavate 2-3 tons of soil per day by hand or walk long distances (25k+), over rough terrain and carrying equipment, when conducting survey work. I was also in the [REDACTED, section 38(1)(b)] so I was mentally healthy. [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)]. The concerns I have with my medical treatment relate to [REDACTED, section 38(1)(b)]. While I understand that LC is a relatively new condition it is obligatory for health professional's to keep up to date with the latest developments within their individual fields. Across the board of specialisms employed within the D&G NHS I have found that this has not been the case:

**Dermatology:** Dermatological problems are well documented within LC research and [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)]. I do not believe [REDACTED, section 38(1)(b)]. I was [REDACTED, section 38(1)(b)]. Nerve damage is also well documented within LC patients and [REDACTED, section 38(1)(b)]. I have been told by [REDACTED, section 38(1)(b)]. I am [REDACTED, section 38(1)(b)]. I worry that [REDACTED, section 38(1)(b)]. I was told, half jokingly, during a recent [REDACTED, section 38(1)(b)] that there was no point me having [REDACTED, section 38(1)(b)]. I believe that my case requires further investigation as to why I [REDACTED, section 38(1)(b)] and why [REDACTED, section 38(1)(b)] when nearly all cases recorded have cleared within a matter of weeks. All [REDACTED, section 38(1)(b)] and it is clear that [REDACTED, section 38(1)(b)].

**Vascular:** Vascular problems, including persistent clotting proteins, are well documented in LC. Many specialists consider LC to be a vascular disease ([REDACTED, section 38(1)(b)], Newcastle NHS). In [REDACTED, section 38(1)(b)]. Despite [REDACTED, section 38(1)(b)] I was told [REDACTED, section 38(1)(b)]" Around [REDACTED, section 38(1)(b)]. The [REDACTED, section 38(1)(b)]. I also explained I have [REDACTED, section 38(1)(b)]. In my first appointment the [REDACTED, section 38(1)(b)] failed to show (I was informed this was common as the specialists are brought in from other hospitals). At the appointment the nurse noted a [REDACTED, section 38(1)(b)] and said [REDACTED, section 38(1)(b)]. On attending the [REDACTED, section 38(1)(b)] it was noted that [REDACTED, section 38(1)(b)] there appeared [REDACTED, section 38(1)(b)]. This information was repeated when I [REDACTED, section 38(1)(b)]. He also stated that [REDACTED, section 38(1)(b)]. I would also require a [REDACTED, section 38(1)(b)]. He then stated [REDACTED, section 38(1)(b)]. I heard nothing until I called [REDACTED, section 38(1)(b)]. I then [REDACTED, section 38(1)(b)]. I stated I had been monitoring and that [REDACTED, section 38(1)(b)]. I felt totally discredited by the specialist as regards my [REDACTED, SECTION 38(1)(B)]. It is as if "post-Covid problems" are psychosomatic rather than a displayed physiological condition and that my [REDACTED, SECTION 38(1)(B)] is being used as an excuse to avoid further investigation. In addition, I was given a [REDACTED, section 38(1)(b)]. The result of this [REDACTED, section 38(1)(b)]. When I attempted to bring this into conversation with the surgeon it was ignored as they were unaware of what this test was. This was despite me having the document in front of me. I would suggest that finding out what this test meant should have been a priority given the vascular problems associated with LC.

**Cardiology:** Dysautonomia is well documented in LC research and after r[REDACTED, section 38(1)(b)]. The test was conducted by two nurses reading from an instruction manual with no knowledge of my history or why such a test was being carried out. I was informed that [REDACTED, section 38(1)(b)] but instead [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)] but this was

ignored at the time. I was then given [REDACTED, section 38(1)(b)] which noted [REDACTED, section 38(1)(b)] but I was not informed of this and only discovered after requesting my personal medical records from the hospital. A diagnosis of [REDACTED, section 38(1)(b)] was confirmed via the LC pathway and through paying for a private consultation in November 2023. I would like to know why I was left undiagnosed for so long after [REDACTED, section 38(1)(b)] is extremely well documented in LC research, why I had to pay for private consultation to get a full diagnosis and why I have had no follow up since my [REDACTED, SECTION 38(1)(B)] diagnosis.

**Neurology:** Neurological problems, including brain fog and brain damage, are well documented in LC research. In early 2022 I undertook a [REDACTED, section 38(1)(b)] test for the [REDACTED, section 38(1)(b)] I was experiencing. I scored [REDACTED, section 38(1)(b)]. The letter I received afterwards stated that [REDACTED, section 38(1)(b)]. It was then proposed that this could be because of [REDACTED, section 38(1)(b)]. This discharge letter was [REDACTED, section 38(1)(b)]. Given that [REDACTED, section 38(1)(b)] this hypothesis is highly unlikely. If my symptoms were psychosomatic why are the same symptoms being noted the world over regardless of culture, gender, age, etc.? And if my [REDACTED, section 38(1)(b)] are all in my head then why was I discharged rather than treated? My [REDACTED, section 38(1)(b)] but [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)] I was seen by [REDACTED, section 38(1)(b)] who after asking a few questions about my symptoms quickly diagnosed me with [REDACTED, section 38(1)(b)] and [REDACTED, section 38(1)(b)]. I was discharged with an A4 sheet explaining the [REDACTED, section 38(1)(b)]. I was not referred onwards to a [REDACTED, section 38(1)(b)] [REDACTED, section 38(1)(b)] clinic for full diagnosis and further assistance. During my appointment I explained that I had [REDACTED, section 38(1)(b)] and [REDACTED, section 38(1)(b)] with warmer weather. The letter I received after my appointment stated that perhaps a warmer climate was the way forward. This was an ill-advised comment and almost callous to those forced to live within the disadvantages of our benefit system. When I complained about this statement the response from the surgeon was to [REDACTED, section 38(1)(b)] [REDACTED, section 38(1)(b)]. This action only further added to my [REDACTED, section 38(1)(b)]. Rather than look for answers the [REDACTED, section 38(1)(b)] preferred to [REDACTED, section 38(1)(b)] and I am now on [REDACTED, section 38(1)(b)]. Given these [REDACTED, section 38(1)(b)] I believe that [REDACTED, section 38(1)(b)] investigation should be a priority for my healthcare.

**Respiratory Physio:** I [REDACTED, section 38(1)(b)] where I explained that I [REDACTED, section 38(1)(b)] and that [REDACTED, section 38(1)(b)]. [REDACTED, section 38(1)(b)] and I was told it was f[REDACTED, section 38(1)(b)]. Following [REDACTED, section 38(1)(b)]. I was [REDACTED, section 38(1)(b)]. Again, I have to ask why my diagnosis was missed during my initial hospital appointment and why it took a combination of private advice and my GP to fix this issue?

**Mental Health:** All roads in [REDACTED, SECTION 38(1)(B)] care eventually lead to mental health. After [REDACTED, section 38(1)(b)]. During this time it was established that [REDACTED, section 38(1)(b)]. It was decided that [REDACTED, section 38(1)(b)].

I started to draft this letter nearly a year ago (April 2023) but [REDACTED, section 38(1)(b)], waiting on responses to previous correspondence and the promise of an “imminent” LC service caused me to postpone any formal complaint at that time. I do not believe I should have to fight for personal healthcare while [REDACTED, section 38(1)(b)] but feel now I have no further choice. As I have illustrated, the healthcare I have received is unsatisfactory and that [REDACTED, section 38(1)(b)]. I do not believe anyone would consider that my right to the highest attainable standard of physical and mental health is being supported. I believe that I am being refused access to services and discriminated against because of the nature of my [REDACTED, section 38(1)(b)]. As soon as you

mention the words [REDACTED, section 38(1)(b)] to any specialist they are actively looking for reasons to [REDACTED, section 38(1)(b)]. Indeed, the condition itself has been dismissed and used as a reason not to pursue further investigation [REDACTED, section 38(1)(b)].

LC patients were instructed by the former Health Secretary (now First Minister) and the Clinical Advisor that we should approach our GP in the first instance. From there we will receive onward referral to specialist services. It is from this point that I find my access to health care blocked. LC healthcare is not accessible, available, appropriate or of a sufficient quality. The fact that an LC pathway has now been introduced has not changed this as we are not getting the onward referrals that we require. After I attended my initial appointment with the pathway my GP expected that he would be furnished with medical advice to assist with my healthcare. All he was given was information he already knew. For example, recognising [REDACTED, section 38(1)(b)]. He had also already tried [REDACTED, section 38(1)(b)]. I have had to employ a private specialist to help guide my GP and healthcare but I should not have to be paying for these services while living in poverty and under the care of the NHS. I have had [REDACTED, section 38(1)(b)] and [REDACTED, section 38(1)(b)]. I also have [REDACTED, section 38(1)(b)].

Long Covid cannot be treated within a rehab setting. A patient requires to be treated before they can be rehabilitated by physios or mental health professionals. Every part of my body has been affected by LC. In addition to my medical issues, I am even waiting on [REDACTED, section 38(1)(b)] appointments at present. The treatments we are being offered in the LC pathway at D&G are for rehabilitation. This appears to be the case throughout the country but some regions do have specialists that are trying to address the route problems. I used the Highlands as a comparison at the start of my complaint and the reason I did this is because if you are diagnosed with [REDACTED, section 38(1)(b)] in the region you are referred to an immunologist. If you suffer from [REDACTED, section 38(1)(b)] you are referred to a cardiologist. The three most common diagnosis given to LC patients are ME/ CFS, POTS and MCAS. Highland region even has a specialist in infectious diseases working within their clinic. I am convinced that I am suffering from viral persistence (I LFT every 7-10 days convinced I am infected again) and access to this sort of specialist may assist in confirming this and assisting with my recovery. As highlighted, [REDACTED, section 38(1)(b)] and other regions have neurologists working closely with their LC pathways. I would suggest that this information necessitates that any clinic in D&G should have access to sympathetic neurologists, immunologists and cardiovascular specialists. It seems whenever [REDACTED, section 38(1)(b)]. They would rather I was [REDACTED, section 38(1)(b)] than given a suitable standard of healthcare. Complain and they question your sanity by [REDACTED, section 38(1)(b)]. I feel as if I am being treated as the medical equivalent of a ping pong ball which is being batted between departments and GP without advances in my treatment being established.

The majority of LC patients throughout Scotland would reiterate all that I have said within this complaint but our plight is being ignored. Utopias of lived experience mattering and patient led healthcare are non-existent when it comes to LC. The magic words "self-management" translate as "suffer alone." In the last week we have seen the first negligence claim raised against the NHS board in Aberdeen and I would suspect that this will not be the last of such actions. I would suggest that the level of care I am currently receiving contravenes my rights as a patient as it fails to consider my needs and what would benefit my health and wellbeing best. I do not believe the best decisions are being made for my healthcare and I have not been provided with adequate information and support. I regard my current situation as hopeless and have grave concerns over my future health outcomes given that I have been left untreated for so long. I am writing to ask D&G NHS how they plan to rectify my situation? I believe that I urgently require a second opinion on both [REDACTED, section 38(1)(b)]. I understand little can be done as regards [REDACTED, section 38(1)(b)] but would like

every possible avenue pursued. If services are not available within D&G I should be referred out of area to somewhere where I can find assistance.

I eagerly await your response.

Yours sincerely,

[REDACTED, section 38(1)(b)]

## **DOCUMENT 85**

Jenni Minto MSP  
Minister for Public Health and Women  
Scottish Government  
St Andrew`s House  
Regent Road  
Edinburgh  
EH1 3DG

Our Ref: MA982 13 February 2024

Dear Jenni

A constituent, [REDACTED, section 38(1)b], contacted me to highlight their concerns regarding a lack of access to healthcare for long covid patients. Please find below the text of their email.

I would appreciate it if you could provide an update on any action the Scottish Government is taking to support urgent access to ensure appropriate services are available for long Covid patients without further delay.

i look forward to your reply in due course, which will assist me when responding to my constituent as fully as possible.

Kind regards

Yours sincerely  
**Martin Whitfield MSP**  
**South Scotland**

Dear Martin

I am writing with regards to access to healthcare for long Covid patients. You might be aware there has been a recent update from the Scottish Government concerning the NHS Inform website pertaining to long COVID guidance. I have seen that Jenni Minto, Minister for Public Health & Women`s Health, has welcomed this guidance in a post on Twitter: <https://twitter.com/scotgovhealth/status/1752735974541455368>

Since then I have been in touch with my GP here in East Lothian, as she has been working hard to locate [REDACTED, section 38(1)b] resources for me. I note that I am a [REDACTED, section 38(1)b] and have been [REDACTED, section 38(1)b], subsequent to an [REDACTED, section 38(1)b]. My GP has exhausted all routes in seeking support and has confirmed a few days ago that the NHS has no active services dealing with long Covid at present. You might find this as shocking as I did, given the confidence Jenni Minto expressed at the new guidance.

The website lists a number of services which cannot be accessed by members of the public: <https://www.nhsinform.scot/long-term-effects-of-covid-19-long-covid/about-long-covid/yourrecovery/> It reads: 'During your journey, you may see a range of professionals with various specialist skills. They`ll help with different aspects of your recovery. You may be referred for more specialist advice or help with your rehabilitation and recovery. The team at

your GP practice will work with you and arrange any referral to the right service in your local health board'. As mentioned, my GP has gone over all possible routes of referral and there is no rehabilitation, treatment or monitoring support for patients with long Covid.

Other sections of the website refer to how care will be planned, stating: 'Your healthcare professional may also talk with you about whether you need further appointments to check your progress and recovery'. Again, there are no resources currently available to assess or provide care, indeed to check 'progress and recovery' for long Covid patients anywhere in Scotland. The statement is especially painful to read given the ongoing neglect of patients' needs. The only recourse I have at present is to a peer support group run by Chest Heart & Stroke Scotland, which is a charity. This is outrageous.

The website is therefore inaccurate, and provides false hope. Rather, this reads more like an attempt to show that action is being taken while leaving patients to fend for themselves. This is a highly problematic position on behalf of the NHS, and the government needs to take a clear critical stance.

You might be aware that a number of charities that have done outstanding work in supporting and advocating for people who are suffering from this dreadful condition have issued a statement expressing disappointment at this guidance, which neglects to consider the full picture and severe impact of long Covid on our community. I am copying a link to the letter here: <https://twitter.com/LongCovidScot/status/1753493518394274114>

There are tens of thousands of individuals in Scotland (2 million in the UK, including children) who are still struggling with the major impact of Covid. As the pandemic has been conveniently forgotten by most -- including members of government I might add -- we are also expected to 'carry on'. Yet we are not provided with the bare minimum, essential health support we need precisely so that we might move on with our lives. It's nice to hear others' recovery stories, and it's nice that the NHS and the Scottish Government are sharing those stories. But what about the rest of us? I have a lot to offer to this community, yet in order to be able to do that I need to get better. For that, I need medical support. Treatment options do exist, and interdisciplinary long Covid clinics have been especially successful at helping patients recover. I strongly recommend listening to this recent BBC report on the clinic run by UCL in London: <https://www.bbc.co.uk/sounds/play/m001vzy9> The report will help you understand, I'm sure, that with enough resources and medical support made available, long Covid sufferers can and will recover to a great extent, if not fully. Why are Scottish residents deprived of this?

You can also listen to (or read) this excellent interview with Dr. Claire Taylor, who is based in Scotland and has trained a number of GPs and NHS staff in diagnosing long Covid. As she well explains, treatment options are available, however patients need to be properly screened, and resources need to be put into long term monitoring and care. This is absolutely doable! <https://www.buzzsprout.com/1835170/13288851> I should note that Dr. Taylor has had to start a private clinic in order to provide care for patients. This is the only long Covid clinic active in Scotland, which is truly unacceptable.

Access to health care is a human right. That right needs to be safeguarded by the government. I ask you to please contact Jenni Minto, Minister for Public Health & Women's Health and Neil Gray MSP, recently appointed Cabinet Secretary for NHS Recovery, Health and Social Care, urging them to take this matter seriously and begin working on making services available for long Covid patients without further delay.

With best wishes,

[REDACTED, section 38(1)b]



## DOCUMENT 86

The Committee:

<ul style="list-style-type: none"><li>• <b>Asks</b> SG if it has any plans to look at lessons learned from other chronic illnesses such as ME/Chronic Fatigue Syndrome in raising awareness of long COVID and reducing stigma.</li></ul>
<ul style="list-style-type: none"><li>• <b>Notes</b> that it is important that SG acknowledges the evidence received throughout the inquiry suggesting there is a lack of awareness of long COVID among the general public.</li></ul>
<ul style="list-style-type: none"><li>• <b>Considers</b> that a public health campaign is required to raise awareness of long COVID among the general public. <b>Recommends</b> that SG engages with stakeholder organisations including long COVID Scotland to inform this.</li></ul>
<ul style="list-style-type: none"><li>• <b>Requests</b> that SG provides further clarity on how the £10,000 made available to support the delivery of long COVID advertising and signposting activity will be spent.</li></ul>
<ul style="list-style-type: none"><li>• <b>Recommends</b> SG reviews its current publicity strategy for the booster vaccination to ensure it is effective in raising awareness and reducing apathy in relation to boosters.</li></ul>
<ul style="list-style-type: none"><li>• <b>Recommends</b> that SG works with the National Strategic Network and NHS Education for Scotland as a matter of urgency to develop and implement its education strategy to support awareness and recognition among medical professionals.</li></ul>
<ul style="list-style-type: none"><li>• <b>Recommends</b> that SG works with the relevant social security agencies to identify ways to make benefits application process more accessible.</li></ul>
<ul style="list-style-type: none"><li>• <b>Recommends</b> that SG takes a more proactive role in overseeing the work of the National Strategic Network, raise visibility of the work, and <b>requests</b> an update on actions undertaken to date and forthcoming over the next six months to improve co-ordination of, and access to, services across Scotland.</li></ul>
<ul style="list-style-type: none"><li>• <b>Recommends</b> that SG works with the National Strategic Network to implement long COVID pathways across all NHS Boards, develop standardised guidance for Boards and evaluate local pathways. <b>Requests</b> indicative timescales for this work.</li></ul>
<ul style="list-style-type: none"><li>• <b>Recommends</b> that SG works with the National Strategic Network and NHS Boards to introduce, across all NHS Boards, a single point of contact for each long COVID patient to access services and co-ordinated support across all territorial NHS Boards.</li></ul>

<ul style="list-style-type: none"> <li>• <b>Urges</b> SG to work with NHS Boards as a matter of urgency to rethink its approach to funding long COVID services, noting the challenges posed by non-recurring funding.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Invites</b> SG, working with the National Strategic Network, to take a leadership role in reviewing the best practice of long COVID clinics and evaluating whether they may be an appropriate development here.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Recommends</b> SG and National Strategic Network review evidence on rUK approaches heard by the Committee to identify areas of best practice and ensure clinical pathways in NHS Scotland reflect this.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Recommends</b> that the Scottish Government works with the National Strategic Network as a matter of urgency to progress the workstream on support for Children and Young People, involving long COVID Scotland and long COVID Kids in this work. The Committee requests an update with milestones and timelines for action.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Encourages</b> the Chief Scientist Office to continue its work to ensure Scottish clinicians and researchers get optimal access to UK funding for long COVID research. Also <b>recommends</b> funding further research through CSO on areas it suggests as priorities, including clinical trials, understanding of causes, health inequalities and children and young people.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Requests</b> that SG works with the National Strategic Network to progress work on improved data collection, and keep the Committee updated on this work.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Recommends</b> that SG works with the National Strategic Network and Health Boards on improving long COVID coding practices by GPs. <b>Requests</b> to be kept updated on this work.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Requests</b> that SG keeps the committee updated on its work regarding data sharing across NHS IT systems and the delivery of its Data Strategy for Health and Social Care.</li> </ul>

Other points to note:

- Committee was concerned at number of people who said they felt they had to seek private healthcare in order to access diagnosis and treatment
- Committee notes that public information on NHS National Services Scotland's long COVID Strategic Network is "extremely scant". Officials have requested that NHS NSS publish a highlight report summarising the activities of the Network to date, which is nearing completion and will be published in the coming weeks.

## **DOCUMENT 87**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach

Jenni Minto BPA

Minister for Public Health and Women's Health

Jenni Minto MSP

T: 0300 244 4000

E: [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot)

Jackie Baillie MSP

[Jackie.Baillie.msp@parliament.scot](mailto:Jackie.Baillie.msp@parliament.scot)

14 December 2023

Dear Jackie,

I am getting in touch following your supplementary question to PQ S6O-02808 on 29 November 2023, to which I committed to follow up to provide a more detailed response in writing.

Please let me reassure you again that the Scottish Government takes the issue of long COVID seriously and we recognise the significant impact that long COVID can have, and continues to have, on the health and wellbeing of those most severely affected across Scotland, including children and young people.

Within your question, you had asked for information on the development of dedicated paediatric long COVID services.

As I had outlined in my earlier response to Ms Gallacher, care and support for children and young people with symptoms consistent with long COVID is being provided by the full range of services delivered by our NHS across Scotland. Assessment and initial investigations are being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options. Primary care clinicians can refer to occupational therapy and physiotherapy for further support where appropriate. Where referral to secondary care is required, children and young people may be referred to general paediatric services for investigation and management.

Our National long COVID Strategic Network has a dedicated workstream that is looking specifically at the needs of children and young people, and it includes representation from the Royal College of Paediatrics and Child Health and the charity Long Covid Kids. The group is reviewing and updating the information that is available to NHS Board colleagues and primary care clinicians on the appropriate assessment, referral and management pathways for children and young people with long COVID symptoms. Once updated, the information will be shared with NHS Boards as a clinical pathway for local implementation. The aim is to improve consistency of approach across Scotland.

You had also asked for information on the forecast spending requirements for long COVID treatment over the next 10 years.

As you are aware, we have established a £10 million long COVID Support Fund, with an initial £3 million made available over 2022-23, and a further £3 million being made available over this financial year.

I would like to assure you that we engage with NHS Boards on a regular basis regarding their capacity needs and will continue to do so in order to inform the allocation of the long COVID Support Fund. Going forward, we will consider baselining long COVID Support funding for NHS Boards at a level to be determined based on progress made by NHS Boards over 2023-24.

I would like to thank you again for raising the issue of long COVID and children and young people with me and I hope that you find the information in my reply helpful.

Yours sincerely,

Jenni Minto MSP

## DOCUMENT 88

### MINISTERIAL ENGAGEMENT BRIEFING

<i>Engagement Title</i>	Long Covid Scotland (LCS)
<i>Venue</i>	Room TG.45, Scottish Parliament (Hybrid)
<i>Date and Time of Engagement</i>	Tuesday 3 October 2023, 11:45-12:30
<i>Background</i>	LCS wrote to Mr Matheson on 25 April requesting a meeting. As lead Minister for this policy area, you responded on his behalf accepting the invitation on 30 May 2023.
<i>Purpose</i>	To demonstrate that the Scottish Government recognises the impact of long COVID and is engaging with and listening to the concerns of those affected.
<i>Background</i>	<b>Annex: A</b>
<i>Agenda</i>	<b>Annex: B</b>
<i>Attendee list</i>	<b>Annex: C</b>
<i>Key issues and lines to take</i>	<b>Annex: D</b>
<i>Official support</i>	[REDACTED, section 38(1)(b)], Senior Policy Manager, Clinical Priorities Unit [REDACTED, section 38(1)(b)]  [REDACTED, section 38(1)(b)], Team Leader, Clinical Priorities Unit

## Background

### Meeting request

- In their covering email requesting a meeting, Long Covid Scotland stated that *“the recent Long Covid Inquiry and the subsequent Scottish Government response indicates there is still much work to do and we are keen to ensure we are working in partnership to ensure the voice of Lived Experience is central to that work.”*
- The group have listed discussion topics they wish to cover during the meeting (see Annex D: Key issues and lines to take).
- You were originally due to meet LCS on Thursday 21 September. This was rescheduled at your request to the new date of Tuesday 3 October.

### Organisation

- Long Covid Scotland is a volunteer led charity run by people living with long COVID.
- It advocates for consistent assessment, diagnosis and treatment for people with Long Covid in Scotland.
- The charity acts as secretariat to the Cross Party Group on long COVID, co-convened by Jackie Baillie, Alex Cole-Hamilton and Sandesh Gulhane.

### Ministerial engagement

- The former Cabinet Secretary for Health and Social Care, Mr Yousaf met with representatives of long COVID Scotland in June 2022.
- He also met long COVID Scotland in roundtable format with a range of other organisations representing people with long COVID in November 2021, February 2022 and February 2023.
- **You are due to meet with the lived experience oversight group of the long COVID Strategic Network (including representatives of long Covid Scotland) in due course. This was originally scheduled for last week (Tuesday 26 September) but was postponed at your request. [REDACTED, section Section 30(b)(ii)].**

**Agenda**

<b>TIME</b>	<b>Item</b>
11.30 – 11:45	Pre-brief meeting with supporting officials
11.45	Start
	Introductions
	<p>Discussion themes outlined by long COVID Scotland</p> <ol style="list-style-type: none"> <li>1. Public health messaging</li> <li>2. Support for children and young people with long COVID</li> <li>3. Communication about long COVID developments</li> <li>4. Treatment interventions</li> <li>5. 'Pogo' Digital Pathway being used within NHS Lothian</li> </ol>
12:30	Close

**Attendee list**

[REDACTED, section 38(1)(b)]

**Jane Ormerod, Chair – joining remotely via MS Teams**

Jane [REDACTED, section 38(1)(b)] and joined long Covid Scotland in 2020 after [REDACTED, section 38(1)(b)]. She now chairs the charity.

Jane has a background in health, teaching and coaching. She retired in 2013 after 40 years in the health service and worked as an independent coach and facilitator for five years. [REDACTED, section 38(1)(b)].

Jane gave oral evidence to the COVID-19 Recovery Committee in February 2023 as part of its long COVID inquiry.

[REDACTED, section 38(1)(b)]

**Freja Lundberg, Trustee – attending in person**

Prior to [REDACTED, section 38(1)(b)], Freja was a final year student [REDACTED, section 38(1)(b)]. Freja [REDACTED, section 38(1)(b)] and since childhood has lived with [REDACTED, section 38(1)(b)].

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)], **Trustee – attending in person**

[REDACTED, section 38(1)(b)] has had to take a career break from his job in [REDACTED, section 38(1)(b)] as a result of long COVID. [REDACTED, section 38(1)(b)] lives within the [REDACTED, section 38(1)(b)] health board area.

[REDACTED, section 38(1)(b)] gave [REDACTED, section 38(1)(b)].

**Key issues and lines to take****1. PUBLIC HEALTH MESSAGING**

*“What are the plans to enhance Public Health messaging to tie in with the current and future work on long COVID as well as with changing infection rate and access/use of health services?”*

**BACKGROUND**

- Covid and respiratory infection guidance is reviewed regularly.
- Vaccination and the ‘Right care right place’ campaigns are the current priorities in terms of public health messaging, with planning underway for a potential organic ‘Stay Well’ campaign in the second half of winter (Jan-March).

**COVID has not gone away, which is why we continue to ask everyone to take sensible precautions to stay well and protect others, including taking up the offer of vaccination when invited to protect themselves and others.**

We continue to recommend everyone follow the guidance:

- stay at home if you have symptoms
  - if you have symptoms and do need to go out, wear a well-fitting face covering
  - get the vaccine if offered to give you the best possible protection
  - wash your hands regularly
  - meet in well-ventilated spaces
  - support ‘Distance Aware’, for anyone who prefers others to take extra care around them
- You may also wish to consider wearing, and you may be asked to wear a face covering in other settings. Please be respectful of other people’s choices, whether they choose to wear a face covering or not.
  - It is recommended that face coverings are made of cloth or other textiles and should be two, preferably three, layers thick in line with Worldwide Health Organisation’s recommendations.

**STAY WELL SIGNAGE SCHEME**

**The Stay Well Signage scheme was fully launched on 24 January 2023, following a soft launch on 22 December 2022.**

- This voluntary scheme allows organisations and businesses to show what protective measures are in place in their spaces to help keep us all safe and well. This will be particularly re-assuring for those people at highest risk from COVID and other respiratory diseases.
- A full evaluation of the scheme commenced in Summer 2023. The scheme will remain open throughout the evaluation.

## **IMPROVING VENTILATION**

- We are committed to taking forward work to understand, assess and develop improvement models for ventilation in existing buildings.
- We continue to encourage people to meet family and friends in well-ventilated spaces, where possible.
- Acting on the advice of the COVID-19 Adaptations Expert Advisory Group, officials are developing two pathfinder projects to assess and improve indoor air quality and therefore infection resilience in existing buildings. This includes a CO2 monitoring and improvement model trial within the Scottish Government estate, and a project to develop a national ventilation performance survey model, with an initial focus on public sector buildings.

## **2. SUPPORT FOR CHILDREN AND YOUNG PEOPLE WITH LONG COVID**

*“What progress is there on the promise from the previous minister that a paediatric LC care pathway would be established across Scotland?”*

### **BACKGROUND**

- The long COVID Strategic Network is updating the current guidance available to Boards and clinicians on the assessment, referral and management of children with suspected long COVID. This will become a long covid clinical pathway for children and young people. It is intended for local consideration/implementation by NHS Boards and there will not be a national ‘service’ in itself.
- The most significant level of additional demand to Boards as a result of long COVID has been within adult services. The vast majority of their long COVID Support Fund spend has therefore focussed on support and services for adults.
- Only NHS Greater Glasgow and Clyde and NHS Grampian plan to use long COVID Support Funding to support recruitment of staff specifically for CYP support, however these efforts have been delayed by recruitment challenges and availability of staff.

### **We know that it’s not only adults who are impacted by long COVID and we are determined that everyone gets the care that is most appropriate for them, regardless of their age.**

- The National long COVID Strategic Network is progressing a dedicated piece of work looking at the specific needs of children and young people.
- This is involving clinical stakeholders including the Royal College of Paediatrics and Child Health, and representatives of parents and carers of children with long COVID, including long Covid Kids Scotland.
- This workstream is currently reviewing and updating the information available to NHS Board colleagues and Primary Care clinicians on the appropriate assessment, referral and management pathways for children and young people with long COVID symptoms.
- Once updated, this information will be shared with NHS Boards as a clinical pathway for local implementation, and aims to improve consistency in approach across Scotland.

### **Support is already being delivered for children and young people with long COVID.**

- For children and young people with symptoms consistent with long COVID, assessment and initial investigation is being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options for these in the first instance.
- Primary care clinicians can refer to occupational therapy and/or physiotherapy for further support where appropriate.

- In cases where referral to secondary care is required, children and young people may be referred to general paediatric services for investigation, exclusion of other serious conditions such as cancer and ongoing management.

**Our long COVID support funding is enabling NHS Greater Glasgow and Clyde to recruit for additional paediatric occupational therapist support for young people, children and their families.**

### **3. COMMUNICATION ABOUT LONG COVID DEVELOPMENTS**

*“Communication generally about developments on the Long COVID Service continues to be inadequate to ensure people with Long Covid are fully informed and engaged.”*

#### **BACKGROUND**

- The COVID-19 Recovery Committee’s inquiry report on long COVID was critical of the level of information that NHS NSS had made available regarding the National Strategic Network and its activities to date.
- Following this, you wrote to NHS NSS in June formally noting improvements of ways of working already agreed at Official level and requested the implementation of some additional actions, which NSS have now agreed.

#### **Communications about the status of local service development and how care and support can be accessed locally are the responsibility of territorial NHS Boards.**

- My expectation is that NHS Boards provide healthcare staff and patients with a clear understanding of the services and infrastructure available in their areas to support people with long COVID.

#### **I know that the COVID-19 Recovery Committee’s report on long COVID raised concerns around the communication of information from the long COVID Strategic Network.**

- I wrote to NHS National Services Scotland in June to raise this issue and seek assurances regarding the Network’s ways of working.
- The response I received from NHS NSS gave reassurance around a number of steps that the organisation is putting in place to support the visibility and transparency of the Network’s activity.
- This included publishing contact details for the Network programme team online – which has been completed, and identifying an appropriate web presence for the Network and the development of a communications and stakeholder engagement plan – which are both in progress.
- I understand that the Network has been working closely with people with lived experience to take forward specific pieces of work, including the development of a patient-facing information booklet and a pathway for the assessment and management of Postural Orthostatic Tachycardia Syndrome (POTs).

**For our part as the Scottish Government, I'm aware that my Officials have been working to ensure that people with lived experience of long COVID have had an opportunity to participate and inform recent pieces of work taken forward by the team.**

- For example, I know that people living with long COVID took part in user experience research to help us understand people's reflections on using the long COVID resource on NHS inform, and changes that we could put in place to make it more accessible and effective.
- I'm also pleased to hear that people living with long COVID are helping us in developing a new resource on NHS inform about POTs, and thank you Jane for your time and input to that process.

#### **4. TREATMENT INTERVENTIONS**

LCS intend to ask:

*When will we see a move to explicitly include 'Treatment' in the proposed LC support /Rehabilitation pathway?*

#### **BACKGROUND**

- Although there is no evidence to support the use of specific pharmacological treatments for long COVID, there are established treatments for some of the common symptoms associated with it. For example, antihistamines can be used to treat skin rashes.
- The Strategic Network is currently reviewing and updating the GP assessment pathway guidance set out in our long COVID 'Implementation Support Note'. Long COVID Scotland (via the Lived Experience Oversight Group) has been given an opportunity to feed in to this work should they wish to do so.

**We have worked with GPs and specialist clinicians in different disciplines to develop an 'Implementation Support Note', which includes a flow-chart for Primary Care teams on the assessment and management of people with long COVID.**

- This outlines that people with long COVID should be referred to Community Rehabilitation services **after** an initial assessment from their GP, to ensure that examination and investigation to rule out other conditions and consideration of treatment of specific symptoms where possible takes place first.
- The Strategic Network is currently reviewing and updating the GP assessment section of this document, and I am aware that the Lived Experience Oversight Group has been invited to input to and inform this work.

**The World Health Organisation has recognised the importance of a rehabilitation approach in supporting people, stating that [QUOTE] "tailored rehabilitation can go a long way in supporting people living with long COVID, especially as they seek to recover and return to their daily routines".**

**It is really important that the treatments our NHS provides for people with long COVID are safe and effective, and that we are confident we have the right evidence to justify their use.**

- Around the world, science has begun the work of trying to find an explanation – and treatments for long COVID.
- The UK wide clinical guideline that underpins the identification, assessment and management of people with long COVID in Scotland is a 'living guideline'.

- This means that the organisations responsible for its development continue to actively monitor the global evidence base on potential treatment interventions for long COVID, to make sure that our approach to supporting people with long COVID is informed by high quality evidence, regardless of where the studies generating this evidence are taking place.

## **5. 'POGO' DIGITAL PATHWAY BEING USED IN NHS Lothian**

LCS intend to ask:

*What plans are there to consider rolling out the 'POGO' Pilot work in Lothian to other HBs?*

### **BACKGROUND**

- Chest, Heart and Stroke Scotland (CHSS) has partnered with the technology company 'Pogo Digital Healthcare' and NHS Lothian to develop a digital support pathway for people with long COVID.
- This was subject to a pilot exercise in a small number of GP Practices and is gradually being rolled out across the whole of the health board area.
- It is unclear whether LCS is for or against this initiative. In September 2021, a trustee of LCS wrote to us to complain about long COVID support being delivered by CHSS, stating that they would not recommend it to others seeking support.
- NHS Lothian has chosen to use our long COVID Support Funding to support the roll-out of this pathway across the whole Board area.
- We can't mandate that all NHS Boards take this same approach, but once an evaluation of the project is available we'd be happy to share this with other Boards through the long COVID Strategic Network to support their learning. [REDACTED, section Section 30(b)(ii)].

**This project between NHS Lothian and Chest Heart and Stroke is just one example of the flexible way in which our NHS Boards across Scotland are adapting to meet the needs to people with long COVID.**

- The funding that we have made available to NHS Lothian through our long COVID Support Fund is supporting dedicated clinical and project management capacity which is enabling the Board to scale-up this long COVID pathway across the whole of the Health Board area.
- This is being done in a phased approach, to make sure that the learning from each stage of the development informs their overall approach.
- While it is for individual NHS Boards to develop local referral pathways and partnership arrangements that best meet the needs of their populations, once an evaluation of the project is made available to us, we'd be happy to share this with other Boards through the long COVID Strategic Network to support their learning.

## **DOCUMENT 89**

### **Minister for Public Health and Women's Health meeting with the Long-term Effects of COVID-19 Strategic Network Lived Experience Group Thursday 16 November 14:45-15:45**

Venue: Teams meeting

#### **Present:**

Minister for Public Health and Women's Health – Jenni Minto MSP

[REDACTED, section 38(1)(b)], Chair, Lived Experience Oversight Group, Long-term Effects of COVID-19 Strategic Network

Jane Ormerod, Chair, Long Covid Scotland

Rob Gowans, Policy and Public Affairs Manager, the Health and Social Care Alliance Scotland (the ALLIANCE)

Kerry Ritchie, Programme Manager at the ALLIANCE

Olivia Friend-Spencer, Development Officer at the ALLIANCE

Helen Goss, Lead Representative for Scotland at Long Covid Kids

[REDACTED, section 38(1)(b)], Head of Service Delivery at Chest, Heart and Stroke Scotland (CHSS)

[REDACTED, section 38(1)(b)], Policy and Campaigns Manager, CHSS

[REDACTED, section 38(1)(b)], Senior Programme Manager, NHS National Services Scotland (NSS)

[REDACTED, section 38(1)(b)], Programme Manager, NSS

Manira Ahmad, Chair, Strategic Oversight Board, Long-term Effects of COVID-19 Strategic Network

[REDACTED, section 38(1)(b)], Clinical Lead, Long-term Effects of COVID-19 Strategic Network

[REDACTED, section 38(1)(b)], Project Support Officer, NSS

[REDACTED, section 38(1)(b)], Unit Head, Clinical Priorities Unit, Scottish Government

[REDACTED, section 38(1)(b)], Team Leader, Clinical Priorities Unit, Scottish Government

#### **Introductory remarks**

1. The Minister welcomed all to the meeting and invited attendees to introduce themselves. She outlined that she had met organisations representing long COVID, and was keen to listen to the attendees to hear more about the work of the Lived Experience Oversight Group and how they are feeding into the Strategic Network.
2. [REDACTED, section 38(1)(b)] provided an overview of the group, highlighting the importance of the group sharing its views and influencing the delivery of services. A challenge the group faced was it the time it took for the programme of work to become fully functional, which had had an impact on membership. However, over the last few months there had been a significant increase in activity which was very welcome, and they were now seeing more opportunities for members to take part in different workstreams.
3. [REDACTED, section 38(1)(b)] said that the work of the ALLIANCE was crucial and he hoped this would help to increase membership. He was keen to

see someone with lived experience to co-chair the group. At the Joint Network session on 5 December there would be an opportunity for presentations which should demonstrate a commitment to people with lived experience being involved and the benefits that brings. The Minister agreed that hearing about lived experience stories was powerful, and she discussed her visit to a long COVID peer support group in Inverclyde.

## Discussion

4. Jane thanked the Minister for the acknowledgement about the importance of lived experience. She said the involvement of people with lived experience is crucial to the Network and that they needed more people to be involved. There should be someone with lived experience in all the groups in the network. [REDACTED, section 38(1)(b)] advised that over spring and summer, the Network has been involving the ALLIANCE and other organisations and there has been more involvement in projects and plans.
5. Helen requested a meeting with the Minister to discuss the paediatric side of long COVID, which she said was very different to the adult side. Helen highlighted her concerns about lines used by the Scottish Government in the media, saying she believed there was a disconnect between that and experience on the ground.
6. Kerry said the ALLIANCE had a long COVID network. They acted a bridge between the ALLIANCE network and the national Oversight Group so they could identify where opportunities are and share insights. An issue was disengagement around services. They wanted to invite members to this group, saying it was important to continue to meet the expectations of the Network.
7. The Minister invited NSS colleagues to discuss the Network and changes that have happened since the long COVID parliamentary inquiry. In reply, [REDACTED, section 38(1)(b)] highlighted the Sharepoint site which all members have access to, a highlight report and a newsletter which have helped to improve transparency.
8. Helen outlined that there were a lot of people and organisations in the Lived Experience Oversight Group who represented a certain part of the community. She asked how they should choose one person to represent them in different subgroups, and that there should be more than one place for Lived Experience on the Oversight Group. [REDACTED, section 38(1)(b)] advised her understanding was that representation was to be determined amongst the group. The Minister commented that this was a common issue that arose in relation to a number of policy issues.
9. [REDACTED, section 38(1)(b)] highlighted that CHSS launched their new strategy in October and noted the Minister's attendance at the event. She also discussed the role of the organisation's services in supporting people with long COVID.
10. The Minister outlined the work happening on NHS Inform involving videos of people with lived experience. Helen commented that NHS Inform was for adults only. In reply, [REDACTED, section 38(1)(b)] advised that an

application had been submitted for work on NHS Inform around children and young people. She added that people with lived experience will be consulted, and Jane noted that it was a good experience feeding into other areas of work on NHS Inform.

11. [REDACTED, section 38(1)(b)] noted that it was a priority to increase membership of the group so that there would be more lived experience. He added that the Children and Young People's pathway was being reviewed by subject matter experts. [REDACTED, section 38(1)(b)] added that it would be discussed at the Children and Young People's workstream meeting the following week.
12. [REDACTED, section 38(1)(b)] asked about longer term funding of services and the standardisation of services. In reply, the Minister said that there would be learnings from the data and evaluation work being carried out. In addition, one size would not always fit all, due to the geographical differences across Scotland. Budgets were set year by year.

### **Close and actions arising**

13. The Minister commented that positive things were coming from the Network. She thanked the NSS team for their improved operations, and commended the work of the third sector and people with lived experience.
14. The Minister advised officials would be in touch with Long Covid Kids about organising a separate meeting.

## **DOCUMENT 90**

From: [REDACTED, section  
38(1)(b)]  
Health and Social Care Analysis  
Directorate for Population Health  
10 July 2023

Cabinet Secretary for NHS Recovery, Health and Social Care  
Minister for Public Health and Women's Health

### **OFFICE FOR NATIONAL STATISTICS PUBLICATIONS ON PREVALENCE OF SYMPTOMS AND IMPACT OF RESPIRATORY INFECTIONS, AND SELF-REPORTED LONG COVID SYMPTOMS, UK**

#### **PRIORITY AND PURPOSE**

1. **Urgent.** This information was published by ONS at 09:30 on Monday 10 July 2023.
2. Purpose: To inform the Cabinet Secretary and Minister of results from the COVID-19 and Respiratory Infection Survey (CRIS) published by the Office for National Statistics.

#### **PUBLICATION**

3. The COVID-19 and Respiratory Infection Survey (CRIS) is a pilot survey built on the legacy of the COVID-19 Infection Survey (CRIS). Symptoms reported in the CRIS may provide valuable information about levels of respiratory infections, like COVID-19 and influenza, circulating among the population. It also provides estimates of self-reported long COVID symptoms and associated activity limitation.
4. Results are available from two releases, the main points of which are included in [Annex A](#):
  - [Prevalence of symptoms and impact of respiratory infections](#) - provides estimates of the percentage of people reporting symptoms of respiratory infections and the impact on work, education and healthcare services in private households in England, Wales, Northern Ireland and Scotland from the CRIS.
  - [Self-reported long COVID symptoms](#) – provides estimates of self-reported long COVID symptoms and associated activity limitation, using CRIS data. Due to small sample sizes, these results are presented at UK level only.

#### **FURTHER INFORMATION**

5. These are the only releases currently planned by ONS from the CRIS. Following the UK Government's transition to "Living with COVID-19", and after careful consideration, CRIS formally ended on 28 June 2023. Whilst the CRIS

survey will not be continued, the pilot has provided the platform and insight required to inform pandemic preparedness and will allow ONS to rapidly stand-up community health surveillance should the need arise.

6. [Annex B](#) provides the latest policy background and update on respiratory surveillance work in Scotland.

## **CONCLUSION**

7. Ministers are invited to note this one-off release from the COVID-19 and Respiratory Infection Survey (CRIS).

[REDACTED, section 38(1)(b)]  
Health and Social Care Analysis  
Directorate for Population Health  
[REDACTED, section 38(1)(b)]@gov.scot

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
First Minister					X
Cabinet Secretary for NHS Recovery, Health and Social Care			X		
Minister for Public Health and Women's Health			X		

Permanent Secretary DG Health and Social Care Chief Medical Officer Deputy Chief Medical Officer Chief Nursing Officer Chief Scientific Adviser Chief Statistician, Alastair McAlpine Clinical Director, Jason Leitch David Hutchison, Jennie Gollan, Head of Health and Social Care Analysis Chief Researcher, Audrey MacDougall Linda Bauld, Director of Population Health John Burns, [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)], John Nicholson, Niamh O'Connor, Daniel Kleinberg, [REDACTED, section 38(1)(b)] [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)] [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)], Linda Pollock, [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)], John Harden, Lynne Nicol, [REDACTED, section 38(1)(b)]
---

## **ANNEX A: MAIN POINTS FROM COVID-19 AND RESPIRATORY INFECTION SURVEY (CRIS)**

### **MAIN POINTS**

These main points provide a summary at UK level.

#### **Prevalence of symptoms and impact of respiratory infections**

Link to full publication: [COVID-19 and Respiratory Infection Survey, symptoms and impact, UK: 10 July 2023 - Office for National Statistics](#)

- An average of approximately 1 in 6 people reported symptoms consistent with influenza-like illness (ILI), as defined by the European Centre for Disease Prevention and Control (ECDC), in the seven days prior to completing the COVID-19 and Respiratory Infections Survey (CRIS), from responses received between 2 May and 3 June 2023.
- Respondents were more likely to report symptoms consistent with ILI if they were female, had ever smoked regularly, had a long-term health condition, or lived in a more deprived area, in the five weeks to 3 June 2023.
- Symptoms including headache, runny nose or sneezing, and fatigue were the most frequently reported in each of the six weeks to 10 June 2023, and were reported more frequently by females.
- An average of approximately 1 in 6 people reported they thought they had a respiratory infection, and an average of approximately 1 in 24 people reported taking one or more days off work or education because of a respiratory infection in the 28 days prior to completing the questionnaire, from responses received between 2 May and 3 June 2023.
- Respondents were more likely to take one or more days off work or education because of a respiratory infection if they were female, had a long-term health condition, lived in a more deprived area, or worked in the arts, healthcare or education sectors, in the five weeks to 3 June 2023.

#### **Self-reported long COVID symptoms**

Link to full publication: [Self-reported long COVID symptoms, UK: 10 July 2023 - Office for National Statistics \(ons.gov.uk\)](#)

- Of those respondents who self-reported long COVID, weakness or tiredness was the most common symptom reported as part of individuals' experience (60%), followed by shortness of breath (48%), muscle ache (42%), difficulty concentrating (37%) and joint pain (34%).
- Of those responding that their ability to undertake day-to-day activities had been "limited a lot" by long COVID (19% of all respondents with self-reported long COVID), the most frequently reported symptoms were weakness or tiredness (88%), followed by shortness of breath (73%), muscle ache (70%), difficulty concentrating (66%) and joint pain (61%).
- The median number of symptoms reported was 6 out of a possible total of 34 for those respondents who self-reported long COVID.

- The median number of symptoms reported was 12 for those who reported that their long COVID symptoms reduced their ability to carry out day-to-day activities "a lot", 6 for those whose activities were reduced "a little", and 2 for those whose symptoms did not reduce their activity levels at all.
- 55% of respondents who self-reported long COVID said their symptoms get worse after either mental or physical effort, or both, while 30% said their symptoms did not get worse and 15% answered as "don't know".

\* *The data above are not comparable with previous long COVID publications.*

## **FOUR NATIONS COMPARISONS**

- **Respondents in Scotland** were consistently associated with being more likely to report both symptoms consistent with influenza-like illness (ILI) and day(s) off work or education, compared with those living in the South East of England.

Tables 1 and 2 show comparisons of the four nations for selected indicators. Further detail for the four UK nations is included in a [dataset accompanying the publication](#).

**Table 1: Estimates of the percentage of people reporting symptoms consistent with influenza-like illness (ILI) as defined by ECDC in the past seven days, 30 April to 3 June 2023, including 95% confidence intervals\***

<b>Nation</b>	<b>Percentage of people with symptoms consistent with ILI as defined by ECDC</b>
England	15.76 (15.53, 15.98)
Northern Ireland	14.20 (13.02, 15.43)
<b>Scotland</b>	<b>17.60 (16.85, 18.37)</b>
Wales	17.71 (16.77, 18.69)

**Table 2: Estimates of the percentage of people reporting being absent from work or education because of a respiratory infection, or because of any personal health reason, in the past 28 days, 30 April to 3 June 2023, including 95% confidence intervals\***

<b>Nation</b>	<b>Percentage of people reporting being absent from work or education because of a respiratory infection</b>	<b>Percentage of people reporting being absent from work or education because of any personal health reason</b>
England	4.52 (4.36, 4.69)	11.77 (11.51, 12.02)
Northern Ireland	3.51 (2.73, 4.29)	9.24 (8.02, 10.47)
<b>Scotland</b>	<b>5.91 (5.29, 6.54)</b>	<b>12.77 (11.88, 13.65)</b>
Wales	3.42 (2.81, 4.04)	12.11 (11.00, 13.22)

\**All estimates are subject to uncertainty, as shown by the credible intervals in brackets, given that a sample is only part of the wider population.*

## METHODOLOGY

1. The time periods for analyses differ because of different time factors which needed to be taken into consideration, such as modelled daily rates, weekly rates or aggregated rates. ONS have used the maximum time period available for each analysis, accounting for sufficient sample sizes and allowing time for quality assurance processes.
2. Information [about the COVID-19 and Respiratory Infection Survey \(CRIS\)](#) and why it was created.
3. The [Quality and Methodology Information \(QMI\)](#) webpage provides further detail on the strengths and limitations of the data, methods used, and data uses and users.

## **ANNEX B: POLICY BACKGROUND**

### **ONS COVID-19 and Respiratory Infection Survey (CRIS)**

- Scottish Government officials were advised on 30 June 2023 that the Office for National Statistics (ONS) will end its UK-wide COVID-19 and Respiratory Infection Survey (CRIS) survey on 28 June 2023.
- As part of, the UK government's 'Living with COVID' plans the decision has been made that the CRIS will not be continued.
- Results from the survey have been released as part of these one-off publications.
- The pilot survey built on the legacy of the world-leading COVID-19 Infection Survey (CIS), to understand the ongoing impact of self-reported COVID-19 infections, long COVID and other respiratory infections on the wider community and health services.
- The pilot has also provided the platform and insight required to inform pandemic preparedness and will allow ONS to rapidly stand-up community health surveillance should the need arise.

### **ONS Coronavirus (COVID-19) Infection Survey (CIS)**

- The COVID-19 pandemic has highlighted that viruses do not respect borders and as such we have seen the collective benefit in working together across the four nations on joint areas of surveillance.
- Studies including the ONS Coronavirus (COVID-19) Infection Survey (CIS) and the SARS-CoV2 immunity and reinfection evaluation (SIREN) study paused data collection from mid-March 2023 and there remains uncertainty around the future of these programmes.
- We will continue to work with UKHSA and the other Devolved Governments to seek opportunities for shared learning and joint surveillance that is mutually beneficial in protecting the health of the UK population.

### **Respiratory Surveillance in Scotland**

- Throughout the pandemic a range of data were used to determine the spread and prevalence of COVID-19 in Scotland and the Scottish Government recognises that surveillance is a critical part of our ongoing approach to monitoring and managing not only COVID-19 but also other respiratory viruses such as Influenza.
- Surveillance also helps us to determine the right public health strategies and timing to manage transmission in the community.
- Public Health Scotland (PHS) are responsible for delivering our National Respiratory Surveillance plan (published on 23 September 2022) with the support of the Scottish Government.
- The individual components within this plan work together to provide the necessary data and information that feeds into the PHS variants and mutations (VAM) plan which in turn sets out the processes needed to identify, investigate, risk assess and respond to COVID-19 VAMs in Scotland.

**END OF DOCUMENT**

**DOCUMENT 91**

Separate PDF released individually.

**PORTFOLIO QUESTIONS FOR**

**Wednesday 29 November 2023**

**ACTUAL SUPPS FOR QUESTION (S6O-02808)**

**From: David Torrance MSP**

**Supp:**

Can the Cab Sec provide any further information as to the work being undertaken by the long COVID Strategic Network to improve treatment for children and young people with long covid?

**Answer:**

The national long COVID Strategic Network has a dedicated workstream looking at the needs of children and young people, including representation from the Royal College of Paediatrics and Child Health, and the charity Long Covid Kids.

The group is currently reviewing and updating the information available to NHS Board colleagues and Primary Care clinicians on the appropriate assessment, referral and management pathways for children and young people with long COVID symptoms.

Once updated, this information will be shared with NHS Boards as a clinical pathway for local implementation, and aims to improve consistency in approach across Scotland.

**SCOTTISH GOVERNMENT**

## **DOCUMENT 93**

### **Minister for Public Health and Women's Health meeting with Officials re long COVID**

**Wednesday 4 October, 10:15-11:00**

**Venue:** Virtual via MS Teams

#### **Present:**

Jenni Minto MSP, Minister for Public Health and Women's Health

[REDACTED, section 38(1)(b)], Principal Research Officer, Health & Social Care  
Analysis Division

[REDACTED, section 38(1)(b)], Senior Policy Manager, Clinical Priorities Unit

Dr John Harden, Deputy National Clinical Director

[REDACTED, section 38(1)(b)], Unit Head, Clinical Priorities Unit

[REDACTED, section 38(1)(b)], Senior Statistician, Health and Social Care Analysis  
Division

[REDACTED, section 38(1)(b)], Team Leader, Clinical Priorities Unit

#### **Introductory remarks**

1. The Minister highlighted that she had held two recent meetings (23 August – Inverclyde long Covid Peer Support Group and 3 October – Long Covid Scotland) with groups representing people living with long COVID. She wished to use the time available to discuss SG's approach to supporting people with long COVID in the context of the key themes arising from these engagements.

#### **Discussion**

2. Key themes arising within the subsequent discussion included the following:
3. **Provision of clinical advice.** The Minister asked Officials what sources of clinical advice the SG was drawing on in relation to long COVID. Officials gave an overview of the National Strategic Network on long COVID (in particular the Clinical and Subject Matter expert group and the Lead Clinician role) and the function of the

[SIGN/NICE/RCGP guideline](#) as a 'living' resource which is subject to review based on developing evidence.

4. **Responses across NHS Boards.** The Minister and Officials noted concern from stakeholders regarding variation across NHS Boards' responses to long COVID. The SG's response has been to support NHS Boards to develop models of care tailored to their local population's needs, and consequently approaches do vary across Boards in terms of individual delivery models and staffing composition of teams. Testing a range of approaches provides an opportunity to learn from different models of care to assess what leads to improved outcomes for patients. The University of Leeds has been contracted to conduct an evaluation of long COVID services in Scotland to support this learning process. In addition, Officials explained that a degree of variation has been as a result of local factors within Boards (such as recruitment challenges) which have impacted the pace of development activity, and SG has engaged with Boards to mitigate and provide support where possible.
5. **Awareness of healthcare professionals.** The Minister reflected that people living with long COVID highlighted varying responses from healthcare professionals and asked what steps were underway to engage with the clinical community. Officials outlined NHS NSS's work seeking to increase the level of primary care representation on the Clinical and Subject Matter expert group of the Network, and to secure RCGP Scotland representation on the Network's Strategic Oversight Board. They also highlighted activity underway to strengthen the primary care assessment section of the [Implementation Support Note](#), which would be cascaded to primary care stakeholders once finalised.
6. **Information for general public.** Officials reflected on Long Covid Scotland's desire for more information for the general public on long COVID, particularly on early phase of the condition and importance of pacing. The [long COVID microsite](#) on NHS inform currently contains information on balancing activity and rest, and pacing. The content on the site is being updated following user experience research, including addition of content on post-exertional malaise and case study videos of people living with long COVID talking directly about their experiences. A stakeholder communications toolkit will be developed to help publicise these updates once implemented.

7. **Single point of contact.** The Minister highlighted the point raised by Long Covid Scotland regarding testing the provision of a single point of contact or ‘supervisor’ role for people living with long COVID, and for single points of access to have medical oversight or input. Officials outlined the background to SG’s response to the COVID-19 Recovery Committee’s recommendation, noting that some NHS Boards are testing the introduction of single points of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy, and these include examples of oversight or input from Consultant Physicians (NHS Orkney and NHS Highland). The analysis provided by the University of Leeds evaluation will seek to compare differences in service models and analysis of longer-term outcomes for long COVID patients assessed within NHS Health Board services.
8. **Data.** Officials provided an overview of self-reported prevalence data for long COVID derived from the ONS COVID-19 Infection Survey and the Scottish Health Survey, and the forthcoming role of the [C19-YRS](#) digital tool in providing data on people accessing long COVID specialist services in NHS Boards.
9. **Communications.** The Minister highlighted the importance of external communication regarding national activities underway to improve healthcare support for people living with long COVID. Officials outlined a range of steps being taken by NHS National Services Scotland to support communications, including the programme newsletter recently established, the development of a communications strategy, and the hosting of a Network event in December.
10. **Specific follow-up actions from 23 August visit.** Officials provided an update on two specific questions arising from the Inverclyde long Covid Peer Support Group visit (regarding local authority policies for employees with long COVID and a legal case led by Thompsons Solicitors in England on behalf of NHS workers with long COVID) that they had been requested to investigate and provide a response to. The Minister thanked Officials for the update, and requested that a response was provided to the group, copying Stuart McMillan MSP (who had facilitated the visit).

### **Close and actions arising**

11. The Minister requested that a read out of the meeting was shared with the Inverclyde Long Covid Peer Support Group and Long Covid Scotland.

[REDACTED, section 38(1)(b)], Clinical Priorities Unit

13 October 2023

## **DOCUMENT 94**

### **Minister for Public Health and Women's Health meeting with Long Covid Scotland**

**Tuesday 3 October, 11:45-12:30**

**Venue:** Room TG.45, Scottish Parliament

#### **Present:**

Freja Lundberg, Trustee, Long Covid Scotland

[REDACTED, section 38(1)(b)], Trustee, Long Covid Scotland

Jane Ormerod, Chair, Long Covid Scotland\*

Jenni Minto MSP, Minister for Public Health and Women's Health

[REDACTED, section 38(1)(b)], Senior Policy Manager, Clinical Priorities Unit,  
Scottish Government

Dr John Harden, Deputy National Clinical Director, Scottish Government\*

[REDACTED, section 38(1)(b)], Team Leader, Clinical Priorities Unit, Scottish  
Government

*\*Joined remotely via MS Teams*

#### **Introductory remarks**

12. The Minister welcomed Freja, Jane and [REDACTED, section 38(1)(b)] of Long Covid Scotland (LCS) to the meeting and introduced her supporting Officials to them.

13. [REDACTED, section 38(1)(b)] presented the Minister with information resources, including but not limited to the COVID-19 Recovery Committee's report on long COVID, a Herald editorial article by the former Convener of the COVID-19 Recovery Committee – Jim Fairlie MSP, a copy of selected recommendations from the SIGN/NICE/RCGP guideline on managing the long-term effects of COVID-19 and an article on the provision of MDT clinics for Parkinson's disease. [REDACTED, section 38(1)(b)] also committed to send an electronic copy of a BMJ feature article on long COVID clinics following the meeting.

14. The Minister invited Freja, Jane and [REDACTED, section 38(1)(b)] to outline the key issues of interest to LCS members which they wished to discuss.

## **Discussion**

15. Key themes arising within the subsequent discussion included the following:

16. **COVID-19 Recovery Committee inquiry on long COVID.** LCS noted disappointment in the Scottish Government's response to the COVID-19 Recovery Committee's recommendations, which they felt lacked ambition.

17. **Variation in responses across NHS Boards.** LCS acknowledged that there were welcome pockets of good work happening, but expressed concern about the level of variation in response across NHS Boards and lack of direct medical input to long COVID services. LCS encouraged the Scottish Government to improve the level of consistency at a national level.

18. **Clinician's awareness and engagement.** LCS highlighted differing levels of awareness and knowledge of long COVID when people living with the condition present to clinicians across Scotland, particularly within Primary Care settings. LCS suggested that making links through Royal Colleges was a potential step to improve engagement. Dr Harden outlined activity being undertaken by the long COVID Strategic Network to engage with the Royal College of GPs, to support the Network's reach into primary care audiences.

19. **Primary and secondary care interface.** LCS raised the communication interface between primary and secondary care as a barrier which posed difficulties for people living with long COVID. Dr Harden noted that this was a significant longstanding issue which is not exclusive to long COVID. He outlined activity being undertaken by the long COVID Strategic Network's Clinical Lead to work with a range of secondary care clinicians to write guidance for Primary Care clinicians on management and referral for people with long COVID.

20. **Single point of contact.** LCS highlighted the challenging experience that members had encountered in trying to access healthcare, and noted that no-one (particularly with an energy-limiting condition) should have to "fight" to access support. LCS spoke of the benefits of having a single point of contact (aligned with COVID-19 Recovery Committee recommendation) or 'supervisor' which could

reduce the burden on people living with long COVID in navigating and co-ordinating their care. LCS highlighted that it would be helpful to fund a pilot of this approach.

21. **Long COVID Support Fund.** LCS discussed the Scottish Government's Long COVID Support Fund and reflected that underspends of funding allocations by some NHS Boards within 2022-23 represented waste, which it was important to learn lessons from. LCS reflected that the current level of Fund was insufficient to meet demand, and called for this to be increased. The Minister assured LCS that she had heard and noted this request, but in doing so was clear about the challenging funding position facing public services across the board.

22. **Public health information for people with long COVID.** LCS highlighted the need for people with long COVID to have information to help them identify that they may have the condition, and steps they can take at an early stage to manage their symptoms and prevent exacerbation (particularly regarding the role of rest and pacing). LCS spoke of disappointment at the lack of social media coverage on the subject of long COVID by Public Health Scotland. The Minister committed to pick this issue up directly with her Officials.

23. **COVID-19 mitigations.** LCS called for greater focus on preventing people developing long COVID by implementing stronger guidance and messaging regarding COVID-19 mitigations, including vaccination and mask wearing, particularly within health and social care settings. Dr Harden provided an outline of the current position, including healthcare settings, and noted that the removal of previous extended guidance did not prevent staff or service users from wearing a mask.

### **Close and actions arising**

24. The Minister noted that she was due to have a follow-up meeting with policy Officials on 4 October to discuss themes arising from her recent meetings with groups representing people with long COVID, including LCS. The Minister thanked LCS for the open and honest way in which they had shared their views with her.

25. The Minister requested that policy Officials share a read out of the 4 October meeting with LCS.

[REDACTED, section 38(1)(b)], Clinical Priorities Unit

13 October 2023

**Pre-recorded Speaking Note – NSS Strategic Network for long COVID Joint Network Session – 5 December 2023**

- **Welcome and introduction**

Good morning and welcome to today's long COVID Joint Network Session. As many of you will know, the responsibility for developing and overseeing long COVID policy lies with me. I'm sorry that I am not able to be there and join you all in person today but I am grateful that I have been asked to provide this short introduction to the day.

- It looks set to be a useful and informative day and it is fantastic that you are all coming together to share ideas, meet in person – potentially for the first time for many of you, and to discuss the positive work that is currently going on in service areas to support those living with long COVID in Scotland.

- **Importance of lived experience and meeting groups/individuals in person**

I have been fortunate enough to speak with people living with long COVID, including at a support group in Greenock, and in a meeting with Long COVID Scotland. I am very aware of the serious impact that long COVID continues to have on many people in Scotland. Please let me assure you that I take this matter very seriously and recognise that long COVID continues to present a challenge to respond to.

- **Thanks to the NHS National Services Scotland National Strategic Network for long COVID**

I would firstly like to thank the team at NHS National Services Scotland for arranging this event and coordinating the day ahead. This event provides an opportunity to bring you all together to share your knowledge and practice, and also provides time to reflect and celebrate your achievements so far.

- **Recent successes from National Strategic Network**

I am encouraged by the work of the National Strategic Network and want to highlight some of the important work they have carried out.

- I'd like to acknowledge the ongoing national rollout of the C19-YRS digital tool. This will help us to gather data on people accessing long COVID services. A large amount of engagement and work has gone into implementing this tool across service areas and I am grateful to the staff who are assisting patients and services users to access and use the tool.
- Another is the PoTS pathway that has been in development. This pathway provides clear and informed guidance to healthcare professionals working with people diagnosed with PoTS. The popularity of the recent education session delivered by colleagues in the Network is testament to how important and vital this pathway will be for ongoing practice.

- **Importance of Lived Experience Oversight Group**

Finally, I want to thank our lived experience contacts and groups who feed into the Network via the Lived Experience Oversight Group. The role of lived

experience is vital to the success of service development, and I am grateful for their contributions to date, for example, on the self-management workbook. I cannot highlight enough the importance of listening and responding to those who are living with or caring for someone who has long COVID. I am grateful for everyone who feeds into developing our services and for sharing their experiences with us.

- **Closing remarks**

I wish you all well for the event and hope that the sessions over the course of the day provide an opportunity to meet new colleagues and learn from peers working in the same field and that the day also provokes rich discussion to continue to support those living with long COVID.

## DOCUMENT 96

### **ENGAGEMENT TITLE: Pre-recorded video address to Long COVID Strategic Network Joint Network Session**

<b><i>Date and Time of Engagement</i></b>	<p>You are recording a speech at 16:15-16:45 on Thursday 23<sup>rd</sup> November in the Minister's room in Parliament. The recorded speech will be shown at the date and time below.</p> <p>Tuesday 5<sup>th</sup> of December Time TBC</p>
<b><i>Where</i></b>	<p>Media Centre, St Andrews House, Edinburgh.</p> <p>The recorded speech will be played at the NHS National Services Scotland Long COVID Network Joint Network session at COSLA, Edinburgh.</p>
<b><i>Who</i></b>	<p>SG has commissioned NHS National Services Scotland to establish a National Strategic Network on long COVID. The Network brings together people with lived experience, representatives of NHS Boards and clinical and subject matter experts to provide national support to NHS Boards in responding to the needs of people with long COVID.</p> <p>The Network is holding an event on 5 December 2023 to celebrate successes and share learning from the Network's activity to date. This includes learning from services being delivered by NHS Boards supported by SG's long COVID Support Funding, of which £3 million is being made available over this year.</p> <p>Audience will include people living with long COVID, representatives of organisations representing them, academics, clinicians and representatives of NHS Boards.</p> <p>John Harden is attending and his speech will follow yours on the day.</p>
<b><i>Key Purpose / Message</i></b>	<p>To welcome members of the Long-term Effects of COVID-19 Strategic Network to the Joint Network Session. This is an opportunity to acknowledge the positive impact that services being supported by Scottish Government funding are having on the lives of people affected by long COVID and to note that a robust national governance structure has been established to support our response to long COVID.</p> <p>The key purpose of the pre-recorded speech is to thank members of the Strategic Network for their contributions towards progress made to date, and that the Scottish Government is committed to learning from the experience of delivering services and emerging evidence about how best to provide care and support to people with long COVID going forwards.</p>

	<p><b><u>Top lines</u></b></p> <ul style="list-style-type: none"> <li>• We recognise the significant impact that long COVID can have on the health and wellbeing of those adults, children and young people most severely affected across Scotland.</li> <li>• We are making available £3 million from our £10 million long COVID Support Fund over this financial year to support NHS boards to increase the capacity of existing services, develop these into more clearly defined local pathways and provide a more co-ordinated experience. This is in addition to what our healthcare system is already delivering in caring for people with long COVID across our full range of NHS services.</li> <li>• With some of this funding, we have established a national long COVID Strategic Network in March 2022 to provide national support to building the capacity, capability and co-ordination of health and social care services for people with long-term effects of COVID-19.</li> <li>• Key achievements of the Network include: the procurement and national rollout of a digital tool which will gather data on people accessing long COVID specialist services in NHS Boards, which will provide evidence of specialist health service use. They have also contracted the University of Leeds to support data analysis of long COVID services in Scotland, which will provide an analysis of demand and capacity within long COVID services, an analysis of longer-term outcomes for long COVID patients assessed within board services, and where possible, compare differences in service models.</li> </ul>
<b><i>Sensitivities</i></b>	None to be aware of for recorded speech. Criticism from opposition and people with long COVID that Scottish Government are not doing enough (albeit general per capita health spend higher in Scotland than England). [REDACTED, Section 30(b)(ii)].
<b><i>Media Handling</i></b>	<i>As recorded speech no communications attendance required.</i>
<b><i>Stakeholder Support</i></b>	The national long COVID Strategic Network is managed by NHS National Services Scotland. It brings together representatives of NHS Boards across Scotland, clinicians, lived experience, third sector organisations, Public Health Scotland and others to design, implement and deliver long COVID pathways.

	You were invited to speak at their first in person Joint Network Session taking place in December, which will be attended by representatives from the different groups and workstreams.
<b>Official Support</b>	<i>As recorded speech no official support required.</i>
<b>Parking arrangements</b>	Recording to occur in Parliament.

## **Long-term Effects of COVID-19 Strategic Network**

1. The Long-term Effects of Covid-19 Strategic Network was established in March 2022 with a £10 million support fund from Scottish Government to provide national support to building the capacity, capability and co-ordination of health and social care services for people with long-term effects of COVID-19. This was set out in the Scottish Government's strategy in 2021 [Coronavirus \(COVID-19\): Scotland's Long Covid service.](#)
2. The Network is managed by NHS National Services Scotland and The Strategic Network is composed of the Strategic Oversight Board, Steering Group and workstreams, including the Child and Young People Workstream, Lived Experience Workstream/group, Service Planning workstream, Clinical/Subject matter expert workstream and a data and intelligence group. Members from all groups have been invited to attend the Joint Network session.
3. Significant pieces of work carried out by NSS include:
  - a. Procurement and national rollout of a digital tool, Elaros C-19 Yorkshire Rehabilitation Scale, which will gather data on people accessing long COVID specialist services in NHS Boards. This will provide evidence of specialist health service use.
  - b. The Network has contracted the University of Leeds to support the data analysis of long COVID services in Scotland. This will provide an analysis of demand and capacity within Scotland's long COVID services; analysis of longer-term outcomes for long COVID patients assessed within NHS Health Board services; and where possible, compare differences in service models. The outputs of the evaluation are expected following the end of the financial year.
  - c. An education and peer group has been established and peer support sessions have been held. Topics explored include dysfunctional breathing and chronic pain management.
  - d. A self-management workbook has been developed with input from the Lived Experience Group and the ALLIANCE lived experience network and this has been shared throughout the network. A PDF will be available to the board in December 2023.
  - e. A non-medical treatment pathway for Post Orthostatic Tachycardia Syndrome (POTS) has been developed
  - f. Work is underway to update the current guidance available to Boards and clinicians on the assessment, referral and management of children with suspected long COVID. This will become a long COVID clinical pathway for children and young people. Once updated, the information will be shared with NHS Boards as a clinical pathway for local

implementation, and aims to improve consistency in approach across Scotland.

## **Scotland's Long COVID Service approach**

1. The Scottish Government's Long COVID Service approach paper, published in 2021, outlined 16 commitments to improving the health and wellbeing support available for people living with long COVID. These were based on four key elements of our approach:
  - Supported self-management
  - Primary care and community-based support
  - Rehabilitation support
  - Secondary care investigation and support
2. We have established a £10m Long COVID Support Fund which aims to support NHS Boards to increase the capacity of existing services supporting those with long COVID, develop these into more clearly defined local pathways and provide a more co-ordinated experience for those accessing support. We made an initial £3 million available from the fund over 2022-23, and a further £3 million is being made available from the fund over this financial year.
3. All NHS boards are already providing assessment and support for people with long COVID, delivered across the full range of services provided by our NHS. At present, 11 out of 14 territorial NHS Scotland Boards have long COVID pathways in operation for adults, and the remaining 3 are in the process of development. The table below outlines anticipated commencement date of the remainder, where applicable. In the absence of long COVID pathways, people with long COVID can receive assessment and input from existing services, based on their symptoms and needs.

<b><u>NHS Board</u></b>	<b><u>Date</u></b>
NHS Dumfries and Galloway	December 2023
NHS Fife	March 2024
NHS Shetland	Referral pathways exist into relevant Allied Health Professions services.

4. Given that no single service model would fit all areas of Scotland, we are giving NHS Boards the flexibility to design and deliver the best models of care tailored to the specific needs of their local populations. Initiatives being supported by Scottish Government funding include key elements of care that are also offered by long COVID assessment clinics elsewhere in the UK, including single point of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy.
5. The testing of differing approaches being taken by Boards offers us an opportunity to evaluate what works well and then share best practice and learning nationally through the Strategic Network.
6. Around the world, science has begun the work of trying to find an explanation for, as well as treatments for, long COVID. We have awarded a total of around £2.8 million for 10 projects on the long-term effects of COVID-19. This includes

projects to better understand the prevalence of, symptoms of, and factors associated with, long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

## **DOCUMENT 97**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach

Jenni Minto BPA

Minister for Public Health and Women's Health

Jenni Minto MSP

T: 0300 244 4000

E: scottish.ministers@gov.scot

Mary Morgan

Chief Executive

NHS National Services Scotland  
Mary.morgan@nhs.scot

16 June 2023

Dear Mary,

Thank you for the important work that NHS National Services Scotland is undertaking to provide national support to our NHS Boards in building the capacity, capability and co-ordination of health and social care services for people with long term effects of COVID-19.

I recognise the challenges associated with planning services for a new condition for which the evidence base on its nature and clinical management is still developing. These only serve to underline the value of the Strategic Network, and its role in ensuring our NHS Boards have the forum to come together at a national level to share learning and best practice in developing support and services for people with long COVID.

As you will be aware, the Scottish Parliament's COVID-19 Recovery Committee recently undertook an inquiry into long COVID, focussing on awareness and recognition, therapy and rehabilitation, and study and research in relation to the condition.

Following consideration of the written and oral evidence received, the Committee published the report of its inquiry on 26 April 2023. This contains a range of recommendations for the Scottish Government, and some of these relate to the work being progressed by NHS National Services Scotland through the National Strategic Network for managing the long-term effects of COVID-19.

Within its conclusions and recommendations, the Committee noted that:

*“information on the Network and its ongoing work is extremely scant, with no website or contact details available online. In the interest of transparency and accountability, the Committee recommends that the Scottish Government takes a more proactive role in overseeing the work of the National Strategic Network including raising the visibility of its meetings, priorities, and outputs. The Committee also requests that the Scottish Government provides an update to the Committee on actions taken to date by the National Strategic Network to improve coordination and consistency of access to services across Scotland over the next six months.”*

I understand that since the publication of the Committee’s report, NHS National Services Scotland has already initiated or committed to a range of welcome improvements to enhance the transparency and visibility of the Strategic Network’s activity.

I understand that these include:

- The development and implementation of a communications strategy, to guide the Network’s communication with internal and external stakeholders with an interest in the Network’s activity.
- The development and publication of an annual report, summarising the key activities of the Network across 2022-23.
- The development and sharing of highlight reports to ensure that the Network’s stakeholders are kept abreast of progress and to support communications between the constituent groups of the Network.
- The establishment of an action log and risk register capturing Network activities, and the set-up of a regular programme of meetings between Scottish Government officials and the Strategic Network programme team to review these on an ongoing basis.
- The development of an updated business case and work plan for the Strategic Network for 2023/24.

In addition to the initiatives above, in light of the Committee’s recommendations, I am writing to request that the following actions are also taken:

- That NHS National Services Scotland provide the COVID-19 Recovery Committee with a copy of the Strategic Network’s annual report for 2022-23.
- Minutes from the Oversight Board are shared with my officials on a timely basis after meetings, who will then brief me on updates.
- Quarterly progress reports from each subgroup are shared with me and my officials on a quarterly basis, setting out actions taken during the past quarter, priorities for the quarter ahead and overall progress towards achieving their intended outcomes.
- The National Strategic Network’s priorities, key outputs and meeting minutes from the Oversight Board are made available on a publicly accessible webpage.

- Contact details for the long COVID Strategic Network are added to the Strategic Networks section of the NHS National Services Scotland website.
- Regular meetings take place between my officials and the Chair of the Strategic Oversight Board in advance of each Oversight Board meeting.
- An update is provided on the framework being developed to evaluate the activity, outputs and outcomes achieved by the network and services across NHS to my office and my officials.
- An evaluation of post COVID services (including long COVID clinics) in comparison to pathways in Scotland is added to the Strategic Network's workplan for 2023-24, in light of the Committee's recommendation under paragraph 213 of its report.
- Work is undertaken to ensure the Oversight Board are provided with timely updates from NHS Boards on the progress being made in establishing and delivering long COVID pathways, their in-year use of the long COVID Support Fund allocations made available to them, and quantitative information on access to, and the usage of the pathways of care they are delivering for people living with long COVID.

In addition, I would welcome the opportunity to engage with the Strategic Network's Lived Experience group, to develop my understanding of current priorities for people living with long COVID and hear how their input is informing the priorities and activities being taken forward by the Strategic Network. To support this, I would be grateful if a member of your team could contact my Private Office on MinisterPHWH@gov.scot in the first instance to identify a suitable meeting date.

I would like to highlight my gratitude for the range of measures that have been considered and agreed upon to date to enhance the operation and visibility of the Strategic Network. I would be grateful for your consideration of the further actions proposed above and would welcome any additional suggestions from the Network programme team to ensure that the work being undertaken, and successes achieved by the Strategic Network are appropriately communicated to relevant stakeholders.

Regards,

Jenni Minto MSP

Minister for Public Health and Women's Health

**2. LONG COVID DATA SOURCES**

**3. Priority and Purpose**

1. Routine. This briefing is provided to update the Minister on the latest position regarding long COVID data collection.

**4. Recommendation**

2. Recommends that you: note the latest position on long COVID data collection.

**5. Context and Issues**

3. The availability of data on long COVID has changed in 2023. This includes: the pausing of the COVID-19 Infection Survey (CIS), the development of a digital tool to record data on specialist health service use, and improved recording of long COVID in hospital admissions data. Information on these data sources is provided in Paragraphs 5–8, with information on future analysis and potential future data sources provided in Paragraphs 9-13.
4. The Minister is meeting with Officials on 4 October 2023 to follow up a meeting with stakeholders in Inverclyde on 23 August 2023. Analysts will attend this meeting to answer any analytical questions the Minister may have around long COVID data. This briefing note is provided to update the Minister on the latest position in relation to data sources ahead of the meeting.

**6. SUMMARY OF LONG COVID DATA**

**Population Prevalence Data**

5. Until March 2023, the Office for National Statistics (ONS) reported monthly on responses to long COVID questions in CIS. This reporting provided prevalence estimates of self-reported long COVID by duration and associated activity limitations, with data available at Scotland and UK level. The final estimates covered the four-weekly period ending on 5 March 2023 and estimated that 172,000 (95% CI: 156,000 to 189,000) (3.28% of the Scottish population, 95% CI: 2.97% to 3.58%) were experiencing self-reported long COVID of any duration.
6. In the absence of monthly data from CIS, we now rely on the Scottish Health Survey (SHeS) for ongoing annual monitoring of population prevalence. SHeS provides a detailed picture of the health of the Scottish population in private households. It includes questions about self-reported long COVID, symptoms experienced and their impact on day-to-day activities. The 2021 survey estimated

that 5% of all adults in Scotland were experiencing self-reported long COVID. Findings are broken down by age and sex. As data accumulate through successive annual surveys, it may be possible to provide pooled estimates for other breakdowns, such as prevalence at NHS Board level. The 2021 findings were published in November 2022. Outputs for 2022 are expected in late 2023.

### **Data on Specialist Health Service Use**

7. The NHS National Services Scotland (NSS) Long Covid Strategic Network is working with stakeholders including Public Health Scotland (PHS) to support the collection and evaluation of data from long COVID pathways being delivered by territorial NHS Boards. Data on people accessing long COVID specialist services in NHS Boards will be gathered via a digital tool that has been procured by NSS on a “Once for Scotland” basis. We anticipate that this digital tool will be implemented by all NHS Boards with the exception of NHS Lothian (which has chosen to proceed with an alternative digital platform it is already using). The digital tool will facilitate the collection of a core minimum dataset to monitor and evaluate patient experience and outcomes. The University of Leeds will produce an initial evaluation report to assess patient-reported outcomes and experiences of specialist health care services by the end of March 2024. Going forwards, the data will be used to tailor and plan services. We are exploring with NSS the detail of data sharing and reporting at national level. Patient interaction with the digital tool is voluntary, which may impact the quality of data gathered via this route.
8. From hospital records, PHS can access data on the number of patients admitted to hospital with a specific diagnosis of long COVID. Since January 2023, the coding of hospital admissions was changed to ensure greater specificity for long COVID (with symptoms relating to long COVID previously recorded as ‘post-COVID condition’, which is broader than long COVID). This data would cover patients with severe long COVID requiring hospital admission and not those with milder disease. We are exploring with PHS the detail and feasibility of data sharing and reporting at national level.

### **ONS COVID Infection Survey: Bespoke In-House Analysis of Historical Data**

9. HSCA analysts have commenced work on replicating ONS’ more detailed UK-level analysis based on CIS data (as mentioned in Paragraph 5) at Scotland-level. New analysis will comprise of monthly prevalence estimates of long COVID in Scotland broken down by characteristics including age, sex, deprivation and ethnicity. Monthly prevalence estimates for the most common long COVID symptoms covered in CIS will also be produced. These monthly estimates will cover the period from April 2022 to March 2023.
10. While this is a static dataset, it will be useful analysis of the Scottish context. We are considering options and timescales for publication, including contextualisation with other long COVID data sources.

## **Potential Future Surveillance Options**

11. We are liaising with UKHSA and ONS on the new winter COVID Infection Survey (CIS), which will run between 1 November 2023 and 31 March 2024. Whilst the primary benefit of this survey is the provision of data on COVID-19 positivity at Scotland level and comparable data across the UK, it will also ask questions on long COVID. Given the reduced budget and lower sample size, it is unknown at this stage whether the survey will allow for robust estimates of the prevalence of long COVID to be reported at either Scotland or UK level. Analysis will need to take place to confirm whether the new CIS sample is suitably representative before a decision can be taken around which breakdowns can be published.
12. Contingent on funding and permissions, there may be opportunities to develop additional data to support us to understand prevalence from: 1) monitoring the number of people with long COVID accessing primary care using the methodology developed by the EAVE II Long COVID Study, and 2) obtaining future population prevalence estimates from the Long COVID in Scotland Study. Annex 1 below provides more details of these research studies.
13. Due to the complexity of accessing primary care data, including challenges around information governance, these potential routes may not be feasible or proportionate. PHS are exploring options in relation to their overall approach to improving the evidence base and understanding of long COVID. They will advise us if and when these routes for surveillance become viable.

### **7. Bute House Agreement Implications**

14. This has no Bute House Agreement implications.

### **8. Verity House Agreement Implications**

15. This has no Verity House Agreement implications.

### **9. Financial and Legal Considerations**

16. Not applicable.

### **10. Sensitivities**

17. The above sources of data on population prevalence and specialist health service use are relevant for understanding the level of health-related burden from long COVID. As health services recover from the pandemic and long COVID pathways become more established in NHS Boards, evidence of the wider impacts of long COVID may become increasingly important. This may include, for example, economic inactivity amongst people with long COVID, including for those in the 35-59 age group where prevalence rates are highest.
18. Long COVID continues to be a key subject of interest for the Health spokespeople of the Scottish Conservatives (Dr Sandesh Gulhane), Scottish Labour (Jackie Baillie) and the Scottish Liberal Democrats (Alex Cole-Hamilton), who co-convene the cross party group on long COVID. 12 Parliamentary Questions have been lodged since October 2021 regarding long COVID data.

19. The COVID-19 Recovery Committee conducted an inquiry on long COVID in Spring 2023, and its report published on 26 April 2023 noted calls for more data on the prevalence of long COVID.

## **11. Quality Assurance**

20. This Submission has been approved by Nicola Edge, Deputy Director, Head of Health and Social Care Analysis Division.

## **12. Conclusions and next Steps**

21. The Minister is asked to note the latest position on long COVID data. In summary, this includes use of the following sources for ongoing monitoring:

- Scottish Health Survey (SHes) which will provide annual estimates of long COVID prevalence in Scotland,
- NSS digital tool which will provide evidence of specialist health service use and complement population level surveillance from SHes.

[REDACTED, section 38(1)(b)]

Population Health/Health and Social Care Analysis

<b>Cabinet Secretaries and Ministers Copy List</b>	<b>For Action</b>	<b>For Information Portfolio interest</b>	<b>For Information Constituency interest</b>	<b>For Information General awareness</b>
Minister for Public Health and Women's Health	X			
Cabinet Secretary for NHS Recovery, Health and Social Care		X		

### **Officials Copy List**

Director General, Health and Social Care, Caroline Lamb  
 Chief Operating Officer, NHS Scotland, John Burns  
 Chief Allied Health Professions Officer, Carolyn McDonald  
 Chief Medical Officer, Gregor Smith  
 Deputy Chief Medical Officers, Marion Bain, Graham Ellis, Nicola Steedman  
 Chief Nursing Officer, Alex McMahan  
 Chief Scientist Health, Anna Dominiczak  
 National Clinical Director, Jason Leitch  
 Deputy National Clinical Director, John Harden  
 Directors, Population Health, Richard Foggo, Christine McLaughlin  
 Deputy Director, Future Threats Surveillance, Daniel Kleinberg  
 Deputy Directors, Health & Social Care Analysis, Nicola Edge, Anita Morrison  
 Deputy Director, Healthcare Quality and Improvement, Lynne Nicol  
 Unit Head, Community Surveillance and UKHSA DAS Directorate Engagement,  
 [REDACTED, section 38(1)(b)]  
 Reporting Lead, Future Threats Surveillance, [REDACTED, section 38(1)(b)]  
 Senior Division Heads, Planning and Quality Division, [REDACTED, section 38(1)(b)],  
 [REDACTED, section 38(1)(b)]  
 Unit Head, Clinical Priorities, [REDACTED, section 38(1)(b)]  
 Team Leader, Clinical Priorities, [REDACTED, section 38(1)(b)]  
 Senior Policy Manager, Clinical Priorities, [REDACTED, section 38(1)(b)]  
 Policy Manager, Clinical Priorities, [REDACTED, section 38(1)(b)]  
 Head of Chief Scientist Office, [REDACTED, section 38(1)(b)]  
 Senior Research Manager, Chief Scientist Office, [REDACTED, section 38(1)(b)],  
 [REDACTED, section 38(1)(b)]  
 Research Manager, Chief Scientist Office, [REDACTED, section 38(1)(b)]  
 Unit Head, Care and Wellbeing Analysis and Strategic Insights, [REDACTED, section  
 38(1)(b)]  
 Assistant Statistician, Care and Wellbeing Analysis and Strategic Insights,  
 [REDACTED, section 38(1)(b)]  
 Unit Heads, Healthcare & Workforce Analysis, [REDACTED, section 38(1)(b)],  
 [REDACTED, section 38(1)(b)]  
 Senior Research Officer, Healthcare & Workforce Analysis, [REDACTED, section  
 38(1)(b)]  
 Special Advisers to the First Minister, David Hutchison, Jennie Gollan  
 Senior Media Manager, Communications, [REDACTED, section 38(1)(b)],  
 [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)],  
 [REDACTED, section 38(1)(b)]  
 Media Manager, Communications, [REDACTED, section 38(1)(b)]  
 Communications NHS Recovery, Health and Social Care

**Officials Copy List**

Strategic Briefing Unit for Health

## **ANNEX 1**

### **RESEARCH PROJECTS ON LONG COVID**

1. In 2021, 9 projects were awarded funding in response to the Chief Scientist Office's call for proposals on longer-term impacts of COVID-19. All started in early 2021 and will finish in 2023. In 2023, a 10<sup>th</sup> project was awarded funding from a general research call (to study caring for long COVID in primary care).
2. Three of the original 9 projects have addressed data and prevalence issues:

#### **EAVE II Long COVID Study (Risk Prediction Model)**

3. The Early Pandemic Evaluation and Enhanced Surveillance of COVID-19 (EAVE II) long COVID study is a collaboration between the University of Edinburgh and Public Health Scotland to identify adults at greatest risk of developing long COVID. This analysis has provided preliminary estimates of prevalence.
4. The study was able to identify cases of long COVID in Scotland using routinely collected clinical data from almost the entire adult Scottish population.
5. The clinical data used electronic health records, comprising: GP records (coded, free text and sick note data), hospital data, GP Out-of-Hours data, outpatient data, NHS 24 data, medication data and mortality data.

#### **Long COVID in Scotland Study**

6. The University of Glasgow is studying the frequency, nature and impact of long COVID using mixed methods to identify how many people continue to be unwell, their symptoms, and how it affects their lives.
7. Scottish adults who had a positive COVID-19 test, and a negative test comparison group, were sent an SMS message inviting them to take part in the study. If they agreed, they were asked questions about their health before and after COVID-19, and any effect on their lives, with the questions repeated at regular intervals.

#### **COVID-19: Tracking Persistent Symptoms in Scotland (TraPSS)**

8. The University of the West of Scotland is leading a study to track persistent symptoms in Scotland. This project aims to improve our understanding of long COVID in the Scottish population, and particularly in people whose original symptoms were relatively mild.
9. The current evidence describing the types of symptoms other studies have reported is being reviewed, and people are being surveyed at different stages of recovery to find out what kinds of persistent symptoms they have.

## DOCUMENT 99

### MINISTERIAL ENGAGEMENT BRIEFING

<i>Engagement title</i>	Meeting with Lived Experience Oversight Group of long COVID Strategic Network
<i>Venue</i>	MS Teams (Virtual)
<i>Date and time of engagement</i>	Tuesday 16 November 2023,14:45-15:45
<i>Background</i>	You wrote to NHS National Services Scotland in June following the conclusion of the COVID-19 Recovery Committee inquiry on long COVID, requesting a meeting with this group - the Strategic Network's Lived Experience Oversight Group.
<i>Purpose</i>	To demonstrate that the Scottish Government recognises the impact of long COVID and is engaging with, and listening to the concerns of, those affected.
<i>Background</i>	<b>Annex: A</b>
<i>Agenda</i>	<b>Annex: B</b>
<i>Information on Strategic Network and Lived Experience Oversight Group</i>	<b>Annex: C</b>
<i>Attendee list</i>	<b>Annex: D</b>
<i>Key issues and lines to take</i>	<b>Annex: E</b>
<i>Official support</i>	[REDACTED, section 38(1)(b)], Team Leader, Clinical Priorities Unit, [REDACTED, section 38(1)(b)] [REDACTED, section 38(1)(b)], Unit Head, Clinical Priorities Unit - [REDACTED, section 38(1)(b)]
<i>Supporting staff from NHS National Services Scotland</i>	Dr [REDACTED, section 38(1)(b)], Lead Clinician – long COVID Strategic Network [REDACTED, section 38(1)(b)], Associate Director – National Strategic Networks, National Specialist and Screening Services Directorate (NSD) [REDACTED, section 38(1)(b)], Senior Programme Manager [REDACTED, section 38(1)(b)], Programme Manager



## **Background**

### **Lived Experience Oversight Group**

- We have commissioned NHS National Services Scotland to establish a Strategic Network to provide national support to building the capacity, capability and co-ordination of health and social care services for people with long COVID.
- The Lived Experience Oversight Group brings together different organisations that represent people living with long COVID.
- It co-ordinates activity to ensure that the priorities of people living with long COVID are fed into the Network and inform its considerations.
- Full background on the group is outlined on page 4.

### **Previous ministerial engagement**

- The former Cabinet Secretary for Health and Social Care, Mr Yousaf held a series of roundtable meetings with some of the organisations represented on this call on November 2021, February 2022 and February 2023.
- These predated (in the first instance) and were held separately to the Lived Experience Oversight Group of the Network.

**[REDACTED, Section 30(b)(ii)]**

### **Meeting request**

- You wrote to NHS National Services Scotland in June following the conclusion of the COVID-19 Recovery Committee inquiry on long COVID, requesting a meeting with the Strategic Network's Lived Experience Oversight Group.
- You were due to meet with the group on 26 September, however this meeting had to be rescheduled at short notice due to Parliamentary business.

### **Long Covid Scotland**

- For awareness – you met Long Covid Scotland - one of the organisations participating in this meeting, separately on Tuesday 3 October 2023. Long Covid Scotland received a read-out of this meeting on 6 November, following your clearance.

**Agenda**

<b>TIME</b>	<b>Item</b>
14.30 – 14:45	Pre-brief meeting with supporting officials and NHS National Services Scotland staff
14.45	Start
	Introductions
	Discussion – chaired by Minister for Public Health and Women’s Health
15:45	Close

**INTRODUCTORY REMARKS**

- Thank you for accepting my invitation and taking the time to meet with me.
- I know that we were originally due to meet at the end of September. Please accept my apologies that this meeting had to be rescheduled at short notice due to Parliamentary business.
- Over recent months, I’ve met with people living with long COVID and organisations representing them to better understand the key issues impacting people living with the condition.
- I am keen to hear about the work of the Lived Experience Oversight Group, and how the voices of people living with long COVID are feeding in to activities of the National Strategic Network.

**PROMPT QUESTIONS**

- For [REDACTED, section 38(1)(b)] (Chair of Group) – to start us off, please could I ask you to give me an overview of the Lived Experience Oversight Group, and its role within the National Strategic Network?
- Could I ask you to give me a flavour of some of the pieces of work that the Lived Experience Group has carried out or contributed to to date?
- What priority issues have emerged so far through the Lived Experience Group’s work?

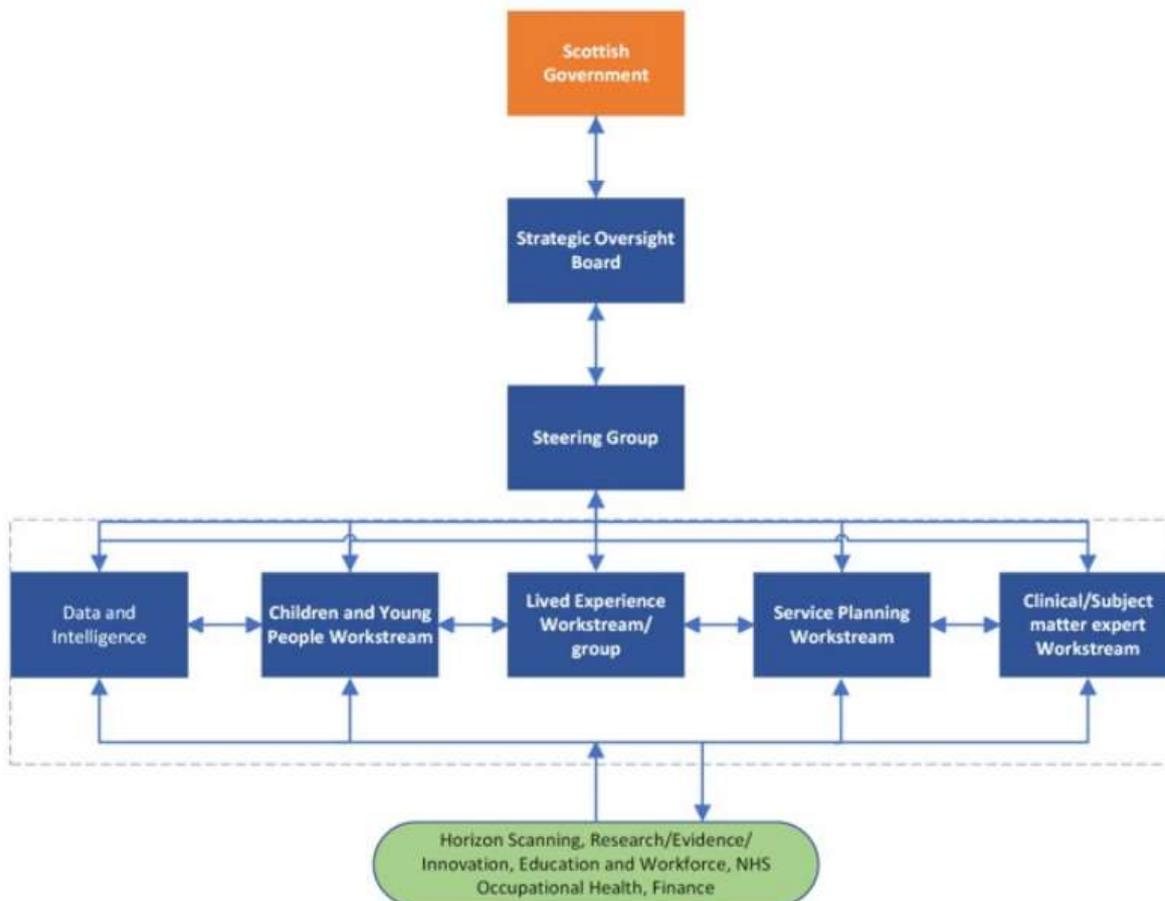
## Information on National Strategic Network and Lived Experience Oversight Group

### National Strategic Network

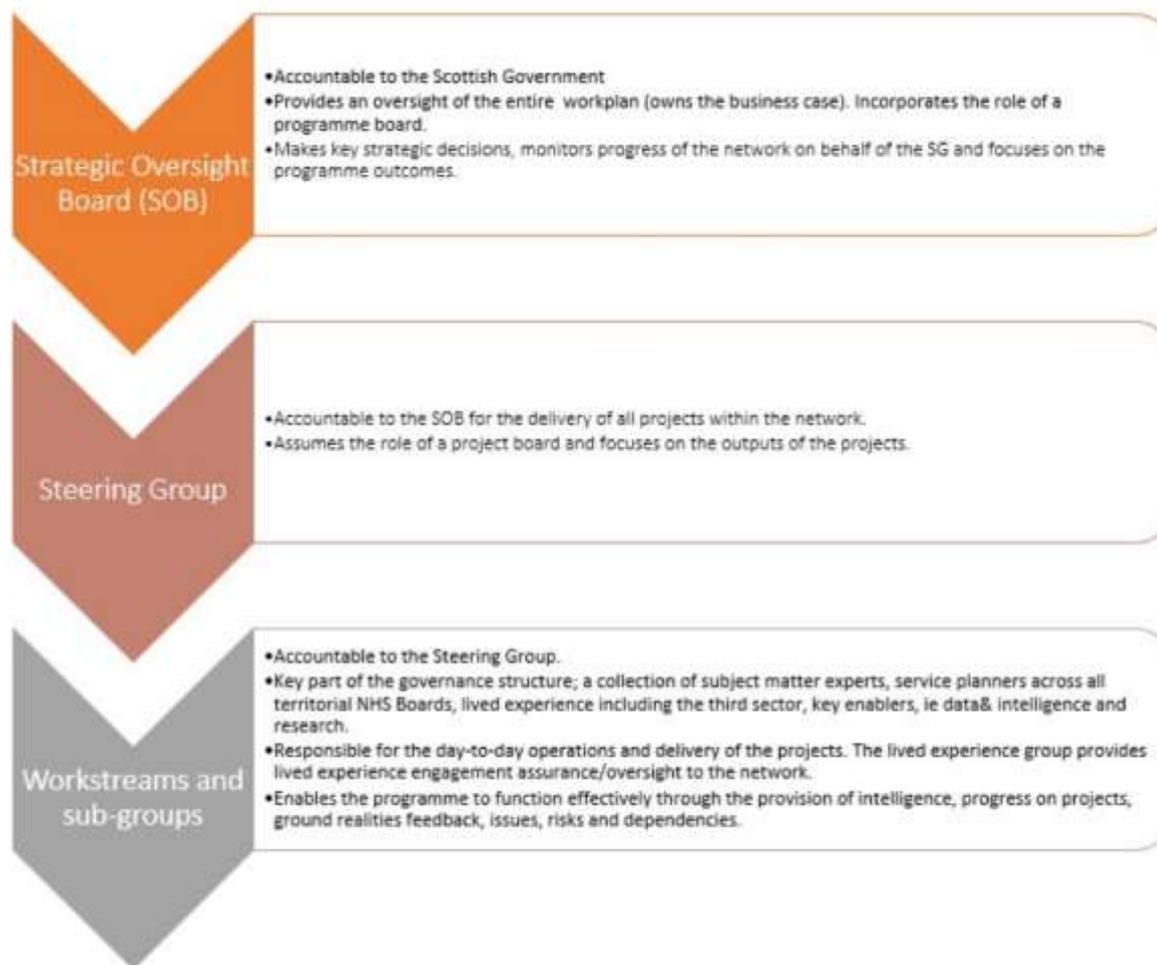
The Network was established by NHS National Services Scotland in March 2022 to provide national support to building the capacity, capability and co-ordination of health and social care services for people with long-term effects of COVID-19. The Strategic Network structure is composed of:

- Strategic Oversight Board – makes key strategic decisions and provides oversight of the entire workplan and outcomes. Accountable to SG.
- Steering Group – Accountable to the Strategic Oversight Board for the delivery of all outputs and projects within the Network.
- Workstreams and sub-groups – Responsible for the day to day operation and delivery of the Network’s projects. The Lived Experience Oversight Group provides lived experience insight to and assurance for the Network. Accountable to the Steering Group.

### Governance Structure



## Roles description



## Lived Experience Oversight Group

### Background and function

- Established in February 2022 and held its first meeting in April 2022.
- Meets quarterly and has met a total of 7 times.
- Gathers information from a range of sources and uses lived experience insights to make recommendations to the Steering Group.
- Members of the Lived Experience Oversight Group are also members of some other task or subject-specific workstreams within the Network.
- The group is supported by a Lived Experience Network of people living with long COVID, facilitated by the Health and Social Care Alliance Scotland (the ALLIANCE).

### Membership

- The Lived Experience Oversight Group includes representation from Long Covid Scotland, Long Covid Kids Scotland, the ALLIANCE, Chest Heart & Stroke Scotland, The Thistle Foundation, and Asthma & Lung UK.
- Chaired by [REDACTED, section 38(1)(b)], Participation and Equalities Manager at NHS 24.

#### **Examples of activities**

- In early 2023, the group participated in a Question and Answer session with service planning staff in 9 of 14 NHS Boards.
- The group has provided considerable feedback to support the development of an information workbook to support people to manage long COVID Symptoms. Expected to be published later this year.
- The group has provided feedback to support the development of a recommended pathway for the assessment and management of Postural Orthostatic Tachycardia Syndrome (POTs).
- The group has been invited to get involved in the review and update of guidance for clinicians on the primary care assessment and management of people with long COVID.

#### **Sensitivities**

[REDACTED, Section 30(b)(ii)]

**Attendees – Lived Experience Oversight Group****[REDACTED, section 38(1)(b)], Chair of Lived Experience Oversight Group**

[REDACTED, section 38(1)(b)] chairs the Lived Experience Oversight Group. His substantive post is Participation and Equalities Manager at NHS 24.

**Jane Ormerod, Chair of Long Covid Scotland**

Jane joined Long Covid Scotland in 2020 after [REDACTED, section 38(1)(b)] earlier that year, and now chairs the charity. Long Covid Scotland is a volunteer-led charity run by people living with long COVID.

**Helen Goss, Lead Representative for Scotland at Long Covid Kids**

Helen [REDACTED, section 38(1)(b)] and her [REDACTED, section 38(1)(b)]. Long Covid Kids advocates for families, children and young people with long COVID.

**Kerry Ritchie, Programme Manager at the Health and Social Care Alliance Scotland (the ALLIANCE)**

Kerry's role includes oversight of the involvement of ALLIANCE members and people with lived experience in the organisation's work. The ALLIANCE is a third sector intermediary for health and social care organisations.

**Rob Gowans, Policy & Public Affairs Manager at the ALLIANCE**

Rob manages the ALLIANCE's policy and public affairs activity.

**Olivia Friend-Spencer, Development Officer at the ALLIANCE**

Olivia supports the operation of the ALLIANCE's long COVID lived experience network.

**Mark Hoolahan, Chief Executive at the Thistle Foundation**

Mark took on the role of CEO in June 2019. He has over 20 years' experience working across the private, public and voluntary sectors.

During his career, Mark has provided support and leadership to teams of learning and organisational development practitioners both within the NHS and Local Government.

**[REDACTED, section 38(1)(b)], Health and Wellbeing Manager at the Thistle Foundation**

[REDACTED, section 38(1)(b)] leads Thistle Foundation's Training and Consultancy work, consulting with services across health and social care and trains practitioners in personal outcomes and asset based approaches.

His professional background lies in Physiotherapy where he project managed a number of rehabilitation programmes for people with long term conditions.

**[REDACTED, section 38(1)(b)], Head of Service Delivery at Chest, Heart and Stroke Scotland**

**Anticipated key issues and lines to take****6. ENGAGEMENT OF PEOPLE WITH LIVED EXPERIENCE, AND COMMUNICATION****BACKGROUND**

- Some members of the group have previously raised concerns regarding the engagement of people with lived experience in the activity of the Network. They have called for greater involvement in programmes of work and improved information flow throughout the Network.
- Network staff at NHS National Services Scotland have worked hard to respond directly to any concerns raised and address the issues where possible and appropriate.
- Network staff are taking steps to ensure that the interests of the Lived Experience Oversight Group are represented on the Network's Strategic Oversight Group membership going forward.
- The COVID-19 Recovery Committee's inquiry report on long COVID was critical of the level of information that NHS NSS had made available regarding the National Strategic Network and its activities to date.
- Following this, you wrote to NHS NSS in June formally noting improvements of ways of working already agreed at Official level and requested the implementation of some additional actions, which NSS have now agreed.
- You visited a long COVID peer support group in Inverclyde in August to hear directly from people impacted by long COVID about the issues that were important to them.
- You met with Long Covid Scotland on 3 October 2023.

**Engagement**

- Firstly I'd like to thank you all for the input that you are providing to the Strategic Network, both for your direct participation in the Lived Experience Oversight Group, and for the contribution that you have made to some of the Network's dedicated workstreams to date.
- I appreciate that for those of you who are doing this within the context of living with a fluctuating health condition, that can be very challenging.
- I know that NSS takes the issue of lived experience engagement in this programme very seriously, and I would encourage you to share any ideas for enhancing ways of working with the programme team directly.
- I understand that the programme team is organising an in-person event in December to which all members of the Network will be invited

to participate and contribute. I look forward to hearing about the outputs following the event.

## **Communications**

- I'm aware that there is a high level of interest in the long COVID Strategic Network, and I'm keen that we are doing what we can to make sure that people – both within and outside of the Network – are aware of the good work that is taking place.
- I wrote to NSS about this issue in June following the publication of the COVID-19 Recovery Committee's report on long COVID, and was reassured by the response I received, which outlined a range of steps that are underway to support communications and information sharing.
- I know that the programme team has worked very hard to make sure that all programme documentation is shared through a common cloud storage area in MS Teams, accessible by all members of the network who can share with their stakeholder groups. The team has also developed a Newsletter to share updates from the Network.
- I know that NSS is also committed to creating a website where it will make available minutes of Network meetings such as the Strategic Oversight Board along with overall information about the network; its aims, objectives and deliverables.

## **7. SUPPORT FOR CHILDREN AND YOUNG PEOPLE WITH LONG COVID**

### **BACKGROUND**

- Helen Goss of Long Covid Kids Scotland is dissatisfied with the support available to children and young people with long COVID via the NHS in Scotland. [REDACTED, Section 30(b)(ii)]
- The long COVID Strategic Network is updating the current guidance available to Boards and clinicians on the assessment, referral and management of children with suspected long COVID. This will become a long covid clinical pathway for children and young people. It is intended for local consideration/implementation by NHS Boards and there will not be a national 'service' in itself.
- The most significant level of additional demand to Boards as a result of long COVID has been within adult services. The vast majority of their long COVID Support Fund spend has therefore focussed on support and services for adults.
- Only NHS Greater Glasgow and Clyde and NHS Grampian plan to use long COVID Support Funding to support recruitment of staff specifically for CYP support, however these efforts have been delayed by recruitment challenges and availability of staff.
- On 7 Oct Alex Cole-Hamilton, Jackie Baillie and Sandesh Gulhane sent FM a joint letter criticising a "severe lack of funding" for long COVID in Scotland in comparison to England. The letter drew specific reference to support for children and young people, and the accompanying Lib Dem press release featured a quote from Helen Goss.
- You responded to the letter on the FM's behalf on 10 Oct. Helen Goss was quoted in a Lib Dem press release dated 10 Nov describing the Scottish Government's response as "complete drivel".

### **We know that it's not only adults who are impacted by long COVID and we are determined that everyone gets the care that is most appropriate for them, regardless of their age.**

- I note that the COVID Strategic Network is progressing a dedicated piece of work looking at the specific needs of children and young people.
- I understand that this is involving representatives of parents and carers of children with long COVID, including long Covid Kids Scotland, and clinical stakeholders including the Royal College of Paediatrics and Child Health.
- This workstream is currently reviewing and updating the information available to NHS Board colleagues and Primary Care clinicians on the appropriate assessment, referral and management pathways for children and young people with long COVID symptoms.
- Once updated, this information will be shared with NHS Boards as a clinical pathway for local implementation, and aims to improve consistency in approach across Scotland.

**Support is already being delivered for children and young people with long COVID.**

- For children and young people with symptoms consistent with long COVID, assessment and initial investigation is being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options for these in the first instance.
- Primary care clinicians can refer to occupational therapy and/or physiotherapy for further support where appropriate.
- In cases where referral to secondary care is required, children and young people may be referred to general paediatric services for investigation, exclusion of other serious conditions such as cancer and ongoing management.

**[REDACTED, Section 30(b)(ii)]**

## **8. FUNDING – LONGER TERM PLANNING**

### **BACKGROUND**

- In September 2021, SG established a £10 million long COVID Support Fund. It was envisaged it would be spend over the three financial years 2022-23, 2023-24 and 2025-26.
- An initial £3 million was made available to Boards in 2022-23, but they were unable to use this fully due to delays in recruiting members of staff.
- The COVID-19 Recovery Committee’s inquiry report on long COVID highlighted the lack of recurring funding as a barrier to NHS Boards’ development of support and services for people with long COVID.
- Long Covid Kids Scotland has publicly criticised the level of funding made available for long COVID in Scotland, stating that it needs to be “*tripled, at least*”.
- In advance of the meeting, Long Covid Scotland noted their intention to ask what plans the Scottish Government has for longer-term funding once the initial funding period comes to an end.

### **We remain committed to delivering the £10m long COVID Support Fund in full, and expect the remainder of the fund to be allocated over the financial years 2023-24, 2024-25 and 2025-26.**

- We engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.
- One of the key pieces of work that the Strategic Network is supporting is the evaluation of the models of care that NHS Boards have put in place for people with long COVID, supported by our long COVID Support funding.
- The National Strategic Network has contracted the University of Leeds to support the initial evaluation of long COVID services in Scotland. It is anticipated that this will provide an: analysis of demand and capacity within Scotland’s long COVID services; analysis of longer-term outcomes for long COVID patients assessed within NHS Health Board services; and where possible, compare differences in service models.
- Going forward, we will use this data and intelligence to consider baselining long COVID Support funding for NHS Boards at a recurring level, to be determined based on progress made by NHS Boards over 2023-24.

## **9. STANDARDISING CARE**

### **BACKGROUND**

- The ALLIANCE intends to raise the issue of standardising care across NHS Boards, with its members reporting ongoing issues with a 'postcode lottery'.

**On the subject of service organisation, the clinical guideline on long COVID developed by SIGN, NICE and the RCGP noted that “one model would not fit all areas”.**

- The Scottish Government is therefore supporting NHS Boards to develop and deliver the models of care most appropriate for their local needs.
- The testing of differing approaches being taken by Boards offers us an opportunity to evaluate what works well and then share best practice and learning nationally through the Strategic Network.

## **10. ACCESSIBILITY OF SERVICES**

- The ALLIANCE intends to raise the need for better signposting and suitable care pathways for people, noting feedback they've received that people have had difficulty in accessing services.

### **I know that people's experiences of accessing and navigating support can be challenging, and that there is room for improvement here.**

- That's why we've established a £10 million long COVID Support Fund to improve pathways of care and improve the coordination of care for people with long COVID.
- Health Boards are using the funding to develop local pathways which better co-ordinate the range of services that people with long COVID may require, to make them easier to access for patients and clinicians alike.
- One way through which a number of Boards are aiming to achieve this is through the development of 'single points of access' where GPs can refer patients for assessment and co-ordinated support from a range of services such as physiotherapy, occupational therapy, and psychology, depending on what is most appropriate for a person's needs.

### **Communications about the status of local service development and how care and support can be accessed locally are the responsibility of territorial NHS Boards.**

- My expectation is that NHS Boards provide healthcare staff and patients with a clear understanding of the services and infrastructure available in their areas to support people with long COVID.

## **11. EMPLOYMENT SUPPORT AND RECOGNITION AS A DISABILITY**

- The ALLIANCE intends to raise the need for clearer policies and procedures to support people with long COVID, particularly in return to work.
- The ALLIANCE also intends to highlight the need for better recognition of long COVID as a disability.
- Employment Law is reserved to the UK Parliament.

### **We have worked with NHS 24 to develop a long COVID information resource on NHS inform, in order to provide people living with long COVID with clear and accessible guidance about self-management.**

- This resource includes specific advice on navigating a return to work and signposts to information developed by the Society of Occupational Medicine and Acas, the Advisory, Conciliation and Arbitration Service.

## **LONG COVID AS A DISABILITY**

### **The subject matter of the Equality Act 2010 is largely reserved to the UK Government.**

- A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on their ability to do normal day-to-day activities.
- If long COVID has this effect on an individual they would meet the definition of disability in terms of the Equality Act 2010.

## **12. TREATMENT INTERVENTIONS**

### **BACKGROUND**

- Although there is no evidence to support the use of specific pharmacological treatments for long COVID, there are established treatments for some of the common symptoms associated with it. For example, antihistamines can be used to treat skin rashes.
- The Strategic Network is currently reviewing and updating the GP assessment pathway guidance set out in our long COVID 'Implementation Support Note'. The Lived Experience Oversight Group has been given an opportunity to feed in to this work should they wish to do so.

### **We have worked with GPs and specialist clinicians in different disciplines to develop an 'Implementation Support Note', which includes a flow-chart for Primary Care teams on the assessment and management of people with long COVID.**

- This outlines that people with long COVID should be referred to Community Rehabilitation services **after** an initial assessment from their GP, to ensure that examination and investigation to rule out other conditions and consideration of treatment of specific symptoms where possible takes place first.
- The Strategic Network is currently reviewing and updating the GP assessment section of this document, and I am aware that the Lived Experience Oversight Group has been invited to input to and inform this work. I would encourage you to get involved.

### **It is really important that the treatments our NHS provides for people with long COVID are safe and effective, and that we are confident we have the right evidence to justify their use.**

- Around the world, science has begun the work of trying to find an explanation – and treatments for long COVID.
- The UK wide clinical guideline that underpins the identification, assessment and management of people with long COVID in Scotland is a 'living guideline'.
- This means that the organisations responsible for its development continue to actively monitor the global evidence base on potential treatment interventions for long COVID, to make sure that our approach to supporting people with long COVID is informed by high quality evidence, regardless of where the studies generating this evidence are taking place.

### **13. AWARENESS OF LONG COVID**

#### **BACKGROUND**

- The report of the COVID-19 Recovery Committee's long COVID inquiry noted that it had received evidence of a lack of awareness of long COVID, and considered that a public health campaign was required to address this.
- Your response to the Committee did not commit to undertaking a public health campaign.
- Instead, it highlighted evidence from a February 2023 YouGov poll commissioned by the Scottish Government which found that awareness of long COVID among the general public was high - of 1,001 members of the public, 94% of people had heard of long COVID and 76% of people agreed it is a serious condition for those that experience it.
- Your response highlighted activity being undertaken to develop and share case studies of people's experiences of long COVID.

#### **We are working with people living with long COVID, and healthcare professionals supporting them, to develop case study videos for the NHS inform long COVID microsite providing insight into long COVID and people's experiences of living with the condition.**

- Recruitment of participants for the videos was conducted through communicating the opportunity to relevant stakeholder organisations, which included the Lived Experience Oversight Group.
- We will consider opportunities to maximise the reach and impact of the case study videos, including working with stakeholder organisations and the long COVID Strategic Network.
- The case study videos form part of a wider programme of content updates to further develop the information available on the NHS inform long COVID microsite.
- A stakeholder communications toolkit will be developed and disseminated to support the communication of these updates and developments to the NHS inform long COVID microsite content.

## **DOCUMENT 100**

From: [REDACTED, Section 38(1)(b)]  
Healthcare Planning and Quality  
7 June 2023

### **Minister for Public Health and Women's Health**

## **RESPONSE TO COVID-19 RECOVERY COMMITTEE REPORT ON LONG COVID**

### **PRIORITY AND PURPOSE**

1. Routine. A response is requested by the close of play on Monday 12 June, to enable Officials to action any required amendments following Ministerial feedback.
2. The purpose of the submission is:
  - To seek a Ministerial decision on the proposed draft response to the COVID-19 Recovery Committee (the Committee)'s report on long COVID.
  - To seek a Ministerial decision on the proposed draft letter to NHS National Services Scotland regarding the activity of the long COVID Strategic Network, following the publication of the Committee's report.

### **RECOMMENDATION**

3. The Minister is recommended to approve that:
  - The draft letter in Annex A is issued to the Committee as the Scottish Government's response to the Committee's report.
  - The draft letter in Annex B is issued to NHS National Services Scotland, **in advance** of the Scottish Government's response to the Committee.

### **CONTEXT AND ISSUES**

4. **On 12 January 2023, the COVID-19 Recovery Committee launched an inquiry scrutinising the actions the Scottish Government is taking to address long COVID. This focussed on the three thematic areas of awareness and recognition, therapy and rehabilitation, and study and research.**
5. **The Committee carried out a five week call for written evidence which received 508 responses, and held five oral evidence sessions with people with lived experience, healthcare practitioners, academics and policymakers, including the former Cabinet Secretary for Health and Social Care.**
6. The Committee published [the report](#) of its inquiry on 26 April 2022. The Scottish Government is required to provide a response to the Committee within 8 weeks of the publication date, and Committee clerks have requested a response **by Friday 23 June.**
7. **The report contains a number of general observations and recommendations throughout. Whilst we have not responded on a point by**

point basis to all of the observations, the draft response provided in Annex A outlines all Committee recommendations and a proposed response to these from Scottish Ministers. In some instances we have grouped these together where there is a common theme or restated recommendation.

## OPTIONS CONSIDERED

8. To enable a Ministerial decision on the draft response to the Committee to be considered and provided, the following sections provide additional contextual information on three of the more complex or potentially contentious recommendations contained in the Committee's report.

9. **National Strategic Network operated by NHS National Services Scotland.** The Committee's report is critical of the level of information that NHS National Services Scotland has made available regarding the National Strategic Network and its activities to date. It recommends that the Scottish Government takes a more proactive role in overseeing the work of the Strategic Network, including to raise the visibility of its meetings, priorities and outputs.

10. **Public health awareness campaign on long COVID.** The Committee's report states that there is a lack of awareness of long COVID among the general public, and considers that a public health campaign is required to address this. The Committee recommends that the Scottish Government engages with people living with long COVID to inform the delivery of this activity.

11. **Approach to provision of funding to NHS Boards for long COVID services.** The Committee recommends that the Scottish Government works with NHS Boards as a matter of urgency to rethink our approach to funding long COVID services, noting recruitment challenges encountered by NHS Boards attributed to the provision of non-recurring funding.

## ASSESSMENT OF OPTIONS

12. [REDACTED, Section 30(b)(ii)]

13. [REDACTED, Section 30(b)(ii)]

14. [REDACTED, Section 30(b)(ii)]

15. [REDACTED, Section 30(b)(ii)]

16. [REDACTED, Section 30(b)(ii)]

17. [REDACTED, Section 30(b)(ii)]

18. [REDACTED, Section 30(b)(ii)]

19. [REDACTED, Section 30(b)(ii)]

20. [REDACTED, Section 30(b)(ii)]

21. [REDACTED, Section 30(b)(ii)]
22. [REDACTED, Section 30(b)(ii)]
23. [REDACTED, Section 30(b)(ii)]
24. [REDACTED, Section 30(b)(ii)]
25. [REDACTED, Section 30(b)(ii)]
26. [REDACTED, Section 30(b)(ii)]
27. [REDACTED, Section 30(b)(ii)]
28. [REDACTED, Section 30(b)(ii)]

### **BUTE HOUSE AGREEMENT IMPLICATIONS**

29. None

### **FINANCIAL AND LEGAL CONSIDERATIONS**

30. Health finance have been involved in the development of this submission and are content with the recommendations.
31. There are no legal considerations that we are aware of.

### **SENSITIVITIES**

32. **Political.** Long COVID continues to be a subject of interest for the Health spokespeople of the Scottish Conservatives (Dr Sandesh Gulhane), Scottish Labour (Jackie Baillie) and the Scottish Liberal Democrats (Alex Cole-Hamilton). Dr Gulhane and Ms Baillie are substitute members of the COVID-19 Recovery Committee.
33. The Committee has previously outlined its intention to bring the report of its inquiry before the Scottish Parliament for debate.

### **QUALITY ASSURANCE**

34. This submission has been approved by Lynne Nicol, Deputy Director, Healthcare Quality and Improvement.

### **CONCLUSION AND NEXT STEPS**

35. The Minister is recommended to approve that:
  - a) The draft letter in Annex A is issued to the Committee as the Scottish Government's response to the Committee's report.
  - b) The draft letter in Annex B is issued to NHS National Services Scotland, in advance of the Scottish Government's response to the Committee

**[REDACTED, Section 38(1)(b), Senior Policy Manager, Clinical Priorities Unit**  
 Healthcare Quality and Improvement / Healthcare Planning and Quality

Copy List:	For action	For information		
		Portfolio interest	Constituency interest	General awareness
Minister for Public Health and Women's Health	X			
Cabinet Secretary for NHS Recovery, Health and Social Care		X		
Minister for Social Care, Mental Wellbeing and Sport		X		

DG Health and Social Care  
CMO  
Deputy CMO  
Chief Nursing Officer  
Jason Leitch  
John Harden  
Carolyn McDonald  
[REDACTED, Section 38(1)(b)]  
Linda Pollock  
Lynne Nicol  
[REDACTED, Section 38(1)(b)]  
[REDACTED, Section 38(1)(b)]  
Craig White  
[REDACTED, Section 38(1)(b)]  
[REDACTED]  
[REDACTED, Section 38(1)(b)]  
Communications Healthier  
[REDACTED, Section 38(1)(b)]  
[REDACTED, Section 38(1)(b)]  
David Hutchison  
Jenni Gollan

[REDACTED, section s.25(1)]

**ANNEX A**

**4 June:** Data obtained under FOI from NHS Boards by Lib Dems they claim shows that more than 2,600 NHS staff have taken sick leave due to long COVID since 2020. Alex Cole-Hamilton says the figures are a “*damning verdict*” on SG’s response, and calls for increased funding to establish long COVID clinics across the country.

**Note:** From 1 Sept 2022, all long COVID cases are recorded under ‘COVID-related illness’ (a new sub category for normal sick leave). Prior to this, all boards were recording this type of absence under ‘Coronavirus-Long Covid’ which was classed as special leave.

COVID-related illness’ is calculated by subtracting COVID-19 positive cases from all staff absence.

It is important to note that some NHS Boards may be using this category to record other types of COVID-related illness other than long COVID.

**26 Apr:** COVID-19 Recovery Committee publishes report of its long COVID inquiry. Calls for action to tackle stigma around the condition, an urgent rethink to SG’s “*not sustainable*” approach of non-recurring funding for long COVID services and for SG “*to take a leadership role in reviewing the best practice of long COVID clinics and evaluate whether they may be an appropriate development*”. **Supportive quotes in Annex on p6**

**21 Apr:** Funding of £3m for 2023-24 confirmed in writing to NHS Boards.

**We recognise the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland.**

**All NHS boards are already providing assessment and support for people with long COVID, delivered across the full range of services provided by our NHS.**

- We made an initial £3m available from our Long COVID Support Fund over 2022-23 to provide NHS boards and partners with additional resource to deliver the best local models of care for assessment, and support.
- A further £3m is being made available from the fund over this financial year.
- This was communicated to Boards in a letter detailing their funding allocations on 21 April 2023.
- The letter outlined our intention to provide funding beyond the financial year 2023-24 to support Boards to deliver care and support for people with long COVID.

- We therefore expect Boards to continue to plan on the basis that funding will be available in subsequent years, to deliver long COVID care and support.

**This is supporting NHS Boards to develop improved pathways of care and provide ‘single points of access’ to improve the coordination of care for people with long COVID.**

- For example, NHS Lanarkshire’s long COVID rehabilitation pathway, is delivering a single point of access for assessment and co-ordinated support from services, including:
  - physiotherapy;
  - occupational therapy;
  - psychology;
  - dietetics; and
  - speech & language therapy.

**We have funded and established a National Strategic Network for long COVID.**

- This brings together representatives of all NHS Boards, clinical experts and people living with long COVID, to spread best practice and learning as quickly and effectively as possible.
- The Network will evaluate the initiatives being delivered by Boards so that we can identify what leads to improved outcomes for patients.

**LONG COVID AND NHS WORKFORCE**

**All staff are fully supported in accordance with the NHS Once for Scotland attendance policy where health impacts their ability to be at work.**

- There may be some small differences in the way some NHS Boards record COVID-related illness, meaning these figures may not reflect long COVID in every case.
- For the fortnight ending 6 June 2023, a daily average of 340 NHS staff were absent due to COVID-related illness. This represents 0.19% of the total workforce.

**COVID-19 RECOVERY COMMITTEE REPORT**

- We welcome the committee’s consideration of this very important issue.
- We will carefully consider the report and its recommendations in full, and provide a response to the committee in the coming weeks.

**FUNDING – rUK COMPARISONS**

**Our £10m long COVID Support fund (including £3m in 2023-24 budget) is spending in addition to what our healthcare system is**

**already delivering in caring for people with long COVID across our full range of NHS services.**

- Our 2023/24 Scottish Budget delivers record funding of over £19bn for the health portfolio, providing new investment of over £1bn and supporting recovery and reform to secure sustainable public services.
- This builds on frontline health spending that is 10.6% (£323) higher per head in Scotland than in England.
- Proportionally this amounts to around £1.8bn more on Scottish frontline health services, compared to England – equivalent to over 44,000 nurses.
- We engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.

**I (as former Health Secretary) wrote to NHS boards in October to provide reassurance regarding the availability of funding in future financial years, and to reiterate that supporting them to deliver improved care and support for people living with long COVID is a priority.**

- Boards are progressing with recruitment processes as a matter of urgency to ensure that posts are filled as soon as possible.

**I want to be clear that support continues to be provided by all of our NHS Boards to people with long COVID who require it, through services already established in the community depending on their symptoms.**

- For example, this may include primary care services, secondary referral to specialist services such as respiratory or cardiology pathways, or referral to intermediate care or rehabilitation services depending on what is appropriate for the person's clinical needs.

**Where Health Boards indicated that they did not require all of the resource that had been made available to them within the previous financial year, we worked with Boards, third sector organisations and people living with long COVID to identify opportunities to maximise the impact of funding available.**

- As a result, we supported 10 additional projects within the previous financial year led by third sector organisations, totalling £334,676.
- This included Covid Aid's project to develop an online support community specifically for people in Scotland and will provide access to advice, information and peer support to those living with long COVID.
- It also included funding support for long COVID Scotland, the Thistle Foundation, Scottish Opera, Chest Heart and Stroke Scotland, the Health and Social Care Alliance Scotland, and Scottish Ballet.

- We remain committed to delivering the £10m long COVID Support Fund in full, and our 2023-24 budget outlines that £3m will be made available from the Fund over this financial year.

## **BARNETT CONSEQUENTIALS FROM NHS ENGLAND LONG COVID SPEND**

- It is simply not true that the Scottish Government received any consequentials relating directly to the £224m that NHS England allocated for long COVID, as this was not new funding.

## **LONG COVID CLINICS**

**The purpose of a long COVID clinic is to enable people to have a thorough assessment of their needs, to access direct support where possible for any issues identified, or to be referred on to other relevant services for further input.**

- That is precisely what Health Boards are seeking to deliver through the initiatives funded by the long COVID Support Fund.
- For example, NHS Ayrshire & Arran is being supported to develop and deliver a multidisciplinary service providing assessment, support, and onward signposting for people with long COVID, delivered by specialist practitioners including Nursing, Occupational Therapy and Physiotherapy.

## **MARK GRIFFIN MEMBERS BILL – ESTABLISHMENT OF SCOTTISH ADVISORY COUNCIL FOR EMPLOYMENT INJURY ASSISTANCE** **Industrial Injuries Disablement Benefit continues to be delivered by the UK Government who decide which conditions should be prescribed for the purposes of the benefit.**

- The Scottish Government has committed to undertaking a public consultation on Industrial Injuries Disablement Benefit's replacement in the next few months.
- The consultation will consider a range of issues relating to the delivery and administration of Employment Injuries Assistance, including the establishment of a Scottish Advisory Council.
- The Government is engaging with Mr Griffin on the contents of the Bill.

## **LONG COVID AS A DISABILITY**

**The subject matter of the Equality Act 2010 is largely reserved to the UK Government.**

- A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on their ability to do normal day-to-day activities.
- If long COVID has this effect on an individual they would meet the definition of disability in terms of the Equality Act 2010.

## DATA

**We recognise that accurate local data on long COVID prevalence, distribution across the population and symptoms are needed to forecast and plan for the need for NHS services and specific specialties arising from long COVID.**

- We are supporting activity with NHS National Services Scotland's long COVID Strategic Network to improve data collection. Analysts in the Scottish Government are members of the Network's data and intelligence group.
- The Network is taking forward a dedicated workstream to agree outcomes, indicators, monitoring and evaluation to accelerate progress on capturing data to inform the planning of health service provision for people with long COVID.
- We are working closely with Public Health Scotland to develop an approach and methodology for the longer-term surveillance of long COVID, which will in turn inform the planning of health service provision for people with long COVID.

## EXPERIMENTAL TREATMENTS FOR LONG COVID

**The application of new therapies have safety and effectiveness considerations that are best initially examined in controlled research studies.**

- SIGN (The Scottish Intercollegiate Guidelines Network), NICE (the National Institute for Health and Care Excellence) and the Royal College of General Practitioners continue to monitor the global evidence base on potential treatment interventions for long COVID.
- This informs the recommendations they provide to clinicians across the UK on managing the long-term effects of COVID-19.
- Our Chief Scientist Office research funding schemes are open to applications on long COVID and would go through CSO's standard independent expert review process to allow funding decisions to be made.

## CHILDREN AND YOUNG PEOPLE

**We know that it's not only adults who are impacted by long COVID and are determined that everyone gets the care that is most appropriate for them, regardless of their age.**

- Support is already being delivered for children and young people with long COVID.
- For children and young people with symptoms consistent with long COVID, assessment and initial investigation is being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options for these in the first instance.

- Primary care clinicians can refer to occupational therapy and/or physiotherapy for further support where appropriate.
- In cases where referral to secondary care is required, children and young people may be referred to general paediatric services for investigation and management.
- We made an initial £3m available from our Long COVID Support Fund over 2022-23 to provide NHS boards and partners with additional resource to deliver the best local models of care for assessment, diagnostic tests, and support.
- A further £3m is being made available from the fund over this financial year and this was communicated to Boards on 21 April 2023.
- We continue to provide information to support clinicians, including GPs in the identification, assessment and management of people with long COVID.
- Our Implementation Support Note on managing the long-term effects of COVID-19 has been developed with the input of paediatricians and provides information on supporting children and young people with long COVID.

**Around the world, science has begun the work of trying to find an explanation – and treatments for long COVID.**

- We have awarded a total of around £2.8 million for 10 projects on the long-term effects of COVID-19.
- This includes projects to better understand the prevalence of, symptoms of, and factors associated with, long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people’s support through primary care.
- In the meantime, support is already being delivered and we have made additional resource available to our NHS Boards to help people affected by long COVID manage the symptoms that they are experiencing.

## ANNEX – SUPPORTIVE QUOTES FROM COMMITTEE REPORT

### AWARENESS OF LONG COVID

The then Cabinet Secretary disagreed that there was a lack of awareness among the general public of Long COVID citing a **February 2023 YouGov poll of 1,001 members of the public which found that 94 per cent of people had heard of Long COVID and that 76 per cent of people agreed with the statement that “Long COVID is a serious condition for those that experience it.”** He said that this poll suggests ‘there is good public awareness of Long COVID, at least at a high level’. (Paragraph 43)

**The Committee welcomes the additional £10,000 funding for the delivery of Long COVID advertising and signposting activity.** (Paragraph 56)

### ACCESS TO CLINICAL PATHWAYS

**Lorraine Crothers representing RCOT (Royal College of Occupational Therapists)** spoke of the need for rehabilitation services and for patients to be able to access a range of multidisciplinary team members and developing clear pathways and support for them. She **highlighted NHS Lanarkshire as a good example where occupational therapists are working in primary care settings working alongside GPs.** (Paragraph 163)

### LONG COVID CLINICS

**RCGP Scotland** argued that Long COVID patients should be managed within general practice. It also said that the shortage of MDT professionals presents a major barrier to the possibility of establishing Long COVID clinics. It also **questioned whether the Long COVID clinics set up in England represented the most cost effective and appropriate service provision for Long COVID patients.** (Paragraph 207)

**Claire Jones (Therapy Lead for Long Covid, Betsi Cadwaladr University Health Board, NHS Wales)** questioned the use of clinics in terms of the cost and staffing issues saying, in Wales — “*We do not have an abundance of consultants from a variety of specialties who are available to run clinics for Long COVID*”. **More importantly, our argument is that that model is not always necessary.** (Paragraph 211)

*(note: in summary on Clinics, Paragraph 213 – The Committee notes the differing views on the use of Long COVID clinics and can see both advantages and disadvantages to that approach.)*

## **RESEARCH**

**The Committee commends the Scottish Government for funding the nine projects in Scotland and considers the results will be valuable in increasing understanding of the condition. (Paragraph 266)**

## **DOCUMENT 102**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach

Jenni Minto BPA

Minister for Public Health and Women's Health

Jenni Minto MSP

T: 0300 244 4000

E: [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot)

Jim Fairlie MSP

The Scottish Parliament

Edinburgh

EH99 1SP

Via email: [Jim.Fairlie.msp@parliament.scot](mailto:Jim.Fairlie.msp@parliament.scot)

Our Reference: Follow up from FMQs 08.02.24 – long COVID

28 February 2024

Dear Jim,

I am contacting you following your question S6F-02821 on 8 February, to which the First Minister committed that we would write to you with information on support and services being provided by NHS Boards for people impacted by long COVID.

Care and support for people with long COVID is being provided across the full range of services delivered by our NHS. This includes assessment and investigation in a setting close to home by local primary care teams, and referral to community-based rehabilitation services or secondary care settings for further investigation of specific complications where appropriate.

In the section below I have provided information on the support and services being delivered within each NHS Board, which I hope you may find helpful.

## **NHS Ayrshire and Arran**

NHS Ayrshire and Arran has a long COVID multidisciplinary rehabilitation pathway. This delivers a single point of access for assessment and co-ordinated support from services including physiotherapy, occupational therapy, and nursing, depending on what is most appropriate for a person's needs.

The service liaises with primary and secondary care, and has close relationships with third sector partners. This promotes smooth pathways for people referred in to the service, including those who self-refer.

## **NHS Borders**

NHS Borders has developed a long COVID pathway for primary care physicians to refer to via a single point of access. Referrals are triaged by community based Allied Health Professionals and people will be offered a supported self-management and rehabilitative approach with collaborative working from Public Health Wellbeing Services.

Onward referral and signposting to specialist services within primary, secondary and third sector support services will be implemented dependent upon the individual's identified need. Medical support will be derived from the individual's general practitioner and /or specialist within secondary care, again dependent upon individual need.

## **NHS Dumfries and Galloway**

NHS Dumfries and Galloway has an active specialist occupational therapist-led pathway for those in the region with long COVID, and other energy limiting conditions such as Chronic Fatigue Syndrome and Fibromyalgia. This developing pathway is contained within the regional rehabilitation team and works closely with primary care.

## **NHS Fife**

NHS Fife has existing and well-established rehabilitation pathways, which long COVID patients are referred into. This underpins the Board's Long-Term Conditions approach to service delivery.

Support and intervention is provided from a range of services that include (but are not limited to) occupational therapy, physiotherapy, Integrated Community Assessment and Support Service (ICASS), pain management service and psychology, ensuring it is person-centred. This will include a range of interventions, from signposting to relevant information and support, supported self-management, and individualised targeted support.

## **NHS Forth Valley**

NHS Forth Valley has a long COVID service which provides a range of advice and specialist support to help people affected manage their symptoms and improve their health and wellbeing.

It offers a range of one-to-one clinics and group sessions where people can access support from a wide range of healthcare professionals including a physiotherapist, a psychologist, dieticians, speech and language therapists. They can also refer people to other specialist services, if required, for further assessment or support, depending on their individual needs.

### **NHS Grampian**

NHS Grampian has developed a long COVID rehabilitation pathway embedded in existing services. The Board's long Covid Adult pathway is accessed from primary care and other healthcare professionals via SCI Gateway or paper referral to a long COVID Practitioner. The long COVID Practitioner will act as single point of contact offering initial assessments by NearMe, or in person with the sessional Rehabilitation Medicine Consultant. A tiered approach is offered from 1:1, (supported) self-management, onward referral, signposting and multidisciplinary intervention. The long COVID pathway for Children and Young People will be finalised imminently. Following its launch the children's long COVID Practitioner will provide advice and support directly for patients on the pathway.

### **NHS Greater Glasgow and Clyde**

NHS Greater Glasgow and Clyde has a long COVID service which delivers a holistic approach, providing interventions, guidance and tools for patients to live well with their symptoms. People are seen face to face, via the telephone and texts or digitally using the Near Me platform. The service provides brief individual and group interventions which are focused on increasing a person's ability to self-manage their condition.

Interventions are tailored to meet individual needs, for example covering fatigue management, respiratory interventions, support with mental wellbeing, employability and vocational rehabilitation to support return to education, work or volunteering roles. As well as treatments which aim to increase independence with everyday tasks and roles.

The service is supported by a team comprising a team lead, administrative support, advanced practice occupational therapists, advanced practice physiotherapists and health care support workers, who offer advice on managing and improving the symptoms of the condition for children, young people and adults who have been diagnosed by their GP as having long COVID. The service also accepts referrals from secondary care services where a COVID diagnosis has been confirmed.

### **NHS Highland**

NHS Highland's long COVID pathway includes medical vetting, followed by rehabilitation and co-ordination for people with long COVID.

The Board's COVID Recovery Service (CRS) rehabilitation team consists of occupational therapy, physiotherapy and psychology, and offers one-to-one or group interventions delivered virtually which aim to support people in the management of their long COVID symptoms.

The CRS works as part of a wider multidisciplinary team supported by sessional physicians to help signpost and co-ordinate care for people who are severely

impacted by long COVID and struggling to recover with rehabilitation. A key role of the multidisciplinary team is also in educating GPs and other primary care practitioners about guidelines for the assessment of adults with suspected long COVID.

### **NHS Lanarkshire**

NHS Lanarkshire has a long COVID rehabilitation pathway which is supported by a specialist team of professionals including dietitians, occupational therapists, physiotherapists, speech and language therapists, and psychological practitioners.

The pathway is accessible following referral by an individual's health or care professional and offers support through group programmes or focused 1:1 sessions to support symptom management and improve people's quality of life.

### **NHS Lothian**

NHS Lothian is delivering a long COVID digital support pathway in partnership with Chest, Heart and Stroke Scotland (CHSS) and POGO Digital Healthcare, providing a combination of access to digitally enabled support, and 1:1 support from a CHSS health practitioner to help people manage symptoms caused by long COVID such as fatigue and breathlessness.

In addition, existing NHS Lothian and associated Health and Social Care Partnership services are providing clinical support for people who need rehabilitation to help them manage their symptoms. People with long COVID have access to a core group of coordinated services including ME/Chronic Fatigue, Work Support and Speech and Language Therapy teams. This core group consults with a wider range of services when needed including respiratory, neurology, rheumatology and musculo-skeletal teams, amongst others.

### **NHS Orkney**

NHS Orkney has a specialised physiotherapist who assesses and supports long COVID cases as a significant part of their job plan. They are supported by a consultant physician lead and the general physician team who can call on expertise from other consultant staff as needed. This is in addition to support being provided via services already established in the community depending on people's specific symptoms.

### **NHS Shetland**

In NHS Shetland, referral routes for people with symptoms resulting from long COVID exist to all AHP and other services as necessary who all offer a combination of generalist specialist skills and where possible specialist skills according to professional roles.

### **NHS Tayside**

NHS Tayside has developed local advice and information packs to supplement national self-management resources on NHS Inform, and people can access the community listening service for support.

NHS Tayside has a long COVID rehabilitation pathway, accessible via GP referral, which delivers a point of access for assessment, support and co-ordination. This pathway includes services such as psychology and local specialist rehabilitation teams embedded within local communities (including physiotherapy, occupational therapy, psychology, dietetics and speech & language therapy). When required secondary care services can be accessed via GPs, depending on what is most appropriate for a person's needs.

### **NHS Western Isles**

Support for people with long COVID is accessible via general practice, with multiple options available for onward referral in line with individual clinical need. The pathway uses a model of virtual MDT working with various clinical teams and the voluntary sector. A primary care occupational therapist acts as a first point of referral for primary care, and provides a one-to-one service for long COVID patients.

I would like to thank you for raising this important issue with me and I hope that you find the information in my reply helpful.

Yours sincerely,

Jenni Minto MSP

**DOCUMENT 103**

**BRIEFING: MINISTER FOR PUBLIC HEALTH AND WOMEN'S HEALTH – JENNI MINTO**

<p><i>Event Title</i></p>	<p>Long Covid Scotland and Co-conveners of long COVID CPG – photocall and drop in session</p>
<p><i>Who</i></p>	<p>Long Covid Scotland, co-conveners of long COVID CPG (Jackie Baillie, Alex Cole-Hamilton and Sandesh Gulhane) and assembled MSPs</p>
<p><i>What</i></p>	<p>Photo-call outside Parliament main entrance at 1pm. MSPs will be invited to sign a placard calling for <i>“equal access to diagnostics, licenced treatments and doctor led oversight as per SIGN guidelines”</i>.</p> <p>Followed by drop-in session in Committee room 1 from 13:30-14:30 where MSPs will be invited to meet with members of Long Covid Scotland and have photos taken with stands outlining constituent stories and facts and figures relating to long COVID.</p>
<p><i>Your previous/future engagement</i></p>	<p>You held a meeting with the trustees of Long Covid Scotland (Jane Ormerod, [REDACTED, Section 38(1)(b)] and Freja Lundberg) in October 2023. You are due to meet Jane and [REDACTED, Section 38(1)(b)] again on 27 March in your meeting with Long Covid Kids Scotland.</p> <p>You are due to close Sandesh Gulhane’s Members’ Business Debate that evening – subject International Long COVID Awareness Day (marked on Friday 15 March 2024).</p> <p>You visited NHS Ayrshire and Arran on Monday 11 March to meet staff involved in planning and delivery of the Board’s long COVID pathway.</p>

**“Equal access to diagnostics” and “Equal access to licensed treatments”**

**NHS Scotland is delivering care in line with the recommendations of an evidence-based UK-wide clinical guideline developed by the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of GPs (RCGP).**

- Clinicians will take a comprehensive clinical history, discuss the person’s experience of their symptoms and where appropriate, arrange further investigation to assess for other underlying conditions and complications.

**Given the wide range of symptoms and severity which can be associated with long COVID, no one set of tests and investigations will be suitable in all circumstances.**

- This approach aims to identify and define the different elements of a person’s long COVID illness and then work out the most appropriate management plan for those separate elements.

**The clinical guideline notes that “there is a lack of evidence for pharmacological interventions to treat [long COVID]” however, there are established treatments for managing the common symptoms often seen with [long COVID] which can be followed for symptomatic relief.”**

**There are a wide range of research studies taking place globally to look at the different mechanisms which may be underpinning long COVID.**

- It is really important that the treatments our NHS provides for people with long COVID are safe, and that we are confident we have the right evidence to justify their use.
- The UK wide clinical guideline that underpins the identification, assessment and management of people with long COVID in Scotland is a ‘living guideline’.
- This means that the organisations responsible for its development continue to actively monitor the global evidence base on potential treatment interventions for long COVID, to make sure that our approach to supporting people with long COVID is informed by high

quality evidence, regardless of where the studies generating this evidence are taking place.

## **“Equal access to doctor led oversight as per SIGN guidelines”**

Service organisation recommendation 8.1 of the NICE/SIGN/RCGP long COVID guideline states;

*“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.”*

The rationale for this recommendation includes the statement:

*“In areas where multidisciplinary services are not available, services may be provided through integrated and coordinated primary care, community, rehabilitation and mental health services.”*

**We are giving NHS Boards the flexibility to design and deliver the best models of care tailored to the specific needs of their local populations.**

**Research published last year by Professor Edward Duncan and colleagues on long COVID community rehabilitation service models stated that [QUOTE] “It is clear that a ‘one-size-fits-all’ model of service delivery is unlikely to be desirable in geographically diverse healthcare environments, such as those found in Scotland.”**

- Initiatives being supported by Scottish Government funding include key elements of care that are also offered by long COVID assessment clinics elsewhere in the UK, including single point of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy.

**The rationale for the service organisation recommendations contained in the NICE/SIGN/RCGP guideline on managing the long-term effects of COVID-19 notes that one service model would not fit all areas, and where multidisciplinary services are not available, services may be provided through integrated and coordinated primary care, community, rehabilitation and mental health services.**

**DOCUMENT 104**

**Minister for Public Health and Women's Health  
Closing speech for S6M-12371 Sandesh Gulhane:  
International Long Covid Awareness Day 2024**

I would like to thank Sandesh Gulhane for bringing this debate to the chamber, and everyone for their contributions.

I also welcome those in the public gallery. I recognise that for many of you living with long COVID, it won't have been a small undertaking for you to travel to be here with us this evening.

I am sorry to have missed this afternoon's drop in session with Long Covid Scotland. I am sure that members will have found this to be informative and insightful, as I have during my previous meetings with the charity.

The contributions to this evening's debate have clearly highlighted the significant impact that long COVID continues to have on the lives of adults and children living with the condition across Scotland.

I would like to thank those of you that have been living with long COVID for so candidly sharing the challenges you live with on a daily basis. We understand that symptoms vary considerably and can at times be unpredictable and unrelenting.

We know that long COVID can impact every aspect of daily life, not just limited to physical health. I have been struck by stories of the impact on relationships, education and also employment - as we are reminded particularly from the briefing that Chest, Heart and Stroke Scotland provided for this debate.

International long COVID Day, marked officially later this week, is an important milestone in bringing these issues in to sharp focus. So too was the COVID-19 Recovery Committee's consideration of this subject, and I would like to take this opportunity to recognise the work of MSPs, stakeholders and those with lived experience who contributed to that process.

Since the publication of the Committee's report, progress has been made in a number of key areas and I am pleased to have this opportunity to outline some of these.

On public information - we have worked with NHS inform – Scotland’s national health information service – to update the range of long COVID information available on their site. This followed a user research exercise, to allow us to better understand the experiences of those living with long COVID, as well as their suggestions on priorities for further development of the content.

In terms of education for healthcare professionals - a suite of updated educational resources has been published on NHS Education for Scotland’s learning platform ‘TURAS’ - to improve healthcare staff’s knowledge and understanding of long COVID.

Specific to children and young people - the National Strategic Network for long COVID is currently developing a clinical pathway to support the appropriate assessment, referral and management for children and young people with long COVID symptoms. Once completed, this information will be shared with NHS Boards for local implementation.

The debate motion highlighted the importance of clear referral pathways, and I can update that 12 out of our 14 NHS Boards now have long COVID pathways in operation for adults.

Elsewhere, Boards have well-established referral pathways to a range of services which can provide support to people with symptoms resulting from long COVID.

Earlier this week, I was pleased to visit NHS Ayrshire and Arran to meet the team responsible for the planning and delivery the Board's multidisciplinary long COVID pathway, and hear how they are utilising funding made available through our £10 million long COVID Support Fund.

The pathway provides a single point of access for assessment and coordinated support to assist people in the management of their long COVID symptoms.

The service has physiotherapy, occupational therapy and nursing support, and liaises with primary and secondary care, and third sector partners. The aim of this pathway is to support clear and consistent support for people referred in to the service, including those who self-refer.

I was also privileged to meet Joanna, who shared with me her experience of developing long COVID, the ways in which it had impacted on her life and hearteningly – the significant difference that accessing the expertise provided through the long COVID pathway has made to her.

What perhaps struck me most were her reflections on the care and compassion of the team, and the value she placed on being listened to, and validated by her healthcare professionals. I think this resonates with many of the contributions we have heard this evening.

Let me be clear that I recognise that more remains to be done to ensure that people's experiences of accessing healthcare support are consistently as positive as Joanna's. We remain committed to working closely with our National Strategic Network, which has commissioned the University of Leeds to support the initial evaluation of long COVID services in Scotland.

I also appreciate that the limitations of the treatment approaches we currently have available globally for long COVID will be a source of frustration for those living with the condition.

There's still a great deal to be learned regarding long COVID, which is why we are contributing to the worldwide research effort to better understand the condition.

Our Chief Scientist Office has awarded a total of around £3.1 million for 11 projects on the long-term effects of COVID-19.

This includes projects to better understand the underlying risk factors of long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

I would like to use this opportunity to highlight that CSO's research funding schemes are open to applications on long COVID, and these would go through CSO's standard independent expert review process to allow funding decisions to be made.

In closing, I would like to again acknowledge the significant impact that long COVID can have on the lives of people who directly experience it, as well those closest to them, and reiterate that supporting people living with long COVID remains a priority for this Government.

966 words – estimated time for delivery 7 mins.

## DOCUMENT 105

### BRIEFING - MINISTER FOR PUBLIC HEALTH AND WOMEN'S HEALTH

#### MEMBER'S BUSINESS - S6M-12371 - INTERNATIONAL LONG COVID AWARENESS DAY 2024

<b>Where</b>	Debating chamber, Scottish Parliament
<b>When</b>	Wednesday 13 March, 17:25-18:10
<b>Supporting officials</b>	[REDACTED, Section 38(1)(b), Senior Policy Manager, Clinical Priorities Unit (In person) [REDACTED, Section 38(1)(b), Team Leader, Clinical Priorities Unit (In person) [REDACTED, Section 38(1)(b), Unit Head, Clinical Priorities Unit (Remotely) John Harden, Deputy National Clinical Director (Remotely)
<b>Attached documents</b>	<b>Annex A – Debate motion and information on parliament photo-call/drop-in session</b>  <b>Annex B – Healthcare support</b> <ul style="list-style-type: none"><li>• B1 – Lack of awareness and stigma (Page 3)</li><li>• B2 – NHS Board service provision and variation (Page 5)</li><li>• B3 – Support for children and young people (Page 8)</li><li>• B4 – SG long COVID Support Funding (Page 10)</li><li>• B5 – Mental Health Support (Page 12)</li><li>• B6 – ME/Chronic Fatigue Syndrome (Page 14)</li><li>• B7 – Chest, Heart and Stroke Scotland long COVID Support Service (Page 15)</li></ul> <b>Annex C – Study and research</b> <ul style="list-style-type: none"><li>• C1 –Long COVID research (Page 16)</li><li>• C2 – Data (Page 17)</li></ul> <b>Annex D – Financial/workplace issues</b> <ul style="list-style-type: none"><li>• D1 – Workplace issues / employer support (Page 18)</li><li>• D2 – Financial support (Page 19)</li><li>• D3 – Accessing social security system (Page 20)</li><li>• D4 – long COVID as an industrial injury (Page 21)</li><li>• D5 – long COVID as a disability (Page 22)</li></ul> <b>Annex E – COVID</b> <ul style="list-style-type: none"><li>• – Living with COVID (Page 23)</li></ul> <b>Annex F – Other issues</b> <ul style="list-style-type: none"><li>• – COVID-19 Recovery Committee long COVID report (Page 25)</li></ul>

## **ANNEX A – MOTION FOR DEBATE**

### **Sandesh Gulhane MSP - S6M-12371 - INTERNATIONAL LONG COVID AWARENESS DAY 2024**

That the Parliament recognises that 15 March 2024 is International Long Covid Awareness Day; understands that it is estimated that around 187,000 people have long COVID in Scotland, an estimated 10,000 of which are children; notes that long COVID can cause a myriad of debilitating and often life-altering symptoms; considers that a lack of awareness of long COVID exists among the public, employers, medical professionals and policy makers, and that there is often a stigma that negatively affects the mental health and wellbeing of people with long COVID; notes the view that current Scottish Government funding for initiatives does not go far enough in addressing any need for more effective treatment services and support for people with long COVID; further notes, with regret, the view that there has been a lack of progress in addressing consistency of access to diagnosis and treatment services, that there is a continuing postcode lottery for long COVID support, and that there remains little data for monitoring the current prevalence of long COVID in Scotland to inform the scale of required care; notes the belief that there is a need for clear referral pathways across all NHS boards, including access to multidisciplinary teams of specialists; highlights, with particular concern, reports that there are no specific services aimed at children or young people with long COVID in Scotland, and notes the calls for the Scottish Government to fully implement, without delay, the recommendations in the COVID-19 Recovery Committee report, Long COVID.

#### **Photocall and drop in session – earlier that afternoon**

The charity Long Covid Scotland and the co-conveners of the Cross Party Group on long COVID (Jackie Baillie, Alex Cole-Hamilton and Sandesh Gulhane) are holding a photo-call outside Parliament at 1pm. MSPs will be invited to sign a placard calling for *“equal access to diagnostics, licenced treatments and doctor led oversight as per SIGN guidelines”*.

This will be followed by a drop-in session in Committee room 1 where MSPs will be invited to meet with members of Long Covid Scotland and have photos taken with stands outlining constituent stories and facts and figures relating to long COVID.

You held a meeting with the trustees of Long Covid Scotland (Jane Ormerod, [REDACTED, Section 38(1)(b)] and Freja Lundberg) in October 2023. You are due to meet Jane and [REDACTED, Section 38(1)(b)] again on 27 March in your meeting with Long Covid Kids Scotland.

## ANNEX B – HEALTHCARE SUPPORT

### B1 – LACK OF AWARENESS AND STIGMA

**13 March 2024** – debate motion states “a lack of awareness of long COVID exists among the public, employers, medical professionals and policy makers”.

**April 2023** – COVID-19 Recovery Committee’s long COVID report states “a public health campaign is needed to address the lack of awareness and recognition of long COVID.”

#### **Our response to the COVID-19 Recovery Committee’s report highlighted findings from a YouGov polling exercise conducted in February 2023 which suggested that the level of awareness of long COVID among the Scottish population was already high.**

- For example, **94%** of people had heard of long COVID, and **76%** of people agreed with the statement that long COVID is a serious condition for those that experience it.
- Given this high level of awareness, it is not clear that a population-level public health awareness campaign would have a significant added impact, or represent strong value for money at this time.

#### **However, we have worked with people living with long COVID to develop case study videos for Scotland’s national health information service – NHS inform.**

- These videos provide insight into long COVID and people’s experiences of living with the condition.

#### **\*If criticised/pushed on development of the case study videos:**

- It is important to be clear that the videos were developed following user experience research with people living with the condition, to identify their priorities for expanding the range of content on the site.
- Each video relates to one individual’s perspective of their journey with long COVID, in their own words. After recording, each participant was invited to review the draft content of their video to ensure it was reflective of their experience, and they provided consent prior to publication.
- Participants for the videos were recruited independently through a specialist agency, and the opportunity to participate was also shared with relevant stakeholder organisations which included Long Covid Scotland.
- We are extremely grateful to all of those who chose to take part in this process and share their personal testimony.

#### **Since the COVID-19 Recovery Committee’s report was published, a suite of educational resources has been published on NHS**

**Education for Scotland's learning platform – TURAS – to improve healthcare staff's knowledge and understanding of long COVID.**

- These resources are accessible to a multidisciplinary audience, including GPs.

**We have worked with specialist clinicians in different disciplines to develop an 'Implementation Support Note', which is intended to accompany and support delivery of the long COVID clinical guideline in Scotland.**

- This has been shared with all NHS Boards and is accessible on the SIGN website.

## B2 – NHS BOARD SERVICE PROVISION AND VARIATION

**13 March 2024** – debate motion states “there has been a lack of progress in addressing consistency of access to diagnosis and treatment services, and there is a continuing postcode lottery for long COVID support”.

**April 2023** – COVID-19 Recovery Committee report noted disappointment that “only six health boards have [long COVID pathways] in place and two more were aiming to have them in place by the end of March 2023.” Committee recommended SG work with National Strategic Network on implementing long COVID pathways across all territorial health boards in Scotland and the development of standardised guidance.

**Considerable progress has been made by NHS Boards since the publication of the COVID-19 Recovery Committee’s report, and 12 out of our 14 NHS Boards now have long COVID pathways in operation for adults.**

- Elsewhere, Boards have well-established referral pathways to a range of services which can provide support to people with symptoms resulting from long COVID.

**To support consistency, our long COVID National Strategic Network has supported the development of standardised guidance in specific thematic areas where identified as appropriate.**

- For example, the Network has developed guidance on a pathway for the management of Postural Tachycardia Syndrome - ‘PoTS’ - in long COVID which has been disseminated to all NHS Boards.

**We are giving NHS Boards the flexibility to design and deliver the best models of care tailored to the specific needs of their local populations.**

**Research published last year by Professor Edward Duncan and colleagues on long COVID community rehabilitation service models stated that [QUOTE] “It is clear that a ‘one-size-fits-all’ model of service delivery is unlikely to be desirable in geographically diverse healthcare environments, such as those found in Scotland.”**

- Initiatives being supported by Scottish Government funding include key elements of care that are also offered by long COVID assessment clinics elsewhere in the UK, including single point of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy.

**The rationale for the service organisation recommendations contained in the NICE/SIGN/RCGP guideline on managing the long-term effects of COVID-19 notes that [QUOTE] “one service model**

**would not fit all areas”, and [QUOTE] “where multidisciplinary services are not available, services may be provided through integrated and coordinated primary care, community, rehabilitation and mental health services”.**

## **TREATMENT**

**NHS Scotland is delivering care in line with the recommendations of an evidence-based UK-wide clinical guideline developed by the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of GPs (RCGP).**

- Clinicians will take a comprehensive clinical history, discuss the person’s experience of their symptoms and where appropriate, arrange further investigation to assess for other underlying conditions and complications.
- Given the wide range of symptoms and severity which can be associated with long COVID, no one set of tests and investigations will be suitable in all circumstances.
- This approach aims to identify and define the different elements of a person’s long COVID illness and then work out the most appropriate management plan for those separate elements.
- The clinical guideline notes that [QUOTE] *“there is a lack of evidence for pharmacological interventions to treat [long COVID]”* however, *there are established treatments for managing the common symptoms often seen with [long COVID] which can be followed for symptomatic relief.”*

## **EXPERIMENTAL TREATMENTS**

**There are a wide range of research studies taking place globally to look at the different mechanisms which may be underpinning long COVID.**

- It is really important that the treatments our NHS provides for people with long COVID are safe, and that we are confident we have the right evidence to justify their use.
- The UK wide clinical guideline that underpins the identification, assessment and management of people with long COVID in Scotland is a ‘living guideline’.
- This means that the organisations responsible for its development continue to actively monitor the global evidence base on potential treatment interventions for long COVID, to make sure that our approach to supporting people with long COVID is informed by high quality evidence, regardless of where the studies generating this evidence are taking place.

## B3 – SUPPORT FOR CHILDREN AND YOUNG PEOPLE

**13 March 2024** – debate motion notes particular concern over reports there are no dedicated services for children and young people with long COVID in Scotland.

**You are due to meet Long Covid Kids later this month, on 27 March.**

19 Jan - Helen Goss, Chief Operating Officer of Long Covid Kids launches legal action against NHS Grampian seeking damages for “multiple failings” in care and treatment of [REDACTED, Section 38(1)(b)]. Ms Goss calls the action “a shot across the bow of the Scottish Government” and urges others to “take aggressive action to force the Scottish Government to act urgently”.

- Your previous correspondence to members of Long Covid Kids, and answers to PQs on this subject have been clear that rather than providing care through condition-specific services, support for children and young people impacted by long COVID is generally provided through mainstream services, dependent on the individual symptoms and needs of the child.
- LCK are aware of, but disagree with this position.
  
- Dr [REDACTED, Section 38(1)(b)], Consultant Paediatrician and Scotland Officer for the Royal College of Paediatrics and Child Health gave expert testimony to NICE on long COVID in November 2021.
- She stated *“the model of paediatric long COVID assessment hubs used in NHS England would not work well in Scotland because there is a smaller paediatric population and therefore the numbers of children and young people with long COVID is low.”*
- She stated that *“instead of a specialist clinic, children with symptoms of long COVID are initially seen by a paediatrician to ensure the correct diagnosis. If they were only seen in a COVID assessment centre there is a risk that a different underlying cause could be missed.”*
  
- Opposition MSPs have criticised service provision in Scotland as being inferior, and suggested that Scottish patients are often forced to *“fund their own treatment through private clinics or put themselves at risk with unlicensed medications and treatments available abroad.”*
- Within this context, it is important to note that Long Covid Kids have also criticised care provision in NHS England, where specialist long COVID services are in operation. On 31 August 2023, Long Covid Kids tweeted NHS England stating [QUOTE] *“Families are currently travelling abroad / seeking private treatment in the U.K to improve their quality of life. When can we hope to see treatment options?”*

**Support is already being delivered for children and young people with long COVID symptoms, across a range of services provided by our NHS.**

- For children and young people with symptoms consistent with long COVID, assessment and initial investigation is being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options for these in the first instance.
- Primary care clinicians can refer to occupational therapy and/or physiotherapy for further support where appropriate.
- In cases where referral to secondary care is required, children and young people may be referred for investigation and management.

**We continue to provide information to support clinicians, including GPs in the identification, assessment and management of people with long COVID.**

- This is provided through our 'Implementation Support Note on managing the long-term effects of COVID-19', which includes information on supporting children and young people with long COVID.
- Our long COVID Strategic Network, managed by NHS National Services Scotland (NSS) is bringing together clinical experts to consolidate clinical pathways for children and young people with long COVID.

**LEGAL ACTION**

**It would not be appropriate for the Scottish Government to comment on live legal proceedings.**

## B4 – SG LONG COVID SUPPORT FUNDING

**13 March 2024** - Debate motion states that “*funding for initiatives does not go far enough in addressing any need for more effective treatment services and support.*”

**7 March 2024** - Chest, Heart and Stroke Scotland report published last week (7 March) called for a long-term funding plan, citing concerns that current funding would come to an end at the end of the financial year 2024-25.

**October 2023** - Alex Cole-Hamilton, Jackie Baillie and Sandesh Gulhane wrote a joint letter supported by LCK to FM on 7 October which you responded to. It called for additional funding for long COVID services and cited a comment made by Mr Yousaf on 23 March 2023 to the COVID-19 Recovery Committee that he would [QUOTE] “*look to see where we could possibly increase our funding for specifically long COVID.*”

- We’ve established a £10 million long COVID Support Fund. £3m was made available in 2022-23 (only £1.1m was spent), £3m in 2023-24 and the draft budget published in December outlined that £3m would be made available in 2024-25.
- The remainder (including any underspends by NHS Boards) of funding will be made available in 2025-26.

**April 2023** - COVID-19 Recovery Committee report included recommendation that SG urgently re-think approach to long COVID funding, citing concerns that non-recurring funding was difficult for NHS Boards to use to recruit staff to longer-term contracts.

### **We remain committed to delivering the £10m long COVID Support Fund in full.**

- Our draft budget for 2024-25 was published in December, and it delivers funding of over £19.5 billion for NHS recovery, health and social care – providing a real terms uplift for our NHS.
- The budget outlines our plans to protect our level of current spending on long COVID, despite a very challenging financial picture, and we intend to make £3 million from our long COVID Support Fund available over 2024-25.
- The remainder of the fund will be allocated over the financial year 2025-26.
- We continue to engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.
- Going forward, we will consider baselining long COVID Support funding for at a level to be determined based on progress made by NHS Boards over 2023-24.

**In addition, support for people living with long COVID is being provided across a range of services delivered by our NHS, and this is not limited to services which are directly supported by the Scottish Government's long COVID Support funding.**

**Our 2023/24 Scottish Budget delivers funding of around £19bn for the health portfolio, supporting recovery and reform to secure sustainable public services.**

- This builds on frontline health spending that is 1.6% (£46) higher per head in Scotland than in England.
- Proportionally this amounts to around £248m more on Scottish frontline health services, compared to England – equivalent to over 5,300 nurses.

### **BARNETT CONSEQUENTIALS FROM NHS ENGLAND LONG COVID SPEND**

**It is simply not true that the Scottish Government received any consequentials relating directly to the resource that NHS England allocated for long COVID, as this was not new funding.**

## **B5 – MENTAL HEALTH SUPPORT**

### **The allocation of £3 million from the long COVID Support Fund to Health Boards across 2023-24 is providing extra resource to support people with long COVID to have a holistic assessment of their needs.**

- Many of the initiatives being progressed by the Boards are centred around the skills and expertise of Occupational Therapists, whose dual training in the assessment of both physical and mental health makes them well placed to provide holistic support that meets people's needs.
- In addition, we have worked with NHS inform to develop a dedicated long COVID website which provides information and support in relation to low mood and depression, and anxiety, with signposting to self-help guides.

### **MENTAL HEALTH RECORD OF IMPROVEMENT**

### **With substantial investment, we have record numbers of staff providing more varied support and services to a larger number of people than ever before.**

- We have invested £51m in our Communities Mental Health and Wellbeing Fund for adults since 2021, with approximately 3,300 grants made to local organisations across Scotland in its first two years.
- That brings our investment in community-based supports – for children, young people and adults - to over £100m since 2020.
- Over 52,000 people have now been referred to our world-leading Distress Brief Intervention (DBI) programme, which offers timely, compassionate support to people in distress who come into contact with frontline services.
- We've exceeded our commitment to fund over 800 additional mental health workers in A&E departments, GP practices, police custody suites, and prisons.
- Since NHS 24's Mental Health Hub started providing 24/7 support in 2020, they have responded to over 300,000 calls.
- Alongside COSLA, we are delivering an ambitious 10 year Suicide Prevention Strategy, which tackles the causes of suicide. It is backed by record investment of £2.5m.
- Scottish Government and COSLA have published the world's first dedicated Self-Harm Strategy and Action Plan, backed by £1.5m investment.

**Under this Government, mental health spending by NHS Scotland has doubled in cash terms [£651m in 2006/07 to £1.3bn in 2022/23].**

- NHS Mental Health expenditure rose from £1.28bn in 2021-22 to £1.3bn in 2022-23, an increase of £25m or 2% (cash terms) - representing 8.53% of total NHS expenditure [Target 10% by end of parliament].
- Expenditure on CAMHS rose from £98m in 2021-22 to £114.8m in 2022-23, an increase of £16.9m or 17.2% - representing 0.75% of total NHS expenditure. [Target 1% by end of parliament]

## **B6 – ME / CHRONIC FATIGUE SYNDROME (CFS)**

### **ME/CFS and Long COVID**

- People living with long COVID can experience a very wide range of symptoms, that can share similarities with other long-term conditions, including ME/CFS.
- We are supporting NHS Boards to test the introduction of models of care for long COVID. We are committed to making sure that the learning generated through this is used to benefit the management of other complex conditions, including ME/CFS, where appropriate.

### **ME/CFS – Scottish Government actions:**

- People living with long COVID can experience a very wide range of symptoms, that can share similarities with other long-term conditions, including ME/CFS.
- I know that many people with ME/CFS have felt stigmatised or disbelieved by those who do not understand their condition, and we want this to end.
- We have made a visible commitment to supporting the recent changes to ME/CFS guidance and we continue to work to raise awareness of this condition.
- We have funded Action for ME and partners to disseminate an online learning module for GPs and health professionals. This is significantly improving participants' ability to diagnose and manage ME/CFS.
- We have surveyed Scottish Health Boards to better understand their care pathways for people living with ME/CFS and this data has given a clearer picture of the variations in service provision. We are considering where there is the potential to further explore or support aspects of service development.
- We commissioned an independent stakeholder review of the NICE guidelines, and priorities for improving ME/CFS care in Scotland resulting in an update to the Scottish Good Practice Statement on ME/CFS to insert key recommendations from the latest NICE guideline.
- We are now reviewing options around the applicability and implementation of the NICE guidance on ME/CFS in Scotland.
- We are currently exploring how best to bring together cross-sector ME/CFS stakeholders, to ensure engagement from all parties is considered in driving forward improvements.

## **B7 – CHEST HEART AND STROKE SCOTLAND LONG COVID SUPPORT SERVICE**

**7 March** – Chest Heart and Stroke report states that many people are not being signposted or referred to the CHSS long COVID Advice Line by their health professionals.

- The charity have called on the Scottish Government to ensure every primary care practitioner can signpost or refer to long COVID self management support, including those provided by CHSS.
- They have also called for the NHS in Scotland to provide direct referral pathways to CHSS support so anyone with Long Covid can be referred directly to the dedicated long COVID Support Service.

### **Anyone with long COVID in Scotland can self-refer to the Chest Heart and Stroke Scotland advice line, and speak to Nurses trained in supporting people with long COVID symptoms such as breathlessness and fatigue.**

- They can do this by dialling the Freephone number 0808 801 0899, or getting in touch with the Charity via Text Message or Email.
- We have included signposting information to Chest, Heart and Stroke Scotland's service on the long COVID microsite on NHS inform.
- Signposting information to the Chest, Heart and Stroke Scotland service has also been included within our 'Implementation Support Note' for healthcare professionals, which we have shared with all NHS Boards and is accessible on the SIGN website.

### **DIRECT REFERRAL PATHWAYS TO CHSS SERVICES**

- Referral pathways and partnership agreements with third party organisations are the local responsibility of NHS Boards, which cannot be mandated by the Scottish Government.

## ANNEX C – STUDY AND RESEARCH

### C1 - LONG COVID RESEARCH

**Whilst we have learned a great deal about COVID-19 since the beginning of the pandemic, there is still much we need to more fully understand in relation to its long-term effects. Crucially, on what the underlying cause of these persistent symptoms may be, and to identify safe and effective treatments for those affected.**

- Our Chief Scientist Office has awarded a total of around £3.1 million for 11 projects on the long-term effects of COVID-19.
- This includes projects to better understand the underlying risk factors, prevalence, symptoms and impacts of long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people’s support through primary care.
- CSO’s research funding schemes are open to applications on long COVID. These would go through CSO’s standard independent expert review process to allow funding decisions to be made.

## C2 – DATA

- The 2022 Scottish Health Survey findings were published in December 2023, with supplementary tables published in February 2024. The key findings were:
  - 6% of adults reported that they currently had long COVID.
  - 1% of children (aged 0-15) were reported to currently have long COVID.
  - Adults aged 45-54 and 55-64 were most likely to report currently having long COVID (10% of both age groups).
  - Women were more likely to report currently having long COVID (8%) compared with men (5%).
  - 3% of adults reported currently having long COVID and stated that long COVID limited their ability to carry out day-to-day activities a lot. 3% of adults reported currently having long COVID and that long COVID limited their activities a little.
  - 'Weakness/tiredness' was the most commonly reported symptom as part of individuals' experience of long COVID.

### **The Scottish Health Survey (SHeS) provides annual estimates of self-reported long COVID within private households in Scotland.**

- This national survey provides data on long COVID prevalence, symptoms and their impact on day-to-day activities, enabling annual monitoring in the Scottish population.

### **In addition, the Scottish Government is working with NHS National Services Scotland (NSS) to support work to facilitate a consistent national approach to the collection of data on long COVID in Scotland.**

- NSS is collecting a minimum dataset for long COVID services using nationally agreed outcome measures and indicators via the C19-YRS digital tool, developed by ELAROS.
- C19-YRS is being used in 11 of the 14 territorial NHS Boards to gather data from patients accessing NHS long COVID pathways, enabling consistent monitoring and evaluation of patient experience and outcomes.
- Commissioned by NSS, the University of Leeds is conducting a baseline evaluation of these services using data from the C19-YRS tool, which is due to conclude in March 2024.
- NHS Lothian is using an alternative digital tool ('My Tailored Talks' developed by POGO Studio) to gather data on their long COVID service, while NSS is supporting the rollout of C19-YRS in the remaining two NHS Boards.

## ANNEX D – FINANCIAL/ WORKPLACE ISSUES

- **7 March** – Chest Heart and Stroke Scotland issue press release calling on Scottish Government to consider greater financial support for people living with long COVID who are navigating an “economic crisis” and provide clarity around access and eligibility for benefits.
- Follows publication of CHSS survey results which found that 40% of people living with Long Covid were unable to work at all due to their condition. They claim this could equate to as many as 72,000 Scots exiting the labour market since 2020.

### D1 - WORKPLACE ISSUES / EMPLOYER SUPPORT

**The Scottish Government invests in a range of initiatives to support people with health conditions to sustain or return to work, such as through the NHS delivered Working Health Services Scotland and the Public Health Scotland led Healthy Working Lives resource.**

- They provide advice and support on work related physical and mental health promotion, ill health prevention and return to work practices.

**Additionally, the Scottish Government has worked in partnership with NHS 24 to develop a long COVID information resource on NHS inform, in order to provide people living with long COVID with clear and accessible guidance about self-management.**

- This resource includes specific advice on navigating a return to work and signposts to information developed by the Society of Occupational Medicine and Acas, the Advisory, Conciliation and Arbitration Service.
- The National Wellbeing Hub has also produced guidance for employers and managers. This platform also features interviews with people affected by long COVID sharing first hand experiences of how a supportive and successful return to work can be achieved.

## **D2 – FINANCIAL SUPPORT**

### **COST OF LIVING CRISIS – FINANCIAL INVESTMENT**

- We recognise the pressure on household budgets which is why, since 2022-23, we continue to allocate around £3bn a year to policies which tackle poverty and protect people as far as possible during the ongoing cost of living crisis.

### **BENEFIT TAKE-UP**

#### **Ensuring that people access the social security benefits they are entitled to is a fundamental priority for the Scottish Government.**

- Through our Benefit Take-Up Strategy we are implementing a range of initiatives to support people to take up Scottish benefits, including access to independent advocacy support for people who self-identify as disabled and targeted marketing of devolved payments.
- This year, we have allocated funding of £12.5 million to support free income maximisation, welfare and debt advice services, helping people to access social security and maximise incomes.
- This includes funding to provide advice in accessible settings, including placing welfare rights advisors in GP practices across deprived and remote / rural communities.

### **COST OF LIVING – ENERGY**

#### **We continue to call for the UK Government to introduce a social tariff as a means of targeted support for the most vulnerable.**

- We continue to do everything we can to support as many people as possible – including our new Winter Heating Payment that targets low-income families including those with a disabled adult.
- I urge anybody struggling with their energy bills to contact Energy Advice Scotland in the first instance.

## **D3 – ACCESSING SOCIAL SECURITY SYSTEM**

### **ADULT DISABILITY PAYMENT AND CHILD DISABILITY PAYMENT**

- Adult Disability Payment is the twelfth and most complex benefit to be delivered by the Scottish Government, replacing the UK Government's Personal Independence Payment.
- We are taking a positive and compassionate approach to delivering the Scottish Government's disability benefits, centred around our principles of dignity, fairness, and respect.
- We are ensuring that accessing Child Disability Payment and Adult Disability Payment is as straightforward as possible and we will always start from a position of trust. People can apply in the way that's best for them: either online, by post, over the phone or face-to-face.
- Importantly, in the Scottish system no one is subject to DWP-style assessments or degrading examinations, and we will never use the private sector to carry out health examinations.
- Our person centred approach to decision making enables case managers to focus on how a disability or condition impacts on an individual's level of need.

## **D4 - LONG COVID AS AN INDUSTRIAL INJURY**

### **Industrial Injuries Disablement Benefit continues to be delivered by the UK Government who decide which conditions should be prescribed for the purposes of the benefit.**

- We recognise that there are a range of views on Industrial Injuries Disablement Benefit and its relevance to the modern world of work, which is why we have committed to a consultation in the next few months on our approach to replacing the scheme in Scotland.
- It is vitally important to take the time necessary to work through the many specific challenges of the Industrial Injuries Disablement Benefit scheme, including working closely with the DWP to ensure that current payments are protected.

### **MARK GRIFFIN MSP MEMBERS BILL**

- The Scottish Government has committed to undertaking a public consultation on Industrial Injuries Disablement Benefit's replacement in the next few months. The consultation will consider a range of issues relating to the delivery and administration of Employment Injuries Assistance, including the establishment of a Scottish Advisory Council.

### **INDUSTRIAL INJURIES ADVISORY COUNCIL (IIDC) and COVID 19**

- We are aware that the Industrial Injuries Advisory Council have published a second report on COVID-19 on 16 November.
- The Scottish Government notes with interest the Council's recommendation to prescribe certain acute conditions relating to COVID-19 for some health and social care staff and we will continue to monitor ongoing areas of research by the Council.

## D5 - LONG COVID AS A DISABILITY

**When we talk about estimated prevalence of long COVID, it is important to remember that this is an umbrella term which covers a spectrum of different symptoms, which can vary significantly in their presentation and impact from person to person.**

- The subject matter of the Equality Act 2010 is largely reserved to the UK Government.
- A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on their ability to do normal day-to-day activities.
- If long COVID has this effect on an individual they would meet the definition of disability in terms of the Equality Act 2010.

## **ANNEX E – LIVING WITH COVID**

### **The present state of the pandemic has been transformed by science, moving away from population level restrictions to strong programmes of vaccination and therapeutics.**

- There are no general COVID-19 restrictions in place, we are now living with COVID-19 as one of a number of respiratory infections. The advice stays the same; we continue to ask everyone to take sensible precautions to stay well and protect others, including taking up the offer of vaccination when invited and try to stay at home if you are not well. It's still important, if you are eligible, to get your winter vaccinations if you are yet to do so.
- The Scottish Government welcomes the advice from the JCVI on a COVID-19 spring vaccination programme.
- For spring 2024, the JCVI advises that a COVID-19 vaccine should be offered to:
  - All adults aged 75 years and over
  - Residents in care homes for older adults
  - Individuals aged 6 months and over who are immunosuppressed
- The primary aim of the COVID-19 vaccination programme has always been the prevention of severe COVID-19 disease, hospitalisation and death in those most at risk and this remains unchanged for spring.
- Scottish Government and Public Health Scotland are working with NHS boards to finalise plans for the roll out of the spring programme.
- We continue to be guided by the JCVI on COVID-19 vaccine deployment. There are therefore no plans to make COVID-19 vaccination available to groups not covered by JCVI advice this winter or spring.

### **As part of our enhanced surveillance systems, we continue to monitor, assess and be ready to respond to COVID-19 and other health threats.**

- We recognise that surveillance is a critical part of our ongoing approach to monitoring and managing not only COVID-19 but also other respiratory viruses.
- Surveillance also helps us to determine the right public health strategies and timing to manage transmission in the community.
- Due to the success of the vaccination programme and improved treatments we have returned to pre-pandemic testing.
- Testing will be based on person-centred clinical decisions, rather than a routine policy for all individuals. This will ensure the testing regime remains effective and proportionate.

- Routine testing will continue for patients moving from hospitals to care homes/hospices and will be reviewed on a regular basis in line with clinical advice.
- Tests will also continue to be available for those eligible for antiviral treatment.

**Current COVID-19 specific guidance is still in place for the public and wider guidance for individuals and non-clinical workplaces, promoting a risk-based approach to building resilience to respiratory infections, including COVID-19.**

- Throughout the pandemic public health advice on a range of complementary protective measures has been provided. When restrictions were in place (up to April 2022) advice was in place through guidance to support understanding and adherence of restrictions. Since the lifting of restrictions, guidance offers practical, risk-based advice on how to build infection resilience to respiratory infections including COVID-19, for individuals and workplaces. Any change in response will be driven by the data and evidence gathered, as well as expert advice.
- Scottish Government guidance is reviewed and updated regularly to ensure that information for the public and workplaces aligns to current policy.
- Since June 2022 Scottish Government has delivered a voluntary signage scheme to support organisations and businesses to embed and display the protective measures in place in their spaces, this includes enhanced cleaning and measures to improve ventilation. Stay Well Signage is still operational and invites organisations and businesses to sign up to participate.
- The public health marketing campaign 'Right Care, Right Place' stakeholder toolkit features respiratory health messaging to promote infection resilience.

## ANNEX F - COVID-19 RECOVERY COMMITTEE LONG COVID REPORT

- The COVID-19 Recovery Committee conducted an inquiry and published a report on long COVID in April 2023.
- SG response to the report was published on 16 June 2023.
- The Parliament decided that the COVID-19 Recovery Committee would be wound up as of 14 July 2023.
- The Committee's legacy report recommended that the Health, Social Care and Sport Committee examine progress being made in implementation of the COVID-19 Recovery Committee's long COVID recommendations. SG has not received any correspondence relating to this since from the HSCS Committee.

**[REPORT RECOMMENDATION: *Undertake a public health campaign to address the lack of awareness and recognition of long COVID.*]**

**Our response to the Committee highlighted that findings of a YouGov polling exercise conducted in February 2023 suggested that the level of awareness of long COVID among the Scottish population was already high.**

- For example, 94% of people had heard of long COVID, and 76% of people agreed with the statement that long COVID is a serious condition for those that experience it.
- Given this high level of awareness, it is not clear that a population-level public health awareness campaign would have a significant added impact, or represent strong value for money at this time.
- However, we have worked with people living with long COVID to develop case study videos for Scotland's national health information service – NHS inform. These videos provide insight into long COVID and people's experiences of living with the condition.

**[REPORT RECOMMENDATION: *In partnership with the National Strategic Network, provide a leadership role in reviewing the best practice of Long COVID clinics and evaluate whether they may be an appropriate development in Scotland.*]**

- The Committee itself noted [QUOTE] "*the differing views on the use of Long COVID clinics*" and "*both advantages and disadvantages to that approach*".
- The rationale in the clinical guideline developed by SIGN, NICE and the RCGP regarding service planning notes that due to geographical factors and the differing needs and resources of areas [QUOTE] "*one*

*model would not fit all areas” and that ‘one-stop’ clinics [QUOTE] “might not be feasible for all services or wanted by all patients”.*

- As a consequence, rather than mandating one model, the Scottish Government’s approach is to support NHS Boards to develop and deliver the models of care most appropriate for their local needs.
- The National long COVID Strategic Network has contracted the University of Leeds to support the initial evaluation of long COVID services in Scotland.
- This will provide an analysis of demand and capacity within Scotland’s long COVID services; analysis of longer-term outcomes for long COVID patients assessed within NHS Health Board services; and where possible, compare differences in service models.
- The outputs of the evaluation are expected following the end of the financial year.

**[REPORT RECOMMENDATION: *Establish a single point of contact for Long COVID patients in every health board.*]**

- The Scottish Government is providing funding to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these in to more clearly defined pathways and to provide a more co-ordinated experience for those accessing support.
- The individual delivery models being utilised and progressed by NHS Boards will vary, as they are tailored to local circumstances and needs.
- For example, some NHS Boards have developed single points of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy. In other areas, the co-ordination role will be fulfilled by the primary care team based in the person’s local GP surgery.

**[REPORT RECOMMENDATION: *Rethink approach to funding Long COVID services as a matter of urgency.*]**

- We engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.
- Going forward, we will consider baselining long COVID Support funding for NHS Boards at a level to be determined based on progress made by NHS Boards over 2023-24.

**Minister for Public Health and Women's Health  
Closing speech for S6M-12371 Sandesh Gulhane:  
International Long Covid Awareness Day 2024**

I would like to thank Sandesh Gulhane for bringing this debate to the chamber, and everyone for their contributions.

I also welcome those in the public gallery. I recognise that for many of you living with long COVID, it won't have been a small undertaking for you to travel to be here with us this evening.

I was pleased to meet members of Long Covid Scotland again at this afternoon's drop-in session. I'm sure that members will have found this to be informative and insightful, as I did.

The contributions to this evening's debate have clearly highlighted the significant impact that long COVID continues to have on the lives of adults and children living with the condition across Scotland.

I would like to thank those of you that have been living with long COVID for so candidly sharing the challenges you live with on a daily basis. We understand that symptoms vary considerably and can at times be unpredictable and unrelenting.

We know that long COVID can impact every aspect of daily life, not just limited to physical health. I have been struck by stories of the impact on relationships, education and also employment - as we are reminded particularly from the briefing that Chest, Heart and Stroke Scotland provided for this debate.

International long COVID Day, marked officially later this week, is an important milestone in bringing these issues in to sharp focus. So too was the COVID-19 Recovery Committee's consideration of this subject, and I would like to take this opportunity to recognise the work of MSPs, stakeholders and those with lived experience who contributed to that process.

Since the publication of the Committee's report, progress has been made in a number of key areas and I am pleased to have this opportunity to outline some of these.

On public information - we have worked with NHS inform – Scotland’s national health information service – to update the range of long COVID information available on their site. This followed a user research exercise, to allow us to better understand the experiences of those living with long COVID, as well as their suggestions on priorities for further development of the content.

In terms of education for healthcare professionals - a suite of updated educational resources has been published on NHS Education for Scotland’s learning platform ‘TURAS’ - to improve healthcare staff’s knowledge and understanding of long COVID.

Specific to children and young people - the National Strategic Network for long COVID is currently developing a clinical pathway to support the appropriate assessment, referral and management for children and young people with long COVID symptoms. Once completed, this information will be shared with NHS Boards for local implementation.

The debate motion highlighted the importance of clear referral pathways, and I can update that 12 out of our 14 NHS Boards now have long COVID pathways in operation for adults.

Elsewhere, Boards have well-established referral pathways to a range of services which can provide support to people with symptoms resulting from long COVID.

Earlier this week, I was pleased to visit NHS Ayrshire and Arran to meet the team responsible for the planning and delivery of the Board's multi-disciplinary long COVID pathway, and hear how they are utilising funding made available through our £10 million long COVID Support Fund.

The pathway provides a single point of access for assessment and coordinated support to help people manage their long COVID symptoms. The service has physiotherapy, occupational therapy and nursing support, and liaises with primary and secondary care, and third sector partners.

What was very clear to me was the team's commitment to continuous improvement and learning. Whether that was through undertaking additional training, through learning from and sharing the unique skills and expertise that each member brought to the multi-disciplinary team, or to learning from the experience of peers in other NHS Boards.

In that respect, our National Strategic Network for long COVID is important in giving our territorial NHS Boards a forum for sharing learning and best practice from within and beyond Scotland in developing support and services for people living with the condition.

I was also privileged to meet someone who told me about their experience of developing long COVID and the impact it continued to have on their daily life. Hearteningly, they spoke about how the expertise and support provided to them through the long COVID pathway was a significant milestone in their journey with long COVID, and was equipping them with approaches and information that enabled them to better manage the impact of their condition.

What perhaps struck me most were their reflections on the care and compassion of the team, and the value they placed on being listened to, and validated by their healthcare professionals. I think this resonates with many of the contributions we have heard this evening.

Let me be clear that I recognise that there is more to do to ensure that people's experiences of accessing healthcare support are consistently as positive as the individual that I met. We remain committed to working closely with our National Strategic Network, which has commissioned the University of Leeds to support the initial evaluation of long COVID services in Scotland.

I also appreciate that the limitations of the treatment approaches we currently have available globally for long COVID will be a source of frustration for those living with the condition.

There's still a great deal to be learned regarding long COVID, which is why we are contributing to the worldwide research effort to better understand the condition.

Our Chief Scientist Office has awarded a total of around £3.1 million for 11 projects on the long-term effects of COVID-19. This includes projects to better understand the underlying risk factors of long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

I would like to use this opportunity to highlight that CSO's research funding schemes are open to applications on long

COVID, and these would go through CSO's standard independent expert review process to allow funding decisions to be made.

In closing, I would like to again acknowledge the significant impact that long COVID can have on the lives of people who directly experience it, as well those closest to them, and reiterate that supporting people living with long COVID remains a priority for this Government.

1061 words – estimated time for delivery 7.5 mins.

**DOCUMENT 107**

<b><u>Intervention</u></b>	<b><u>Lines to take</u></b>
<p>You mentioned the Chest, Heart and Stroke Scotland briefing– what is your response to the charity’s calls for greater financial support for those living with long COVID?</p>	<p><b><u>The Scottish Government invests in a range of initiatives to support people with health conditions to keep working or return to work, such as through the NHS delivered Working Health Services Scotland and the Public Health Scotland led Healthy Working Lives resource.</u></b></p> <p><b><u>Ensuring that people access the social security benefits they are entitled to is a fundamental priority for the Scottish Government.</u></b></p> <ul style="list-style-type: none"><li>▪ Through our Benefit Take-Up Strategy we are implementing a range of initiatives to support people to take up Scottish benefits, including access to independent advocacy support for people who self-identify as disabled and targeted marketing of devolved payments.</li></ul>
<p>You mentioned the COVID-19 Recovery Committee’s report on long COVID – what is your response to long COVID Scotland’s claim that the recommendations of the Committee’s report have been ignored by the Scottish Government?</p>	<p><b><u>We responded in full in June 2023 to all recommendations put forward by the COVID-19 Recovery Committee.</u></b></p>

You mentioned updates that have been made to the long COVID resources on NHS inform – what is your response to long COVID charities including long COVID Scotland who say that the videos minimised their experiences of long COVID and have called for them to be removed?

**It is important to be clear that the videos were developed following user experience research with people living with the condition.**

**The opportunity to take part in both the user experience research and the recording of case study videos was communicated to charities representing people living with long COVID, including Long Covid Scotland.**

**Each video relates to one individual's perspective of their journey with long COVID, who reviewed the draft content of their video to ensure it was reflective of their experience, and provided consent prior to publication.**

**I am extremely grateful to all of those who chose to take part in this process and share their personal testimony.**

You mentioned education for healthcare professionals – what is your response to Chest Heart and Stroke Scotland's research which highlighted that many people said their Doctor wasn't able to signpost them to available community supports like the CHSS service?

**Anyone with long COVID in Scotland can self-refer to the Chest Heart and Stroke Scotland advice line, and speak to Nurses trained in supporting people with long COVID symptoms such as breathlessness and fatigue.**

- We have included signposting information to Chest, Heart and Stroke Scotland's service on the long COVID microsite on NHS inform.
- Signposting information to the Chest, Heart and Stroke Scotland service has also been included within our 'Implementation Support Note' for healthcare professionals, which we have shared with all NHS Boards and

	<p>is accessible on the SIGN website.</p>
<p>You've mentioned work being done by the National Strategic Network on a pathway for children and young people? Why are there no dedicated long COVID services for children and young people?</p>	<p><b><u>Support is already being delivered for children and young people with long COVID symptoms, across a range of services provided by our NHS.</u></b></p> <ul style="list-style-type: none"> <li>▪ For children and young people with symptoms consistent with long COVID, assessment and initial investigation is being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options for these in the first instance.</li> <li>▪ Primary care clinicians can refer to occupational therapy and/or physiotherapy for further support where appropriate.</li> <li>▪ In cases where referral to secondary care is required, children and young people may be referred for investigation and management.</li> </ul>
<p>You mentioned that only 12 out of 14 Boards have long COVID pathways in operation? Why is there no support in the other two Boards (NHS Fife and NHS Shetland).</p>	<p><b><u>In these board areas, well-established referral pathways exist to a range of services which can provide support to people with symptoms resulting from long COVID. This may include local primary care teams, community-based rehabilitation services and secondary care investigation, depending on what's appropriate for the person's clinical needs.</u></b></p> <p><b><u>Research published last year by Professor Edward Duncan and colleagues on long COVID community rehabilitation service models stated that [QUOTE] "It is clear that a 'one-size-fits-all' model of service delivery is</u></b></p>

	<p><b><u>unlikely to be desirable in geographically diverse healthcare environments, such as those found in Scotland.”</u></b></p> <p><b><u>We are giving NHS Boards the flexibility to design and deliver the best models of care tailored to the specific needs of their local populations.</u></b></p>
<p>You mentioned the long COVID Support Fund – what is your response to Chest Heart and Stroke’s claim that the funding is due to come to an end at the end of 2024-25, and that there is no long-term plan for future long COVID Support Funding?</p>	<p><b><u>We remain committed to delivering the £10m long COVID Support Fund in full.</u></b></p> <p><b><u>As members may be aware, NHS Boards did not require to fully utilise the Long COVID Support Funding made available to them over the first year of the fund, and we therefore plan to allocate the remainder of the fund over the financial years 2024-25 and 2025-26.</u></b></p> <p><b><u>Going forward, we will consider baselining long COVID Support funding for NHS Boards at a level to be determined based on progress made by NHS Boards over 2023-24</u></b></p>
<p>You mentioned the long COVID Support Fund – why has the Scottish Government only made £10m available when Jackie Baillie has claimed that the Scottish Government has received Barnett Consequentials of £21.7 to treat long COVID from the UK Government.</p>	<p><b><u>It is simply not true that the Scottish Government received any consequentials relating directly to the resource that NHS England allocated for long COVID, as this was not new funding.</u></b></p>
<p>You mentioned the long COVID Support Fund – what is your response to the fact that the Scottish Government’s funding specifically for long COVID is lower than what is available in England or Wales.</p>	<p><b><u>Support for people living with long COVID is being provided across a range of services delivered by our NHS, and this is not limited to services which are directly supported by the Scottish</u></b></p>

	<p><b><u>Government’s long COVID Support funding.</u></b></p> <p><b><u>Our 2023/24 Scottish Budget delivers funding of around £19bn for the health portfolio, supporting recovery and reform to secure sustainable public services.</u></b></p> <ul style="list-style-type: none"> <li>▪ This builds on frontline health spending that is 1.6% (£46) higher per head in Scotland than in England.</li> <li>▪ Proportionally this amounts to around £248m more on Scottish frontline health services, compared to England – equivalent to over 5,300 nurses.</li> </ul>
<p>You mentioned visiting NHS Ayrshire and Arran’s long COVID pathway – can you tell me – is the service led by a Doctor – as per the SIGN guideline on long COVID?</p>	<p><b><u>I was pleased to meet the multidisciplinary team delivering NHS Ayrshire and Arran’s long COVID pathway and hear about how they are working closely with clinicians in Primary Care to ensure that people are appropriately assessed to rule out other causes of symptoms before accessing the service.</u></b></p> <p><b><u>The rationale for the clinical guideline on long COVID notes that [QUOTE] “One model would not fit all areas” and [QUOTE] “in areas where multidisciplinary services are not available, services may be provided through integrated and coordinated primary care, community, rehabilitation and mental health services.”</u></b></p>
<p>When will the University of Leeds evaluation be completed and lessons learned?</p>	<p><b><u>Data collection is ongoing, and the outputs of the evaluation are expected following the end of the financial year.</u></b></p>



**Minister for Public Health and Women's Health  
Closing speech for S6M-12371 Sandesh Gulhane:  
International Long Covid Awareness Day 2024**

I welcome the opportunity to speak in this important debate, and everyone for their contributions.

I also welcome those in the public gallery. I recognise that for many of you living with long COVID, it won't have been a small undertaking for you to travel to be here with us this evening.

I was pleased to spend my lunchtime with members of Long Covid Scotland and others outside the Parliament this afternoon, and later at the drop-in session. I would like to thank those of you that have been living with long COVID for so candidly sharing the challenges you live with on a daily basis, and the constructive provocations that you gave me to consider.

The contributions to this evening's debate have clearly highlighted the significant impact that long COVID continues to have on the lives of adults and children living with the condition across Scotland.

We understand that symptoms vary considerably and can at times be unpredictable and unrelenting. We know that long COVID can impact every aspect of daily life, not just limited to physical health. I have been struck by stories of the impact on relationships, education and also employment - as we are reminded particularly from the briefing that Chest, Heart and Stroke Scotland provided for this debate.

International long COVID Day, marked officially later this week, is an important milestone in bringing these issues in to sharp focus. So too was the COVID-19 Recovery Committee's consideration of this subject, and I would like to take this opportunity to recognise the work of MSPs, stakeholders and those with lived experience who contributed to that process.

Since the publication of the Committee's report, progress has been made in a number of key areas and I am pleased to have this opportunity to outline some of these.

On public information - we have worked with NHS inform – Scotland’s national health information service – to update the range of long COVID information available on their site. This followed a user research exercise, to allow us to better understand the experiences of those living with long COVID, as well as their suggestions on priorities for further development of the content.

In terms of education for healthcare professionals - a suite of updated educational resources has been published on NHS Education for Scotland’s learning platform ‘TURAS’ - to improve healthcare staff’s knowledge and understanding of long COVID.

Specific to children and young people - the National Strategic Network for long COVID is currently developing a clinical pathway to support the appropriate assessment, referral and management for children and young people with long COVID symptoms. Once completed, this information will be shared with NHS Boards for local implementation.

The debate motion highlighted the importance of clear referral pathways, and I can update that 12 out of our 14 NHS Boards now have long COVID pathways in operation for adults.

Elsewhere, Boards have well-established referral pathways to a range of services which can provide support to people with symptoms resulting from long COVID.

Earlier this week, I was pleased to visit NHS Ayrshire and Arran to meet the team responsible for the planning and delivery of the Board's multi-disciplinary long COVID pathway, and hear how they are utilising funding made available through our £10 million long COVID Support Fund.

The pathway provides a single point of access for assessment and coordinated support to help people manage their long COVID symptoms. The service has physiotherapy, occupational therapy and nursing support, and liaises with primary and secondary care, and third sector partners.

What was very clear to me was the team's commitment to continuous improvement and learning. Whether that was through undertaking additional training, through learning from and sharing the unique skills and expertise that each member brought to the multi-disciplinary team, or to learning from the experience of peers in other NHS Boards.

In that respect, our National Strategic Network for long COVID is important in giving our territorial NHS Boards a forum for sharing learning and best practice from within and beyond Scotland in developing support and services for people living with the condition.

I was also privileged to meet someone who told me about their experience of developing long COVID and the impact it continued to have on their daily life. Hearteningly, they spoke about how the expertise and support provided to them through the long COVID pathway was a significant milestone in their journey with long COVID, and was equipping them with approaches and information that enabled them to better manage the impact of their condition.

What perhaps struck me most were their reflections on the care and compassion of the team, and the value they placed on being listened to, and validated by their healthcare professionals. I think this resonates with many of the contributions we have heard this evening.

Let me be clear that I recognise that there is more to do to ensure that people's experiences of accessing healthcare support are consistently as positive as the individual that I met. We remain committed to working closely with our National Strategic Network, which has commissioned the University of Leeds to support the initial evaluation of long COVID services in Scotland.

I also appreciate that the limitations of the treatment approaches we currently have available globally for long COVID will be a source of frustration for those living with the condition.

There's still a great deal to be learned regarding long COVID, which is why we are contributing to the worldwide research effort to better understand the condition.

Our Chief Scientist Office has awarded a total of around £3.1 million for 11 projects on the long-term effects of COVID-19. This includes projects to better understand the underlying risk factors of long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

I would like to use this opportunity to highlight that CSO's research funding schemes are open to applications on long

COVID, and these would go through CSO's standard independent expert review process to allow funding decisions to be made.

In closing, I would like to again acknowledge the significant impact that long COVID can have on the lives of people who directly experience it, as well those closest to them, and reiterate that supporting people living with long COVID remains a priority for this Government.

1061 words – estimated time for delivery 7.5 mins.

**DOCUMENT 109**

<b><u>Intervention</u></b>	<b><u>Lines to take</u></b>
<p>You mentioned the Chest, Heart and Stroke Scotland briefing– what is your response to the charity’s calls for greater financial support for those living with long COVID?</p>	<p><b><u>The Scottish Government invests in a range of initiatives to support people with health conditions to keep working or return to work, such as through the NHS delivered Working Health Services Scotland and the Public Health Scotland led Healthy Working Lives resource.</u></b></p> <p><b><u>Ensuring that people access the social security benefits they are entitled to is a fundamental priority for the Scottish Government.</u></b></p> <ul style="list-style-type: none"><li>▪ Through our Benefit Take-Up Strategy we are implementing a range of initiatives to support people to take up Scottish benefits, including access to independent advocacy support for people who self-identify as disabled and targeted marketing of devolved payments.</li></ul>
<p>You mentioned the COVID-19 Recovery Committee’s report on long COVID – what is your response to long COVID Scotland’s claim that the recommendations of the Committee’s report have been ignored by the Scottish Government?</p>	<p><b><u>We responded in full in June 2023 to all recommendations put forward by the COVID-19 Recovery Committee.</u></b></p>

You mentioned updates that have been made to the long COVID resources on NHS inform – what is your response to long COVID charities including long COVID Scotland who say that the videos minimised their experiences of long COVID and have called for them to be removed?

**It is important to be clear that the videos were developed following user experience research with people living with the condition.**

**The opportunity to take part in both the user experience research and the recording of case study videos was communicated to charities representing people living with long COVID, including Long Covid Scotland.**

**Each video relates to one individual's perspective of their journey with long COVID, who reviewed the draft content of their video to ensure it was reflective of their experience, and provided consent prior to publication.**

**I am extremely grateful to all of those who chose to take part in this process and share their personal testimony.**

You mentioned education for healthcare professionals – what is your response to Chest Heart and Stroke Scotland's research which highlighted that many people said their Doctor wasn't able to signpost them to available community supports like the CHSS service?

**Anyone with long COVID in Scotland can self-refer to the Chest Heart and Stroke Scotland advice line, and speak to Nurses trained in supporting people with long COVID symptoms such as breathlessness and fatigue.**

- We have included signposting information to Chest, Heart and Stroke Scotland's service on the long COVID microsite on NHS inform.
- Signposting information to the Chest, Heart and Stroke Scotland service has also been included within our 'Implementation Support Note' for healthcare professionals, which we have shared with all NHS Boards and

	is accessible on the SIGN website.
<p>You've mentioned work being done by the National Strategic Network on a pathway for children and young people? Why are there no dedicated long COVID services for children and young people?</p>	<p><b><u>Support is already being delivered for children and young people with long COVID symptoms, across a range of services provided by our NHS.</u></b></p> <ul style="list-style-type: none"> <li>▪ For children and young people with symptoms consistent with long COVID, assessment and initial investigation is being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options for these in the first instance.</li> <li>▪ Primary care clinicians can refer to occupational therapy and/or physiotherapy for further support where appropriate.</li> <li>▪ In cases where referral to secondary care is required, children and young people may be referred for investigation and management.</li> </ul>
<p>You mentioned the Strategic Network – are people living with long COVID fully involved in its work?</p>	<p><b><u>The Network has a dedicated 'Lived Experience Oversight Group' - including organisations such as Long Covid Scotland - which works to oversee the Network's approach to engaging with people living with long COVID, to inform the priorities and activities of the Network.</u></b></p>
<p>You mentioned that only 12 out of 14 Boards have long COVID pathways in operation? Why is there no support in the other two Boards (NHS Fife and NHS Shetland).</p>	<p><b><u>In these board areas, well-established referral pathways exist to a range of services which can provide support to people with symptoms resulting from long COVID. This may include local primary care teams, community-based rehabilitation services and secondary care investigation, depending on</u></b></p>

	<p><u>what's appropriate for the person's clinical needs.</u></p> <p><u>Research published last year by Professor Edward Duncan and colleagues on long COVID community rehabilitation service models stated that [QUOTE] "It is clear that a 'one-size-fits-all' model of service delivery is unlikely to be desirable in geographically diverse healthcare environments, such as those found in Scotland."</u></p> <p><u>We are giving NHS Boards the flexibility to design and deliver the best models of care tailored to the specific needs of their local populations.</u></p>
<p>You mentioned the long COVID Support Fund – what is your response to Chest Heart and Stroke's claim that the funding is due to come to an end at the end of 2024-25, and that there is no long-term plan for future long COVID Support Funding?</p>	<p><u>We remain committed to delivering the £10m long COVID Support Fund in full.</u></p> <p><u>As members may be aware, NHS Boards did not require to fully utilise the Long COVID Support Funding made available to them over the first year of the fund, and we therefore plan to allocate the remainder of the fund over the financial years 2024-25 and 2025-26.</u></p> <p><u>Going forward, we will consider baselining long COVID Support funding for NHS Boards at a level to be determined based on progress made by NHS Boards over 2023-24</u></p>
<p>You mentioned the long COVID Support Fund – why has the Scottish Government only made £10m available when Jackie Baillie has claimed that the Scottish Government has</p>	<p><u>It is simply not true that the Scottish Government received any consequentials relating directly to the</u></p>

<p>received Barnett Consequentials of £21.7 to treat long COVID from the UK Government.</p>	<p><b><u>resource that NHS England allocated for long COVID, as this was not new funding.</u></b></p>
<p>You mentioned the long COVID Support Fund – what is your response to the fact that the Scottish Government’s funding specifically for long COVID is lower than what is available in England or Wales.</p>	<p><b><u>Support for people living with long COVID is being provided across a range of services delivered by our NHS, and this is not limited to services which are directly supported by the Scottish Government’s long COVID Support funding.</u></b></p> <p><b><u>Our 2023/24 Scottish Budget delivers funding of around £19bn for the health portfolio, supporting recovery and reform to secure sustainable public services.</u></b></p> <ul style="list-style-type: none"> <li>▪ This builds on frontline health spending that is 1.6% (£46) higher per head in Scotland than in England.</li> <li>▪ Proportionally this amounts to around £248m more on Scottish frontline health services, compared to England – equivalent to over 5,300 nurses.</li> </ul>
<p>How can you plan services and ensure funding is proportionate if you don’t have accurate data on the number of people living with Scotland?</p>	<p><b><u>I recognise that establishing community prevalence of long COVID across Scotland is complex.</u></b></p> <p><b><u>The Scottish Health Survey (SHeS) provides annual estimates of self-reported long COVID within private households in Scotland.</u></b></p> <ul style="list-style-type: none"> <li>▪ This national survey provides data on long COVID prevalence, symptoms and their impact on day-to-day activities, enabling annual monitoring in the Scottish population.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ We engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.</li> </ul>
<p>You mentioned visiting NHS Ayrshire and Arran’s long COVID pathway – can you tell me – is the service led by a Doctor – as per the SIGN guideline on long COVID?</p>	<p><b><u>I was pleased to meet the multidisciplinary team delivering NHS Ayrshire and Arran’s long COVID pathway and hear about how they are working closely with clinicians in Primary Care to ensure that people are appropriately assessed to rule out other causes of symptoms before accessing the service.</u></b></p> <p><b><u>The rationale for the clinical guideline on long COVID notes that [QUOTE] “One model would not fit all areas” and [QUOTE] “in areas where multidisciplinary services are not available, services may be provided through integrated and coordinated primary care, community, rehabilitation and mental health services.”</u></b></p>
<p>When will the University of Leeds evaluation be completed and lessons learned?</p>	<p><b><u>Data collection is ongoing, and the outputs of the evaluation are expected following the end of the financial year.</u></b></p>

**DOCUMENT 110**

**MINISTERIAL ENGAGEMENT BRIEFING – MINISTER FOR PUBLIC HEALTH AND WOMEN’S HEALTH**

<i>Engagement title</i>	Long Covid Kids (LCK)
<i>Venue</i>	MS Teams - virtual
<i>Date and time of engagement</i>	Wednesday 27 March 2024, 09:30-10:15
<i>Background</i>	In November 2023 you met LCK and other long COVID related groups during your meeting with the long COVID Strategic Network’s Lived Experience group. During this meeting you committed to a follow-up meeting directly with LCK.
<i>Purpose</i>	To demonstrate that the Scottish Government recognises the impact of long COVID on children and young people, and is engaging with and listening to the concerns of those affected.
<i>Background</i>	<b>Annex A</b>
<i>Agenda</i>	<b>Annex B</b>
<i>Attendee list</i>	<b>Annex C</b>
<i>Key issues and lines to take</i>	<b>Annex D</b>
<i>Briefing on LCK letter of 18 December</i>	<b>Annex E</b>
<i>Official support</i>	[REDACTED, Section 38(1)(b), Senior Policy Manager, Clinical Priorities Unit [REDACTED, Section 38(1)(b)]  [REDACTED, Section 38(1)(b), Unit Head, Clinical Priorities Unit  Dr [REDACTED, Section 38(1)(b), Senior Medical Advisor - Paediatrics

**Background information on the organisation**

- Long Covid Kids is a UK-wide charity which represents and supports children and young people living with long COVID and their families/carers.
- You had initially been due to meet LCK on 9 January but this was rescheduled at short notice at the group's request.
- [REDACTED, Section 30(b)(ii)].
- **June 2022** - A group of children and parents from LCK, (including [REDACTED, Section 38(1)(b)] met with the then Health Secretary, Mr Yousaf, at the Scottish Parliament. The organisation viewed this engagement as positive but has expressed disappointment at the pace and scale of change since.
- **2 Nov 2023** - Helen Goss criticises SG during her evidence to the Scottish COVID-19 Inquiry, stating that children with long COVID have been "*dismissed and ignored*".
- **20 Nov** – [REDACTED, Section 38(1)(b)] writes requesting to raise a formal complaint against SG regarding [REDACTED, Section 38(1)(b)] within NHS Lanarkshire. Officials respond on 4 December clarifying that this is not a complaint SG can process, and signpost Ms [REDACTED, Section 38(1)(b)] to NHS Lanarkshire.
- **7 Dec** – Ms [REDACTED, Section 38(1)(b)] emails you expressing dissatisfaction with an answer given earlier that day to Fulton MacGregor in General Questions regarding care for people [REDACTED, Section 38(1)(b)]. Your response was issued on 18 December. Ms [REDACTED, Section 38(1)(b)] follows up via email on 20 December expressing dissatisfaction that your reply missed the point, and calling for urgent action to deliver specialist services for long COVID. You replied to this letter on 29 January.
- **18 Dec** – Helen Goss writes to you expressing dissatisfaction with content of a letter you had sent to Jackie Baillie on 14 Dec with follow up information to a General Questions supplementary she had asked on paediatric long COVID services. You responded to Helen's letter on 29 January.
- **19 January** – Helen Goss launches legal action against NHS Grampian seeking damages for "*multiple failings*" in care and treatment of [REDACTED, Section 38(1)(b)].
- **2 Feb** – Helen Goss emails joint statement from LCK and other long COVID charities criticising lived experience case study videos on NHS inform, calling for their removal and issue of an apology. You responded to this email on 13 February.

**Discussion topics**

LCK have indicated that they'd like to cover the following topics during the call.

1. '*Long COVID Service Funding*'
2. '*Public Health messaging in Scotland*'.

Detail on these issues is outlined in Annex D.

**Agenda**

<b>TIME</b>	<b>Item</b>
09.15 – 09.30	Pre-brief meeting with supporting officials
09.30	Start
	Introductions
	Discussion themes outlined by Long Covid Kids  1. Long COVID Service Funding 2. Public health messaging
10:15	Close

**Attendee list**

[REDACTED, Section 30(b)(ii)].

**Jane Ormerod, Chair of Long Covid Scotland**

Jane [REDACTED, Section 38(1)(b)] and joined long Covid Scotland in 2020 after [REDACTED, Section 38(1)(b)] earlier that year. She now chairs the charity.

Jane has a background in health, teaching and coaching. She retired in 2013 after 40 years in the health service and worked as an independent coach and facilitator for five years. [REDACTED, Section 38(1)(b)].

Jane gave oral evidence to the Scottish COVID-19 Inquiry on Wednesday 13 March.

**[REDACTED, Section 38(1)(b), Trustee of Long COVID Scotland]** [REDACTED, Section 38(1)(b)]

[REDACTED, Section 38(1)(b)] has had to take a career break from his job in [REDACTED, Section 38(1)(b)] as a result of [REDACTED, Section 38(1)(b)]. [REDACTED, Section 38(1)(b)] lives within the NHS [REDACTED, Section 38(1)(b)] health board area.

[REDACTED, Section 38(1)(b)] gave [REDACTED, Section 38(1)(b)].

You met [REDACTED, Section 38(1)(b)] at the Scottish Parliament on Wednesday 13 March as part of Long Covid Scotland's photo-call and parliamentary event relating to International Long COVID Day 2024.

**[REDACTED, Section 38(1)(b) – member of Long Covid Kids]** [REDACTED, Section 38(1)(b)]

[REDACTED, Section 38(1)(b)] [REDACTED, Section 38(1)(b)] has been [REDACTED, Section 38(1)(b)] since [REDACTED, Section 38(1)(b)] in March 2020. The family live in [REDACTED, Section 38(1)(b)] and their constituency MSP Fulton MacGregor has raised [REDACTED, Section 38(1)(b)]'s case within the Scottish Parliament, most recently during the 13 March 2024 Members' Business Debate for International Long COVID Day.

[REDACTED, Section 38(1)(b)] works as a [REDACTED, Section 38(1)(b)].

**Key issues and lines to take****1. BACKGROUND - LONG COVID SUPPORT FUNDING**

- We have established a £10 million long COVID Support Fund. £3m was made available (not fully spent) in 2022-23, £3m in 2023-24 and the draft budget published in December outlined that £3m would be made available in 2024-25. Anticipated that the remainder of the £10m (including underspends) is made available in 2025-26.
- FOI response shows only £1.1m of £3m SG long COVID Support Funding available for 2022-23 was spent. This was due to delays encountered by NHS Boards when trying to recruit members of staff.
- The most significant level of additional demand to Boards as a result of long COVID has been within adult services. Boards have therefore chosen to focus the vast majority of their long COVID Support Fund spend on support and services for adults.
- Only NHS Greater Glasgow and Clyde and NHS Grampian plan to use long COVID Support Funding to support recruitment of staff specifically for CYP support, however these efforts have been delayed by recruitment challenges and availability of staff. Finance is therefore not the only determining factor.
- **Dec 2023** - LCK express frustration that *“insufficient funding [has been] allocated to NHS health boards for the establishment of paediatric Long Covid services”*.
- **Oct 2023** - Alex Cole-Hamilton, Jackie Baillie and Sandesh Gulhane wrote a joint letter supported by LCK to FM on 7 October which your responded to. It called for additional funding for long COVID services and cited a comment made by Mr Yousaf on 23 March 2023 to the COVID-19 Recovery Committee that he would *“look to see where we could possibly increase our funding for specifically long COVID.”*
- **15 Mar 2024** – Helen Goss posts on X describing Scottish Government long COVID Support Funding as *“impossibly low”*.

**We remain committed to delivering the £10m long COVID Support Fund in full.**

- Our draft budget for 2024-25 was published in December, and it delivers funding of over £19.5 billion for NHS recovery, health and social care – providing a real terms uplift for our NHS.
- The budget outlines our plans to protect our level of current spending on long COVID, despite a very challenging financial picture, and we intend to make £3 million from our long COVID Support Fund available over 2024-25.
- We continue to engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.
- In addition, support for children and young people living with long COVID is being provided across a range of services across our NHS, and this is not limited to services which are directly supported by the Scottish Government’s long COVID Support funding.

## FUNDING – 2022-23 UNDERSPEND

**Boards didn't need to use all of the money made available to them over the first year of the Long COVID Support Fund, but we remain committed to delivering the £10 million fund in full.**

- The underspend figures quoted relate to the financial year 2022-23, and since then significant progress has been made by NHS Boards.
- The vast majority of boards have now accessed the funds available or increased the amount spent, and 12 out of our 14 NHS Boards have long COVID pathways in operation for adults.
- Elsewhere, Boards have well-established referral pathways to a range of services which can provide support to people with symptoms resulting from long COVID.
- We engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the Fund.
- **LONG TERM FUNDING** - Going forward, we will consider baselining long COVID Support funding for NHS Boards at a level to be determined based on progress made by NHS Boards over 2023-24.

## **CALL FOR DEDICATED PAEDIATRIC LONG COVID SERVICES**

- **18 Dec 2023** – Letter from LCK reiterates calls for dedicated specialist services for children and young people with long COVID.
- It expresses concern that the draft clinical pathway for CYP with long COVID being developed by the National Strategic Network makes no reference to dedicated paediatric long COVID services.
- Your previous correspondence to members of LCK and answers to PQs on this subject have been clear that rather than providing care through condition-specific services, support for children and young people impacted by long COVID is generally provided through mainstream services, dependent on the individual symptoms and needs of the child.
- LCK are aware of, but disagree with, this position.
- Only NHS Grampian and NHS Greater Glasgow and Clyde plan to use long COVID Support Funding to support recruitment of staff specifically for CYP support. Grampian has a long COVID practitioner and clinical lead in place for Paediatrics. The service is accepting internal referrals and external referrals will go live soon. NHS GG&C's plan to recruit an Advanced Practice Occupational Therapist for children and young people has been hampered to date by an inability to successfully recruit staff.
  
- **Nov 2021** - Dr [REDACTED, Section 38(1)(b), Consultant Paediatrician and Scotland Officer for the Royal College of Paediatrics and Child Health gives expert testimony to NICE on long COVID.
- She stated *“the model of paediatric long COVID assessment hubs used in NHS England would not work well in Scotland because there is a smaller paediatric population and therefore the numbers of children and young people with long COVID is low.”*
- She stated that *“instead of a specialist clinic, children with symptoms of long COVID are initially seen by a paediatrician to ensure the correct diagnosis. If they were only seen in a COVID assessment centre there is a risk that a different underlying cause could be missed.”*
  
- **Oct 2023** – Joint letter from Alex Cole-Hamilton, Sandesh Gulhane and Jackie Baillie criticises service provision in Scotland as being inferior, and suggests that Scottish patients are often forced to *“fund their own treatment through private clinics or put themselves at risk with unlicensed medications and treatments available abroad.”*
- Within this context, it is important to note that LCK have also criticised care provision in NHS England, where specialist long COVID services are in operation. On 31 August 2023, Long Covid Kids tweeted NHS England stating *“Families are currently travelling abroad / seeking private treatment in the U.K to improve their quality of life. When can we hope to see treatment options?”*
- **15 March 2024** – Helen Goss criticises ScotGovHealth social media post highlighting your visit to NHS Ayrshire and Arran's long COVID rehabilitation pathway, stating *“This [. . .] service is for adults. Where are the services for Long Covid Kids. Funding is impossibly low [. . .] Most people still forced to go private. Does that sound like services are working?”*

**Support is already being delivered for children and young people with long COVID symptoms, across a range of services provided by our NHS.**

- For children and young people with symptoms consistent with long COVID, assessment and initial investigation is being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options for these in the first instance.
- Primary care clinicians can refer to occupational therapy and/or physiotherapy for further support where appropriate.
- In cases where referral to secondary care is required, children and young people may be referred for investigation and management.

**I appreciate that you do not agree with this approach, and your personal experience and that of members of Long Covid Kids is that the healthcare support you have been provided has not met your expectations.**

**There are of course areas where improvements can be made, and the long COVID Strategic Network is progressing a piece of work looking at the specific needs of children and young people.**

- This workstream is developing a clinical pathway to support the appropriate assessment, referral and management of children and young people with long COVID symptoms.
- Once finalised, this information will be shared with NHS Boards for local implementation, and aims to improve consistency in approach across Scotland.
- In addition, the Lead Clinician of the Strategic Network has submitted a request to NHS 24 regarding the development of information and advice on NHS Inform for children and young people with long COVID, and their parents and carers.

## **2. PUBLIC HEALTH MESSAGING**

LCK have indicated that they will request for the Scottish Government to

1. *“Follow the lead of Germany, New Zealand, Canada and Australia, among others, and widely communicate the risks of repeat SARS-CoV-2 infections to the public with specific reference to the risk of developing Long Covid in both adults and children.”*

2. *“plan, develop, implement and widely disseminate a comprehensive Long Covid awareness campaign to reflect the latest research and understanding of Long Covid in adults and paediatrics. Must be co-produced with lived experience from the outset”.*

- LCK have indicated that this should be similar to a toolkit that the Scottish Government developed for a marketing campaign in Autumn 2021 to publicise a newly developed long COVID information resource on NHS Inform.
- [REDACTED, Section 30(b)(ii)].

**2 Feb 2024** – Coalition of long COVID organisations including Long Covid Kids and Long Covid Scotland publish joint statement criticising a case study video published from ScotGovHealth X account, stating it minimised the severity of the condition, and called for it to be immediately removed. Criticised SG for not developing the case study videos in partnership with long COVID charities.

**13 Feb 2024** – you write to Helen Goss with a reply to the joint statement published by long COVID organisations. You defended the purpose of the videos (each video was one person’s experience – not intended to be representative of all others with long COVID) and the process through which participants were recruited to take part (charities including Long Covid Scotland were contacted to put forward participants for the videos, [REDACTED, Section 30(b)(ii)]).

### **Our response to the COVID-19 Recovery Committee’s report highlighted findings from a YouGov polling exercise conducted in February 2023 which suggested that the level of awareness of long COVID among the Scottish population was already high.**

- For example, **94%** of people had heard of long COVID, and **76%** of people agreed with the statement that long COVID is a serious condition for those that experience it.
- Given this high level of awareness, it is not clear that a population-level public health awareness campaign would have a significant added impact, or represent strong value for money at this time.

### **However, we have worked with people living with long COVID to develop case study videos for Scotland’s national health information service – NHS inform.**

- These videos provide insight into long COVID and people’s experiences of living with the condition.

### **\*If criticised/pushed on development of the case study videos:**

- It is important to be clear that the videos were developed following user experience research with people living with the condition, to identify their priorities for expanding the range of content on the site.
- Each video relates to one individual's perspective of their journey with long COVID, in their own words. After recording, each participant was invited to review the draft content of their video to ensure it was reflective of their experience, and they provided consent prior to publication.
- Participants for the videos were recruited independently through a specialist agency, and the opportunity to participate was also shared with relevant stakeholder organisations which included Long Covid Scotland.
- We are extremely grateful to all of those who chose to take part in this process and share their personal testimony.

### **The present state of the pandemic has been transformed by science, moving away from population level restrictions to strong programmes of vaccination and therapeutics.**

- There are no general COVID-19 restrictions in place, we are now living with COVID-19 as one of a number of respiratory infections. The advice stays the same; we continue to ask everyone to take sensible precautions to stay well and protect others, including taking up the offer of vaccination when invited and try to stay at home if you are not well. It's still important, if you are eligible, to get your winter vaccinations if you are yet to do so.
- The Scottish Government welcomes the advice from the JCVI on a COVID-19 spring vaccination programme.
- For spring 2024, the JCVI advises that a COVID-19 vaccine should be offered to:
  - All adults aged 75 years and over
  - Residents in care homes for older adults
  - Individuals aged 6 months and over who are immunosuppressed
- The primary aim of the COVID-19 vaccination programme has always been the prevention of severe COVID-19 disease, hospitalisation and death in those most at risk and this remains unchanged for spring.
- Scottish Government and Public Health Scotland are working with NHS boards to finalise plans for the roll out of the spring programme.
- We continue to be guided by the JCVI on COVID-19 vaccine deployment. There are therefore no plans to make COVID-19 vaccination available to groups not covered by JCVI advice this winter or spring.

**As part of our enhanced surveillance systems, we continue to monitor, assess and be ready to respond to COVID-19 and other health threats.**

- We recognise that surveillance is a critical part of our ongoing approach to monitoring and managing not only COVID-19 but also other respiratory viruses.
- Surveillance also helps us to determine the right public health strategies and timing to manage transmission in the community.
- Due to the success of the vaccination programme and improved treatments we have returned to pre-pandemic testing.
- Testing will be based on person-centred clinical decisions, rather than a routine policy for all individuals. This will ensure the testing regime remains effective and proportionate.
- Routine testing will continue for patients moving from hospitals to care homes/hospices and will be reviewed on a regular basis in line with clinical advice.
- Tests will also continue to be available for those eligible for antiviral treatment.

**Current COVID-19 specific guidance is still in place for the public and wider guidance for individuals and non-clinical workplaces, promoting a risk-based approach to building resilience to respiratory infections, including COVID-19.**

- Throughout the pandemic public health advice on a range of complementary protective measures has been provided. When restrictions were in place (up to April 2022) advice was in place through guidance to support understanding and adherence of restrictions. Since the lifting of restrictions, guidance offers practical, risk-based advice on how to build infection resilience to respiratory infections including COVID-19, for individuals and workplaces. Any change in response will be driven by the data and evidence gathered, as well as expert advice.
- Scottish Government guidance is reviewed and updated regularly to ensure that information for the public and workplaces aligns to current policy.
- Since June 2022 Scottish Government has delivered a voluntary signage scheme to support organisations and businesses to embed and display the protective measures in place in their spaces, this includes enhanced cleaning and measures to improve ventilation. Stay Well Signage is still operational and invites organisations and businesses to sign up to participate.
- The public health marketing campaign 'Right Care, Right Place' stakeholder toolkit features respiratory health messaging to promote infection resilience.

## Other issues which may arise

### LIVED EXPERIENCE ENGAGEMENT

- **14 Mar 2024** – At a parliamentary event, founding member of Long Covid Scotland [REDACTED, Section 38(1)(b)] calls for greater patient involvement in development of strategy, pathways and services. You noted you would take this issue away and discuss with Officials.
- **14 Mar 2024** – Jane Ormerod, Chair of Long Covid Scotland gives evidence to Scottish COVID-19 inquiry, and highlights;
  - Long Covid Scotland's "*struggle*" getting heard, recognised and accepted by the Scottish Government as a serious group advocating for people with illness and not just a Facebook group.
  - Her view that more effort needs to be made to include people living with long COVID in all meetings about service development.
  - Her view that only "*a little*" progress has been made in the working practices of the National Strategic Network. Her disappointment that at the time the Lived Experience Group was established there were only two people with lived experience, and now that Helen Goss has withdrawn there is only one.
  - Her reflection that "*I am just one person – I can't communicate with everybody*".
  - Her view that a "patient panel" of people living with long COVID should be established

### Background

- The National Strategic Network managed by NHS National Services Scotland has a dedicated 'Lived Experience Group'.
- The group is Chaired by [REDACTED, Section 38(1)(b)], Participation and Equalities Manager at NHS 24. It brings together representatives from Long Covid Scotland, Long Covid Kids Scotland, the ALLIANCE, Chest Heart & Stroke Scotland, The Thistle Foundation, and Asthma & Lung UK.
- The group works to oversee the Network's approach to engaging with people living with long COVID, to inform the priorities and activities of the Network. In addition, members of the group have the opportunity to participate in discrete activities and workstreams being taken forward by the Network. Examples are provided below.
- The group is represented (through the Chair [REDACTED, Section 38(1)(b)]) at the highest level of the governance structure – the Strategic Oversight Board. In addition, in October 2023 the group was invited to provide an additional representative to be an observer member at the Strategic Oversight Board but didn't take up this opportunity.
- In addition, the Network has commissioned the ALLIANCE to manage a network of those with lived experience of Long Covid and bring in their feedback and views on the delivery of the Strategic Network.
- Examples of Lived Experience Group involvement in activities include;
  - Long Covid Kids Scotland's participation in the Children and Young People's workstream. The Chair of the Charity Dr Jeremy Rossman has recently agreed to participate in Helen Goss' absence.
  - The group provided considerable feedback to shape the development of an information workbook to support people to manage long COVID Symptoms. Now published and accessible to all NHS Scotland Boards.
  - The group provided feedback to support the development of a recommended pathway for the assessment and management of

Postural Orthostatic Tachycardia Syndrome (POTs). Now published and disseminated to all NHS Boards.

- The group was invited to get involved in the review and update of guidance for clinicians on the primary care assessment and management of people with long COVID. Now published and disseminated to all NHS Boards.
- Jane Ormerod is co-chairing a series of future webinars on behalf of the Network which focus on delivering education and training on long COVID for NHS staff.
- The Chair of the Lived Experience group has been invited to participate in a short-life working group to develop a sustainability plan beyond the currently forecasted lifespan of the Network.

### **Engagement**

- I'd like to thank Long Covid Kids for the input that it has provided to the National Strategic Network to date, both for the participation in the Lived Experience Group, and for the contribution that the Charity has made to some of the Network's dedicated workstreams to date.
- I appreciate that for those of you who are undertaking this within the context of living with a fluctuating health condition, that can be very challenging.
- I know that NSS takes the issue of lived experience engagement in this programme very seriously, and I would encourage you to share any ideas for enhancing ways of working with the Lived Experience Group or programme team directly.

### **For our part as the Scottish Government, I'm aware that my officials have been working to ensure that people with lived experience of long COVID have had an opportunity to participate and inform recent pieces of work.**

- For example, I know that people living with long COVID took part in user experience research to help us understand people's reflections on using the long COVID resource on NHS inform, and changes that we could put in place to make it more accessible and effective.
- I'm also pleased to hear that people living with long COVID have helped us in developing a new resource on NHS inform about POTs, and thank you Jane for your time and input to that process.

**LEGAL ACTION AGAINST NHS GRAMPIAN**

- **19 January** – Helen Goss launches legal action against NHS Grampian seeking damages for “multiple failings” in care and treatment of [REDACTED, Section 38(1)(b).  
[REDACTED, section s.36(1)]

**It would not be appropriate for the Scottish Government to comment on live legal proceedings.**

Briefing on LCK letter of 18 December**BACKGROUND**

- Helen Goss of LCK sent the letter below to you via email on 18 December.
- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].

18th December 2023

Dear Ms. Minto,

I am writing in reference to your letter addressed to Jackie Baillie MSP on December 14, 2023, in response to the supplementary question to PQ S6O-02808 on November 29, 2023, regarding the establishment of dedicated paediatric Long Covid services in Scotland.

I wish to address several assertions made in your letter and respectfully request information and substantiation for the statements provided.

Your statement mentions that "...care and support for children and young people with symptoms consistent with Long Covid is being provided by the full range of services delivered by our NHS across Scotland." However, numerous communications from Long Covid Kids to the Scottish Government, NSS Long Covid Strategic Network, the Scottish Parliamentary Long Covid Inquiry, and others have consistently contradicted this claim.

Note

- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].

It's regrettable that we find ourselves consistently reiterating to the Scottish Government the multiple factors contributing to this situation:

- **Absence of public health messaging:** Parents and caregivers lack information and education on identifying Long Covid symptoms in children, thereby hindering their ability to recognise the reason why their children face challenges in daily functioning.

•

Note

- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].

- **Absence of training and support for NHS clinicians:** Primary care lacks updated training on paediatric Long Covid, leading to an inability to identify, diagnose, and treat symptoms effectively.

The outcomes resulting from the current inadequacies in public health communications and healthcare services are alarming and detrimental for affected children and their families:

1. Parents and caregivers, faced with the lack of accessible healthcare or proper guidance, often encourage their children to endure their symptoms, unwittingly causing further harm and exacerbating their conditions.
2. When seeking primary care, families are met with clinicians who lack the necessary training, support, and expertise to identify, diagnose, and treat paediatric Long Covid.

This inadequacy results in:

- a. Refusal of referrals or repeated refusals when attempting to access paediatric services.
- b. Acceptance of referral but with extended waiting periods, leaving the young patient without necessary treatment or support during this crucial period.

Note

- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].

3. Upon attending secondary care paediatric appointments, families encounter clinicians ill-prepared to identify, diagnose, and treat paediatric Long Covid symptoms.

This often leads to:

- a. Inappropriate discharge with generic advice on lifestyle modifications like exercise, diet, and sleep hygiene, overlooking the gravity of the Long Covid symptoms and treatments that can improve quality of life.
- b. Improper discharge to CAMHS and/or allied health professionals, failing to address the specific needs of Long Covid patients.
- c. Discharge from paediatric services without any further care or support, exacerbating the lack of appropriate medical attention.

4. Furthermore, those referred to CAMHS and allied health professionals confront similar challenges, encountering clinicians unequipped to handle the nuances of paediatric Long Covid, perpetuating a cycle of inadequate care.

Note

- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].

**Urgently addressing these issues through effective public health messaging and NHS clinician training is imperative to prevent further harm.**

*“Our National long COVID Strategic Network has a dedicated workstream that is looking specifically at the needs of children and young people, and it includes representation from the Royal College of Paediatrics and Child Health and the charity Long Covid Kids.*

*The group is reviewing and updating the information that is available to NHS Board colleagues and primary care clinicians on the appropriate assessment, referral and management pathways for children and young people with long COVID symptoms.*

*Once updated, the information will be shared with NHS Boards as a clinical pathway for local implementation. The aim is to improve consistency of approach across Scotland.”*

There seems to be a misunderstanding regarding the focus of the children and young person’s workstream, which, contrary to the assertion, isn't engaged in 'reviewing and updating information available to NHS board colleagues and primary care clinicians on appropriate pathways for children and young people with long COVID symptoms.' Instead, this responsibility has been shouldered by the Clinical Subject Matter Experts workstream. Unfortunately, we were not involved in this process and remain unaware of the individuals within this subgroup who conducted the review without our input.

Note

- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].

Furthermore, we find it disheartening that the Strategic Network has not engaged Dr. Claire Taylor and Dr. [REDACTED, Section 38(1)(b)], both renowned experts in Scotland, to contribute their expertise. We can only assume this omission was unintentional. We urge the Scottish Government to prioritise the engagement of the most qualified and experienced clinicians to ensure optimal patient outcomes.

Note

- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].

Upon review of the updated paediatric clinical pathway for Long Covid, received 14th December 2023, there remains a conspicuous absence of dedicated paediatric Long Covid services. This omission prompts questions about the exact placement of these services within the updated pathway. Is the Scottish Government aware that at present there are no paediatric Long Covid services currently in operation, and has the Scottish Government had sight of the proposed clinical pathway for paediatric Long Covid? Does the Scottish Government agree that the updated clinical pathway does not appear to include dedicated paediatric Long Covid services at all?

Note

- [REDACTED, Section 30(b)(ii)].

As you may be aware, the dedicated children and young person’s workstream was established in early 2023 but has encountered challenges, notably with only two poorly attended meetings held so far—on April 17th and November 22nd 2023. The workstream suffers from resource limitations, leading to attendees, including

Consultant Paediatrician [REDACTED, Section 38(1)(b)], voluntarily contributing their time without compensation. This raises concerns about expecting NHS Scotland clinicians to offer their expertise without remuneration. We seek assurance from the Scottish Government regarding the provision of additional resources to adequately support and compensate NHS Scotland's paediatric clinicians involved in the CYP workstream to ensure their commitment and ability to attend meetings and contribute.

Note

- [REDACTED, Section 30(b)(ii)].

*“As you are aware, we have established a £10 million long COVID Support Fund, with an initial £3 million made available over 2022-23, and a further £3 million being made available over this financial year.”*

*I would like to assure you that we engage with NHS Boards on a regular basis regarding their capacity needs and will continue to do so in order to inform the allocation of the long COVID Support Fund.”*

It remains unclear how this funding adequately caters to the needs of paediatric Long Covid patients. The discrepancy between allocated funding and Article 24 of the United Nations Convention on the Rights of the Child, ensuring children's right to the best possible health and good quality healthcare demands further evidence to justify the sufficiency of the allocated resources.

Additionally, the proposal to base future Long Covid service funding on progress made over 2023-24 instead of considering 2022-23 raises questions about the delay and rationale behind this decision, which requires clarification.

Note

- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].

The current situation, characterised by insufficient funding allocated to NHS health boards for the establishment of paediatric Long Covid services, the lack of public health messaging to educate parents and caregivers about the risk of recurrent SARS-CoV-2 infections leading to Long Covid in children, inadequate education, training, and support for NHS Scotland clinicians, along with the absence of policies addressing indoor air quality in schools and public spaces to curb SARS-CoV-2 transmission and subsequently reduce Long Covid cases, raises doubts regarding the Scottish Government's commitment to addressing Long Covid.

**I respectfully request evidence demonstrating the actions taken by the government to support its assertion of prioritising Long Covid as a serious health concern.**

Note

- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].
- [REDACTED, Section 30(b)(ii)].

In a similar context, can the Scottish Government provide evidence demonstrating any actions taken thus far to address the recommendations stemming from the COVID19 Recovery Committee's Long Covid inquiry report published on 28th April 2023.

Note

- [REDACTED, Section 30(b)(ii)].

We look forward to our meeting scheduled for January 9th 2024, and hope for a constructive discussion. Wishing you and your team a healthy and joyous Christmas and New Year.

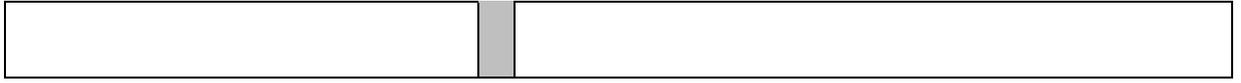
Sincerely,  
Helen Goss

Long Covid Kids  
COO & Scotland Lead

## DOCUMENT 111

### **ENGAGEMENT BRIEFING: MINISTER FOR PUBLIC HEALTH AND WOMEN'S HEALTH – JENNI MINTO**

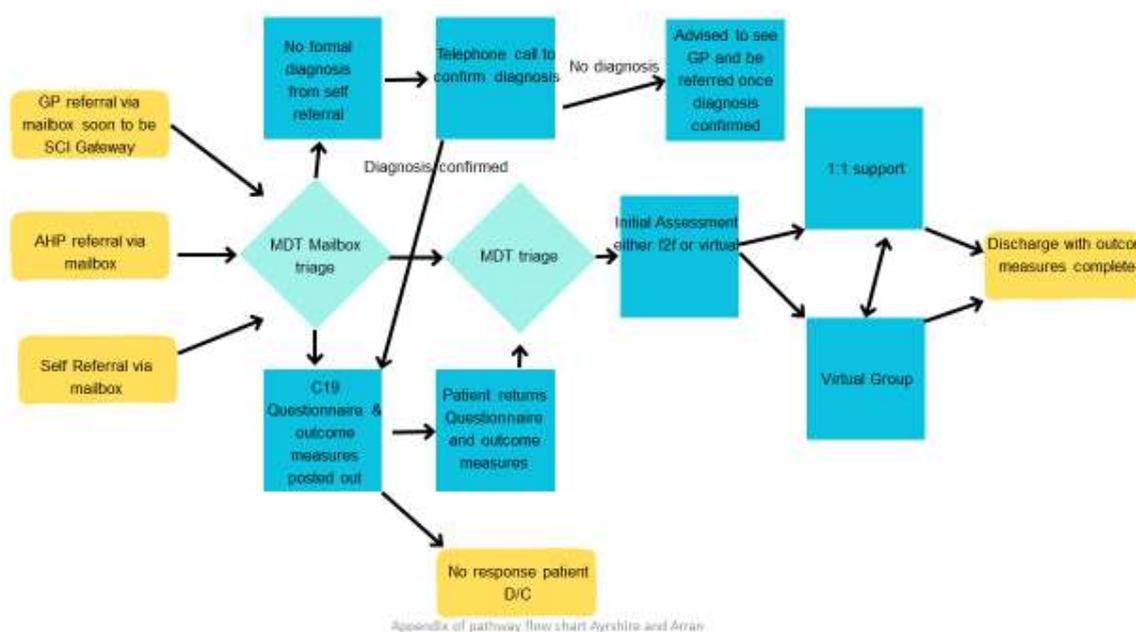
<i>Engagement Title</i>	NHS Ayrshire & Arran – long COVID (NHSA&A COVID Rehab Service)
<i>Organisation/Venue and full address including postcode</i>	Lister Centre, University Hospital Crosshouse Campus - KA2 0BE
<i>Date and Time of Engagement</i>	Monday 11 March, 10:00-11:30
<i>Background/Purpose</i>	<p>Meet staff involved in the planning and delivery of NHS Ayrshire &amp; Arran's long COVID multidisciplinary rehabilitation pathway and patients who have accessed it.</p> <p>Your visit coincides with the week of International long COVID awareness day, which is marked on Friday 15 March.</p>
<i>Greeting Party and specific meeting point on arrival</i>	<p>Greeted at main entrance by Lesley Bowie Board Chair. Introduced to;</p> <ul style="list-style-type: none"><li>• Alistair Reid, Director for AHPs</li></ul>
<i>Specific entrance for Ministerial Car/parking arrangements</i>	<p>A car parking space will be made available for the Minister at the rear of the Lister Centre, close to the entrance to the building. [REDACTED, Section 38(1)(b)]</p>
<i>Venue contact and telephone number</i>	[REDACTED, Section 38(1)(b), Nurse Directorate Business Manager on [REDACTED, Section 38(1)(b)].
<i>Key background info</i>	<b>Annex A</b>
<i>Event Programme</i>	<b>Annex B</b>
<i>Attendee list and bios</i>	<b>Annex C</b>
<i>Background issues and lines to take</i>	<b>Annex D</b>
<i>Official support (including mobile numbers)</i>	<p>[REDACTED, Section 38(1)(b), Senior Policy Manager – [REDACTED, Section 38(1)(b)]</p> <p>[REDACTED, Section 38(1)(b), Senior Media Manager - [REDACTED, Section 38(1)(b)]</p>



## Key background information – NHS Ayrshire and Arran COVID Rehab Service

- NHS Ayrshire & Arran has an adult long COVID multidisciplinary rehabilitation pathway (as demonstrated below). This delivers a single point of access for assessment and co-ordinated support from services including physiotherapy, occupational therapy and nursing, depending on what is most appropriate for a person's needs.
- The pathway is supported by SG funding of £143,000 over this financial year. It is planned that a total of £187,000 will be made available to the Board for next financial year (2024-25).
- The service liaises with primary care and secondary care, and has close relationships with third sector partners. This promotes smooth pathways for those referred in to the service, including those who self-refer.
- To date, there have been 192 patients referred into the service and of those, 147 have been assessed.

### NHS Ayrshire & Arran COVID Rehab Pathway



A brief timeline of implementation of the service is provided below:

- November 2022 – Recruitment for Long COVID Team began
- February 2023 – 0.6WTE Physiotherapy resource recruited
- March 2023 – 0.5WTE Specialist Nursing resource recruited  
Long COVID Study morning organised for all AHP Staff
- April 2023 – 0.6WTE Occupational Therapy resource recruited  
Team completed Quality Improvement Course to design Pathway and outcome monitoring
- May 2023 – first multidisciplinary clinic took place. This was a soft start, establishing blended roles, sharing learning and learning from other services that had been established, including a visit to NHS Lanarkshire
- January 2024 – Team started using C19-YRS App

- May 2024 – Anticipated Psychology recruitment start date

**ANNEX B**

**Event programme**

<b>TIME</b>	<b>ACTIVITY</b>	<b>LOCATION</b>	<b>COMMENTS</b>
10.00	Arrival at main entrance, Lister Centre, University Hospital Crosshouse	Lister Centre University Hospital Crosshouse	Greeted by Lesley Bowie, Board Chair. Introduced to; <ul style="list-style-type: none"> <li>• Alistair Reid, Director for AHPs</li> </ul> <p>Proceed to the gym door into the gym where the meeting will be held.</p>
10.05	Discussion on NHSAA COVID Rehab service	The Lister Centre Gym	Introduction to COVID Rehab Service staff team.  [REDACTED, Section 38(1)(b), Team Lead Cardiac Rehab, HARP multimorbidity Rehab and Covid Rehab Service  [REDACTED, Section 38(1)(b), AHP Senior Manager  [REDACTED, Section 38(1)(b), Advanced Practitioner Physiotherapist  [REDACTED, Section 38(1)(b), Advanced Cardiac Nurse Specialist  [REDACTED, Section 38(1)(b), Advanced Practitioner Occupational Therapist  Dr [REDACTED, Section 38(1)(b), Consultant Clinical Psychologist  Discussion on the service led by Alistair Reid, Director of Allied Health Professions.  [REDACTED, Section 38(1)(b), Nurse Directorate Business Manager will be in attendance to support the visit.
10.45	Discussion with patient on their	The Lister Centre Gym	Introduction to [REDACTED, Section 38(1)(b), patient living with long COVID. [REDACTED,

	experience of living with long COVID. Tea and Coffee will be provided at this time.		Section 38(1)(b) will share their thoughts and feelings on the impact the COVID Rehab service is having on her ability to manage her symptoms.
11:00	Photo opportunities/media bids	Lister Centre Gym	A representative from NHSAA Communications Team will be in attendance to take photos to include with any social media.
11.30	Depart		

**Attendee list and bios****Lesley Bowie, Board Chair**

Lesley Bowie was appointed as Board Chair on 1 March 2020, having been a Non-Executive Member of the NHS Ayrshire & Arran Board since 1 November 2013. Lesley has recently been reappointed for a second term as Board Chair.

With more than 30 years of experience in the IT industry, Lesley brings managerial, operational and client engagement skills to the Board as well as her expertise in budgeting, supply chain operations, programme management and change management. Lesley has also previously worked in various management and system consultancy roles.

As Board Chair Lesley also Chairs the Remuneration Committee and Discretionary Points Committee, Integrated Governance Committee and Endowment Trustees. Lesley also Chairs the Medical Education Governance Group.

**Alistair Reid, Director of AHPs**

In March 2023, Alistair was appointed as Director Of Allied Health Professions with NHS Ayrshire & Arran.

As an Occupational Therapist, Alistair spent his early career working in a range of clinical settings, before moving on to occupational therapy and then AHP leadership roles. As AHP Senior Manager/Lead AHP with North Ayrshire Health and Social Care Partnership since 2017, Alistair had senior management and professional responsibility for the range of AHP services delivered across health and care. In 2021, Alistair was seconded to Healthcare Improvement Scotland as National AHP Workforce Lead with the Healthcare Staffing Programme, working to support AHP, and multi-disciplinary preparation for the incoming Health and Care Staffing Act. Whilst on secondment, Alistair also became Professional Lead for Allied Health Professions within Healthcare Improvement Scotland.

Alistair has an MBA from the University of West of Scotland, and has professional interests in supervision, coaching, leadership and the quality and safety of care.

[REDACTED, Section 38(1)(b)]

[REDACTED, Section 38(1)(b), **Team Lead Cardiac Rehab, HARP multimorbidity Rehab and Covid Rehab Service**

[REDACTED, Section 38(1)(b)]'s background is [REDACTED, Section 38(1)(b)] and [REDACTED, Section 38(1)(b)] was appointed to the role of Team Lead, Cardiac Rehab in 2004. [REDACTED, Section 38(1)(b)] continues to work clinically and really enjoys seeing and being part of services that develop to make a difference to people and how they move on in their lives after having a touchpoint with the NHS.

[REDACTED, Section 38(1)(b)]

[REDACTED, Section 38(1)(b), **AHP Senior Manager, South Health and Social Care Partnership**

[REDACTED, Section 38(1)(b)] joined NHS Ayrshire & Arran in 2002 within the South Health and Social Care Partnership where [REDACTED, Section 38(1)(b)] took up post as [REDACTED, Section 38(1)(b)]. Thereafter [REDACTED, Section 38(1)(b)] transferred to the North Partnership in 2012, again as [REDACTED, Section 38(1)(b)]. On 1st April 2023 [REDACTED, Section 38(1)(b)] was appointed to the role of AHP Senior Manager within South Health and Social Care Partnership.

[REDACTED, Section 38(1)(b)]

[REDACTED, Section 38(1)(b), **Advanced Practitioner Physiotherapist**

[REDACTED, Section 38(1)(b)] has worked as a Physiotherapist within NHS Ayrshire & Arran for 17yrs. After completing several years of rotations across all specialities, [REDACTED, Section 38(1)(b)] realised [REDACTED, Section 38(1)(b)] area of interest was rehabilitation. Prior to this role within COVID Rehabilitation, [REDACTED, Section 38(1)(b)] worked within [REDACTED, Section 38(1)(b)] for around 10 years and has been involved with the development of [REDACTED, Section 38(1)(b)] which aims to help those with more than one long term condition lead a more active and healthy life.

[REDACTED, Section 38(1)(b)]

[REDACTED, Section 38(1)(b), **Advanced Cardiac Nurse Specialist**

[REDACTED, Section 38(1)(b)] has worked for NHS Ayrshire & Arran for 24 years, beginning [REDACTED, Section 38(1)(b)] career as [REDACTED, Section 38(1)(b)]. Over the last 15 years, [REDACTED, Section 38(1)(b)] has been working within the [REDACTED, Section 38(1)(b)] as well as the [REDACTED, Section 38(1)(b)], supporting patients with the management of their long term condition. [REDACTED, Section 38(1)(b)]'s skills in rehabilitation and long term condition management has helped [REDACTED, Section 38(1)(b)] in [REDACTED, Section 38(1)(b)] current role in supporting patients struggling with long COVID symptoms.

[REDACTED, Section 38(1)(b)]

[REDACTED, Section 38(1)(b), **Advanced Practitioner Occupational Therapist**  
[REDACTED, Section 38(1)(b) has worked within NHS Ayrshire & Arran for the past 4 years, working across MSK, Long term health conditions, Cardiac Rehab and now Long COVID. [REDACTED, Section 38(1)(b) has a keen interest in activity management/fatigue management/energy conservation, and was previously employed by [REDACTED, Section 38(1)(b).

[REDACTED, Section 38(1)(b)

**Dr [REDACTED, Section 38(1)(b), Consultant Clinical Psychologist**

Dr [REDACTED, Section 38(1)(b) is a Consultant Clinical Psychologist with over 20 years of NHS experience. Currently working as the [REDACTED, Section 38(1)(b) in NHS Ayrshire & Arran, [REDACTED, Section 38(1)(b) manages a team of 11 Clinical Psychologists and Clinical Associates in Applied Psychology working across a number of acute medical speciality teams (including long covid). [REDACTED, Section 38(1)(b)'s team also offer training (including trauma informed training), consultation and supervision, to nurses, doctors and AHP's in a number of acute medical teams. Clinically, in addition to core training and experience working with common mental health presentations, [REDACTED, Section 38(1)(b) has worked across a wide variety of medical and hospital settings and with a variety of physical health and neurodegenerative conditions. [REDACTED, Section 38(1)(b) draws from a range of psychological models and therapies in her practice, including Cognitive Behaviour Therapy (CBT), Compassion Focussed Therapy (CFT), Acceptance and Commitment Therapy (ACT) and Eye Movement Desensitisation and Reprocessing (EMDR).

[REDACTED, Section 38(1)(b)

**[REDACTED, Section 38(1)(b), Nurse Directorate Business Manager**

[REDACTED, Section 38(1)(b) joined the Nursing Directorate of NHS Ayrshire & Arran in August 2020. Prior to this, [REDACTED, Section 38(1)(b) was [REDACTED, Section 38(1)(b), NHS Ayrshire & Arran from 2017 until February 2020, when she took up a seconded post as [REDACTED, Section 38(1)(b), NHSScotland before returning to Ayrshire & Arran in her current role.

**[REDACTED, Section 38(1)(b), Service User**

[REDACTED, Section 38(1)(b) has been through the NHS Ayrshire & Arran COVID rehab pathway and has kindly agreed to join this visit and talk about her experience of the service.

**Prompt questions for discussion with service team**

- In your experience, what have been the key enablers and barriers in developing the long COVID pathway?
- What have been your key learning points from delivering the long COVID pathway to date?
- I appreciate that the long COVID pathway you've outlined is focused on supporting adults with long COVID. Can you tell me about how the Board is approaching and managing children and young people who are impacted as a result of long COVID?

## Background issues and lines to take for media interviews

- 13 Mar:** Sandesh Gulhane Members' Business debate on long COVID. Photo call and call to action organised at Scottish Parliament by Co-conveners of long COVID CPG and charity Long Covid Scotland. Calling for "*equal access to diagnostics, licenced treatments and doctor led oversight as per SIGN guidelines.*"
- 7 Mar:** Chest Heart and Stroke Scotland publish report of survey they conducted with almost 2000 people living with long COVID. 72% said they needed support and could not access it, while 38% said their doctor could not provide guidance on available support. Estimates 72,000 Scots unable to work – 40% of those with long Covid. Calls for more financial support for those with long Covid, clearer pathways for diagnosis and assurance of longer term funding.
- 15 Feb:** Health and Social Care ALLIANCE Scotland publishes results of engagement exercise with 210 people with long COVID. Results indicate overall experience of accessing healthcare has been negative.
- 13 Feb:** FOI response to Scottish Daily Express confirms that only £1.1m of £3m SG long COVID Support Funding available for 2022-23 was spent.
- 13 Feb:** You reply to joint letter from long COVID charities criticising NHS inform lived experience case study video. Reply confirms purpose of the videos and process through which people were recruited to take part.
- 8 Feb:** Sandesh Gulhane asks SG to remove lived experience video from NHS inform, following statement from UK long COVID organisations criticising the content which they state minimises and doesn't reflect their experiences of the condition.
- 19 Jan:** BBC News/various – Helen Goss, Chief Operating Officer of Long Covid Kids launches legal action against NHS Grampian seeking damages for "*multiple failings*" in care and treatment of [REDACTED, Section 38(1)(b)]. Ms Goss calls the action "*a shot across the bow of the Scottish Government*" and urges others to "*take aggressive action to force the Scottish Government to act urgently*".
- 19 Dec:** 2024-25 Scottish Budget outlines that £3m will be made available from the £10m long COVID Support Fund in 2024-25. Fund profiled as £3m available in years 2022-23, 2023-24 and 2024-25, with remainder (including any underspends by NHS Boards) available in 2025-26.

## **TOP LINES**

**We take the issue of long COVID very seriously and recognise the impact it can have on the health and wellbeing of those most severely affected.**

- I'm delighted to be able to meet the range of professionals involved in NHS Ayrshire and Arran's multidisciplinary long COVID pathway, and hear how the £3 million funding we are making available nationally over this year is helping Boards like Ayrshire and Arran to provide advice and support to people living with the condition, to improve their quality of life.
- We are working closely with our NHS Boards on long COVID, and have established a National Strategic Network to bring them together to make sure that we learn and share best practice from their collective experience of supporting those affected.

**We have established a £10 million long COVID Support Fund to support NHS boards to increase the capacity of existing services, develop these into more clearly defined local pathways and provide a more co-ordinated experience.**

## **SUPPORT**

**All NHS boards are already providing assessment and support for people with long COVID, delivered across the full range of services provided by our NHS.**

- At present, 12 out of our 14 NHS Boards have long COVID pathways in operation for adults.
- Elsewhere, Boards have well-established referral pathways to a range of services which can provide support to people with symptoms resulting from long COVID.
- For example, this may include primary care services, secondary referral to specialist services such as respiratory or cardiology pathways, or referral to intermediate care or rehabilitation services depending on what is appropriate for the person's clinical needs.

## **FINANCIAL SUPPORT**

- Ensuring that people access the social security benefits they are entitled to is a priority.
- Through our Benefit Take-Up Strategy we are implementing a range of initiatives and welfare advice services work closely with people who may be entitled to devolved or reserved benefits

## **FUNDING – 2022-23 UNDERSPEND**

### **Over £3.3 million was made available to organisations from the Long COVID Support Fund over 2022-23.**

- However, due to delays in recruiting members of staff to posts, some NHS Boards were unable to fully utilise the Long COVID Support Funding made available to them over 2022-23.
- We remain committed to allocating the £10 million long COVID Support Fund in full.
- £3m is being made available from the fund over this financial year, and the 2024-25 budget published in December outlines our plans to make £3m from the Fund available over 2024-25. It is anticipated that the remainder of the Fund will be allocated over 2025-26.

## **FUTURE FUNDING**

- The 2024-25 budget published in December outlines our plans to make £3m from the fund available over 2024-25, and it is anticipated that the remainder of the Fund will be allocated over 2025-26.
- We engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.
- Going forward, we will consider baselining long COVID Support funding for NHS Boards at a level to be determined based on progress made by NHS Boards over 2023-24.

## **FUNDING – rUK COMPARISONS**

### **Our £10m Long COVID Support Fund is spending in addition to what our healthcare system is already delivering in caring for people with long COVID across our full range of NHS services.**

- Our 2023/24 Scottish Budget delivers funding of around £19bn for the health portfolio, supporting recovery and reform to secure sustainable public services.
- This builds on frontline health spending that is 1.6% (£46) higher per head in Scotland than in England.
- Proportionally this amounts to around £248m more on Scottish frontline health services, compared to England – equivalent to over 5,300 nurses.

## **BARNETT CONSEQUENTIALS FROM NHS ENGLAND LONG COVID SPEND**

**It is simply not true that the Scottish Government received any consequentials relating directly to the resource that NHS England allocated for long COVID, as this was not new funding.**

## **EVALUATION**

**The National long COVID Strategic Network has contracted the University of Leeds to support the initial evaluation of long COVID services in Scotland.**

- This will provide an analysis of demand and capacity within Scotland's long COVID services; analysis of longer-term outcomes for long COVID patients assessed within NHS Health Board services; and where possible, compare differences in service models.
- The outputs of the evaluation are expected following the end of the financial year.

## **NHS INFORM CASE STUDY VIDEOS**

**I have written to long COVID charities in response to concerns raised regarding lived experience case study videos on NHS Inform.**

- It is important to be clear that the videos were developed following user experience research with people living with the condition, to identify their priorities for expanding the range of content on the site.
- Each video relates to one individual's perspective of their journey with long COVID, in their own words. After recording, each participant was invited to review the draft content of their video to ensure it was reflective of their experience, and they provided consent prior to publication.
- Participants for the videos were recruited independently through a specialist agency, and the opportunity to participate was also shared with relevant stakeholder organisations which included Long COVID Scotland.
- We are extremely grateful to all of those who chose to take part in this process and share their personal testimony.

## **LEGAL ACTION**

**It would not be appropriate for the Scottish Government to comment on live legal proceedings.**

## **CHILDREN AND YOUNG PEOPLE**

**We know that it's not only adults impacted by long COVID and are determined everyone gets the care most appropriate for them, regardless of their age.**

- Local primary care teams are providing the initial assessment and investigation of children and young people with symptoms consistent

with long COVID, and can give advice about the management of symptoms and any potential treatment options in the first instance.

- Primary care clinicians can refer to occupational therapy and physiotherapy for further support where appropriate.
- In cases where referral to secondary care is required, children and young people may be referred for investigation and management.

**We continue to provide information to support clinicians, including GPs in the identification, assessment and management of people with long COVID.**

- This is provided through our 'Implementation Support Note on managing the long-term effects of COVID-19', which includes information on supporting children and young people with long COVID.
- Our long COVID Strategic Network, managed by NHS National Services Scotland (NSS) is bringing together clinical experts and representatives of parents and carers to consolidate clinical pathways for children and young people with long COVID.

## **RESEARCH FUNDING**

**Around the world, science has begun the work of trying to find an explanation – and treatments for long COVID.**

- We have awarded a total of around £3.1m for 11 projects on the long-term effects of COVID-19.
- This includes projects to better understand the prevalence of, symptoms of, and factors associated with, long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.
- In the meantime, support is already being delivered and we have made additional resource available to our NHS Boards to help people affected by long COVID manage the symptoms that they are experiencing.
- The UK wide clinical guideline that underpins the identification, assessment and management of people with long COVID in Scotland is a 'living guideline'.
- This means that the organisations responsible for its development continue to actively monitor the global evidence base on potential treatment interventions for long COVID, to make sure that our approach to supporting people with long COVID is informed by high quality evidence, regardless of where the studies generating this evidence are taking place.

## **DATA COLLECTION**

▪ **The Scottish Health Survey provides annual estimates of self-reported long COVID within private households in Scotland.**

- This national survey provides data on long COVID prevalence, symptoms and their impact on day-to-day activities, with demographic breakdowns, enabling annual monitoring in the Scottish population.
- The 2022 findings were published in December 2023. The analytical outputs for 2023 are expected to be published in late 2024.

## CRITICAL CARE BEDS/FUTURE OF AYR HOSPITAL

**11 Mar 2024:** from week commencing 11 March, the three level 3 beds in University Hospital Ayr will transfer to Crosshouse. No new patients will be admitted to ICU at Ayr from this date. Patients already in Ayr ICU will be transferred to Crosshouse in a staged process across the week. The Board's dedicated transfer team will work closely with Scottish Ambulance Service to ensure safe transfer of patients and will communicate with families of affected patients.

**30 Jan 2024:** *Cumnock Chronicle* article on Board's interim plans to transfer three ICU beds from Ayr to Crosshouse from March. Article carries confirmation from the Board that this interim change will not impact Ayr A&E; nor its opening hours.

**29 Nov 2023:** *Herald* suggests fears from local doctors that there is a Board 'plot' to close Ayr Hospital. This is a long-standing concern exacerbated by interim plans to transfer the hospital's 3 ICU beds to Kilmarnock. Claire Burden, Chief Exec, **[QUOTE]** "*there are no plans to downgrade or close the hospital...(the Board remains) committed to ensuring emergency care services are available from Ayr*".

**Oct 2023:** Early discussions with staff leaked and caused alarm that it was a new announcement and might impact the local A&E Department. NHS Ayrshire & Arran has been clear that this interim change will not impact the opening hours or functions of A&E in Ayr: they estimate fewer than three patients will require transfer from Ayr to Crosshouse per week. Ayr Hospital will still have critical care cover with the four HDU beds and overall Board critical care complement remains the same. The Board will update staff, local people and their representatives on the changes.

**Feb 2023:** NHS Ayrshire & Arran issued a statement announcing interim plans to transfer their three 'level 3' (ICU) critical care beds from Ayr Hospital to Crosshouse Hospital. The Board usually provides three ICU beds and four 'level 2' (HDU) critical care beds at Ayr Hospital; with nine ICU beds and six HDU beds at Crosshouse. The interim plan could not be immediately introduced as it required physical upgrade of critical care facilities at Crosshouse. The primary driver for this interim change is medical staffing pressures.

**Patient safety is of paramount concern and the Board has been clear that the interim ICU plans, are to ensure adequate consultant medical cover; thereby maintaining the safety and sustainability of local critical care services.**

- The overall complement of critical care beds for the area is to remain the same under this interim measure and only a small number of the most seriously ill patients would require transfer from Ayr to Crosshouse Hospital – the Board estimates fewer than three per week.

- As such, this will not impact other local services, such as the A&E Department.

**Both the Scottish Government and NHS Ayrshire & Arran remain completely committed to the provision of high quality services on the Ayr Hospital site, including the A&E Department and its support services.**

- We should remember that it was one of the first acts of this Government in 2007 to overturn the previous Administration's decision to close the A&E Departments in Ayr and at Monklands Hospital.
- We remain committed to preserving these vital services, for the benefit of local people: noting there were 30,403 attendances at Ayr A&E in 2022, alongside 65,618 attendances at Monklands.

**FUNDING AND FINANCIAL SUPPORT**

- NHS Ayrshire & Arran received brokerage of £20 million in 2018-19, £14.7 million in 2019-20 and £25.4 million in 2022-23. Only brokerage provided in 2019-20 and 2022-23 is currently repayable by the Board when it returns to financial balance. This totals £40.1 million for NHS Ayrshire and Arran.
- Funding in 2020-21 and 2021-22 has been provided to address COVID-19 costs and undelivered savings, including 'brokerage'. This has been provided on a non-repayable basis, consistent with the pausing of the Escalation Framework.
- The Board received support of £7.4 million and £9.6 million in 2020-21 and 2021-22 respectively.
- Following previous pausing of the Escalation Framework, the status of each Health Board was reviewed alongside consideration of their 2021-22 Remobilisation Plans.
- In 2023-24, the Escalation Framework has been revised to the NHSScotland Support and Intervention Framework.
- Following the review of the status of all NHS Boards, NHS Ayrshire & Arran currently remains at Stage 3 of Escalation for financial management.

**NHS Ayrshire and Arran continues to sit at Stage 3 of the NHS Scotland Support & Intervention Framework for financial management, which is the first formal escalation stage.**

- As such, NHS Ayrshire and Arran receives a tailored support package commissioned by Scottish Government's Finance Delivery Unit; this focuses on areas of highest opportunity to target the delivery of savings and monitors financial performance; to support the Board to return to financial sustainability.

- The continuing development and implementation of a financial recovery plan is a top priority for NHS Ayrshire & Arran.

## **BUDGET**

**In 2024-25, NHS frontline Boards will receive increased investment of almost £550m (4.3%) - a real terms increase of almost 3% - with NHS Ayrshire and Arran seeing £33.3 million of increased investment.**

- The Budget takes NHS Ayrshire and Arran's overall funding for 2024-25 to over £883.5 million.
- NHS Ayrshire and Arran's resource budget has increased by 13.6% in real terms between 2010-11 and 2024-25. NHS Ayrshire and Arran's budget has increased in cash terms by £386.6 million (77.8%) from 2006-07 to 2024-25.
- NHS Ayrshire and Arran's £0.2 million share of £31.1 million additional parity funding maintains the Board within 0.6% from NRAC parity target.
- NHS Ayrshire and Arran, along with all other NHS Boards, have a 3% recurring savings target for 2023-24 and 2024-25.
- We will continue to work with Health Boards to address financial and operational pressures across the system, to support recovery and reform and delivery of financially, environmentally and socially sustainable health and care services for the people of Scotland.

## **SYSTEM PRESSURES**

**We fully recognise the significant, ongoing pressures on the NHS; and that some Health Boards have had to take necessary steps to protect emergency and urgent care.**

- Covid backlogs, delayed discharges and Brexit-related staff shortages have compounded the pressures on already stretched services.
- I would want to repeat my thanks to all health and social care staff for their incredible, ongoing efforts during these challenging times.

**We are monitoring the situation closely and remain in contact with Health Boards and their planning partners to ensure all possible actions are being taken to support services.**

- This includes the use of Flow Navigation Centres, Hospital at Home and ambulance service staff providing treatment, where appropriate, to help avoid hospital admission.
- We also increased staffing for NHS 24 to help cope with rises in demand.
- Health Boards have established business continuity plans in place which include the close monitoring of local activity and patient safety.

**We are clear that there should be no unnecessary delays for ambulance crews handing over patients at hospitals.**

- Our national improvement advisors have been supporting local staff to free up capacity and facilitate effective hospital flow.

**I would echo the words of local clinicians urging the public to help by accessing the right care in the right place; allowing A&E Departments to focus on those with emergency care needs.**

- Emergency care will always be available for those that need it via the 999 service.
- However, for many people, the most appropriate advice & support might be available on the NHS Inform website or the NHS 24 App; or by calling NHS 24 on 111.
- NHS 24 will direct you to the most appropriate care, which might be a minor injuries unit, phone or virtual appointment, pharmacy or A&E.

**WORKFORCE UNDER THE SNP (WTE) (September 2006 to December 2023)**

- All staff up 21.1% or 1,710.1 WTE (from 8,114.1 to 9,824.2).
- Consultants up 75.4% or 136.4 WTE (from 180.9 to 317.4).
- Emergency Medicine Consultants up 215.0% or 15.1 WTE (from 7.0 to 22.1).
- Qualified Nurses and Midwives up 19.5% or 543.8 WTE (from 2,788.3 to 3,332.1).
- Allied Health Professionals up 33.5% or 216.8 WTE (from 647.4 to 864.2).
- Primary Care Dentists up 25.9% or 42 headcount (from 162 at Sep 06 to 204 at Sep 23).

**DELAYED DISCHARGE**

- As of January 2024 there were: 174 delays and 5,813 bed days lost.

**A&E PERFORMANCE – 95% Target**

- 66.9% compliance against the 4-hour A&E target in January 2024.
- 65.7% performance for core sites in January 2024.
- 64.8% performance for week ending 25 February 2024.

**ELECTIVE WAITING TIMES**

**REFERRAL TO TREATMENT – 90% Target**

- 66% of patients were seen and treated from initial referral to start of treatment within 18 weeks during December 2023

**TTG WAITS – 100% Target**

- 15.4% reduction in the number of patients seen in quarter ending December 2023 compared to the quarterly average during 2019 (4,140

seen in quarter ending December 2023, 4,894 seen on average during 2019).

- Of those seen, 58.3% of patients were treated within the 12 week legal treatment time guarantee for quarter ending December 2023. (4,140 TTG patients, with 2,415 under 12 weeks and 1,725 over 12 weeks, adjusted figures.)
- 179,949 TTG patients have been treated within the guaranteed 12 week treatment time since 1 October 2012 - 84.7% delivery.
- 8,207 TTG patients were waiting to be seen at December 2023, of which 2,894 (35.3%) were waiting under 12 weeks and 5,313 (64.7%) were waiting over 12 weeks.
- Of those waiting, 1,554 (18.9%) were waiting over 52 weeks, 620 (7.6%) were waiting over 78 weeks and 290 (3.5%) were waiting over 104 weeks.

### **OUTPATIENT WAITS – 95% Target**

- 34.6% of patients waiting less than the 12 week standard for a first outpatient consultation on 31 December 2023 (50,034 OP waiting, with 17,297 waiting under 12 weeks and 32,737 waiting over 12 weeks, adjusted figures).
- Of those patients waiting, 7,049 were waiting over 52 weeks, 1,703 were waiting over 78 weeks and 470 were waiting over 104 weeks at quarter ending 31 December 2023.

### **PSYCHOLOGICAL THERAPIES WAITING TIMES – 90% Standard**

- 88.1% of PT patients started treatment within 18 weeks of referral in the quarter ending December 2023 a decrease from 90% in quarter ending September 2023.

### **CAMHS WAITING TIMES – 90% Standard**

- 99.6% of CAMHS patients started treatment within 18 weeks of referral in the quarter ending December 2023 an improvement from 97.6% in quarter ending September 2023.

### **CANCER – STANDARD 95%**

- Quarter ending September 2023, 80.8% started treatment within 62 days of urgently referred with a suspicion of cancer.
- Quarter ending September 2023, 99.7% of cancer patients started treatment within 31 days of decision to treat.
- A total of £730,586 in Cancer Waiting Times revenue has been released to the Board to support cancer and diagnostic waiting times performance in 2023/24.

## **INFRASTRUCTURE PROJECTS**

In progress/announced:

- **National Secure Inpatient Adolescent Service (Foxgrove):** under construction (operational early 2024) £18.6 million.

### **SAFER HOSPITALS**

- In Quarter 3 2023 (July to September) there were no significant changes in the rates of healthcare associated or community associated Clostridioides difficile Infection (CDI), Escherichia coli bacteraemia (ECB) compared to Quarter 3 2022. There was a statistically significant increase in the hospital associated rates of Staphylococcus aureus bacteraemia (SAB) in Quarter 3 2023 compared to Quarter 3 2022.
- Hospital Standardised Mortality Ratios (HSMR): 1.05 for Arran War Memorial Hospital, 0.92 for Ayr Hospital, 0.96 for Crosshouse Hospital for the period October 2022 to September 2023 compared to the Scotland baseline of 1.0

### **BOARD LEADERSHIP**

- Chief Executive: Claire Burden
- Chair: Lesley Bowie
- Medical Director: Crawford McGuffie

## **DOCUMENT 112**

Directorate for Chief Operating Officer, NHS Scotland : Healthcare Quality and Improvement  
10 April 2024

**Minister for Public Health and Women’s Health**

### **PROFILING OF LONG COVID SUPPORT FUND AND THE FUTURE OF LONG COVID SUPPORT AND SERVICES**

**Minister for Public Health and Women’s Health**

### **PROFILING OF LONG COVID SUPPORT FUND AND THE FUTURE OF LONG COVID SUPPORT AND SERVICES**

#### **Priority and purpose**

1. **Routine**, although we request a response by Monday 22 April so we can update NHS boards promptly. To:
  - seek your decision on [REDACTED, Section 29(1)]; and
  - update you on [REDACTED, Section 29(1)].

#### **Recommendation**

2. That you:
  - Choose OPTION A and agree that [REDACTED, Section 29(1)].
  - Note that [REDACTED, Section 29(1)].

#### **Context and issues**

[REDACTED, Section 29(1)]

[REDACTED, Section 29(1)]

3. [REDACTED, Section 29(1)].

#### **The Long COVID Support Fund to date**

4. [REDACTED, Section 29(1)].

5. [REDACTED, Section 29(1)].

<b>[REDACTED, Section 29(1)]</b>	<b>[REDACTED, Section 29(1)]</b>	<b>[REDACTED, Section 29(1)]</b>	<b>[REDACTED, Section 29(1)]</b>
[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]
[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]
[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]

[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]	[REDACTED, Section 29(1)]
------------------------------	------------------------------	------------------------------	------------------------------

[REDACTED, Section 29(1)]

6. [REDACTED, Section 29(1)].”

7. [REDACTED, Section 29(1)].

### **Options and advice**

8. We have considered two options:

- **OPTION A (RECOMMENDED) – [REDACTED, Section 29(1)].**
- **OPTION B – [REDACTED, Section 29(1)].**

9. **Option A** [REDACTED, Section 29(1)].

10. **Option B** [REDACTED, Section 29(1)].

11. We will consider [REDACTED, Section 29(1)].

### **Bute House and Verity House Agreement implications**

12. None

### **Financial considerations**

13. [REDACTED, Section 29(1)].

**Option A** [REDACTED, Section 29(1)]

**Option B** [REDACTED, Section 29(1)].

### **Legal considerations**

14. None.

### **Quality assurance**

15. This submission has been approved by Lynne Nicol, Deputy Director for Healthcare Quality and Improvement.

### **Conclusion and next steps**

16. **We recommend that you choose OPTION A: [REDACTED, Section 29(1)].**

17. If you agree, we will [REDACTED, Section 29(1)].

**[REDACTED, Section 38(1)(b)]**

Directorate for Chief Operating Officer, NHS Scotland : Healthcare Quality and Improvement

<b>Cabinet Secretaries and Ministers Copy List</b>	<b>For Action</b>	<b>For Information Portfolio interest</b>	<b>For Information Constituency interest</b>	<b>For Information General awareness</b>
Minister for Public Health and Women's Health	X			
Cabinet Secretary for NHS Recovery, Health and Social Care		X		
Minister for Social Care, Mental Wellbeing and Sport		X		

<b>Officials Copy List</b>
[REDACTED, Section 38(1)(b)]
Lynne Nicol
John Harden
John Burns
DG Health and Social Care
Chief Medical Officer
Carolyn McDonald
[REDACTED, Section 38(1)(b)]
Richard McCallum
[REDACTED, Section 38(1)(b)]
[REDACTED, Section 38(1)(b)]
Jennie Gollan

## **DOCUMENT 113**

### **MEETING NOTE: Minister for Public Health and Women's Health with Long Covid Scotland and Long Covid Kids, 27 March 2024**

#### Attendees

Jenni Minto MSP, Minister for Public Health and Women's Health  
Jane Ormerod, Long Covid Scotland  
[REDACTED, Section 38(1)(b), Long Covid Scotland  
[REDACTED, Section 38(1)(b), Long Covid Kids

#### Official support

Dr [REDACTED, Section 38(1)(b), Senior Medical Adviser - Paediatrics  
[REDACTED, Section 38(1)(b), Clinical Priorities Unit  
[REDACTED, Section 38(1)(b), Clinical Priorities Unit

#### Note of meeting

##### **1. Long COVID services and funding**

[REDACTED, Section 38(1)(b) said that reports by the ALLIANCE and Chest Heart and Stroke Scotland highlighted failures in long COVID services, funding, and referrals. Long Covid Scotland had concerns about the National Services Scotland Long COVID Strategic Network and that funding from the Long COVID Support Fund was not being spent.

The Minister said SG was committed to spending the full £10 million from the Long COVID Support Fund. She said problems with staffing and recruitment in NHS boards had been the key barrier to spending the money, for example in NHS Greater Glasgow and Clyde. She noted that NHS Grampian had now appointed a member of staff for paediatrics, and that she had asked officials to find out Grampian's timelines for this member of staff taking referrals.

##### **2. Update from [REDACTED, Section 38(1)(b)]**

[REDACTED, Section 38(1)(b) spoke about the experience of [REDACTED, Section 38(1)(b) who was [REDACTED, Section 38(1)(b) and had [REDACTED, Section 38(1)(b)]. She said:

- [REDACTED, Section 38(1)(b);
- [REDACTED, Section 38(1)(b)]
- [REDACTED, Section 38(1)(b)]
- [REDACTED, Section 38(1)(b)]

She said nothing had changed for children with long COVID since Long Covid Kids visited the Scottish Parliament three years ago, and that her experience was representative of that of thousands of other families. She was worried about the lasting impact on [REDACTED, Section 38(1)(b)]'s life.

The Minister thanked Ms [REDACTED, Section 38(1)(b)] for sharing her experience and said that it was helpful to hear that [REDACTED, Section 38(1)(b)] was now receiving some support. She said it should not have taken three years of chasing to achieve this. She asked officials to consider whether this was something that could be replicated or best practice shared.

Dr [REDACTED, Section 38(1)(b)] said that things should not be as chaotic as Ms [REDACTED, Section 38(1)(b)] had described. He noted there was an issue with people being 'labelled' with long COVID and some clinicians therefore not referring them on for support with other conditions. There were also acknowledged challenges with the transition from paediatric to adult services. He said the Long COVID Strategic Network had developed a paediatric pathway with input from Long Covid Kids.

### **3. Further discussion on long COVID services and support**

Jane Ormerod said too many clinicians showed a lack of curiosity when people presented with long COVID symptoms and did not recognise that parents knew best about what their children were experiencing. She said there was a tension between NHS clinicians and private clinicians. She said the Long COVID Strategic Network lacked transparency and that there was no communication about what it was doing, either internally or externally.

[REDACTED, Section 38(1)(b)] said that SG was not taking responsibility for fixing the Strategic Network and questioned why no senior civil servant was involved. He said there needed to be a plan to fix the network at pace, and that Long Covid Scotland wanted to help.

[REDACTED, Section 38(1)(b)] said the Strategic Network had completed work on a pathway for PoTS, involving the team from NHS Lanarkshire who had helped [REDACTED, Section 38(1)(b)], along with a clinician from NHS Highland with relevant expertise. A second phase of this work currently underway is looking at prescribing of medication.

[REDACTED, Section 38(1)(b)] said GPs needed more education about prescribing. There was a lack of knowledge about the medicine that was available and could be offered.

The Minister said officials would have a conversation with the Chief Pharmaceutical Officer about prescribing, and that SG would respond in writing on [REDACTED, Section 38(1)(b)]'s points about the network. She said she appreciated Long Covid Scotland and Long Covid Kids' honesty and the offer of help, and that perhaps a better way of involving people with lived experience was needed. Dr John Harden, SG's Deputy National Clinical Director, was involved with the Network. The 'gold standard' she wanted to achieve was constant conversation between the third sector, academics, officials and clinicians as was the case on HIV. She took aboard the need for people with lived experience to be involved. The Minister indicated that she would meet with Long Covid Scotland again in a few months, and also in response to a suggestion from [REDACTED, Section 38(1)(b)] indicated that she would be happy

to meet with children living with long COVID, if that was agreeable with Long Covid Kids.

## **DOCUMENT 114**

### **MEETING NOTE: Minister for Public Health and Women's Health with Long Covid Scotland and Long Covid Kids, 27 March 2024**

#### Attendees

Jenni Minto MSP, Minister for Public Health and Women's Health  
Jane Ormerod, Long Covid Scotland [REDACTED, Section 38(1)(b)]  
[REDACTED, Section 38(1)(b), Long Covid Scotland  
[REDACTED, Section 38(1)(b), Long Covid Kids

#### Official support

Dr [REDACTED, Section 38(1)(b), Senior Medical Adviser - Paediatrics  
[REDACTED, Section 38(1)(b), Clinical Priorities Unit  
[REDACTED, Section 38(1)(b), Clinical Priorities Unit

#### Note of meeting

#### **4. Long COVID services and funding**

[REDACTED, Section 38(1)(b)] said that reports by the ALLIANCE and Chest Heart and Stroke Scotland highlighted failures in long COVID services, funding, and referrals. Long Covid Scotland had concerns about the National Services Scotland Long COVID Strategic Network and that funding from the Long COVID Support Fund was not being spent.

The Minister said SG was committed to spending the full £10 million from the Long COVID Support Fund. She said problems with staffing and recruitment in NHS boards had been the key barrier to spending the money, for example in NHS Greater Glasgow and Clyde. She noted that NHS Grampian had now appointed a member of staff for paediatrics, and that she had asked officials to find out Grampian's timelines for this member of staff taking referrals.

#### **5. Update from [REDACTED, Section 38(1)(b)]**

[REDACTED, Section 38(1)(b)] spoke about the experience of [REDACTED, Section 38(1)(b)] who was [REDACTED, Section 38(1)(b)] and had [REDACTED, Section 38(1)(b)]. She said:

- [REDACTED, Section 38(1)(b)]
- [REDACTED, Section 38(1)(b)]
- [REDACTED, Section 38(1)(b)]
- [REDACTED, Section 38(1)(b)]

She said nothing had changed for children with long COVID since Long Covid Kids visited the Scottish Parliament three years ago, and that her experience was representative of that of thousands of other families. She was worried about the lasting impact on [REDACTED, Section 38(1)(b)]'s life.

The Minister thanked Ms [REDACTED, Section 38(1)(b)] for sharing her experience and said that it was helpful to hear that [REDACTED, Section 38(1)(b)] was now receiving some support. She said it should not have taken three years of chasing to achieve this. She asked officials to consider whether the recent support pathway that [REDACTED, Section 38(1)(b)] is on was something that could be replicated or best practice shared across the network.

Dr [REDACTED, Section 38(1)(b)] said that things should not be as chaotic as Ms [REDACTED, Section 38(1)(b)] had described. He noted there was an issue with people being 'labelled' with long COVID and some clinicians therefore not referring them on for support with other conditions. There were also acknowledged challenges with the transition from paediatric to adult services. He said the Long COVID Strategic Network had developed a paediatric pathway with input from Long Covid Kids.

## **6. Further discussion on long COVID services and support**

Jane Ormerod said too many clinicians showed a lack of curiosity when people presented with long COVID symptoms and did not recognise that parents knew best about what their children were experiencing. She said there was a tension between NHS clinicians and private clinicians. She said the Long COVID Strategic Network lacked transparency and that there was no communication about what it was doing, either internally or externally.

[REDACTED, Section 38(1)(b)] said that SG was not taking responsibility for fixing the Strategic Network and questioned why no senior civil servant was involved. He said there needed to be a plan to fix the network at pace, and that Long Covid Scotland wanted to help.

[REDACTED, Section 38(1)(b)] said the Strategic Network had completed work on a pathway for PoTS, involving the team from NHS Lanarkshire who had helped [REDACTED, Section 38(1)(b)], along with a clinician from NHS Highland with relevant expertise. A second phase of this work currently underway is looking at prescribing of medication.

[REDACTED, Section 38(1)(b)] said GPs needed more education about prescribing. There was a lack of knowledge about the medicine that was available and could be offered.

The Minister said officials would have a conversation with the Chief Pharmaceutical Officer about prescribing, and that SG would respond in writing on [REDACTED, Section 38(1)(b)]s points about the network. She said she appreciated Long Covid Scotland and Long Covid Kids' honesty and the offer of help, and that perhaps a better way of involving people with lived experience was needed. Dr John Harden, SG's Deputy National Clinical Director, was involved with the Network. The 'gold standard' she wanted to achieve was constant conversation between the third sector, academics, officials and clinicians as was the case on HIV. She took aboard the need for people with lived experience to be involved. She said she would meet with Long Covid Scotland again in a few months, and also in response to a suggestion from [REDACTED, Section 38(1)(b)] said that she would be happy to meet with children living with long COVID, if that was agreeable with Long Covid Kids.

## **DOCUMENT 115**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot)

Dr Sandesh Gulhane MSP  
[Sandesh.Gulhane.msp@parliament.scot](mailto:Sandesh.Gulhane.msp@parliament.scot)

Our Reference: 202300351740  
Your Reference: Medication, (Ketotifen) - Long Covid

9 May 2023

Dear Sandesh,

Thank you for your letter of 5 April to the Cabinet Secretary of NHS Recovery, Health and Social Care, on behalf of your constituent, regarding the availability of Ketotifen. I am responding as the Minister with portfolio of responsibility.

As I am sure you are well aware, medicine shortages can arise for various reasons such as difficulties with manufacturing or with the supply of raw materials. The production of medicines and medical devices is complex and highly regulated, and materials and processes must meet rigorous safety and quality standards. Despite this the NHS in Scotland have robust processes in place to manage supply issues when they do arise. Generally, there are normally alternative products which can be prescribed and dispensed.

The supply of medicines and the associated legislation are currently a reserved matter for the UK Government. Scottish Government officials are regularly updated on any supply disruptions which may arise and will provide advice to the NHS in Scotland on options to address any shortages that may arise.

The Scottish Government are aware that Ketotifen tablets are currently out of stock, However, my officials have confirmed that ketotifen in liquid form is readily available and in stock. I would suggest your constituent to discuss this with their GP highlighting that community pharmacies are unable to source ketotifen tablets but ketotifen in liquid form remains available. The GP should be able to review your constituent's circumstances and prescribe an alternative suitable product, including ketotifen in liquid form, if it is clinically appropriate.

I note your constituent's concerns that this particular medicine may be removed from the list of prescribable items available on the NHS. My officials have assured me that the NHS in Scotland has no intentions of removing access to ketotifen when it is clinically appropriate to prescribe. As I am sure you can appreciate, Scottish Government Ministers and officials are unable to comment on individual cases of prescribing practice, as it is

NHS Boards and healthcare professionals locally who have responsibility for service delivery and patient treatment.

I hope this reply is helpful.

Regards,  
**Jenni Minto MSP**

## **DOCUMENT 116**

**From:** Ian Murray <ian.murray.mp@parliament.uk>  
**Sent:** 13 September 2023 15:23  
**To:** Scottish Ministers  
**Subject:** FW: Long Covid (Case Ref: IM90340)

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

**Categories:** [REDACTED, Section 38(1)(b), MICASE

[REDACTED, Section 38(1)(b)]

Good afternoon,

My constituent is incredibly concerned about long covid and the recent rise in infections. Please could you provide me with an update on what the Scottish Government is doing about this please.

Many thanks,  
Ian

### **Ian Murray MP**

Labour Member of Parliament for Edinburgh South  
Constituency Office: 0131 662 4520  
House of Commons: 0207 219 7064  
Write: 31 Minto Street, Edinburgh, EH9 2BT  
[www.ianmurraymp.com](http://www.ianmurraymp.com)

[Like Ian's Facebook page](#) [Follow Ian on Twitter](#) [Subscribe to Ian's YouTube channel](#)

Ian would like to send you a regular email newsletter from Westminster using this email address. To subscribe please click [here](#) or respond to this email with the word 'subscribe'.

See Ian's current award winning eMagazines [here](#)

We take your privacy seriously. Click [here](#) to see our full privacy policy.

---

From: [REDACTED, Section 38(1)(b)]  
Sent: 27 August 2023 11:24  
To: MURRAY, Ian  
Subject: RE: Long Covid

Thanks Ian

[REDACTED, Section 38(1)(b)]  
[REDACTED, Section 38(1)(b)]  
[REDACTED, SECTION 38(1)(B)]  
[REDACTED, Section 38(1)(b)]

[REDACTED, Section 38(1)(b)]

**From:** MURRAY, Ian  
**Sent:** Sunday, August 27, 2023 11:23 AM  
**To:** Alan Smith  
**Subject:** Re: Long Covid

May I have your address please

It would also be a Scottish government decision but happy to pass on.

**Ian Murray MP**

Labour Member of Parliament for Edinburgh South  
Shadow Secretary of State for Scotland  
Constituency Office: 0131 662 4520  
House of Commons: 0207 219 7064  
Write: 31 Minto Street, Edinburgh, EH9 2BT  
[www.ianmurraymp.com](http://www.ianmurraymp.com)

**Ian would like to send you a regular email newsletter from Westminster using this email address. To subscribe please click [here](#) or respond to this email with the word 'subscribe'**

**See Ian's latest award winning newsletter [here](#).**

---

**From:** [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@live.co.uk](mailto:[REDACTED, Section 38(1)(b)]@live.co.uk)>  
**Sent:** Sunday, August 27, 2023 11:08:30 AM  
**To:** MURRAY, Ian <[ian.murray.mp@parliament.uk](mailto:ian.murray.mp@parliament.uk)>  
**Subject:** Long Covid

Hi Ian can you see if there is any way this can be taken seriously as we are aware there is a rise in Infections . This has a problem that has plagued me since Jan 2020

<https://petition.parliament.uk/petitions/642287?fbclid=IwAR2-yziP5IJ0CRpPpXozcER1XCars754TIZ182HshpD7M0u4Qq1Kd4Oa2g0>

Thanks

[REDACTED, Section 38(1)(b)]

UK Parliament Disclaimer: this e-mail is confidential to the intended recipient. If you have received it in error, please notify the sender and delete it from your system. Any unauthorised use, disclosure, or copying is not permitted. This e-mail has been checked for viruses, but no liability is accepted for any damage caused by any virus transmitted by this e-mail. This e-mail address is not secure, is not encrypted and should not be used for sensitive data.

UK Parliament Disclaimer: this e-mail is confidential to the intended recipient. If you have received it in error, please notify the sender and delete it from your system. Any unauthorised use, disclosure, or copying is not permitted. This e-mail has been checked for viruses, but no liability is accepted for any

damage caused by any virus transmitted by this e-mail. This e-mail address is not secure, is not encrypted and should not be used for sensitive data.

## **DOCUMENT 117**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot)

ian.murray.mp  
[ian.murray.mp@parliament.uk](mailto:ian.murray.mp@parliament.uk)

Our Reference: 202300376674

Your Reference: (Case Ref: IM90340)

12 October 2023

Dear Ian,

Your email has been passed to me to respond as the subject area sits within my portfolio as Minister for Public Health and Women's Health.

The number of reported positive COVID-19 cases has decreased in the last two weeks after increasing from a low level since the start of July 2023.

In terms of protecting those most at risk, the winter Flu and COVID-19 vaccination programme is a key line of defence against severe illness. It may be helpful if I first of all explain that decision-making on Scotland's vaccination programme is guided by the independent, expert advice of the Joint Committee on Vaccination and Immunisation (JCVI). On 8 August 2023 the JCVI published its advice on a COVID-19 vaccination programme for this winter: JCVI advises on eligible groups for 2023 autumn booster - GOV.UK ([www.gov.uk](http://www.gov.uk)).

The primary aim of the COVID-19 vaccination programme continues to be increasing protection in those at higher risk of severe illness. Population immunity to COVID-19 continues to increase with many people having immunity acquired through a combination of vaccination and recovery from natural infection.

There are currently no plans to increase or expand the groups eligible for COVID-19 vaccination. Any decision on expanding eligibility or re-vaccination of certain groups would be a decision for the JCVI and we would of course stand ready to assess any further recommendations from them.

Regarding long COVID, please let me reassure you that the Scottish Government takes this issue seriously, and recognises the significant impact that long COVID can have on the health and wellbeing of those most severely affected across Scotland. Care and support for people with long COVID is being provided across the full range of services delivered by our NHS. This includes assessment and investigation in a setting close to home by local primary care teams, and referral to community based rehabilitation

services or secondary care settings for further investigation of specific complications where appropriate.

I hope this information is useful.

Yours sincerely,  
**Jenni Minto MSP**

## **DOCUMENT 118**

**From:** [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\).co.uk\]](mailto:[REDACTED, Section 38(1)(b).co.uk])>

**Sent:** 06 November 2023 12:16

**To:** Minto J (Jenni), MSP <[Jenni.Minto.MSP@Parliament.scot](mailto:Jenni.Minto.MSP@Parliament.scot)>

**Subject:** Compensation & Pension Scheme for Key Workers with Long Covid

**CAUTION:** *This e-mail originated from outside of The Scottish Parliament. Do not click links or open attachments unless you recognise the sender and know the content is safe.*

I am one of your relatively new constituents living on the Isle of Bute and I would like to ask you a favour.

Dear Ms. Minto

I am a supporter of the creation of a Compensation & Pension Scheme for Key Workers (including supermarket workers, carers, nurses, doctors, teachers and many more). These people are debilitated, living completely different lives from before the pandemic. They need compensation for their service and they need it now.

I would like to ask you if you would please write to the public pension agency for Scotland and ask the following questions:

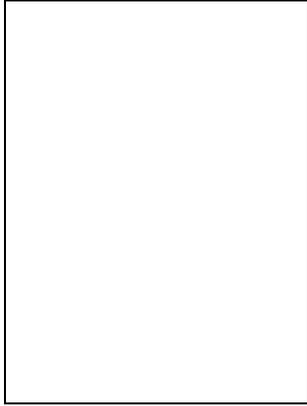
- 1) How many people have applied to them for Ill Health Retirement (IHR) with Long Covid?
- 2) How many people have been rejected for Tier One and/or Tier Two levels of IHR when applying with Long Covid?
- 3) What evidence (listing guidance and research evidence) are they using to reject or confirm applications for IHR with Long Covid?

These people put their lives on the line during the worst of the pandemic, including many members of my family, daughter, nephews and nieces who work in the medical profession, and some of them have ended up not being able to support themselves or their families. State benefits are inadequate; some aren't able to access Industrial Illness Benefits or start personal injury claims: many didn't have the support of the NHS Covid Special Leave scheme so have lost a lot already. They fully expected to work until pension age but their working lives have been drastically cut short by their newfound disabilities. They desperately need something similar to the armed forces, who have a compensation scheme, and they need to be compensated. The APPG on Coronavirus and the IIAC have called for this.

Thank you

Kind regards

[REDACTED, Section 38(1)(b)]



**[REDACTED, Section 38(1)(b)] - Printmaker**

[REDACTED, Section 38(1)(b)]

E: [\[REDACTED, Section 38\(1\)\(b\).co.uk\]](mailto:[REDACTED, Section 38(1)(b).co.uk]) | T: +44 (0) [REDACTED, Section 38(1)(b)] | W: [\[REDACTED, Section 38\(1\)\(b\).co.uk\]](http://[REDACTED, Section 38(1)(b).co.uk])

IG @[REDACTED, Section 38(1)(b)] | Pinterest @[REDACTED, Section 38(1)(b)]

\*\*\*\*\*

The Scottish Parliament: Making a positive difference to the lives of the people of Scotland

Pàrlamaid na h-Alba: A' toirt deagh bhuaidh air beatha sluagh na h-Alba

[www.parliament.scot](http://www.parliament.scot) : [facebook.com/scottishparliament](https://facebook.com/scottishparliament) : [twitter.com/scotparl](https://twitter.com/scotparl)

The information in this email may be confidential. If you think you have received this email in error please delete it and do not share its contents.

\*\*\*\*\*

## **DOCUMENT 119**

Ministear airson Slàinte Phoblach is Slàinte  
Bhoireannach  
Jenni Minto BPA  
Minister for Public Health and Women's Health  
Jenni Minto MSP

T : 0300 244 4000  
E : [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot)

[REDACTED, Section 38(1)(b)]  
[\[REDACTED, Section 38\(1\)\(b\)\].co.uk](#)

Our Reference: 202300384263

Your Reference: Pension scheme

29 November 2023

Dear [REDACTED, Section 38(1)(b)],

Our Reference: 202300384263

Your Reference: Pension scheme

29 November 2023

Dear [REDACTED],

Thank you for your email of 6 November 2023 regarding the creation of a compensation and pension scheme for key workers and your request to the Scottish Public Pensions Agency (SPPA) for information on ill health retirement for public sector employees with Long COVID. You also highlight the challenges of those working in the medical profession who are experiencing symptoms of Long COVID.

I would first like to say that I and the rest of the Scottish Government are hugely grateful to all of Scotland's key workers, including those working in our NHS, for their efforts and contribution during the pandemic.

I recognise the significant impact that the symptoms of Long COVID can have on those most severely affected. NHS Scotland is committed to providing the best possible patient care for those suffering from Long COVID and the Scottish Government is providing further support by making available £3 million, from our £10 million Long COVID Support Fund, over this financial year, to support NHS boards to increase the capacity of existing services.

Turning to the questions directed to the SPPA. While the SPPA handles the administration of the Police, Fire, NHS and Teachers' pension schemes in Scotland, the

ill health retirement process for the Police and Fire Pension Schemes is managed by Police Scotland and the Scottish Fire and Rescue Service respectively, therefore, SPPA do not hold data on the nature of those ill health applications.

In the Teachers' and NHS Pension Schemes, SPPA has not observed a significant number of ill health applications from members suffering from Long COVID, however, the number of applications has increased year on year. In the last three years, since SPPA started recording where Long COVID was a feature of the member's application for ill health retirement, there have been 36 cases in the NHS Scheme and 13 cases in the Teachers' scheme, accounting for less than 3% of the total ill health retirement applications received. Of those 49 applications, 28 have been accepted for Tier 1 benefits (the highest level of ill health retirement benefit) and 11 applications have been accepted for Tier 2 benefits. Ten applications were rejected on the basis that there was insufficient evidence that the member was permanently incapacitated from carrying out the duties of their own job or engaging in other regular employment.

In reaching a decision on the award of ill health benefits, SPPA, on behalf of Scottish Ministers, make decisions based largely on medical assessments done by their medical advisers, who are a professional team of doctors qualified in the field of occupational health. Since its emergence, SPPA's medical advisers have been at the forefront of the identification and management of Long COVID, working with the Faculty and Society of Occupational Medicine and NHS consultant occupational physicians in Scotland, considering the latest research, to ensure consistency and that each ill health case involving Long COVID is assessed on its merits.

In 2022, SPPA's Medical Advisers were involved in initial meetings of the large pension funds (private and public sector) in the UK, including NHS England, Teachers England, Railways, Local Government Pension Scheme and the Principal Civil Service Pension Scheme where they concentrated on ill health cases involving Long COVID. The group has now been formalised as a Society of Occupational Medicine Special Interest Group and continues to monitor the latest developments and progress with Long COVID applications.

I hope this is helpful.

Yours sincerely,  
**Jenni Minto MSP**

## **DOCUMENT 120**

**From:** Daniel Kleinberg <[Daniel.Kleinberg@gov.scot](mailto:Daniel.Kleinberg@gov.scot)>

**Sent:** Friday, August 25, 2023 6:09 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>; Permanent Secretary <[PermanentSecretary@gov.scot](mailto:PermanentSecretary@gov.scot)>; DG Health & Social Care <[DGHSC@gov.scot](mailto:DGHSC@gov.scot)>; Chief Medical Officer <[CMO@gov.scot](mailto:CMO@gov.scot)>; Director of Population Health <[Directorofpopulationhealth@gov.scot](mailto:Directorofpopulationhealth@gov.scot)>; Deputy Chief Medical Officers <[DCMO@gov.scot](mailto:DCMO@gov.scot)>; Population Health Resilience and Protection Division <[PopulationHealthResilienceandProtection@gov.scot](mailto:PopulationHealthResilienceandProtection@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; David Hutchison <[David.Hutchison@gov.scot](mailto:David.Hutchison@gov.scot)>

**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

[REDACTED, Section 38(1)(b)],

Thanks to you and Ms Minto for such a speedy response. I'll leave those with the technical expertise on what constitutes sufficient sample sizes around Long Covid to come back on that question.

[REDACTED - OUT OF SCOPE]

**Daniel Kleinberg** | Deputy Director - Population Health Resilience and Protection Division | Directorate for Population Health | The Scottish Government



**We all have mental health, so it's okay to start talking about it.**

**From:** [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)> **On Behalf Of** Minister for Public Health & Women's Health

**Sent:** 25 August 2023 17:48

**To:** [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>; Permanent Secretary <[PermanentSecretary@gov.scot](mailto:PermanentSecretary@gov.scot)>; DG Health & Social Care <[DGHSC@gov.scot](mailto:DGHSC@gov.scot)>; Chief Medical Officer <[CMO@gov.scot](mailto:CMO@gov.scot)>; Director of Population Health <[Directorofpopulationhealth@gov.scot](mailto:Directorofpopulationhealth@gov.scot)>; Deputy Chief Medical Officers <[DCMO@gov.scot](mailto:DCMO@gov.scot)>; Population Health Resilience and Protection Division <[PopulationHealthResilienceandProtection@gov.scot](mailto:PopulationHealthResilienceandProtection@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; Daniel Kleinberg <[Daniel.Kleinberg@gov.scot](mailto:Daniel.Kleinberg@gov.scot)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>;

Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

Hi [REDACTED, Section 38(1)(b)],

Thanks for this.

25. SG has previously used the CIS to monitor long covid prevalence. It's unclear whether the sample size will allow for Scottish long covid estimates to be reported but we have limited alternatives.

Ms Minto is looking for an explanation as to why this is unclear. Surely we need to make it clear that the sample size needs to allow for Scottish Long Covid estimates to be reported on.

[REDACTED - OUT OF SCOPE]

Many thanks,

[REDACTED, Section 38(1)(b)]

[REDACTED, Section 38(1)(b)]

Private Secretary to Minister for Public Health and Women's Health - Jenni Minto  
The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG  
[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

**From:** [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>

**Sent:** Thursday, August 24, 2023 2:09 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>;

Permanent Secretary <[PermanentSecretary@gov.scot](mailto:PermanentSecretary@gov.scot)>; DG Health & Social Care

<[DGHSC@gov.scot](mailto:DGHSC@gov.scot)>; Chief Medical Officer <[CMO@gov.scot](mailto:CMO@gov.scot)>; Director of Population Health

<[Directorofpopulationhealth@gov.scot](mailto:Directorofpopulationhealth@gov.scot)>; Deputy Chief Medical Officers <[DCMO@gov.scot](mailto:DCMO@gov.scot)>;

Population Health Resilience and Protection Division

<[PopulationHealthResilienceandProtection@gov.scot](mailto:PopulationHealthResilienceandProtection@gov.scot)>; Communications NHS Recovery, Health and

Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; Daniel Kleinberg

<[Daniel.Kleinberg@gov.scot](mailto:Daniel.Kleinberg@gov.scot)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>;

[REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>

**Subject:** Urgent: UKHSA proposal for CIS 2023/24

UKHSA are waiting on an SG decision regarding our inclusion in the CIS survey – We have already extended our deadline in order to get full advice from PHS and Internally so would welcome a quick response from Ms Minto in order to go ahead.

Many thanks

[REDACTED, Section 38(1)(b)] | Community Surveillance & SHBBV Team Leader  
Population Health Resilience and Protection Division

Population Health Directorate  
The Scottish Government  
Tel: [REDACTED, Section 38(1)(b)] Email: [REDACTED, Section 38(1)(b)]

Working Pattern: Tue, Wed until 2pm, Thu & Fri



## **DOCUMENT 121**

**From:** [REDACTED, Section 38(1)(b)]  
**Sent:** 29 August 2023 11:21  
**To:** Daniel Kleinberg; Minister for Public Health & Women's Health;  
[REDACTED, Section 38(1)(b)]  
**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care;  
Permanent Secretary; DG Health & Social Care; Chief Medical  
Officer; Director of Population Health; Deputy Chief Medical  
Officers; Population Health Resilience and Protection Division;  
Communications NHS Recovery, Health and Social Care;  
[REDACTED, Section 38(1)(b)] Jennie Gollan; David Hutchison;  
[REDACTED, Section 38(1)(b)]  
**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

Good morning [REDACTED, Section 38(1)(b)]

Apologies for the delay in coming back on the point about sample sizes but with thanks to Denise and others (now cc'd), grateful if you could share the following with the Minister;

The overall sample is intended to provide national figures for COVID-19 positivity at Scotland level, UK level and for each English region. The provision of comparable data across the UK for this headline measure would be the key benefit of participating in the survey.

Whilst the intention is to look at breakdowns such as self-reported long covid, the reduced budget means for certain groups or regions the sampling rate will be lower which causes increased uncertainty so at this stage it is unknown whether the survey will allow for robust estimates of the prevalence of long covid to be reported at either Scotland or UK level. Given the limited budget, it is not possible to increase the sample size further. The recent COVID-19 and Respiratory Infections Survey (CRIS), which published one off results in July 2023, was only able to report self-reported long covid symptoms at UK level and not the overall prevalence in the population. Analysis will need to take place to confirm whether the new CIS sample is suitably representative before a decision can be taken around which breakdowns can be published.

In Scotland, we have the Scottish Health Survey (SHes) which will provide annual estimates of long COVID prevalence in Scotland. Data from the digital tool will provide evidence of specialist health service use in the Scottish population, which will complement population level surveillance from SHes.

Thanks

[REDACTED, Section 38(1)(b)]

**[REDACTED, Section 38(1)(b)]**

Senior Policy Officer - Population Health Resilience and Protection Division | Directorate for Population Health | The Scottish Government | 6th Floor, Atlantic Quay | 150 Broomielaw | Glasgow | G2 8LU | 0141 242 5439 (ext: [REDACTED, Section 38(1)(b)]) | [REDACTED, Section 38(1)(b)]

**From:** Daniel Kleinberg <[Daniel.Kleinberg@gov.scot](mailto:Daniel.Kleinberg@gov.scot)>

**Sent:** Friday, August 25, 2023 6:09 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>; [REDACTED, Section

38(1)(b) <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](#)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](#)>; Permanent Secretary <[PermanentSecretary@gov.scot](#)>; DG Health & Social Care <[DGHSC@gov.scot](#)>; Chief Medical Officer <[CMO@gov.scot](#)>; Director of Population Health <[Directorofpopulationhealth@gov.scot](#)>; Deputy Chief Medical Officers <[DCMO@gov.scot](#)>; Population Health Resilience and Protection Division <[PopulationHealthResilienceandProtection@gov.scot](#)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](#)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](#)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](#)>; Jennie Gollan <[Jennie.Gollan@gov.scot](#)>; David Hutchison <[David.Hutchison@gov.scot](#)>

**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

Ged,

Thanks to you and Ms Minto for such a speedy response. I'll leave those with the technical expertise on what constitutes sufficient sample sizes around Long Covid to come back on that question.

[REDACTED – OUT OF SCOPE]

[REDACTED – OUT OF SCOPE]

**Daniel Kleinberg** | Deputy Director - Population Health Resilience and Protection Division | Directorate for Population Health | The Scottish Government



**We all have mental health, so it's okay to start talking about it.**

**From:** [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](#)> **On Behalf Of** Minister for Public Health & Women's Health

**Sent:** 25 August 2023 17:48

**To:** [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](#)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](#)>; Permanent Secretary <[PermanentSecretary@gov.scot](#)>; DG Health & Social Care <[DGHSC@gov.scot](#)>; Chief Medical Officer <[CMO@gov.scot](#)>; Director of Population Health <[Directorofpopulationhealth@gov.scot](#)>; Deputy Chief Medical Officers <[DCMO@gov.scot](#)>; Population Health Resilience and Protection Division <[PopulationHealthResilienceandProtection@gov.scot](#)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](#)>; Daniel Kleinberg <[Daniel.Kleinberg@gov.scot](#)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](#)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](#)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](#)>

**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

Hi [REDACTED, Section 38(1)(b)],

Thanks for this.

25. SG has previously used the CIS to monitor long covid prevalence. It's unclear whether the sample size will allow for Scottish long covid estimates to be reported but we have limited alternatives.

Ms Minto is looking for an explanation as to why this is unclear. Surely we need to make it clear that the sample size needs to allow for Scottish Long Covid estimates to be reported on.

[REDACTED – OUT OF SCOPE]

Many thanks,

[REDACTED, Section 38(1)(b)]

**[REDACTED, Section 38(1)(b)]**

Private Secretary to Minister for Public Health and Women's Health - Jenni Minto  
The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG  
[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

**From:** [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>

**Sent:** Thursday, August 24, 2023 2:09 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>;

Permanent Secretary <[PermanentSecretary@gov.scot](mailto:PermanentSecretary@gov.scot)>; DG Health & Social Care

<[DGHSC@gov.scot](mailto:DGHSC@gov.scot)>; Chief Medical Officer <[CMO@gov.scot](mailto:CMO@gov.scot)>; Director of Population Health

<[Directorofpopulationhealth@gov.scot](mailto:Directorofpopulationhealth@gov.scot)>; Deputy Chief Medical Officers <[DCMO@gov.scot](mailto:DCMO@gov.scot)>;

Population Health Resilience and Protection Division

<[PopulationHealthResilienceandProtection@gov.scot](mailto:PopulationHealthResilienceandProtection@gov.scot)>; Communications NHS Recovery, Health and

Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; Daniel Kleinberg

<[Daniel.Kleinberg@gov.scot](mailto:Daniel.Kleinberg@gov.scot)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)

[38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>; [REDACTED, Section 38(1)(b)] <[\[REDACTED, Section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, Section 38(1)(b)]@gov.scot)>

**Subject:** Urgent: UKHSA proposal for CIS 2023/24

UKHSA are waiting on an SG decision regarding our inclusion in the CIS survey – We have already extended our deadline in order to get full advice from PHS and Internally so would welcome a quick response from Ms Minto in order to go ahead.

Many thanks

**[REDACTED, Section 38(1)(b)]** | Community Surveillance & SHBBV Team Leader

Population Health Resilience and Protection Division

Population Health Directorate

The Scottish Government

Tel: [REDACTED, Section 38(1)(b)] Email: [\[REDACTED, Section 38\(1\)\(b\)\]](mailto:[REDACTED, Section 38(1)(b)])

Working Pattern: Tue, Wed until 2pm, Thu & Fri





Minister for Social Care, Mental Wellbeing and Sport  
Minister for Drugs and Alcohol Policy

Please find attached briefing on the results of the **Scottish Health Survey 2022**, scheduled for release on Tuesday 5 December 2023. Also attached is a summary of the key survey results and a draft statistics news release.

The Scottish Health Survey dashboard which provides national trends (2008-2022) and key results for local areas will also be updated on the day of publication.

**Please note that these statistics (and any conclusions drawn from the statistics) are restricted to Ministers and officials on the copy list until publication at 9.30 am on 5 December 2023. Access to these statistics is enabled through the Pre-release Access to Official Statistics (Scotland) Order 2008 for the purpose of enabling Ministers to comment on the statistics at the time of publication. If Ministers or officials wish to share, discuss or seek further briefing on these statistics or any conclusions drawn from the statistics with anyone not on the copy list, please contact me and I will consider how to widen access within the agreed constraints of the Order.**

The Cabinet Secretary for NHS Recovery, Health and Social Care is invited to note the briefing in the Annex for:

- Health inequalities
- Long COVID

Minister for Public Health and Women's Health is invited to note the briefing in the Annex for:

- Alcohol
- Smoking & vaping
- Physical activity
- Diet & obesity
- Heart disease, & stroke
- COPD & asthma
- Dental health
- Chronic Pain

The Minister for Social Care, Mental Wellbeing and Sport is invited to note the briefing in the Annex for:

- Mental Health and Wellbeing
- Unpaid caring

The Minister for Social Care, Mental Wellbeing and Sport is invited to note the briefing in the Annex for:

- Alcohol

Regards

[REDACTED, Section 38(1)(b)]

---

[REDACTED, Section 38(1)(b) | Scottish Health Survey | Health and Social Care Analysis | Mobile [REDACTED, Section 38(1)(b)]

**My working days are Monday to Thursday.**

---

[REDACTED, Section 38(1)(b)]

Health and Social Care Analysis | Directorate for Population Health | DG Health and Social Care | Scottish Government

**My working days are Monday to Thursday.**

Sign up to the ScotStat Register to receive updates about the Scottish Health Survey.

## **DOCUMENT 123**

**From:** [REDACTED, Section 38(1)(b)]@gov.scot >

**Sent:** Monday, September 4, 2023 3:39 PM

**To:** [REDACTED, Section 38(1)(b)]>; Communications NHS Recovery, Health and Social Care <CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot>; Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot; Daniel Kleinberg <Daniel.Kleinberg@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot >; [REDACTED, Section 38(1)(b)]@gov.scot >; Head of HSCA <HeadofHSCA@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot; [REDACTED, Section 38(1)(b)]@gov.scot

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <CabSecNRHSC@gov.scot>; Permanent Secretary <PermanentSecretary@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Chief Medical Officer <CMO@gov.scot>; Director of Population Health <Directorofpopulationhealth@gov.scot>; David Hutchison <David.Hutchison@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; Population Health Resilience and Protection Division <PopulationHealthResilienceandProtection@gov.scot>; [REDACTED, Section 38(1)(b)] Jennie Gollan <Jennie.Gollan@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot >; [REDACTED, Section 38(1)(b)]@gov.scot; Head of HSCA <HeadofHSCA@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot; [REDACTED, Section 38(1)(b)]@gov.scot; [REDACTED, Section 38(1)(b)]@gov.scot; [REDACTED, Section 38(1)(b)]@gov.scot

**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

[REDACTED, Section 38(1)(b)]

Some additional information to share with Ms Minto...

In relation to the meeting with long covid sufferers in Inverclyde and their **ask for long covid to be recognised as a condition:**

Long COVID is recognised as a condition within the UK-wide clinical guideline on 'managing the long-term effects of COVID-19' developed by the Scottish Intercollegiate Guidelines Network (SIGN), the National Institute for Health and Care Excellence (NICE) and the Royal College of GPs (RCGP). The guideline provides clinical case definitions and codes for 'Acute COVID-19', 'Ongoing symptomatic COVID-19' and 'Post-COVID-19 syndrome', to support the identification and diagnosis of long-term effects of COVID-19. The guideline notes that the commonly used term 'long COVID' includes both 'Ongoing symptomatic COVID-19' and 'Post-COVID-19 syndrome'.

We are supporting the implementation of the clinical guideline in Scotland, and it has been communicated to all NHS Boards via Chief Medical Officer letter.

In relation to **SHeS data collection:**

Similar to the COVID Infection Survey, the Scottish Health Survey (SHeS) also collects data on self-reported long COVID. All SHeS participants who self-report having had COVID-19 are asked whether they are currently experiencing self-reported long COVID. This is not limited to participants in receipt of specialist services, and there is no question in the survey asking

participants about their use of specialist long COVID services. Participants who self-report having long COVID are then asked if long COVID reduces their abilities to carry out day-to-day activities, with options “Yes, a lot”, “Yes, a little” and “Not at all”, giving a sense of potential support needs.

NSS are developing the digital tool which will collect data separately from those referred to specialist services.

We're aware the Minister has requested a meeting with Policy Officials to discuss follow-up to the Inverclyde visit. HSCA would be happy to join if helpful to answer any analytical questions the Minister has around long covid data. We'll also share a short briefing note to update the Minister on the latest position with long covid data collection.

Thanks

[REDACTED, Section 38(1)(b)]

[REDACTED, Section 38(1)(b) | Senior Statistician | Care and Wellbeing Analysis and Strategic Insights (CWASI) | Health and Social Care Analysis | Directorate for Population Health | [REDACTED, Section 38(1)(b)]

**From:** [REDACTED, Section 38(1)(b)]@gov.scot

**Sent:** 04 September 2023 15:06

**To:** Communications NHS Recovery, Health and Social Care

<CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot>; Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot; Daniel Kleinberg <Daniel.Kleinberg@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot; [REDACTED, Section 38(1)(b)]@gov.scot >; Head of HSCA <HeadofHSCA@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot >; [REDACTED, Section 38(1)(b)]@gov.scot >

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <CabSecNRHSC@gov.scot>; Permanent Secretary <PermanentSecretary@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Chief Medical Officer <CMO@gov.scot>; Director of Population Health <Directorofpopulationhealth@gov.scot>; David Hutchison <David.Hutchison@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; Population Health Resilience and Protection Division <PopulationHealthResilienceandProtection@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot >; Jennie Gollan <Jennie.Gollan@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot >; [REDACTED, Section 38(1)(b)]@gov.scot >; [REDACTED, Section 38(1)(b)]@gov.scot >; Head of HSCA <HeadofHSCA@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot >; [REDACTED, Section 38(1)(b)]@gov.scot >; [REDACTED, Section 38(1)(b)]@gov.scot >

**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

Hello [REDACTED, Section 38(1)(b)]

Scottish Health Survey (SHeS), a national survey of the health of the Scottish population in private households, provides annual estimates of long COVID prevalence in Scotland.

We've also pointed to the previous ONS work Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK - Office for National Statistics (ons.gov.uk)

Adding research/analysis and policy colleagues who may be able to provide more detail

[REDACTED, Section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government  
[REDACTED, Section 38(1)(b)]

**From:** [REDACTED, Section 38(1)(b)]@gov.scot > **On Behalf Of** Minister for Public Health & Women's Health

**Sent:** Monday, September 4, 2023 1:27 PM

**To:** [REDACTED, Section 38(1)(b)] Daniel Kleinberg <Daniel.Kleinberg@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <CabSecNRHSC@gov.scot>; Permanent Secretary <PermanentSecretary@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Chief Medical Officer <CMO@gov.scot>; Director of Population Health <Directorofpopulationhealth@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; Population Health Resilience and Protection Division <PopulationHealthResilienceandProtection@gov.scot>; Communications NHS Recovery, Health and Social Care <CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot>; [REDACTED, Section 38(1)(b)] Jennie Gollan <Jennie.Gollan@gov.scot>; David Hutchison <David.Hutchison@gov.scot>; [REDACTED, Section 38(1)(b)] @gov.scot; [REDACTED, Section 38(1)(b)]@gov.scot >; Head of HSCA <HeadofHSCA@gov.scot>; [REDACTED, Section 38(1)(b)]@gov.scot >; [REDACTED, Section 38(1)(b)]@gov.scot >; Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

Hi [REDACTED, Section 38(1)(b)]

Thanks for this – Ms Minto has noted.

The Minister comments that when she met with long covid sufferers in Inverclyde one of their asks was that long covid was recognised as a condition.

The CIS survey is self-reported long covid, how is the SHeS data collected – is it only from those referred to the specialist services? If so, how are people that have not been referred to the specialist services counted?

Thanks,

[REDACTED, Section 38(1)(b)]

**[REDACTED, Section 38(1)(b)]**  
Private Secretary to Minister for Public Health and Women's Health - Jenni Minto  
The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG

MinisterPHWH@gov.scot



## **DOCUMENT 125**

From: [REDACTED, Section  
38(1)(b)]  
Health and Social Care Analysis  
Directorate for Population Health  
25 April 2024

Cabinet Secretary for NHS Recovery, Health and Social Care

### **SELF-REPORTED CORONAVIRUS (COVID-19) INFECTIONS AND ASSOCIATED SYMPTOMS, PUBLISHED TODAY AT 09:30, THURSDAY 25 APRIL 2024**

#### **PRIORITY AND PURPOSE**

1. **Immediate.**
2. Purpose: To update the Cabinet Secretary on the results of a release from the Office for National Statistics (ONS) on self-reported coronavirus (COVID-19) infections and associated symptoms published today at 09:30, Thursday 25 April 2024.

#### **PUBLICATION**

3. This one-off release by ONS provides an in-depth analysis of Winter Coronavirus (COVID-19) Infection Study (WCIS) data looking at trends in self-reported symptoms of COVID-19, including ongoing symptoms and associated risk factors, in Scotland and England between November 2023 and March 2024.
4. The WCIS was a sample-based household study, involving participants from the previous Coronavirus (COVID-19) Infection Survey (CIS) who live in private households in England and Scotland and agreed to be contacted to take part in future research studies. The study was launched jointly by ONS and the UK Health Security Agency (UKHSA) with data collected via online questionnaire completion and self-reported Lateral Flow Device (LFD) results. It was funded by the UKHSA and via foregone consequentials for the Scottish component.
5. **Annex 1** contains briefing on the main points covering:
  - a. Long COVID
  - b. Risk factors associated with a positive COVID-19 test
  - c. Self-reported symptoms of COVID-19

#### **HANDLING**

6. Communications and policy officials now have access to the full details of the publication and are able to advise on specific issues and answer questions. HSCA can provide further advice on the data if needed.

7. As the WCIS has now ended, future monitoring of long COVID prevalence, symptoms and their impact on day-to-day activities is based on annual estimates from the Scottish Health Survey (SHeS).

## **CONCLUSION**

8. The Cabinet Secretary is invited to note the results of the self-reported coronavirus (COVID-19) infections and associated symptoms report, which were released at 09:30 on Thursday 25 April 2024.

**[REDACTED, Section 38(1)(b)]**

Health and Social Care Analysis

Directorate for Population Health

[REDACTED, Section 38(1)(b)]@gov.scot

Copy List:	For Action	For Comments	For Information		
			Portfolio Interest	Constit Interest	General Awareness
Cabinet Secretary for NHS Recovery, Health and Social Care			X		

Minister for Public Health & Women's Health  
 DG Health and Social Care  
 Chief Medical Officer  
 Deputy Chief Medical Officer  
 Chief Nursing Officer  
 National Clinical Director  
 John Harden, Deputy National Clinical Director  
 Director of Population Health  
 Head of Health and Social Care Analysis  
 John Burns  
 [REDACTED, Section 38(1)(b)]  
 Daniel Kleinberg  
 [REDACTED, Section 38(1)(b)]  
 Jennie Gollan  
 [REDACTED, Section 38(1)(b)]

## ANNEX 1

### Self-reported coronavirus (COVID-19) infections and associated symptoms – As published on 25 April 2024

**Lead Minister:** Cabinet Secretary for NHS Recovery, Health and Social Care

**Link to publication:**

Findings from the Winter Coronavirus (COVID-19) Infection Study: Self-reported COVID-19 infections and associated symptoms - Office for National Statistics

**Contacts:** **Analysts:** [REDACTED, Section 38(1)(b), [REDACTED, Section 38(1)(b), [REDACTED, Section 38(1)(b), [REDACTED, Section 38(1)(b)  
**Policy:** [REDACTED, Section 38(1)(b), [REDACTED, Section 38(1)(b) (long COVID), [REDACTED, Section 38(1)(b), [REDACTED, Section 38(1)(b), [REDACTED, Section 38(1)(b) (respiratory surveillance)  
**Communications:** [REDACTED, Section 38(1)(b), [REDACTED, Section 38(1)(b)]

#### Publication background

This report provides an in-depth analysis of Winter Coronavirus (COVID-19) Infection Study (WCIS) data looking at trends in self-reported symptoms of COVID-19, including ongoing symptoms and associated risk factors, in Scotland and England between November 2023 and March 2024

This is a one-off release by the Office for National Statistics (ONS) reflecting the findings from the Winter CIS study which has now ended.

---

#### Long COVID (Scotland and England breakdowns)

*Estimates relate to self-reported long COVID, defined as experiencing symptoms more than four weeks after a COVID-19 infection that are not explained by something else, rather than by a clinical diagnosis (see methodology section).*

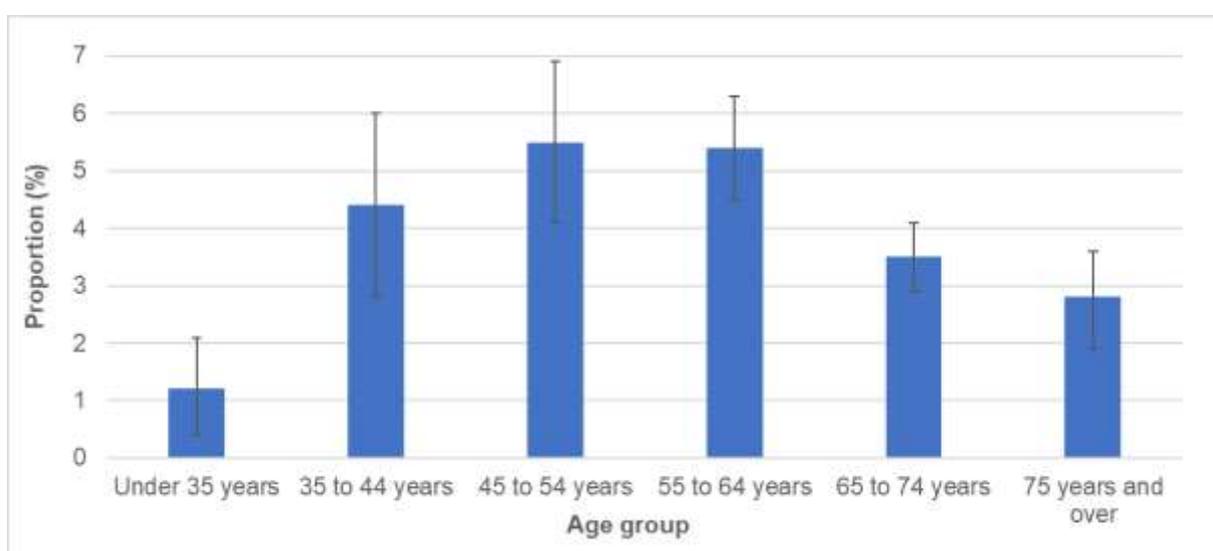
- As at 7 March 2024, an estimated 3.2% of people in Scotland were experiencing self-reported long COVID (Table 1).
- This is similar to the estimated 3.3% (95% CI: 3.0% to 3.6%) of people in Scotland experiencing long COVID at the end of the COVID-19 Infection Survey (CIS) in March 2023. However, as the WCIS contains a sub-sample of CIS participants, these figures may not be directly comparable.

**Table 1. Number and proportion of people living in private households in Scotland and England with self-reported long COVID, as at 7 March 2024.**

Nation	Number of people self-reporting long COVID	Percentage self-reporting long COVID with 95% confidence intervals
Scotland	168,404	3.2% (2.7% to 3.7%)
England	1,816,672	3.3% (3.1% to 3.5%)

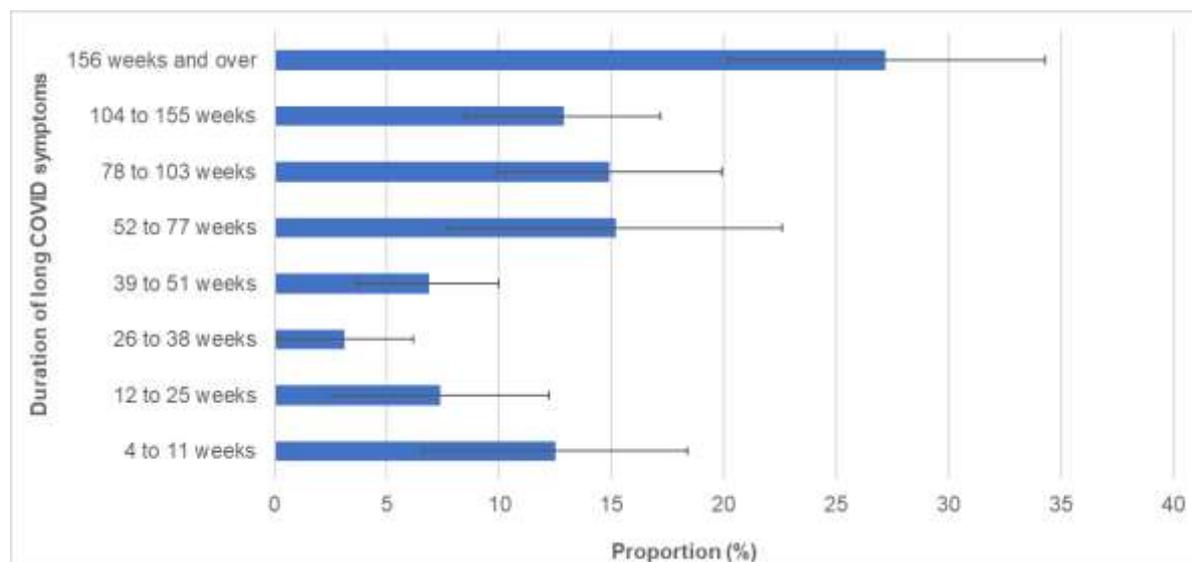
- When looking at estimates of self-reported long COVID by age group (Figure 1), prevalence was:
  - Lower in those aged under 35 (1.2%) than those aged 35 to 74 years.
  - Lower in those aged 65 to 74 (3.5%) and 75 and over (2.8%) than those aged 55 to 64 (5.4%).

**Figure 1. Estimated proportion of people living in private households with self-reported long COVID by age group, Scotland, as at 7 March 2024.**



- The prevalence of self-reported long COVID was greater for those who were inactive and not looking for work (10.6%) than those with any other employment status. In contrast, the prevalence of self-reported long covid was 3.6% for those in employment.
- Of those who self-reported long COVID, 87.5% had first experienced symptoms at least 12 weeks previously, 70.1% one year previously, 40.1% at least two years previously and 27.2% at least 3 years previously (Figure 2).

**Figure 2. Estimated proportion of people living in private households with self-reported long COVID by duration of symptoms, Scotland, as at 7 March 2024.**



- Of those with self-reported long COVID in Scotland, 80.6% reported it adversely impacted their day-to-day activities. 53.1% reported their ability to undertake day-to-day activities had been limited “a little” and 27.5% reported their ability had been limited “a lot”. In addition, 62.4% reported their symptoms worsen following physical and/or mental effort.
- As at 7 March 2024, the most common symptoms experienced for those self-reporting long COVID in England and Scotland were weakness or tiredness (54.0%), shortness of breath (43.7%), difficulty concentrating (39.4%) and muscle ache (36.7%).

### **Risk factors associated with a positive COVID-19 test (England and Scotland combined)**

*Survey participants were sent a questionnaire and asked to take a COVID-19 Lateral Flow Device (LFD) every four weeks (‘waves’) between November 2023 and March 2023. Each wave refers to the time period of:*

**Wave 1:** 14 November 2023 to 14 December 2023

**Wave 2:** 12 December 2023 to 11 January 2024

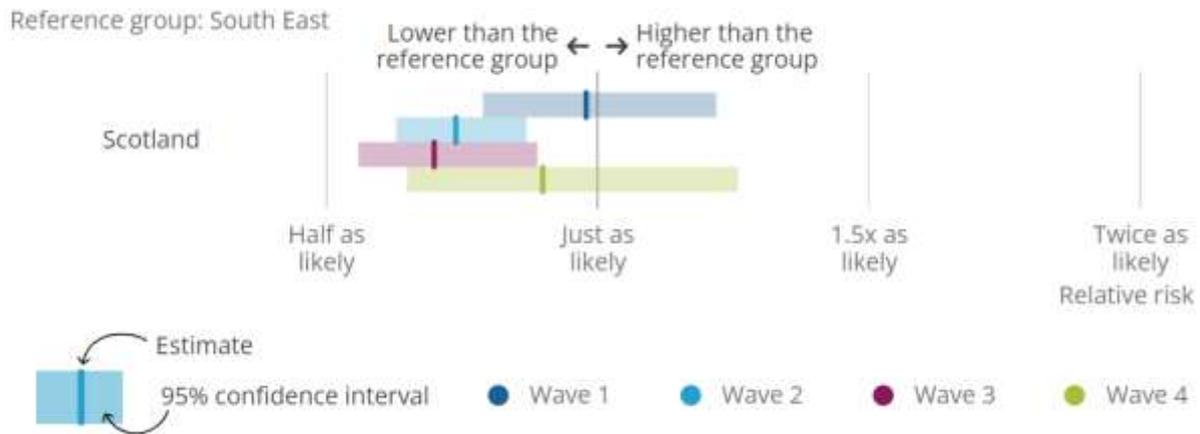
**Wave 3:** 9 January 2024 to 8 February 2024

**Wave 4:** 6 February 2024 to 7 March 2024

- Those who have had a vaccination since September 2023 were less likely to test positive in early waves of the study period (1 and 2); in later waves (3 and 4) there was no statistical difference.
- In every wave, those in the oldest age groups (65 to 74 years and 75+) and youngest age groups (3 to 17 years) were less likely to test positive for COVID-19 than 45 to 54 year olds.

- People living in Scotland were less likely to test positive than those living in the South East of England (Figure 3); there were no consistent differences between the English regions and the South East.
- For participants of working age (18 to 64 years), those working in teaching and education were more likely to test positive compared with those who were unemployed or economically inactive.
- There was no evidence for different positivity rates between groups of different sex, ethnicity and smoking status. There was evidence of a significant effect in some waves for deprivation and household size.

**Figure 3. Estimated likelihood of testing positive for COVID-19 in Scotland compared to the South East of England, by wave, November 2023 to March 2024.**



### **Self-reported symptoms of COVID-19 (Scotland total, England and Scotland combined breakdowns)**

- Of participants in Scotland who tested positive for COVID-19, 96.5% reported having any symptoms in the seven days prior to taking the test. The most reported symptoms were: runny nose or sneezing (83.8%), weakness or tiredness (70.3%), cough (69.2%), headache (63.3%), and sore throat (63.3%).
- The proportion of participants in Scotland who tested positive for COVID-19 and reported symptoms consistent with the Centers for Disease Control and Prevention definition of Influenza like illness (ILI-CDC) was 27.8%.
- Of participants in England and Scotland who tested positive for COVID-19, females were significantly more likely than males to report 9 out of the 20 listed symptoms in the questionnaire. There was no significant difference in the percentage reporting by sex in the remaining 11 symptoms.
- In England and Scotland, those aged 35 to 44 were the most likely to report symptoms consistent with ILI-CDC (31.8%) which was significantly higher than those aged 65 to 74 (24.2%) and over 75 (18.6%). Reported symptoms were generally lowest in those aged over 65 and under 17.

## Methodology

1. This analysis uses data from the Office for National Statistics (ONS) and UK Health Security Agency (UKHSA) Winter Coronavirus (COVID-19) Infection Study (WCIS). Quality and Methodology Information (QMI) reports detailing the survey methodology, statistical methods and data quality are available on the UKHSA and ONS websites.
2. **Long COVID:** status was self-reported by study participants and so misclassification is possible. For example, some participants may be experiencing symptoms because of a health condition unrelated to COVID-19 infection. Others who do have symptoms caused by COVID-19 may not describe themselves as experiencing long COVID (for example, because of lack of awareness of the term or not knowing they were initially infected with COVID-19, the number of people in this latter category may grow over time as testing rates are lower now the provision of free LFD's has ended). The weighting methodology attempts to correct for sample bias but bias may still exist.
3. **Symptoms:** as LFD tests are not 100% accurate, some of the symptoms reported in the group that did not test positive may have been due to a COVID-19 infection. Further, some participants that reported not having any symptoms in the 7 days prior to taking the test may go on to develop symptoms. Some symptoms maybe be due to chronic conditions (e.g. tiredness, wheezing), although this is less likely with symptoms such as fever and sore throat.
4. Figures presented in this report contain uncertainty. For associated estimates of uncertainty please see the supplementary data tables. Information on the main sources of uncertainty is presented in the ONS QMI report.
5. The statistics produced by the WCIS are official statistics in development. This means they are new official statistics that are undergoing a development and will be tested with users, in line with the standards of trustworthiness, quality, and value in the Code of Practice for Statistics.
6. The WCIS statistics should not be compared directly with the previous CIS where nose and throat swabs were tested using PCR tests.

## **Policy Background**

### **Previous COVID-19 Infection Survey (CIS)**

- During the pandemic, the Office for National Statistics (ONS) COVID-19 Infection Survey (CIS) represented the single biggest surveillance of asymptomatic testing for surveillance purposes and was conducted by the ONS and University of Oxford, on behalf of the UK and Scottish Governments.
- The CIS helped track the extent of infection and transmission among the population and was also used to examine the characteristics of those testing positive.
- The CIS has been an important survey in providing comprehensive information on areas such as the community infection prevalence of COVID-19 in Scotland and prevalence of ongoing symptoms following COVID-19 infection.
- The collection of data for the CIS stopped at the end of March 2023 pending a formal decision by the UK Government on the future funding of the programme.

### **Latest Winter COVID-19 Infection Study**

- UKHSA secured approval for a community study of SARS-CoV-2 positivity with the overall purpose of understanding and being able to monitor changes in the prevalence, incidence, infection-hospitalisation ratio (IHR) and infection-fatality ratio (IFR) relating to COVID-19.
- The key changes between the Winter COVID-19 Infection Study (WCIS) and the original CIS are a smaller cohort, use of COVID-19 lateral flow tests rather than PCR tests, and participants are only from England and Scotland.

### **Policy lines**

- We have established a £10 million long COVID Support Fund, which aims to support NHS Boards to increase the capacity of existing services providing support to people with long COVID, develop these into more clearly defined pathways and to provide a more co-ordinated experience for those accessing support. A total of £6 million has been made available from the fund over 2022-23 and 2023-24, and a further £3 million is being made available over this financial year.
- The COVID-19 pandemic has highlighted that viruses do not respect borders and as such we have seen the collective benefit in working together across the four nations on joint areas of surveillance.
- We will continue to work with UKHSA and the other Devolved Governments to seek opportunities for shared learning and joint surveillance that is mutually beneficial in protecting the health of the UK population.

**END OF DOCUMENT**



**Subject:** PO First Minister - draft correspondence to Jackie Baillie MSP - follow up to long COVID FMQ 8 February 2024

PO First Minister, (cc PO Minister for Public Health and Women's Health for awareness).

At FMQs on 8<sup>th</sup> February, FM committed to write to Jackie Baillie MSP with additional information as per the exchange below:

*"I am happy to ensure that Jackie Baillie gets full details of what health boards are seeking to do to improve their data collection on long Covid."*

To support this action to be completed, please find attached a draft letter to Ms Baillie for FM's consideration/issue. If you require any further information please let me know, and grateful if you can provide a copy of letter if sent and we will file for our records.

Best wishes

[REDACTED, section 38(1)(b)]

Dr [REDACTED, section 38(1)(b)] | She/Her | Principal Research Officer | Health Care & Workforce Unit | Health & Social Care Analysis Division | Scottish Government | ✉ [\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

*Please note I work part-time from Tuesday to Friday*

## **DOCUMENT 127**

**From:** [REDACTED, section 38(1)(b)] on behalf of Cabinet Secretary for NHS Recovery, Health and Social Care  
**Sent:** 08 February 2024 14:06  
**To:** [REDACTED, section 38(1)(b)]; Cabinet Secretary for NHS Recovery, Health and Social Care; Minister for Public Health & Women's Health  
**Cc:** Jennie Gollan; First Minister FMQs; FMPU : FMQ Team; First Minister  
**Subject:** RE: FMQ Action - Long Covid - Jackie Baillie MSP

Copying Ms Minto PO for action.

Thanks,  
[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]  
Private Secretary to the Cabinet Secretary for NHS Recovery, Health and Social Care – Michael Matheson  
Scottish Government

St Andrew's House | Regent Road | Edinburgh | EH1 3DG  
[REDACTED, section 38(1)(b)]



All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

**From:** [REDACTED, section 38(1)(b)][REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>  
**Sent:** Thursday, February 8, 2024 12:31 PM  
**To:** Cabinet Secretary for NHS Recovery, Health and Social Care <CabSecNRHSC@gov.scot>  
**Cc:** Jennie Gollan <Jennie.Gollan@gov.scot>; First Minister FMQs <FirstMinisterFMQs@gov.scot>; FMPU : FMQ Team <DLMPOBFMPFMQS@gov.scot>; First Minister <FirstMinister@gov.scot>  
**Subject:** FMQ Action - Long Covid - Jackie Baillie MSP

Hi PO

At FMQs today the First Minister told Jackie Baillie MSP that he would arrange for a letter to be sent to the Member, setting out what is being done on data collection on Long Covid by Health Boards. I'd be grateful if you could arrange for that to be taken forward.

Many thanks  
[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]: FMQ Manager - Scottish Government - M: [REDACTED, section 38(1)(b)]

----- Find out more on [Preparing First Minister's Questions \(FMQs\)](#) -----

## **DOCUMENT 128**

**From:** [REDACTED, section 38(1)(b)] on behalf of Minister for Public Health & Women's Health  
**Sent:** 23 February 2024 10:19  
**To:** [REDACTED, section 38(1)(b)]; First Minister; Minister for Public Health & Women's Health  
**Cc:** Head of HSCA; [REDACTED, section 38(1)(b)]; Lynne Nicol; John Harden  
**Subject:** RE: PO First Minister - draft correspondence to Jackie Baillie MSP - follow up to long COVID FMQ 8 February 2024/Copy of final letter for your records/eRDM filing  
**Attachments:** Letter to Jackie Baillie MSP - Ref Follow up to FMQs 8 February re Long COVID - dated 23.02.2024.pdf

Hi [REDACTED, section 38(1)(b)],

Please find attached a copy of the final letter sent out today for your records/filing.

Regards,

[REDACTED, section 38(1)(b)]  
Assistant Private Secretary to Jenni Minto MSP  
Minister for Public Health and Women's Health  
1E.10 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Sent:** Thursday, February 22, 2024 3:52 PM  
**To:** First Minister <[FirstMinister@gov.scot](mailto:FirstMinister@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Head of HSCA <[HeadofHSCA@gov.scot](mailto:HeadofHSCA@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>  
**Subject:** RE: PO First Minister - draft correspondence to Jackie Baillie MSP - follow up to long COVID FMQ 8 February 2024

Hi [REDACTED, section 38(1)(b)],

I've revised the draft letter so that this can be issued from Ms Minto.

Thanks,  
[REDACTED, section 38(1)(b)]



PO First Minister, (cc PO Minister for Public Health and Women's Health for awareness).

At FMQs on 8<sup>th</sup> February, FM committed to write to Jackie Baillie MSP with additional information as per the exchange below:

*"I am happy to ensure that Jackie Baillie gets full details of what health boards are seeking to do to improve their data collection on long Covid."*

To support this action to be completed, please find attached a draft letter to Ms Baillie for FM's consideration/issue. If you require any further information please let me know, and grateful if you can provide a copy of letter if sent and we will file for our records.

Best wishes

[REDACTED, section 38(1)(b)]

Dr [REDACTED, section 38(1)(b)] | She/Her | Principal Research Officer | Health Care & Workforce Unit | Health & Social Care Analysis Division | Scottish Government | ✉ [\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

*Please note I work part-time from Tuesday to Friday*

**DOCUMENT 129**

Separate PDF released individually.

## **DOCUMENT 130**

-----Original Appointment-----

**From:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Sent:** Monday, November 27, 2023 1:09 PM

**To:** Minister for Public Health & Women's Health; Minister for Public Health & Women's Health; Minto J (Jenni), MSP; [REDACTED, section 38(1)(b)]; Lynne Nicol; [REDACTED, section 38(1)(b)]; John Harden; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Jennie Gollan

**Cc:** [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]

**Subject:** 15:15 - 16:00 Meeting with Helen Goss, Lead Representative for Scotland at Long Covid Kids.

**When:** 27 February 2024 15:15-16:00 (UTC+00:00) Dublin, Edinburgh, Lisbon, London.

**Where:** MS teams - link in calendar invite

**UPDATE:** Rescheduled meeting, can you confirm that the briefing provided for meeting on 09/01 is still appropriate or does it need to be updated?

Hi all – Helen Goss has been in touch to send apologies for tomorrow morning's meeting. We will be back in touch with an alternative slot.

Thanks,  
Louise

External Attendees: Helen Goss and two LCK colleagues [REDACTED, section 38(1)(b)] and [REDACTED, section 38(1)(b)] and an external calendar entry using the MS teams link has been set up for them.

From meeting on 16/11 and submission in attached email.

Pre-brief 10:00 – 10:15

Hi [REDACTED, section 38(1)(b)],

Can you please confirm official support and provide the briefing by 3pm on Thursday 04 January.

Regards,

[REDACTED, section 38(1)(b)]

---

## Microsoft Teams meeting

**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

Meeting ID: 344 592 285 823

Passcode: HkqS6Q

[Download Teams](#) | [Join on the web](#)

SCOTS Connect - Please note - You must have the explicit permission of the organiser to record this meeting and its attendees, using any technology.

[Learn more](#) | [Help](#) | [Meeting options](#)

---

## **DOCUMENT 131**

**From:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot> **On Behalf Of**  
Minister for Public Health & Women's Health

**Sent:** Wednesday, January 17, 2024 10:44 AM

**To:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; Lynne Nicol <Lynne.Nicol@gov.scot>; John Harden <John.Harden@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>

**Subject:** RE: Minister for Public Health and Women's Health - proposed visit - NHS Ayrshire and Arran or NHS Grampian to coincide with International Long COVID Day - 15 March 2024

Hi [REDACTED, section 38(1)(b)],

Having asked Ms Minto and checked with constituency office we could visit the highlighted below (lister Centre) on Monday 11 March, timing 10:00 – 11:30. Can you confirm if this is suitable?

Regards,

[REDACTED, section 38(1)(b)]  
Assistant Private Secretary to Jenni Minto MSP  
Minister for Public Health and Women's Health  
1E.10 | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

**From**[REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>

**Sent:** Tuesday, January 16, 2024 10:44 AM

**To:** Minister for Public Health & Women's Health <MinisterPHWH@gov.scot>

**Cc:** [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; Lynne Nicol <Lynne.Nicol@gov.scot>; John Harden <John.Harden@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>; [REDACTED, section 38(1)(b)] <[REDACTED, section 38(1)(b)]@gov.scot>

**Subject:** Minister for Public Health and Women's Health - proposed visit - NHS Ayrshire and Arran or NHS Grampian to coincide with International Long COVID Day - 15 March 2024

Hi PO colleagues,

In conversation with policy officials, Ms Minto had indicated that she'd welcome the opportunity to visit an NHS Board to speak to staff involved in the planning and delivery of support to people living with long COVID, and people with personal experience of accessing such support.

We have provided information below on some potential options for the Minister's consideration, which if possible would be intended to tie in with the week of International Long COVID day which is marked this year on 15 March.

I'd be grateful if you could let us know if Ms Minto would like to pursue this further, and if so of any available slots within the Ministerial diary for this week that the visit could be accommodated to either NHS Ayrshire and Arran or NHS Grampian depending on preference and availability to travel.

Once we have that information then we would approach contacts within the Board in question to propose the visit and progress further.

<b>Visit topic</b>	Long COVID
<b>Description</b>	Visit to meet staff delivering an NHS Board long COVID support pathway, and patients who have accessed it.
<b>Ideal date</b>	<p>Week beginning Monday 11 March.</p> <p>International long COVID day is marked on Friday 15 March.</p> <p>Last year there was a members business debate during this week and there is a likelihood this may happen again. <b>Have added this to calendar for 14/03?</b></p>
<b>Location</b>	<p><b>NHS Ayrshire and Arran</b>  <b>TBC - Likely to be Lister Centre – University Hospital Crosshouse Campus - KA2 0BE</b></p> <p>Or</p> <p>NHS Grampian  TBC – Likely to be Woodend Hospital, Eday Rd, Aberdeen AB15 6XS</p>
<b>Further detail</b>	<p><u>NHS A&amp;A</u> is receiving £143,000 SG funding to support the long COVID pathway over 2023-24.</p> <p>The Board has developed a long COVID pathway with an open referral system. This is via a single point of access followed by triage, and multi-disciplinary team coordinated support, where appropriate, from services including physiotherapy, occupational therapy, and rehabilitation nursing, tailored to people's individual needs.</p> <p><u>NHS Grampian</u> is receiving £254,000 SG funding to support the long COVID pathway over 2023-24.</p>

The Board has developed a long COVID rehabilitation pathway embedded in existing services, along with a single point of contact to a long COVID practitioner service which will continue to evolve as the Board better understands the demand and need.

The Board has a paediatric long COVID practitioner in post.

Best wishes

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**

Senior Policy Manager

Clinical Priorities

Healthcare Quality and Improvement

Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG





initiatives and welfare advice services work closely with people who may be entitled to devolved or reserved benefits.”

## **Background**

Twelve out of fourteen NHS boards have long COVID pathways in operation. Elsewhere, boards have well-established referral pathways to a range of services.

Promotion and delivery of reserved benefits remain the responsibility for the Department for Work and Pensions

We engage with NHS boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.

UK-wide clinical guidance, developed by NICE, SIGN and the Royal College of GPs, notes that ‘one model would not fit all areas’. Rather than mandating one single model, we are giving NHS boards the flexibility to design and deliver the best models of care tailored to the specific needs of their populations.

## **NR**

News from Chest Heart & Stroke Scotland

**EMBARGOED UNTIL: 07 Mar 2024 00:01**

Please find below a release regarding our first report into the lives of people in Scotland living with Long Covid. Please note this is embargoed until 0001 hrs on Thursday 7th March.

If you are interested in speaking with our Chief Executive Jane-Claire Judson, or our lived experience case study, Crawford Flint, please get in touch.

## **Thousands-of-scots-living-with-long-covid-left-unsupported-and-unable-to-work**

- New report into CHSS survey findings reveals Covid is still shattering lives
- The NHS is failing to adequately support the 180,000 people across Scotland who are living with Long Covid
- Scottish Government’s Long Covid Support Fund is now in its final year, with no commitment to future funding
- 40% of surveyed people living with Long Covid said the condition affected their ability to work at all
- 41% had cut back on essential costs
- 71% said their mental health had been affected by their health condition
- Crawford Flint (pictured) lives with Long Covid and has been supported by CHSS’ Long Covid Support Group - he is no longer in work
- 
- Leading health charity Chest Heart & Stroke Scotland has highlighted the deepening crisis facing the tens of thousands of people across Scotland that are living with Long Covid in a new report published on Thursday 7 March.
- A key finding of the report indicated that 40% of people living with Long Covid were unable to work at all due to their condition. This could equate to as many as 72,000 Scots exiting the labour market since 2020\*.

- The report also revealed that:
- 72% of people with Long Covid said there was support they needed but weren't able to access
- 82% encountered some kind of difficulty in accessing services, with some struggling to access any medical support
- 38% said their doctor wasn't able to provide guidance on available support
- The charity surveyed nearly 2000 people living with chest, heart and stroke conditions and Long Covid to understand the challenges facing people living with the conditions it supports.

The results showed that access to rehabilitation services and the resulting impact on mental health were significant challenges. The cost-of-living crisis was also highlighted as having significant impact on those living with Long Covid.

**Chief Executive of Chest Heart & Stroke Scotland, Jane-Claire Judson said:** "Covid is still having a huge impact on 180,000 people in Scotland and these people are living in crisis. Not only are they experiencing a debilitating health condition, many are also facing extreme financial hardship due to their inability to work. Hardship that is compounded by the impact of the cost-of-living crisis.

**"We need the Scottish Government to consider greater financial support for people living with Long Covid who are navigating this economic crisis and provide clarity around access and eligibility for benefits.**

**"The Scottish Government cannot leave people with Long Covid to face unemployment in an economic crisis. We urgently need the Scottish Government to review the financial support available and ensure that people can access it.**

"People with Long Covid can't wait any longer. They are struggling financially and support from the NHS is patchy at best."

**Dr Amy Small, GP and Clinical Adviser to Chest, Heart & Stroke Scotland said:** "Doctors are desperate to help people living with Long Covid, but sadly current pathways in most Health Boards don't have the clinical support that are desperately needed.

"We do have medications that can be used to help treat the symptoms of Long Covid, but many GPs don't have experience of using these medications and need support from those doctors who are used to seeing patients with the complications of Long Covid.

"More needs to be done to embed doctors within Long Covid pathways to support the Allied Health Professionals (AHPs) working in them."

### **REAL LIFE EXPERIENCE - CRAWFORD FLINT, LINLITHGOW**

Crawford Flint, 59, lives in Linlithgow, West Lothian, with his wife, Karen. He gave up work as Head of Training for an electrical wholesaler in 2019 and became a gardener. He has been living with the symptoms of Long Covid since contracting Covid-19 in March 2020 and now cannot work.

Like being sent from pillar to post – that's how Crawford Flint describes his experience of being treated for Long Covid.

The 59-year-old has undergone a battery of tests, including several x-rays, ECGs and CT scans, all of which show him to be healthy. But he's not healthy. He cannot work and he now relies on a mobility scooter to get about.

For Crawford, the lack of treatment for people like him is as big a problem as living with the condition itself. Any improvements in his health are down to his own efforts and down to the backing he has found with fellow sufferers in groups such as the Chest Heart & Stroke Scotland Long Covid Support Group.

Crawford, who lives in Linlithgow, West Lothian, with his wife Karen, said: “The CHSS support group has been great. You’ve got folks from Shetland to Dumfries, and what’s noticeable is that you see the difference in the quality of care between different health boards and even different towns.

“It’s a lottery and it shouldn’t be. We’ve got 14 health boards and 14 different versions of Long Covid. GPs are often sending patients on a wild goose chase as there is so little understanding of this illness, but I was one of the fortunate ones because my own GP was very sympathetic and did everything possible to help me within the guidelines.

“There should be one person in charge for the whole of Scotland and everyone else feeds from that. There’s no treatment for Long Covid, but there’s also not enough information at all about the condition. We need a simple A4 information sheet that people can access that explains the symptoms and also directs them to what help is out there.”

Crawford got Covid-19 in the very earliest days of the pandemic. He’d gone to Murrayfield to watch Scotland play France as the UK began to move towards lockdown mode and began to feel ill within a couple of days.

He spent the next three and a half weeks in bed, fighting a persistent cough and high temperature. Karen kept her distance, bringing food and drinks to the spare room where Crawford had hunkered down.

Having retired from a 30-year career with an electrical wholesaler in 2019, Crawford had taken up doing gardening and handyman jobs locally. After that first month with covid, he was able to go back to his job, working outside as the UK remained in lockdown.

He said: “I was probably able to do two to three hours without being really exhausted. And I was building that up a day at a time. That September they reopened the gyms, and I was going four-five times a week. I was probably as fit as I’d ever been in my life. But by December, I was starting to have breathing problems even though I hadn’t been ill again.”

The first series of tests at St John’s Hospital in Livingston were all clear. Crawford was sent home, but his breathing didn’t improve, and six weeks later he was back at hospital. Another round of tests came to the same conclusion. But still he couldn’t breathe.

He said: “And that was me for most of 2021. By the end of the year, I’d not been out of the house for about six months because I couldn’t walk, and I couldn’t talk. I couldn’t walk to the end of the street – I still can’t walk to the end of the street.”

Like many people who failed to shake off Covid-19, Crawford began to do his own research into Long Covid. One thing that caught his eye was an article on the potential benefits of hyperbaric oxygen therapy, which involves breathing pure oxygen in a pressurised environment. He found a centre in Stirling, which treats MS patients, and made an appointment.

He recalled: “That was an absolute game-changer for me. It took a few sessions, but I was finally able to speak without gasping for breath.

“I also came across a doctor called Claire Taylor who has set up her own clinic to help Long Covid patients. I saw her and she recommended several things for me to

take back to my own GP, including getting an asthma pill, which became another game-changer for me.

“We’d gone away with friends to a hotel, and one had brought along a wheelchair. I wasn’t keen, but it turned out to be the best thing anyone could have done for me. I’ve now got a mobility scooter so I can get out and about on my own, and I applied and got a blue badge for the car.”

While Crawford can point to gradual improvements in his health thanks to the oxygen treatment and taking the asthma medication, he describes himself as “100 times better than I was but 1000 times worse than I used to be”. And he speaks with passion how lucky he is not to need to be working compared to some of those who share their experiences on the CHSS Long Covid support group.

He says: “The group is great, but it’s often harrowing because of what people are going through. It’s become a real place to share advice as well as experiences, and that’s so important.

“Dr Taylor gave evidence to the Scottish Parliament, and she told them Long Covid is the first illness in history where we are giving people rehab without first treating them for the illness.

“I’m not saying there is a cure right now. Hyperbaric oxygen has made a massive difference for me, and it would make a massive difference for probably 75 percent of those with long covid. But it’s not a cure.

“We know the NHS has finite resources, but they need to stop the duplication that goes on. The GP is always the one in the middle who will send a patient to cardiology and then to neurology and so on. And those specialists are looking for what they know, they’re not looking for the novel effects of Long Covid.

“And when they have exhausted everything, you’re exhausted too, and the GP’s last resort is usually to offer you antidepressants. We’re sending patients from pillar to post. We need coordination and we need treatment.”

Crawford remains upbeat, despite everything. He now volunteers for an hour a week with MS and Oxygen Care Therapy – the charity that provides access to hyperbaric oxygen. Demand of the service has grown in recent years, with many other people living with Long Covid also attending the clinic.

Crawford was also able to walk his daughter Emma part of the way down the aisle at her wedding last April, something he would have been unable to do early in his diagnosis. He says, “My wife made sure I had my mobility scooter on hand – just in case – but it was fantastic to be able to play my part in Emma’s big day.”

If you’re living with the effects of a chest, heart or stroke condition or Long Covid and looking for advice and information, please contact Chest Heart & Stroke Scotland’s Advice Line on 0808 801 0899. You can also text NURSE to 66777 or email <mailto:advice@chss.org.uk>.

\*ONS report states that since 2020, over 180,000 people in Scotland have developed Long Covid

### **Notes to editors**

Chest Heart and Stroke Scotland is Scotland’s largest health charity supporting people with chest, heart, and stroke conditions, including Long Covid, to live their lives to the full.

Its Community Healthcare Support Services are there for people at every stage of their condition.

CHSS provides a free advice line, organise peer support groups, offer health checks in local communities, and campaign to improve policies and services.

CHSS is Scotland's largest volunteering organisation with over 4000 volunteers who help to deliver services, run 39 charity shops across Scotland, and raise vital funds to ensure people with our conditions can live life to the full.

[REDACTED, section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government  
M: [REDACTED, section 38(1)(b)]



[section 38\(1\)\(b\)@gov.scot](mailto:section 38(1)(b)@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)@gov.scot\]](mailto:section 38(1)(b)@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)@gov.scot\]](mailto:section 38(1)(b)@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)@gov.scot\]](mailto:section 38(1)(b)@gov.scot)>

**Subject:** FOR CLEARANCE - Comms handling - Ministerial visit - NHS Ayrshire & Arran – long COVID

Hello [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)], PO

Re next week's stakeholder/media visit to NHS Ayrshire & Arran – long COVID (NHSAA COVID Rehab Service), Monday 11 March, 10:00-11:30, we're looking at the following comms handling.

Ministerial quote in NHS AA news release on the service, quote Tweet to mark the visit.

Invite to media to attend and discuss the service (broadcast, dailies, local press/radio). Bids, following filming of Minister meeting staff/service users, would be undertaken at the end of the visit – 1100-11-30

We'll also record a short clip of the minister talking about the visit and the service and issue on International Long Covid day on Fri 15 March

The quote for the news release will come up for clearance later today and policy colleagues will provide full briefing.

Grateful to know if Ms Minto is content with above handling – if so, we'll issue invite to media.

Thanks

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government  
M: [REDACTED, section 38(1)(b)]

## **DOCUMENT 134**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Sent:** Saturday, January 13, 2024 6:11 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Cc:** Communications Duty Box <[CommunicationsDutyBox@gov.scot](mailto:CommunicationsDutyBox@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Richard McCallum <[Richard.McCallum@gov.scot](mailto:Richard.McCallum@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; Leanne Dobson <[Leanne.Dobson@gov.scot](mailto:Leanne.Dobson@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>

**Subject:** RE: FOR MINISTERIAL CLEARANCE: Media Query - Long Covid Clinics - Mail on Sunday

Good evening [REDACTED, section 38(1)(b)]

Picking this up from comms colleague [REDACTED, section 38(1)(b)]; discussed with officials and suggesting an edit (show in red for ease) which makes the point for Ms Minto around commitment to research in this area. With thanks also to PO, grateful to know if the Minister is content to clear.

A Scottish Government spokesperson said:

“We recognise the significant impact that long COVID can have on the health and wellbeing of those most severely affected, and assessment and support is being provided across Scotland.

“We are making available £3 million from our £10 million long COVID Support Fund over this financial year to support NHS boards to increase the capacity of existing services, develop these into more clearly defined local pathways and provide a more co-ordinated experience. **We have also awarded a total of around £2.8 million for 10 projects on the long-term effects of COVID-19. This includes projects to better understand the prevalence of, symptoms of, and factors associated with long COVID.**

“This is in addition to what our healthcare system – supported by record funding of more than £19 billion - is already delivering in caring for people with long COVID across our full range of NHS services.”

## Background

Our National long COVID Strategic Network is progressing a dedicated workstream bringing together clinical experts and representatives of parents and carers, to consolidate clinical pathways for children and young people with long COVID.

In addition to our Long COVID Fund, we have also awarded a total of around £2.8 million for 10 projects on the long-term effects of COVID-19. This includes projects to better understand the prevalence of, symptoms of, and factors associated with long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

We engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.

[REDACTED, section 38(1)(b)] Senior Media Manager DFM and Finance / Mobile: [REDACTED, section 38(1)(b)]

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)> **On Behalf Of** Minister for Public Health & Women's Health  
**Sent:** Saturday, January 13, 2024 5:02 PM  
**To:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Communications Duty Box <[CommunicationsDutyBox@gov.scot](mailto:CommunicationsDutyBox@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Richard McCallum <[Richard.McCallum@gov.scot](mailto:Richard.McCallum@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; Leanne Dobson <[Leanne.Dobson@gov.scot](mailto:Leanne.Dobson@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>  
**Subject:** RE: FOR MINISTERIAL CLEARANCE: Media Query - Long Covid Clinics - Mail on Sunday

Hi [REDACTED, section 38(1)(b)],

Ms Minto into is not content, she states that we need to say something about the research work that is happening too.

Kind regards,

[REDACTED, section 38(1)(b)]

**Mrs [REDACTED, section 38(1)(b)]**

Deputy Private Secretary - Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson MSP

Scottish Government, St Andrews House, Regent Road, Edinburgh, EH1 3DG

Tel: [REDACTED, section 38(1)(b)]

E-mail: [CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Sent:** Saturday, January 13, 2024 4:46 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** Communications Duty Box <[CommunicationsDutyBox@gov.scot](mailto:CommunicationsDutyBox@gov.scot)>; [REDACTED, section 38(1)(b)]

<[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Communications NHS Recovery, Health and Social Care

<[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)]

<[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>;

[REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>;

[REDACTED, section 38(1)(b)] <[Richard.McCallum@gov.scot](mailto:Richard.McCallum@gov.scot)>; [REDACTED, section 38(1)(b)]

<[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>;

[REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>;

[REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>;

[REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; Leanne

Dobson <[Leanne.Dobson@gov.scot](mailto:Leanne.Dobson@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>

**Subject:** FOR MINISTERIAL CLEARANCE: Media Query - Long Covid Clinics - Mail on Sunday

**Importance:** High

PO,

We have been approached by the Mail on Sunday who are writing a story about a retired nurse with long covid who is suing the NHS for damages as she had to leave her job on medical grounds. The journalist has acknowledged that this is something for the NHS to respond to but has asked SG to respond to comments that clinics for long covid are overdue in Scotland and patients have nowhere to turn due to inaction by SG. (See full query below).

With thanks to policy and spad colleagues I have pulled together the below.

Grateful to know if Ms Minto is content asap as the journalist has requested a response **by 5pm today**.

Many thanks,

[REDACTED, section 38(1)(b)]

## **Draft Lines**

A Scottish Government spokesperson said:

“We recognise the significant impact that long COVID can have on the health and wellbeing of those most severely affected, and assessment and support is being provided across Scotland.

“We are making available £3 million from our £10 million long COVID Support Fund over this financial year to support NHS boards to increase the capacity of existing services, develop these into more clearly defined local pathways and provide a more co-ordinated experience.

“This is in addition to what our healthcare system – supported by record funding of more than £19 billion - is already delivering in caring for people with long COVID across our full range of NHS services.”

## **Background**

Our National long COVID Strategic Network is progressing a dedicated workstream bringing together clinical experts and representatives of parents and carers, to consolidate clinical pathways for children and young people with long COVID.

In addition to our Long COVID Fund, we have also awarded a total of around £2.8 million for 10 projects on the long-term effects of COVID-19. This includes projects to better understand the prevalence of, symptoms of, and factors associated with long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people’s support through primary care.

We engage with NHS Boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.

## **Query**

We’re running a story about a retired nurse with long covid for damages, having to leave her job on medical grounds.

While that’s an NHS issue we’ve had comments that clinics are overdue in Scotland and patients have nowhere to turn due to ‘inaction’ by the Scottish Government.

Putting this to Scottish Government for a response at your earliest convenience.

[REDACTED, section 38(1)(b)]

**News | Media Manager**

**Communications Health and Social Care**

The Scottish Government, St Andrew's House, Edinburgh

Portfolio Media inquiries: 0300 244 9021

[www.gov.scot/news](http://www.gov.scot/news)





[38\(1\)\(b\)@gov.scot](mailto:38(1)(b)@gov.scot); [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:38(1)(b)@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:38(1)(b)@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:38(1)(b)@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; First Minister <[FirstMinister@gov.scot](mailto:FirstMinister@gov.scot)>; Communications First Minister <[CommunicationsFirstMinister@gov.scot](mailto:CommunicationsFirstMinister@gov.scot)>  
**Subject:** FOR CLEARANCE: The Scotsman - Long Covid - Helen Goss

Minister, PO

Cc'ing FMPO for awareness

Good evening

Grateful if you can confirm you are content with these lines in relation to the enquiry below which asks for comment on what we are doing about Long Covid following this article <https://www.bbc.co.uk/news/uk-scotland-north-east-orkney-shetland-68017038> which is about Helen Goss taking legal action against NHS Grampian over [REDACTED, section 38(1)(b)]. She mentions Mr Yousaf and Ms Minto in her comments which are outlined below.

For awareness, Ms Minto has already made a commitment to meet representatives of Long Covid Kids Scotland including Ms Goss prior to any knowledge of this legal action. A meeting had been scheduled for 9 January 2024, and this was postponed on 8 January at the group's request. An alternative date for the meeting is scheduled on 27 February. [REDACTED, s36(1)].

## SUGGESTED LINES

A Scottish Government spokesperson said:

"It would not be appropriate for the Scottish Government to comment on live legal proceedings.

"We take the issue of long COVID very seriously and recognise the impact it can have on the health and wellbeing of those most severely affected. Assessment and support is being provided across Scotland.

"We are making available £3 million from our £10 million long COVID Support Fund over this financial year to support NHS boards to increase the capacity of existing services, develop these into more clearly defined local pathways and provide a more co-ordinated experience.

"This is in addition to what our healthcare system – supported by £19.5 billion - is already delivering in caring for people with long COVID across our full range of NHS services."

## Background

Assessment and initial investigation for children and young people with symptoms consistent with long COVID is being provided by local primary care teams, who can give advice and guidance about the management of symptoms and any potential treatment options. Primary care clinicians can refer to occupational therapy and/or physiotherapy for further support where appropriate. In cases where referral to secondary care is required, children and young people may be referred for investigation and management.

Our National long COVID Strategic Network is progressing a dedicated workstream bringing together clinical experts and representatives of parents and carers, to consolidate clinical pathways for children and young people with long COVID.

Initiatives being supported by Scottish Government funding include key elements of care that are also offered by long COVID assessment clinics elsewhere in the UK, including single point of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy.

In addition to our Long COVID Support Fund, we have also awarded a total of around £2.8 million for 10 research projects on the long-term effects of COVID-19. This includes projects to better understand the prevalence of, symptoms of, and factors associated with long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.

## FULL ENQUIRY

I've been speaking with Helen Goss, [REDACTED, section 38(1)(b)] is the subject of this BBC article: <https://www.bbc.co.uk/news/uk-scotland-north-east-orkney-shetland-68017038>

She told me:

*I really hope this will lead to more cases. If anyone is looking to do a class action, let me know. I'm in this now. We're going after education next. Then we're going to go after the government. This legal case is a warning shot across the bow of the Scottish Government that I am not going to stop until every single child with long covid has the health care and education that they are entitled to. I've had so many meetings with them. They know exactly what the issues are. We've talked to them since 2021, several times a year.*

*We had plenty of meetings with Yousaf when he was health sec. Dropped us like hot potatoes as soon as he was First Minister. Matheson refuses to engage with long Covid. Jenny Minto I met in September, I gave her a polite earful. Well, she hasn't done anything about it. I have no confidence that the SG is going to help, that's why I'm taking legal action, to force them into it.*

*The long covid community now need to step up, take aggressive action to force the SG to act urgently. The amount of people suffering, kids as well, I can't believe they're leaving us all to rot and suffer, when the solutions have been given to them over and over again. Sympathetic noises aren't going to help us. We need funding, research embedded into clinical care. I want clinicians to be upskilled and trained so they can treat symptoms and improve quality of life.*

Please can we have an SG response? In particular - what measures has the SG taken to support with long covid?

**[REDACTED, section 38(1)(b)]**

Media Manager

Scottish Government

Communications Health and Social Care

[REDACTED, section 38(1)(b)]

**Please note: my non-work day is a Monday**



[38\(1\)\(b\)\]@gov.scot](mailto:38(1)(b)]@gov.scot)>

**Subject:** FOR CLEARANCE - Long Covid - Scot Gov Health Tweet - video

[REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)]

We posted a tweet on Scotgovhealth channel with [advice on dealing with long covid](#) which has received negative feedback.

Anticipating possible media approaches over the weekend, grateful for views on lines to take below – explaining rationale for tweet and NHS Inform guidance – and our core lines on LC.

Grateful to know if Ms Minto is content with below

*Duty comms colleagues cc-ed*

### **LINES TO TAKE – LONG COVID VIDEOS – TWEET/NHS INFORM**

A Scottish Government spokesperson said:

“We take the issue of long COVID very seriously and recognise the impact it can have on the health and wellbeing of those most severely affected. We understand that people can have a diverse range of experiences, both in relation to the symptoms and severity.

“It’s important to raise awareness and NHS Inform’s dedicated long COVID microsite aims to provide clear, high-quality advice on the symptoms people may experience, steps they can take to manage them, and when to seek additional input from health professionals - as well as sharing people’s experiences of the condition.

“Assessment and support is being provided across Scotland. We are making available £3 million from our £10 million long COVID Support Fund over this financial year to support NHS boards to increase the capacity of existing services, develop these into more clearly defined local pathways and provide a more co-ordinated experience.

“This is in addition to what our healthcare system – supported by £19.5 billion - is already delivering in caring for people with long COVID across our full range of NHS services.”

[REDACTED, section 38(1)(b)]

Senior Media Manager

Communications Health and Social Care

Scottish Government

M: [REDACTED, section 38(1)(b)]



Officials and SpAds have reviewed.

My apologies for the lack of notice, this was received from the journalist very late with a 15:30 deadline. I appreciate the Minister will be in the chamber just now but grateful for an indication of whether able to consider this afternoon.

Best wishes.

[REDACTED, section 38(1)(b)]

### Draft response

Public Health Minister Jenni Minto said:

“We take long COVID very seriously and recognise the impact it can have on those most severely affected.

“I was pleased to attend a number of events in Parliament as part of long COVID awareness day where I met with patients. We have listened are making available £3 million from our £10 million long COVID Support Fund over this financial year to support long COVID patients

### Query

In relation to our call earlier, it is a story about them fighting to get support and included in that is their visit to the parliament for Long Covid Awareness Day .

We would need something back by 3.30pm, thanks again.

Inverclyde Long Covid Support Group Mairead Johnson spoke about how they have been failed by politicians.

But inside they were dismayed by the underwhelming response from politicians, including public health minister Jenni Minto, as they made their case and pressed for action.

Support group organiser Mairead Johnson said: "We were disgusted to be honest. It was if the MSPs were just ticking boxes

"One of our members who worked in the hospital told those listening that they were all clapping for those same workers, who went from hero to zero in 24 hours once they had Covid. It got the loudest cheer of the day.

"We wanted to be listened to, really listened to, and for the politicians to recognise what we are going through.

"In reality we now know that the problem is that the NHS doesn't care because the people running the country can't even afford the time to listen to what we need.

"It took a lot for us to get there and days for us to recover, while they just move on and forget us.

"When we went inside the minister Jenni Minto stayed for 20 minutes and left without really listening. There were other MSPs as well but they just left.

"Scotland is spending the lowest amount of money on long Covid in the UK. I think Greater Glasgow and Clyde has only spent £12,000 on an online clinic, but you can't use it if you already had underlying health conditions, which most of us had.

"People are having to give up work but it is not recognised as long Covid [causing it]."

[REDACTED, section 38(1)(b)]

**Media Manager | News: Health and Social Care**

The Scottish Government, St Andrew's House, Edinburgh

m: [REDACTED, section 38(1)(b)]





Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>; DG Health & Social Care <[DGHSC@gov.scot](mailto:DGHSC@gov.scot)>; Strategic Briefing Unit for Health <[SBUHealth@gov.scot](mailto:SBUHealth@gov.scot)>; Chief Medical Officer <[CMO@gov.scot](mailto:CMO@gov.scot)>; Deputy Chief Medical Officers <[DCMO@gov.scot](mailto:DCMO@gov.scot)>; Chief Nursing Officer <[CNO@gov.scot](mailto:CNO@gov.scot)>; Jason Leitch <[Jason.Leitch@gov.scot](mailto:Jason.Leitch@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>

**Subject:** FOR CLEARANCE - media query - long covid funding/services - Sunday Post

Hello [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)], PO

We've been asked about Long covid funding/services 'a lack of knowledge' about it and latest numbers

Grateful to know if Ms Minto is content to clear lines below which have been agreed with policy colleague and spads.

Thanks

[REDACTED, section 38(1)(b)]

## **LINE TO CLEAR**

A Scottish Government spokesperson said:

“We recognise the significant impact that long COVID can have on the health and wellbeing of those most severely affected, and assessment and support is being provided across Scotland.

“We are making available £3 million from our £10 million long COVID Support Fund over this financial year to support NHS boards to increase the capacity of existing services, develop these into more clearly defined local pathways and provide a more co-ordinated experience.

“This is in addition to what our healthcare system – supported by record funding of more than £19 billion - is already delivering in caring for people with long COVID across our full range of NHS services.

“In addition to our Long COVID Fund, we have also awarded a total of around £2.8 million for 10 projects on the long-term effects of COVID-19. This includes projects to better understand the prevalence of, symptoms of, and factors associated with, long COVID, to examine effects on cognitive function, to evaluate rehabilitation approaches, and to examine access and explore how to improve people's support through primary care.”

## **Background**

NHS Inform publishes [information on Long COVID and support](#)

[Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics \(ons.gov.uk\)](#)

[Overview of the COVID-19 & respiratory surveillance dashboard - COVID-19 daily cases in Scotland dashboard - COVID-19 data and intelligence - COVID-19 - Conditions and diseases - Our areas of work - Public Health Scotland](#)

[REDACTED, section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government  
M: [REDACTED, section 38(1)(b)]

## **DOCUMENT 139**

**From:** [REDACTED, section 38(1)(b)]  
**Sent:** 03 June 2023 14:56  
**To:** Minister for Public Health & Women's Health  
**Cc:** [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)];  
Communications NHS Recovery, Health and Social Care; [REDACTED, section 38(1)(b)]; Head of HSCA; HSC Analysis Hub; [REDACTED, section 38(1)(b)]; Deputy Director of Health Workforce; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Jack Middleton; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]  
**Subject:** RE: For Minister views- request for audio clip- NHS staff off with long covid- Bauer

Thanks [REDACTED, section 38(1)(b)], I have received it and will fire across to Bauer now.

[REDACTED, section 38(1)(b)]

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)> **On Behalf Of** Minister for Public Health & Women's Health  
**Sent:** 03 June 2023 14:29  
**To:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Cc:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Head of HSCA <[HeadofHSCA@gov.scot](mailto:HeadofHSCA@gov.scot)>; HSC Analysis Hub <[HSCAnalysisHub@gov.scot](mailto:HSCAnalysisHub@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Deputy Director of Health Workforce <[DeputyDirectorofHealthWorkforce@gov.scot](mailto:DeputyDirectorofHealthWorkforce@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Jack Middleton <[Jack.Middleton@gov.scot](mailto:Jack.Middleton@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Subject:** Re: For Minister views- request for audio clip- NHS staff off with long covid- Bauer

Hi [REDACTED, section 38(1)(b)]

Ms Minto has recorded a clip and I've forwarded you on via WhatsApp.

Let me know if safely received.

Kind regards,

[REDACTED, section 38(1)(b)]

---

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Sent:** Saturday, June 3, 2023 1:03:27 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Head of HSCA <[HeadofHSCA@gov.scot](mailto:HeadofHSCA@gov.scot)>; HSC Analysis Hub <[HSCAnalysisHub@gov.scot](mailto:HSCAnalysisHub@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Deputy Director of Health Workforce <[DeputyDirectorofHealthWorkforce@gov.scot](mailto:DeputyDirectorofHealthWorkforce@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Jack Middleton <[Jack.Middleton@gov.scot](mailto:Jack.Middleton@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Subject:** For Minister views- request for audio clip- NHS staff off with long covid- Bauer

Hello PO/Minister,

We have had a request from Bauer for an audio clip on the above story which we issued lines on yesterday. Just wanted to see if this is something the Minister is available to do? It is not essential as we have issued the lines, but wanted to check in to see if the Minister wanted to provide audio or if she is content with us having just provided the lines?

### **LINES REISSUED**

A Scottish Government spokesperson said:

“We recognise the significant impact long COVID can have on the health and wellbeing of those most severely affected and assessment and support is being provided across Scotland.

“We are making available £3 million from our £10 million long COVID Support Fund over this financial year to support NHS boards to increase the capacity of existing services, develop these into more clearly defined local pathways and provide a more co-ordinated experience.

“This is in addition to what our healthcare system – supported by record funding of more than £19 billion - is already delivering in caring for people with long COVID across our full range of NHS services.

“All NHS staff are fully supported in accordance with the Once for Scotland Attendance Policy where health impacts their ability to be at work.”

### **Background**

For the fortnight ending 23 May 2023, a daily average of 365 NHS staff were absent due to COVID-related illness - 0.20% of the total workforce

Initiatives being supported by the funding include key elements of care that are also offered by long COVID assessment clinics elsewhere in the UK, including single point of access for assessment and co-ordinated support from services including physiotherapy and occupational therapy.

Thanks,  
[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)] | Media Manager | Communications Health and Social Care |  
[REDACTED, section 38(1)(b)] | Scottish Government | [\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)

## **DOCUMENT 140**

**From:** [REDACTED, section 38(1)(b)] on behalf of Minister for Public Health & Women's Health  
**Sent:** 31 August 2023 12:18  
**To:** [REDACTED, section 38(1)(b)]; Daniel Kleinberg; Minister for Public Health & Women's Health; [REDACTED, section 38(1)(b)]  
**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care; Permanent Secretary; DG Health & Social Care; Chief Medical Officer; Director of Population Health; Deputy Chief Medical Officers; Population Health Resilience and Protection Division; Communications NHS Recovery, Health and Social Care; [REDACTED, section 38(1)(b)]; Jennie Gollan; David Hutchison; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Head of HSCA; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]  
**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

Hi folks,

Ms Minto has noted and is content with the two proposals Daniel makes at the end of his submission.

Kind regards,

**[REDACTED, section 38(1)(b)]**

Private Secretary

Minister for Social Care, Mental Wellbeing and Sport – Maree Todd MSP

Scottish Government, Room 1E.10 St Andrews House, Regent Road, Edinburgh, EH1 3DG

E-mail: [MinisterSCMWS@gov.scot](mailto:MinisterSCMWS@gov.scot)

Mobile: [REDACTED, section 38(1)(b)]

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Sent:** Tuesday, August 29, 2023 11:21 AM

**To:** Daniel Kleinberg <[Daniel.Kleinberg@gov.scot](mailto:Daniel.Kleinberg@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>; Permanent Secretary <[PermanentSecretary@gov.scot](mailto:PermanentSecretary@gov.scot)>; DG Health & Social Care <[DGHSC@gov.scot](mailto:DGHSC@gov.scot)>; Chief Medical Officer <[CMO@gov.scot](mailto:CMO@gov.scot)>; Director of Population Health <[Directorofpopulationhealth@gov.scot](mailto:Directorofpopulationhealth@gov.scot)>; Deputy Chief Medical Officers <[DCMO@gov.scot](mailto:DCMO@gov.scot)>; Population Health Resilience and Protection Division <[PopulationHealthResilienceandProtection@gov.scot](mailto:PopulationHealthResilienceandProtection@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; David Hutchison <[David.Hutchison@gov.scot](mailto:David.Hutchison@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

[38\(1\)\(b\)@gov.scot](mailto:38(1)(b)@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>;  
[REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Head of HSCA  
<[HeadofHSCA@gov.scot](mailto:HeadofHSCA@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>;  
[REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

Good morning [REDACTED, section 38(1)(b)]

Apologies for the delay in coming back on the point about sample sizes but with thanks to Denise and others (now cc'd), grateful if you could share the following with the Minister;

The overall sample is intended to provide national figures for COVID-19 positivity at Scotland level, UK level and for each English region. The provision of comparable data across the UK for this headline measure would be the key benefit of participating in the survey.

Whilst the intention is to look at breakdowns such as self-reported long covid, the reduced budget means for certain groups or regions the sampling rate will be lower which causes increased uncertainty so at this stage it is unknown whether the survey will allow for robust estimates of the prevalence of long covid to be reported at either Scotland or UK level. Given the limited budget, it is not possible to increase the sample size further. The recent COVID-19 and Respiratory Infections Survey (CRIS), which published one off results in July 2023, was only able to report self-reported long covid symptoms at UK level and not the overall prevalence in the population. Analysis will need to take place to confirm whether the new CIS sample is suitably representative before a decision can be taken around which breakdowns can be published.

In Scotland, we have the Scottish Health Survey (SHes) which will provide annual estimates of long COVID prevalence in Scotland. Data from the digital tool will provide evidence of specialist health service use in the Scottish population, which will complement population level surveillance from SHes.

Thanks

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**

Senior Policy Officer - Population Health Resilience and Protection Division | Directorate for Population Health | The Scottish Government | 6th Floor, Atlantic Quay | 150 Broomielaw | Glasgow | G2 8LU | 0141 242 5439 (ext: [REDACTED, section 38(1)(b)]) | [REDACTED, section 38(1)(b)]

**From:** Daniel Kleinberg <[Daniel.Kleinberg@gov.scot](mailto:Daniel.Kleinberg@gov.scot)>

**Sent:** Friday, August 25, 2023 6:09 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>;

Permanent Secretary <[PermanentSecretary@gov.scot](mailto:PermanentSecretary@gov.scot)>; DG Health & Social Care

<[DGHSC@gov.scot](mailto:DGHSC@gov.scot)>; Chief Medical Officer <[CMO@gov.scot](mailto:CMO@gov.scot)>; Director of Population Health

<[Directorofpopulationhealth@gov.scot](mailto:Directorofpopulationhealth@gov.scot)>; Deputy Chief Medical Officers <[DCMO@gov.scot](mailto:DCMO@gov.scot)>;

Population Health Resilience and Protection Division

<[PopulationHealthResilienceandProtection@gov.scot](mailto:PopulationHealthResilienceandProtection@gov.scot)>; Communications NHS Recovery, Health and

Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; [REDACTED, section

38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>;

Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; David Hutchison

<[David.Hutchison@gov.scot](mailto:David.Hutchison@gov.scot)>

**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

[REDACTED, section 38(1)(b)],

Thanks to you and Ms Minto for such a speedy response. I'll leave those with the technical expertise on what constitutes sufficient sample sizes around Long Covid to come back on that question.

[REDACTED - OUT OF SCOPE]

**Daniel Kleinberg** | Deputy Director - Population Health Resilience and Protection Division |  
Directorate for Population Health | The Scottish Government



**We all have mental health, so it's okay to start talking about it.**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)> **On Behalf Of** Minister for Public Health & Women's Health

**Sent:** 25 August 2023 17:48

**To:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>; Permanent Secretary <[PermanentSecretary@gov.scot](mailto:PermanentSecretary@gov.scot)>; DG Health & Social Care <[DGHSC@gov.scot](mailto:DGHSC@gov.scot)>; Chief Medical Officer <[CMO@gov.scot](mailto:CMO@gov.scot)>; Director of Population Health <[Directorofpopulationhealth@gov.scot](mailto:Directorofpopulationhealth@gov.scot)>; Deputy Chief Medical Officers <[DCMO@gov.scot](mailto:DCMO@gov.scot)>; Population Health Resilience and Protection Division <[PopulationHealthResilienceandProtection@gov.scot](mailto:PopulationHealthResilienceandProtection@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; Daniel Kleinberg <[Daniel.Kleinberg@gov.scot](mailto:Daniel.Kleinberg@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Subject:** RE: Urgent: UKHSA proposal for CIS 2023/24

Hi [REDACTED, section 38(1)(b)],

Thanks for this.

25. SG has previously used the CIS to monitor long covid prevalence. It's unclear whether the sample size will allow for Scottish long covid estimates to be reported but we have limited alternatives.

Ms Minto is looking for an explanation as to why this is unclear. Surely we need to make it clear that the sample size needs to allow for Scottish Long Covid estimates to be reported on.

[REDACTED – OUT OF SCOPE]

Many thanks,

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**

Private Secretary to Minister for Public Health and Women's Health - Jenni Minto  
The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG  
[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Sent:** Thursday, August 24, 2023 2:09 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>;

Permanent Secretary <[PermanentSecretary@gov.scot](mailto:PermanentSecretary@gov.scot)>; DG Health & Social Care

<[DGHSC@gov.scot](mailto:DGHSC@gov.scot)>; Chief Medical Officer <[CMO@gov.scot](mailto:CMO@gov.scot)>; Director of Population Health

<[Directorofpopulationhealth@gov.scot](mailto:Directorofpopulationhealth@gov.scot)>; Deputy Chief Medical Officers <[DCMO@gov.scot](mailto:DCMO@gov.scot)>;

Population Health Resilience and Protection Division

<[PopulationHealthResilienceandProtection@gov.scot](mailto:PopulationHealthResilienceandProtection@gov.scot)>; Communications NHS Recovery, Health and

Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; Daniel Kleinberg

<[Daniel.Kleinberg@gov.scot](mailto:Daniel.Kleinberg@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>;

[REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Subject:** Urgent: UKHSA proposal for CIS 2023/24

UKHSA are waiting on an SG decision regarding our inclusion in the CIS survey – We have already extended our deadline in order to get full advice from PHS and Internally so would welcome a quick response from Ms Minto in order to go ahead.

Many thanks

[\[REDACTED, section 38\(1\)\(b\)\]](mailto:[REDACTED, section 38(1)(b)]) | Community Surveillance & SHBBV Team Leader

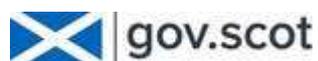
Population Health Resilience and Protection Division

Population Health Directorate

The Scottish Government

Tel: [REDACTED, section 38(1)(b)] Email: [\[REDACTED, section 38\(1\)\(b\)\]](mailto:[REDACTED, section 38(1)(b)])

Working Pattern: Tue, Wed until 2pm, Thu & Fri



## **DOCUMENT 141**

**From:** [REDACTED, section 38(1)(b)] on behalf of Cabinet Secretary for NHS Recovery, Health and Social Care  
**Sent:** 30 June 2023 08:31  
**To:** [REDACTED, section 38(1)(b)]; Cabinet Secretary for NHS Recovery, Health and Social Care  
**Cc:** Minister for Public Health & Women's Health; [REDACTED, section 38(1)(b)]; Lynne Nicol; John Harden; Linda Pollock; Jason Leitch; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; David Hutchison; Jennie Gollan  
**Subject:** RE: Cabinet Secretary for NHS Recovery, Health and Social Care - request to Officials for information on Hertfordshire NHS Trust COVID Rehab Service - response

Hi

Mr Matheson has noted, thanks.

Kind regards,

[REDACTED, section 38(1)(b)]

**Mrs [REDACTED, section 38(1)(b)]**

Deputy Private Secretary - Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson MSP

Scottish Government, Room 1.E.10 St Andrews House, Regent Road, Edinburgh, EH1 3DG

Tel: [REDACTED, section 38(1)(b)]

E-mail: [CabSecHSC@gov.scot](mailto:CabSecHSC@gov.scot)

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Sent:** Wednesday, June 14, 2023 2:27 PM

**To:** Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecNRHSC@gov.scot](mailto:CabSecNRHSC@gov.scot)>

**Cc:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Joanna Swanson <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; Linda Pollock <[Linda.Pollock@gov.scot](mailto:Linda.Pollock@gov.scot)>; Jason Leitch <[Jason.Leitch@gov.scot](mailto:Jason.Leitch@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>;

[REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; David Hutchison <[David.Hutchison@gov.scot](mailto:David.Hutchison@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>

**Subject:** Cabinet Secretary for NHS Recovery, Health and Social Care - request to Officials for information on Hertfordshire NHS Trust COVID Rehab Service - response

PO Cabinet Secretary for NHS Recovery, Health and Social Care (cc PO Minister for Public Health and Women's Health)

Following your meeting with Dr Sandesh Gulhane MSP, and the subsequent request to Officials, please find attached a short summary of information received from Hertfordshire NHS Trust regarding its post COVID Rehab Service.

Also attached for reference is a letter sent by the former Cabinet Secretary for Health and Social Care to Dr Gulhane summarising the long COVID initiatives being undertaken by NHS Scotland Boards, supported by SG long COVID Support Funding.

While the staffing composition of teams across each NHS Board may vary, there are a number of similarities between the aims of their pathways and the pathway being delivered by Hertfordshire NHS Trust. These include the skills and expertise that they aim to facilitate patients' access to, and the types of rehabilitation interventions that they aim to support patients with.

Should you require any further information then please do let me know.

Best wishes

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**  
Senior Policy Manager  
Clinical Priorities  
Planning and Quality Division



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

**DOCUMENT 142**

Separate PDF released individually.

## **DOCUMENT 143**

### **Hertfordshire Community NHS Trust – Post COVID-19 Rehabilitation Service**

Hertfordshire Community NHS Trust provides a wide range of community healthcare services for more than 1.2 million adults and children in Hertfordshire, West Essex and East England.

The Trust has developed a COVID-19 rehabilitation service, which is jointly led using a multidisciplinary approach that offers tailored medical assessment, investigations, treatment and rehabilitation, aiming to facilitate a faster recovery.

It is a virtual service and operates between office hours, Monday to Friday.

The service is for adults aged over 18, who have had symptoms for more than 12 weeks after confirmed or suspected COVID-19 infection and accepts patients from both primary and secondary care. All referrals are triaged by a COVID-19 Rehab Coordinator who coordinates the triage of these patients across the system.

The multidisciplinary team is comprised of:

- Rehab Coordinator – Specialised Occupational Therapist
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy
- Dietetics
- Pulmonary Rehabilitation
- Chronic Fatigue Team
- Clinical Psychology
- GP with a special interest in COVID-19

Those leading the service highlight that discussion of complex patients at a multidisciplinary team meeting enables shared decision making, further learning and reflection, which aids service improvement and innovation.

They note that using a questionnaire such as the COVID-19 Yorkshire Rehabilitation Scale is useful in documenting symptoms, their severity and any functional disability.

The service operates a holistic approach and considers the functional, emotional, psychological and financial impacts of COVID-19.

### **Referrals Received**

The service started operating in July 2020 and since then there have been 1,955 referrals. The majority of referrals come via GPs (93.7%).

Following assessment within the service, the most common services that patients are referred on to are;

- Pulmonary rehabilitation

- GP
- Chronic Fatigue Syndrome Specialist team
- Occupational Therapist
- Mental health team
- Psychologist
- Physiotherapist

## **Recovery**

Those leading the service state that minimising stress, sleep optimisation, pacing and improving diet have found to be imperative to aid recovery and help avoid exacerbation of symptoms and post-exertional malaise.

Between 2022-23, 92% of patients reported an improvement in their symptoms at discharge<sup>1</sup> from the service.

---

<sup>1</sup> Officials are seeking clarification regarding the proportion of referrals received by the Service which have reached the point of discharge, and the average duration of engagement with the Service. To note, early information provided by NHS Lanarkshire's COVID Rehabilitation pathway (established in May 2022) indicates a lengthy rehabilitation episode, and that only a small proportion of referrals through the pathway have yet reached the point where they may be discharged (discharge indicates ability to self-manage rather than complete symptom resolution).

## **DOCUMENT 144**

**From:** [REDACTED, section 38(1)(b)]  
**Sent:** 14 February 2024 09:55  
**To:** First Minister  
**Cc:** Minister for Public Health & Women's Health; Leanne Gillespie; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; [REDACTED, section 38(1)(b)]; Lynne Nicol; [REDACTED, section 38(1)(b)]; Jennie Gollan  
**Subject:** Corrections to Official Report - FMQs 8 February 2024 - long COVID  
**Attachments:** Correction to official report - FMQs 8 Feb - long COVID.docx; Ms Minto letter to long COVID charities - NHS Inform videos - 13 February 2024.pdf  
**Importance:** High

### **PO First Minister**

I am emailing in relation to the [official report](#) of the Long COVID section of FMQs on Thursday 8 February and specifically answers given to the questions from Jim Fairlie MSP and Sandesh Gulhane MSP.

Having reviewed the OR, policy officials recommend that a request is required to be made for a few amendments, firstly to address a factual error in the way in which FM's contribution has been transcribed and secondly to address two instances where information was provided which was incorrect.

Attached is a draft email proposed to be sent to the editor of the Official report, which outlines the changes required.

For the FM's awareness, the policy background to why these corrections are required is outlined below

1. The current OR suggests that SG is continuing to engage with people who are living with long COVID to develop case study videos for NHS Inform. The process for recruiting, filming and publishing the case study videos concluded in August 2023 and there are no plans to commission additional case study videos at this time.

We are engaging with stakeholders regarding any concerns raised with the case study videos, and on 13<sup>th</sup> February the Minister for Public Health and Women's Health responded to a letter regarding the joint statement from long COVID charities which Dr Gulhane referenced in his question to FM. A copy of Ms Minto's response is attached for information.

2. The current OR suggests that the video that Dr Gulhane mentioned (a case study of a person living with long COVID) was made with the input of health professionals and people who are living with long COVID. The long COVID videos on NHS inform feature either health professionals or people with lived experience, and those featured in each video had input in the final review of their own video before providing consent to publish. Health professionals were not involved in reviewing the content of the lived experience case study video which was the focus of Dr Gulhane's question.

Lastly, on a separate issue – there were two actions arising from FMQs related to long COVID (drafting of letters to Jim Fairlie and Jackie Baillie respectively). Officials are picking this up and will provide drafts for review in due course.

If you require any further information at this stage then please do let me know.

Best wishes

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**

Senior Policy Manager

Clinical Priorities

Healthcare Quality and Improvement

Directorate of the Chief Operating Officer



Scottish Government  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

## **DOCUMENT 145**

To [official.report@scottish.parliament.uk](mailto:official.report@scottish.parliament.uk)

Dear [REDACTED, section 38(1)(b)] and colleagues,

I am contacting you to request a correction in the transcription of my contribution to First Minister's Questions on 8 February 2024. This seeks to ensure that my contribution is recorded in a factually accurate manner, and the request is in line with the Official Report's remit of producing a substantially verbatim report of proceedings.

The content in question relates to my response to Jim Fairlie MSP's supplementary question to Question number 4 on long COVID. This exchange can be found at the following link [https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/meeting-of-parliament-08-02-2024?meeting=15698&iob=133935#orscontributions\\_M4941E408P744C2558888](https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/meeting-of-parliament-08-02-2024?meeting=15698&iob=133935#orscontributions_M4941E408P744C2558888)

Current transcription in Official report

### **The First Minister**

*Jim Fairlie makes important points about stigma and establishing in every health board a single point of contact for long Covid patients. I mentioned the funding that was provided. I am also happy to write to Jim Fairlie with details of long Covid services that are available in our health boards.*

*We continue to engage with people who are living with long Covid to develop case study videos for NHS Inform, which will provide an insight into people's personal experiences of living with the condition, and to help us to co-design the policy that is required in relation to long Covid.*

### **Requested corrected version**

#### **The First Minister**

*Jim Fairlie makes important points about stigma and establishing in every health board a single point of contact for long Covid patients. I mentioned the funding that was provided. I am also happy to write to Jim Fairlie with details of long Covid services that are available in our health boards.*

*We **worked with people, and** continue to engage with people who are living with long Covid to develop case study videos for NHS Inform, ~~which will providinge an~~ insight into people's personal experiences of living with the condition, and to help us to co-design the policy that is required in relation to long Covid.*

**In addition**, I have identified that I have provided some incorrect information during proceedings, and as such request that a note of the correct information is added to the Official Report, and reflected alongside the original contribution.

In response to Jim Fairlie MSP

**Original text (once the factual error above in transcribing has been addressed)**

*We worked with people, and continue to engage with people who are living with long Covid to develop case study videos for NHS Inform, providing insight into people's personal experiences of living with the condition, and to help us to co-design the policy that is required in relation to long Covid.*

**Corrected text**

*We worked with people, ~~and continue to engage with people~~ who are living with long Covid to develop case study videos for NHS Inform, providing insight into people's personal experiences of living with the condition, and **will continue to engage with people with lived experience** to help us to co-design the policy that is required in relation to long Covid.*

In response to Sandesh Gulhane MSP

**Original text**

*I will, of course, listen to what long Covid charities have to say. We take the issues of long Covid very seriously indeed, and we recognise the impact that it has on the health and wellbeing of those who are affected—not just adults but children as well. We know that people can have a range of experiences.*

*The video that Dr Gulhane mentioned was made with the input of health professionals and people who are living with long Covid. I give him an absolute guarantee that we will continue to engage with those who have lived experience, including the organisations that he referenced, and will take on board their comments.*

**Corrected text**

*I will, of course, listen to what long Covid charities have to say. We take the issues of long Covid very seriously indeed, and we recognise the impact that it has on the health and wellbeing of those who are affected—not just adults but children as well. We know that people can have a range of experiences.*

*The videos **published on NHS inform** ~~that Dr Gulhane mentioned~~ **were as featured either** health professionals ~~and~~ **or** people who are living with long Covid. I give him an absolute guarantee that we will continue to engage with those who have lived experience, including the organisations that he referenced, and will take on board their comments.*

Should you require any further information then please do not hesitate to contact me.

Yours sincerely



“We take the issue of long COVID very seriously and recognise the impact it can have on the health and wellbeing of those most severely affected. Assessment and support is being provided across Scotland and we’re making available £3 million from our £10 million long COVID Support Fund over this financial year to support NHS boards to increase the capacity of existing services.

“Industrial Injuries Disablement Benefit continues to be delivered by the UK Government which decides which conditions should be categorised as an industrial disease for the purposes of the benefit. We continue to monitor research by the UK Industrial Injuries Advisory Council.”

### **MEDIA QUERY**

Just checking Scot Gov are considering classing long covid an occupational disease for healthcare workers?

We’ve got a BMA and RCN press release through calling on Government to do that – but they’re calling on UK Gov.

Would there be any statement?

### **Joint BMA and RCN NR**

#### **BMA press release: Embargoed 00.01, Friday 17 November 2023**

BMA and RCN urge Government to take urgent first steps to recognising Long Covid as an occupational disease

The British Medical Association (BMA) and Royal College of Nursing (RCN) are asking the Government to make urgent progress on supporting healthcare workers with Long Covid, a year after the Government’s scientific advisory board on industrial injuries made recommendations for ministers to do so.

A year ago today, the Industrial Injuries Advisory Council (IIAC) published a paper outlining a large body of evidence showing that there is a significantly increased risk of Covid-19, subsequent illness and death for health and social care workers, and therefore recommended to the Government that five specific conditions, resulting from complications of Covid-19 be prescribed as an occupational disease for health and social care workers<sup>1</sup>.

However, to date, the Government has not responded to this paper at all.

Designation as an occupational disease would mean staff with these long-term physical conditions caused by Covid-19 could receive specific financial assistance in recognition that they had, more than likely, caught the initial infection at work. This, the BMA and RCN say, would mark a significant first step towards recognising Long Covid, and the broader range of symptoms it includes, as an occupational disease in health and social care workers.

The BMA and RCN have now written to the Secretary of State for Work and Pensions<sup>2</sup> urging him to act on the paper’s recommendations, noting that more than 50 countries worldwide already provide formal legal recognition for key workers who contracted Covid-19 as a result of workplace exposure, and offer corresponding compensation and support schemes.

This comes after the results of a major BMA survey of doctors with Long Covid earlier this year revealed that 77% of those who caught Covid-19 in the first wave of

the pandemic believed that they contracted it in the workplace and almost one in five (18%) reported they were now unable to work due to their post-acute Covid ill-health. In their letter to Mel Stride, BMA council chair Professor Philip Banfield and RCN chief nurse Professor Nicola Ranger write:

“Long Covid has had debilitating effects on numerous doctors, nursing and midwifery staff, many of whom were previously left – or remain – unable to work. This has led to significant financial penalties. For example, nearly half of doctors with Long Covid responding to a BMA survey reported experiencing decreased (or even no) income, requiring those with savings to use them to make ends meet, and increased personal debt.”

They add:

“The UK Government needs to act quickly and provide support now to the many doctors, nursing and midwifery staff and their families who have suffered significant financial losses as a result of contracting COVID-19 in the workplace and then developing Long Covid.”

Commenting, Professor Banfield said:

“A year after the IAC made clear recommendations for the Government to recognise the increased risk that health and social care workers face from Covid-19 and its potentially devastating long-term health effects – and so far there’s been silence in response from ministers

“Doctors and their colleagues were betrayed during the pandemic when they were left unprotected as they continued to go to work and confront this deadly disease on a daily basis. Now those who are suffering the long-term impacts are being betrayed once again.

“Making these conditions an occupational disease cannot give healthcare workers back the quality of life and ability to work stolen by Covid-19, but it would be an important first step in providing much-needed financial support to staff living with the long-term effects.

“After going above and beyond in caring for people during the pandemic and contracting the virus and often becoming seriously ill as a result, it’s shameful that doctors and their colleagues are being financially penalised too.”

Professor Nicola Ranger, RCN chief nurse, said:

“Nursing staff tell us their lives have been forever changed by Long Covid. Its physical impact coupled with long-term financial insecurity is causing them continued worry.

“They have been doubly let down by this government – which first failed to provide adequate protection against a deadly virus and subsequently left thousands unsupported whilst facing the often-debilitating consequences of Long Covid.

“Ministers have had a year to act and are now falling behind other countries who have given formal legal recognition to Long Covid as an industrial disease.”

Ends

## **UKG RESPONSE**

A Government spokesperson said: ‘We recognise that long Covid has debilitating impacts on people’s physical and mental health and are backing our world-leading scientists with over £50 million to better understand the long-term effects of this virus and make treatments available.

'We continue to support the NHS workforce with sickness absence and NHS terms and conditions provide generous support for NHS staff with up to six months full pay and six months half pay, depending on length of service.

'In total, we have invested £314 million to establish specialist services throughout England to direct people experiencing long Covid into the right treatment and rehabilitation services, including occupational health services.'

[BMA calls for 'urgent progress' on recognising long Covid as occupational disease - Pulse Today](#)

[REDACTED, section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government  
M: [REDACTED, section 38(1)(b)]

## **DOCUMENT 147**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Sent:** Friday, January 19, 2024 12:22 PM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthAndSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Subject:** RE: For awareness - news story - NHS Grampian and long Covid

Good afternoon PO,  
Further to my earlier email, [REDACTED, s36(1)]. If SG are asked on this news story, we will respond along the lines that it would not be appropriate for Scottish Government to comment on live legal proceedings.  
As the Minister is meeting with Ms Goss in her role as COO of Long Covid Kids Scotland on 27 February, we will ensure that anything relevant is covered in the briefing or pre-meeting.  
Please let us know if you need any further information.  
Best regards,  
[REDACTED, section 38(1)(b)]

**From:** [REDACTED, section 38(1)(b)]  
**Sent:** Friday, January 19, 2024 11:24 AM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Lynne Nicol <[Lynne.Nicol@gov.scot](mailto:Lynne.Nicol@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; John Harden <[John.Harden@gov.scot](mailto:John.Harden@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>  
**Subject:** For awareness - news story - NHS Grampian and long Covid

Good morning PO,

Sharing for Minister's awareness only, advice to follow

[Long Covid: NHS legal action launched by family of girl - BBC News](#)

Best regards,  
[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)] | Unit Head – Clinical Priorities | Healthcare Quality and Improvement

Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

M: [REDACTED, section 38(1)(b)]

## **DOCUMENT 148**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)> **On Behalf Of** Minister for Public Health & Women's Health  
**Sent:** Friday, March 15, 2024 4:33 PM  
**To:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; Suzi Mair <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Kevin Pringle <[Kevin.Pringle@gov.scot](mailto:Kevin.Pringle@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; Tom Thomson <[Tom.Thomson@gov.scot](mailto:Tom.Thomson@gov.scot)>  
**Subject:** RE: IMMEDIATE: FOR CLEARANCE - Long Covid Day tweet

Hi [REDACTED, section 38(1)(b)],

Thanks for this. Ms Minto is content.

[REDACTED, section 38(1)(b)]

### **[REDACTED, section 38(1)(b)]**

Private Secretary to Minister for Public Health and Women's Health - Jenni Minto  
The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG  
[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Sent:** Friday, March 15, 2024 11:40 AM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Kevin Pringle <[Kevin.Pringle@gov.scot](mailto:Kevin.Pringle@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; Tom Thomson <[Tom.Thomson@gov.scot](mailto:Tom.Thomson@gov.scot)>  
**Subject:** RE: IMMEDIATE: FOR CLEARANCE - Long Covid Day tweet

Hello [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)]

As discussed with Ms Minto at Monday's visit, please find follow-up tweet to mark International Long Covid Day.

Grateful to know if Ms Minto is content to issue as below

A preview of the tweet video can be found [here](#)



**Scot Gov Health**

@scotgov... • Just now

To mark #LongCovidAwarenessDay Public Health Minister @jenni\_minto visited University Hospital Crosshouse, to hear how @NHSaaa's long COVID pathway, backed by funding from the £10 million @scotgov Long Covid Fund, supports those with the condition.

[bit.ly/LongCovidServices](https://bit.ly/LongCovidServices)



[REDACTED, section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government  
M: [REDACTED, section 38(1)(b)]

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)> **On Behalf Of** Minister for Public Health & Women's Health  
**Sent:** Monday, March 11, 2024 5:43 PM  
**To:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Kevin Pringle <[Kevin.Pringle@gov.scot](mailto:Kevin.Pringle@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; Tom Thomson <[Tom.Thomson@gov.scot](mailto:Tom.Thomson@gov.scot)>  
**Subject:** RE: IMMEDIATE: FOR CLEARANCE - media query - NHS boards - Long covid pathways - BBC

Hi [REDACTED, section 38(1)(b)]

Thanks for this. Ms Minto is content to clear.

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Private Secretary to Minister for Public Health and Women's Health - Jenni Minto  
The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG  
[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Sent:** Monday, March 11, 2024 5:10 PM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Kevin Pringle <[Kevin.Pringle@gov.scot](mailto:Kevin.Pringle@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; Tom Thomson <[Tom.Thomson@gov.scot](mailto:Tom.Thomson@gov.scot)>  
**Subject:** IMMEDIATE: FOR CLEARANCE - media query - NHS boards - Long covid pathways - BBC

[REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)]

BBC, who were at this morning's Long Covid visit, have follow-up Q on boards – (they already have interview and board NR below).

*Reporter says - A quick follow up question from the ministers visit to Crosshouse this morning. She mentioned that 12 of the 14 health boards now have Long Covid pathways for patients. Can I check which two health boards are still at the development stage?*

Grateful to know if Ms Minto is content with below lines which have been agreed with policy colleagues and spads and with below tweet.

Thanks  
[REDACTED, section 38(1)(b)]

## **LINES TO CLEAR**

A Scottish Government spokesperson said:

“We are giving NHS boards the flexibility to design and deliver the best models of care tailored to the specific needs of their local populations.

“All boards, with the exception of NHS Fife and NHS Shetland have active long COVID pathways. In these two board areas well-established referral pathways exist to a range of services which can provide support to people with symptoms resulting from long COVID. This may include local primary care teams, community-based rehabilitation services and secondary care investigation, depending on what's appropriate for the person's clinical needs.

“NHS Scotland is delivering care in line with the UK-wide long COVID clinical guideline developed by the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of GPs (RCGP) – this is clear that 'one model would not fit all areas'.”

## TWEET



**Scot Gov Health**

@scotgov... • Just now

On a visit to University Hospital Crosshouse, Public Health Minister @jenni\_minto heard how its multidisciplinary long COVID pathway - backed by funding from the £10 million @scotgov Long Covid Fund - is supporting those living with the condition.

<https://bit.ly/LongCovidServices>



On a visit to University Hospital Crosshouse, Public Health Minister @jenni\_minto heard how its multidisciplinary long COVID pathway - backed by funding from the £10 million @scotgov Long Covid Fund - is supporting those living with the condition.

<https://bit.ly/LongCovidServices>

Links to

[Public Health Minister highlights long COVID services in Ayrshire - NHS Ayrshire & Arran \(nhsaaa.net\)](https://www.nhs.uk/news/2022/07/public-health-minister-highlights-long-covid-services-in-ayrshire)

277/280 chars

## ALT TEXT

Public Health Minister Jenni Minto with NHS Ayrshire and Arran Long Covid pathway staff and service user

## BOARD NR FOR AWARENESS

**Public Health Minister highlights long Covid services in Ayrshire**

The Scottish Government Minister for Public Health Jenni Minto has spent the morning (Monday 11 March) at University Hospital Crosshouse learning more about local rehabilitation services for patients with long Covid. The visit has taken place ahead of International Long Covid Awareness Day on Friday 15 March.

While most people are fully recovered from coronavirus by four weeks after infection, unfortunately some patients experience ongoing symptoms, including breathlessness, fatigue, pain, cognitive impairment and anxiety.

NHS Ayrshire & Arran has a long Covid multidisciplinary pathway, which provides a single point of access for assessment and coordinated support from services, depending on the individual patient's needs. This may include physiotherapy, occupational therapy and nursing support. Since May 2023, 192 long Covid patients have been referred in to the pathway for assessment and further treatment.

Ms Minto met with team members from the Covid Rehabilitation Service to hear more about their work and the benefits to Ayrshire patients living with long Covid.

She said:

“We take long COVID very seriously and recognise the impact it can have on those most severely affected.

“Through our £10 million long COVID Support Fund, we are making available £3 million this financial year to support NHS boards to increase the capacity of existing services, and develop more clearly defined local pathways. This is in addition to what our healthcare system – supported by £19.5 billion - is already delivering across our full range of NHS services.

“NHS Ayrshire and Arran's service brings together an invaluable wealth of experience from a range of healthcare professionals and I would like to thank the team for all their hard work in supporting those living with long COVID.

“I was very pleased to hear from those who have benefitted from a service that can make a real difference to people's lives – something we have now rolled out to the majority of our NHS boards.”

NHS Ayrshire & Arran's Team Lead for Covid/Cardiac and Multimorbidity Rehabilitation, Jane Holt has been integral in the set up and delivery of the long Covid rehabilitation service. She said:

“Symptoms of long Covid can be debilitating. We are bringing together specialists from a number of disciplines to provide patient-centred care for those in our communities who are living with the ongoing impact of coronavirus. It has been fantastic to get the opportunity to talk about the important work of this team with the Public Health Minister, as well as giving some of our patients the chance to share details of the positive impact they've experienced through the pathway.

“Expanding the work we do to encompass Covid rehab came naturally to us, as our work is embedded in long term conditions and the impact that it has on people. The

multidisciplinary team has risen to the challenge and continue to innovate to help shape this new service for those experiencing long Covid. Soon we will be welcoming a psychologist to the team, as many of those on the pathway experience neurocognitive/brain fog symptoms as well as incapacitating physical symptoms.”

“We are committed to working with third sector partners such as Chest, Heart and Stoke Scotland, Long Covid Scotland and to listening, validating and supporting people who live with this condition.”

**ENDS**

## **BACKGROUND**

<https://www.nhsinform.scot/long-term-effects-of-covid-19-long-covid/about-long-covid/what-is-long-covid/>

[REDACTED, section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government  
M: [REDACTED, section 38(1)(b)]

## **DOCUMENT 149**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Sent:** Tuesday, March 12, 2024 7:08 PM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>

**Cc:** Kevin Pringle <[Kevin.Pringle@gov.scot](mailto:Kevin.Pringle@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; Communications Social Justice <[CommunicationsSocialJustice@gov.scot](mailto:CommunicationsSocialJustice@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Subject:** FOR PH Minister CLEARANCE // media query - Long Covid Scotland call for action NR - Moray Firth radio

### **PO / Cabinet Secretary for Public Health and Women's Health,**

Good evening,

We've had a late request for comment on NR from Long Covid Scotland which Moray Firth Radio looking to run tomorrow from 0600

Calling for SG action on 5 key areas and notes – Long Covid Scotland will be presenting these to MSPs during event at Scottish Parliament ahead of International Long Covid Day (Fri).

Jane Ormerod, Chair of Long Covid Scotland said:

*“People with Long Covid in Scotland face a continued struggle to access health care and support services. The Scottish Government are ignoring the needs of at least 3.5% of the Scottish population with Long Covid. The current £10 million fund is set to end in 2026 with no clear treatment pathways established leaving newly created services in jeopardy.”*

Comms, SpAds and officials have discussed and agreed the below lines. Grateful for indication Ms Minto is content for them to issue?

#### **DRAFT LINES**

Public Health Minister Jenni Minto said:

“We take long COVID very seriously and recognise the impact it can have on those most severely affected.

“Through our £10 million long COVID Support Fund, we are making available £3 million this financial year to support NHS boards to increase the capacity of existing services, and develop more clearly defined local pathways.

“This funding is in addition to what our healthcare system – supported by £19.5 billion - is already delivering across our full range of NHS services.

“Twelve out of our 14 NHS Boards – including Highland – have active long COVID pathways in operation, and elsewhere well-established referral pathways exist to a range of services which can provide support to people with symptoms resulting from long COVID.”

## **Background**

[NHS Inform has a dedicated Long COVID section](#) which provides a wide range of information.

We have also awarded a total of around £3.1 million for 11 research projects on the long-term effects of COVID-19.

The [Scottish Health Survey](#) provides annual estimates of self-reported long COVID within private households in Scotland.

NHS Scotland is delivering care in line with the UK-wide long COVID clinical guideline developed by the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of GPs (RCGP) – this is clear that ‘one model would not fit all areas’.

We engage with NHS boards on a regular basis regarding their capacity needs, and will continue to do so in order to inform the allocation of the long COVID Support Fund.

## **FROM NR – 5 asks of SG**

**Long Covid Scotland is urgently asking that the Scottish Government: Improve Public Health messaging** - We need clear public health messaging to raise awareness of the risks of Long Covid whilst emphasising prevention including vaccination, mitigations such as face masks, promoting clean air, opening windows and use of HEPA filters.

**Count Long Covid** - Regardless of presumed or confirmed diagnosis or test status, the number of people living with Long Covid must be established and counted by the Scottish Government. There has been an absence of accurate data since the ending of the ONS survey in February 2023.

**Fund research** - This needs to be inclusive; co-produced and carried out with people who have lived experience of Long Covid as equal partners.

**Realise robust national and local strategic plans for Long Covid** - We want to see people living with Long Covid at the heart of national and local planning for specialist services for Long Covid. It is imperative we get the services we need, and we want to work with the Scottish Government and NHS consistently to get this right.

**Ensure equitable access to co-produced health and social care with specialist multi-disciplinary teams** - We expect services designed to meet the needs of those with Long Covid with clearly defined cohesive and co-ordinated pathways incorporating multi-disciplinary teams which include mental health and social care

services. We need health and social care professionals to receive ongoing relevant training. Currently, there is massive variation in Long Covid Services across Scotland and the type of service people receive, if any, is a postcode lottery.  
[END OF RELEASE]

Many thanks,  
[REDACTED, section 38(1)(b)]

---

[REDACTED, section 38(1)(b)]

m: [REDACTED, section 38(1)(b)]

Senior Media Manager | First Minister | Scottish Government |

media enquiries (call group): 0300 244 9020 | [Media enquiries - gov.scot \(www.gov.scot\)](https://www.gov.scot)

**Any amends to comms products please use high contrast colours as I'm colourblind and often miss additions in faint red.**

## **DOCUMENT 150**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)> **On Behalf Of** Minister for Public Health & Women's Health

**Sent:** Wednesday, March 13, 2024 11:19 AM

**To:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>; Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecforNRHSC@gov.scot](mailto:CabSecforNRHSC@gov.scot)>

**Cc:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>

**Subject:** RE: Long Covid Call to Action - Photocall and drop in

Hi [REDACTED, section 38(1)(b)],

Ms Minto will be attending the photocall in place of the FM. [REDACTED, section 38(1)(b)] and I will be with the Minister but I think it might be helpful if you come too incase there are any journalist there.

We can see you at the side door at the royal mile at around 12:50.

Thanks,

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**

Private Secretary to Minister for Public Health and Women's Health - Jenni Minto

The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG

[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>

**Sent:** Wednesday, March 13, 2024 11:08 AM

**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>; Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecforNRHSC@gov.scot](mailto:CabSecforNRHSC@gov.scot)>

**Cc:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>

**Subject:** Long Covid Call to Action - Photocall and drop in

Cab Sec, Minister, PO

Good morning

There is a photo call this lunchtime from Long Covid campaigners. Is Cab Sec or the Minister planning to attend? I will provide comms support if required just in case Ministers are approached by journalists at Parliament.

Many thanks

**[REDACTED, section 38(1)(b)]**

Media Manager

Scottish Government

Communications Health and Social Care

[REDACTED, section 38(1)(b)]

**Please note: my non-work day is a Monday**



It says that ACH is urging SG - *to work with health boards and expand support for Long Covid patients, as analysis by his party revealed that some health boards have spent none or hardly any of their Long Covid funding allocation in 2022/23.*

Lines highlight that we're already working with boards and have expanded support.

Grateful to know if Ms Minto is content with lines which have been agreed with policy colleagues and spads.

Thanks

[REDACTED, section 38(1)(b)]

### **LINES TO CLEAR**

Public Health Minister Jenni Minto said:

“We take long COVID very seriously and recognise the impact it can have on those most severely affected.

“Thanks to backing from our £10 million long COVID Support Fund, 12 out of 14 NHS boards have active long COVID pathways in operation, and elsewhere well-established referral pathways exist to a range of services which can provide support to people with symptoms resulting from long COVID.

“Boards didn't need to use all of the money made available to them over the first year of the fund but we remain committed to delivering the fund in full. The vast majority of boards have now accessed the funds available or increased the amount spent.

“We regularly engage with boards on their capacity needs and to inform the allocation of the fund. We will consider baselining funding at a level based on progress made over 2023-24.”

### **Background**

The 2024-25 Budget outlines our plans to make £3 million from the fund available over 2024-25. It is incorrect to say funding has now been spread over five years. In line with the March 2023 letter to the COVID-19 Recovery Committee referenced, we anticipate that the fund be allocated over the financial years 2022-23, 2023-24, 2024-25 and 2025-26.”

### **LIBDEM NR**

**Embargo: Friday 15th March, 00:01**

**Majority of health boards spend less than half of Long Covid funding**

Speaking on International Long Covid Awareness Day, Scottish Liberal Democrat leader Alex Cole-Hamilton MSP has today urged the SNP

Government to work with health boards and expand support for Long Covid patients, as analysis by his party revealed that some health boards have spent none or hardly any of their Long Covid funding allocation in 2022/23. The Scottish Government announced that a £10 million Long Covid Support Fund would be made available to NHS boards and a number of organisations.

Scottish Liberal Democrat analysis examined how much was allocated from that fund in 2022/23 to each health board and how much of it was spent.

This has shown that in 2022/23:

- NHS Dumfries & Galloway, NHS Fife, NHS Forth Valley and NHS Shetland did not spend any of their Long Covid funding allocation.
- NHS Greater Glasgow & Clyde spent just 2% of their Long Covid funding. This amounted to £12,992 out of a possible £595,000.
- NHS Grampian spent just 13% of their allocation, while NHS Lothian spent 17% and NHS Ayrshire & Arran spent 19%.

In a letter to the Convener of the Covid-19 Recovery Committee dated March 2023, Humza Yousaf tried to explain the reasons for this underspend, citing “delays in recruiting to posts identified to implement the pathways of care for long Covid.”

However, several NHS boards warned the Scottish Government at least a year before that letter was sent, in their funding applications from March 2022, that the non-recurring nature of the funding would result in the creation of temporary posts, which could pose problems with recruitment.

Mr Cole-Hamilton said:

“So much of this staggering underspend comes down the SNP Government’s failure to commit to supporting health boards in the long term.

“It’s not enough for Humza Yousaf to hide behind the excuse of “staffing.” Several health boards warned the Scottish Government that the funding model would result in the creation of unattractive temporary posts, and yet it looks like ministers took no action whatsoever to address that.

“We also know that the government now plans to stretch Long Covid funding over five years rather than three, with the total funding available remaining unchanged. This lacklustre and incoherent approach is an insult to all those ordinary Scots who face breathing difficulties, crushing fatigue and any number of other debilitating symptoms associated with the condition. Many of those with Long Covid have been suffering for almost four years now.

"In England new care pathways are already up and running but in Scotland we are far behind.

“As we mark International Long Covid Awareness Day, I want to see the Scottish Government changing tack and working with health boards to ensure funding can be put to use to help all those in need. That starts by

addressing obstacles that would otherwise prevent key funding from being spent.”

ENDS

**Notes to editors:**

You can find a full spreadsheet detailing the Long Covid spend across each of Scotland's health boards for the year 2022/23 [here](#)

In their application for Long Covid funding in 2022/23, NHS Greater Glasgow and Clyde warned that “Non-recurring funding creates risk in recruitment or unintended destabilisation of other areas of workforce.” You can find this at p.3 [here](#).

In their funding application, NHS Lothian also warned that having to advertise temporary posts “may not attract suitable Scottish Government in their funding application that advertising temporary posts “may not attract suitable candidates.” You can find this at p.3 [here](#).

NHS Fife, NHS Lanarkshire and NHS Dumfries and Galloway also warned of similar problems with the funding model. You can find evidence of this [here](#), [here](#) and [here](#).

[REDACTED, section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government  
M: [REDACTED, section 38(1)(b)]

## **DOCUMENT 152**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)> **On Behalf Of** Minister for Public Health & Women's Health  
**Sent:** Friday, March 15, 2024 4:33 PM  
**To:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; Suzi Mair <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Kevin Pringle <[Kevin.Pringle@gov.scot](mailto:Kevin.Pringle@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; Tom Thomson <[Tom.Thomson@gov.scot](mailto:Tom.Thomson@gov.scot)>  
**Subject:** RE: IMMEDIATE: FOR CLEARANCE - Long Covid Day tweet

Hi [REDACTED, section 38(1)(b)],

Thanks for this. Ms Minto is content.

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**

Private Secretary to Minister for Public Health and Women's Health - Jenni Minto  
The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG  
[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Sent:** Friday, March 15, 2024 11:40 AM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Kevin Pringle <[Kevin.Pringle@gov.scot](mailto:Kevin.Pringle@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; Tom Thomson <[Tom.Thomson@gov.scot](mailto:Tom.Thomson@gov.scot)>  
**Subject:** RE: IMMEDIATE: FOR CLEARANCE - Long Covid Day tweet

Hello [REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)]

As discussed with Ms Minto at Monday's visit, please find follow-up tweet to mark International Long Covid Day.

Grateful to know if Ms Minto is content to issue as below

A preview of the tweet video can be found [here](#)



**Scot Gov Health**

@scotgov... • Just now

To mark #LongCovidAwarenessDay Public Health Minister @jenni\_minto visited University Hospital Crosshouse, to hear how @NHSaaa's long COVID pathway, backed by funding from the £10 million @scotgov Long Covid Fund, supports those with the condition.

[bit.ly/LongCovidServices](https://bit.ly/LongCovidServices)



[REDACTED, section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government  
M: [REDACTED, section 38(1)(b)]

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)> **On Behalf Of** Minister for Public Health & Women's Health  
**Sent:** Monday, March 11, 2024 5:43 PM  
**To:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Kevin Pringle <[Kevin.Pringle@gov.scot](mailto:Kevin.Pringle@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; Tom Thomson <[Tom.Thomson@gov.scot](mailto:Tom.Thomson@gov.scot)>  
**Subject:** RE: IMMEDIATE: FOR CLEARANCE - media query - NHS boards - Long covid pathways - BBC

Hi [REDACTED, section 38(1)(b)]

Thanks for this. Ms Minto is content to clear.

[REDACTED, section 38(1)(b)]

[REDACTED, section 38(1)(b)]

Private Secretary to Minister for Public Health and Women's Health - Jenni Minto  
The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG  
[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Sent:** Monday, March 11, 2024 5:10 PM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Kevin Pringle <[Kevin.Pringle@gov.scot](mailto:Kevin.Pringle@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; Tom Thomson <[Tom.Thomson@gov.scot](mailto:Tom.Thomson@gov.scot)>  
**Subject:** IMMEDIATE: FOR CLEARANCE - media query - NHS boards - Long covid pathways - BBC

[REDACTED, section 38(1)(b)], [REDACTED, section 38(1)(b)]

BBC, who were at this morning's Long Covid visit, have follow-up Q on boards – (they already have interview and board NR below).

Reporter says - *A quick follow up question from the ministers visit to Crosshouse this morning. She mentioned that 12 of the 14 health boards now have Long Covid pathways for patients. Can I check which two health boards are still at the development stage?*

Grateful to know if Ms Minto is content with below lines which have been agreed with policy colleagues and spads and with below tweet.

Thanks  
[REDACTED, section 38(1)(b)]

## **LINES TO CLEAR**

A Scottish Government spokesperson said:

“We are giving NHS boards the flexibility to design and deliver the best models of care tailored to the specific needs of their local populations.

“All boards, with the exception of NHS Fife and NHS Shetland have active long COVID pathways. In these two board areas well-established referral pathways exist to a range of services which can provide support to people with symptoms resulting from long COVID. This may include local primary care teams, community-based rehabilitation services and secondary care investigation, depending on what's appropriate for the person's clinical needs.

“NHS Scotland is delivering care in line with the UK-wide long COVID clinical guideline developed by the National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of GPs (RCGP) – this is clear that 'one model would not fit all areas'.”

## TWEET



**Scot Gov Health**

@scotgov... • Just now

On a visit to University Hospital Crosshouse, Public Health Minister @jenni\_minto heard how its multidisciplinary long COVID pathway - backed by funding from the £10 million @scotgov Long Covid Fund - is supporting those living with the condition.

<https://bit.ly/LongCovidServices>



On a visit to University Hospital Crosshouse, Public Health Minister @jenni\_minto heard how its multidisciplinary long COVID pathway - backed by funding from the £10 million @scotgov Long Covid Fund - is supporting those living with the condition.

<https://bit.ly/LongCovidServices>

Links to

[Public Health Minister highlights long COVID services in Ayrshire - NHS Ayrshire & Arran \(nhsaaa.net\)](https://www.nhs.uk/news/2022/07/public-health-minister-highlights-long-covid-services-in-ayrshire)

277/280 chars

## ALT TEXT

Public Health Minister Jenni Minto with NHS Ayrshire and Arran Long Covid pathway staff and service user

## BOARD NR FOR AWARENESS

**Public Health Minister highlights long Covid services in Ayrshire**

The Scottish Government Minister for Public Health Jenni Minto has spent the morning (Monday 11 March) at University Hospital Crosshouse learning more about local rehabilitation services for patients with long Covid. The visit has taken place ahead of International Long Covid Awareness Day on Friday 15 March.

While most people are fully recovered from coronavirus by four weeks after infection, unfortunately some patients experience ongoing symptoms, including breathlessness, fatigue, pain, cognitive impairment and anxiety.

NHS Ayrshire & Arran has a long Covid multidisciplinary pathway, which provides a single point of access for assessment and coordinated support from services, depending on the individual patient's needs. This may include physiotherapy, occupational therapy and nursing support. Since May 2023, 192 long Covid patients have been referred in to the pathway for assessment and further treatment.

Ms Minto met with team members from the Covid Rehabilitation Service to hear more about their work and the benefits to Ayrshire patients living with long Covid.

She said:

“We take long COVID very seriously and recognise the impact it can have on those most severely affected.

“Through our £10 million long COVID Support Fund, we are making available £3 million this financial year to support NHS boards to increase the capacity of existing services, and develop more clearly defined local pathways. This is in addition to what our healthcare system – supported by £19.5 billion - is already delivering across our full range of NHS services.

“NHS Ayrshire and Arran's service brings together an invaluable wealth of experience from a range of healthcare professionals and I would like to thank the team for all their hard work in supporting those living with long COVID.

“I was very pleased to hear from those who have benefitted from a service that can make a real difference to people's lives – something we have now rolled out to the majority of our NHS boards.”

NHS Ayrshire & Arran's Team Lead for Covid/Cardiac and Multimorbidity Rehabilitation, Jane Holt has been integral in the set up and delivery of the long Covid rehabilitation service. She said:

“Symptoms of long Covid can be debilitating. We are bringing together specialists from a number of disciplines to provide patient-centred care for those in our communities who are living with the ongoing impact of coronavirus. It has been fantastic to get the opportunity to talk about the important work of this team with the Public Health Minister, as well as giving some of our patients the chance to share details of the positive impact they've experienced through the pathway.

“Expanding the work we do to encompass Covid rehab came naturally to us, as our work is embedded in long term conditions and the impact that it has on people. The

multidisciplinary team has risen to the challenge and continue to innovate to help shape this new service for those experiencing long Covid. Soon we will be welcoming a psychologist to the team, as many of those on the pathway experience neurocognitive/brain fog symptoms as well as incapacitating physical symptoms.”

“We are committed to working with third sector partners such as Chest, Heart and Stoke Scotland, Long Covid Scotland and to listening, validating and supporting people who live with this condition.”

**ENDS**

## **BACKGROUND**

<https://www.nhsinform.scot/long-term-effects-of-covid-19-long-covid/about-long-covid/what-is-long-covid/>

[REDACTED, section 38(1)(b)]  
Senior Media Manager  
Communications Health and Social Care  
Scottish Government  
M: [REDACTED, section 38(1)(b)]



The Scottish Government | St Andrew's House | Edinburgh | EH1 3DG  
[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>  
**Sent:** Friday, April 19, 2024 7:00 PM  
**To:** Minister for Public Health & Women's Health <[MinisterPHWH@gov.scot](mailto:MinisterPHWH@gov.scot)>  
**Cc:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Communications NHS Recovery, Health and Social Care <[CommunicationsNHSRecoveryHealthandSocialCare@gov.scot](mailto:CommunicationsNHSRecoveryHealthandSocialCare@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Jeanette Campbell <[Jeanette.Campbell@gov.scot](mailto:Jeanette.Campbell@gov.scot)>; [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)>; Emily Mackintosh <[Emily.Mackintosh@gov.scot](mailto:Emily.Mackintosh@gov.scot)>; Jennie Gollan <[Jennie.Gollan@gov.scot](mailto:Jennie.Gollan@gov.scot)>; Cabinet Secretary for NHS Recovery, Health and Social Care <[CabSecforNRHSC@gov.scot](mailto:CabSecforNRHSC@gov.scot)>  
**Subject:** For clearance please - Media query - Long Covid spending - Daily Record - For 17:30

Good evening PO,

Please see for clearance a response to a media query concerning the Lib Dem release below on long Covid spending.

This is primarily a criticism of alleged under spending of the Long Covid Support Fund, using this new report from Cambridge Econometrics consultancy as a hook to attack SG's "lacklustre" approach. I have highlighted a Lib Dem figure below which is incorrect, which we address in the line.

Policy and SpAds are content.

**Public Health Minister Jenni Minto said:**

"We take long COVID very seriously and recognise the impact it can have on those most severely affected.

"Around £1.1 million was used to support long COVID patients in the financial year 2022-23. Boards didn't need to use all the money made available to them over the first year of the fund but we remain committed to delivering the £10 million in full by 2026. The vast majority of boards have accessed the funds available or increased the amount spent.

"We regularly engage with boards to inform the allocation of the fund."

## Query



### **Long Covid may have reduced Scotland's GDP by £120m and cost 11,000 jobs**

Scottish Liberal Democrat leader Alex Cole-Hamilton has today called on the Scottish Government to develop a long-term plan for tackling Long Covid after a new economic report indicated that the condition may have reduced Scotland's GDP by a massive £120m.

A new report *The Economic Impact of Long Covid in the UK* by Cambridge Econometrics estimates that across the UK, Long Covid "may have macroeconomic costs of some £1.5bn of GDP each year, with the impacts increasing if future prevalence were to rise.

The main driver of this result is the way in which Long Covid reduces people's ability to work, leading to lower household incomes and lower economic growth overall. Lower employment of around 138,000 by 2030 follows as a consequence."

Adjusted for Scotland's share of the UK population, this suggests a yearly economic impact of £120m and a cost of 11,000 jobs by 2030.

Despite announcing a £10m Long Covid support fund, the Scottish Government spent less than £670,000 on supporting Long Covid patients in financial year 2022/23.

In a letter to the Convener of the Covid-19 Recovery Committee dated March 2023, Humza Yousaf tried to explain the reasons for this underspend, citing "delays in recruiting to posts identified to implement the pathways of care for long Covid."

However, several NHS boards warned the Scottish Government at least a year before that letter was sent, in their funding applications from March 2022, that the non-recurring nature of the funding would result in the creation of temporary posts, which could pose problems with recruitment.

**Mr Cole-Hamilton said:**

"Far too many Scots know, first-hand, the devastating reality of living with Long Covid. Breathing difficulties, cognitive problems and crushing fatigue are just some of the many symptoms they face on a daily basis. Previously healthy young people are now forced to use wheelchairs and many have been unable to return to work.

"Despite repeatedly promising to help, Humza Yousaf has failed to properly invest in adequate treatment pathways for sufferers. We're now seeing the economic impact of the Government's inaction. What these figures show is that investing in support for those with Long Covid would also be good for our economy too.

"If even a fraction of those who are out of work or working reduced hours as a result of this condition could be helped into recovery, this investment would pay for it itself several times over.

"The Scottish Government were warned that if they didn't commit to supporting health boards in the long term, then boards would find it challenging to fill temporary posts.

"This lacklustre approach is an insult to all those ordinary Scots, many of whom have been suffering for almost four years now.

"The Scottish Government must urgently change tack and work with health boards to ensure funding can be put to use to help all those in need."

ENDS

Notes to editors:

The report from Cambridge Econometrics can be found [here](#).

Alex Cole-Hamilton MSP recently revealed that a number of health boards spent none or hardly any of their Long Covid funding allocation in 2022/23:

- NHS Dumfries & Galloway, NHS Fife, NHS Forth Valley and NHS Shetland did not spend any of their Long Covid funding allocation.
- NHS Greater Glasgow & Clyde spent just 2% of their Long Covid funding. This amounted to £12,992 out of a possible £595,000.
- NHS Grampian spent just 13% of their allocation, while NHS Lothian spent 17% and NHS Ayrshire & Arran spent 19%.

You can find a full spreadsheet detailing the Long Covid spend across each of Scotland's health boards for the year 2022/23 [here](#).



This e-mail has been sent to [reporters@dailyrecord.co.uk](mailto:reporters@dailyrecord.co.uk) because you're subscribed to our press releases, you can [click here to unsubscribe](#).

Sent with Mailjet. Published and promoted by Scottish Liberal Democrats, 4 Clifton Terrace, Edinburgh, EH12 5DR

## **DOCUMENT 154**

**From:** [REDACTED, section 38(1)(b)] <[\[REDACTED, section 38\(1\)\(b\)\]@mactv.co.uk](mailto:[REDACTED, section 38(1)(b)]@mactv.co.uk)>

**Sent:** Thursday, April 25, 2024 3:43 PM

**To:** Minister for Public Health & Women's Health <[ministerphwh@gov.scot](mailto:ministerphwh@gov.scot)>

**Subject:** Long Covid - Jenni Minto MSP interview transcription check

**Importance:** High

Dear Sir / Madam

My name is [REDACTED, section 38(1)(b)] and I am a Producer at a media company called MacTV. We are currently working on a documentary on 'Long Covid' for BBC ALBA which focuses on the stories of those who have lived with the effects of Long Covid, and my colleague, [REDACTED, section 38(1)(b)], had interviewed Jenni Minto in her capacity as the Minister for Public Health at the end of last year.

Further filming has been ongoing, and the style of the documentary has meant that we don't plan to use Jenni's interview itself now, but would like to use the information from Jenni's answer to the question about the general situation re. Covid Services in Scotland to give context, as this is still the same.

This is the transcription –

***So, could you tell us a wee bit about COVID services in Scotland, just in General?***

*The Scottish government are investing 10 million pounds into COVID services, and looking across Scotland, not every area is exactly the same, and what the Scottish Government felt was the best way to deal with this was to pass that funding to the health boards, because the health boards understand their populations far better than the Scottish Government as a whole.*

*So we passed the money, or are passing the money, to health boards and they will make, design the pathways for COVID and long COVID services which fit best with their population needs.*

If you could clarify that for me and come back to me ASAP, ideally this afternoon if at all possible, that would be very much appreciated. We will then ensure that that is part of the context of the documentary.

Many thanks,

[REDACTED, section 38(1)(b)]

**[REDACTED, section 38(1)(b)]**

***Head of Development & Co-Productions / Commissions***

MacTV, Portrona House, Rigs Road, Stornoway, HS1 2RF

[www.mactv.co.uk](http://www.mactv.co.uk)

Mobile [REDACTED, section 38(1)(b)]

Office [REDACTED, section 38(1)(b)]





“We have established a £10 million long COVID Support Fund to help NHS boards increase the capacity of services and £3 million is being made available from the fund available over this financial year.”

**[REDACTED, section 38(1)(b)] | Senior Media Manager**

First Minister’s Communications

Scottish Government, St Andrew's House

**e:** [\[REDACTED, section 38\(1\)\(b\)\]@gov.scot](mailto:[REDACTED, section 38(1)(b)]@gov.scot)

**m:** [REDACTED, section 38(1)(b)]