

Archived: 01 May 2024 12:09:41

From: [REDACTED] FOISA s 38(1)(b)

Sent: 29 July 2021 18:37:54

To: FOISA s 38

Cc: [REDACTED] FOISA s 38(1)(b)

Subject: FW: For information: Request from Scottish Government on long term effects of COVID-19

Importance: Normal

Sensitivity: None

Attachments:

[Letter - Mapping exercise - Managing the long term effects of COVID-19.pdf](#)

Hi [REDACTED]

Unfortunately I was unable to check with [REDACTED] FOIS before he went off (long story on my part).

Do you know if this was responded to. I've copied in [REDACTED] FOI in case she may know.

Thanks

[REDACTED] FOI

From: Kirsty Brightwell (NHS Shetland)

Sent: 29 July 2021 15:08

To: [REDACTED] FOISA s 38(1)(b) <[REDACTED] FOISA s 38(1)(b)>

Subject: Re: For information: Request from Scottish Government on long term effects of COVID-19

I asked [REDACTED] FOIS and [REDACTED] FOISA s 38(1)(b) re Long COVID lead and haven't had a reply. The letter is addressed to CO and CEO but we need to reply by tomorrow. Is it possible to check with [REDACTED] FOIS if he has responded?

Thanks

#hello my name is...


Kirsty Brightwell

Medical Director, GP and RO, NHS Shetland

[REDACTED] FOISA s 38(1)(b)

PA: [REDACTED] FOIS [REDACTED] FOISA s 38(1)(b) [REDACTED] FOISA s 38(1)(b)

Please note email is not an urgent form of communication so if your request is urgent please send a brief text and I will look for your message as soon as possible.

From: [redacted] FOISA s 38(1)(b) <[redacted] FOISA s 38(1)(b)>
Sent: 29 July 2021 14:42
To: Kirsty Brightwell (NHS Shetland) <[redacted] FOISA s 38(1)(b)>
Subject: FW: For information: Request from Scottish Government on long term effects of COVID-19

Do I need to do anything with this or can I just file it?

FOI

From: nss committee
Sent: 27 July 2021 11:02
To: [redacted]

FOISA s 38(1)(b)

[Large redacted area covering the main body of the email]

Subject: For information: Request from Scottish Government on long term effects of COVID-19

Dear Colleagues,

The below email and attached letter, which have been circulated to Chief Executives and IJB Chief Officers, are being shared with you at the request of [FOISA s 38(1)(b)] for information.

Kind regards,

[FOISA s 38(1)(b)]

[FOISA s 38(1)(b)]

[FOISA s 38(1)(b)]

Committee Services Team

Strategy, Performance and Service Transformation Directorate

NHS National Services Scotland

Meridian Court

5 Cadogan Street

Glasgow

G2 6QE

T: [FOISA s 38(1)(b)]

E: [FOISA s 38(1)(b)]

Subject: Request from Scottish Government on long term effects of COVID-19

Dear all,

Please see attached letter from Jason Leitch, National Clinical Director, Scottish Government and Susi Buchanan, Director of NSD outlining a request for support with mapping of services for the long term effects of COVID-19.

The service mapping is in two questionnaires. The first questionnaire is to capture the services and support needs for patients with long term effects of COVID-19 in health boards and IJBs. It has been split into sections for acute services, diagnostics and IJBs and I would be grateful if you could circulate to relevant colleagues for completion. [Link to HB and IJB questionnaire](#).

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Grateful for your support with this.

Best wishes,

[FOISA s 38(1)(b)]

[FOISA s 38(1)(b)]

[FOISA s 38(1)(b)]

National Network Management Service

NHS National Services Scotland

Meridian Court

5 Cadogan Street

Glasgow

G2 6QE

FOISA s 38(1)(
b)

Twitter: @cypnmcn -Children and Young People's National Managed Clinical Networks

Archived: 01 May 2024 12:09:09

From: [Kirsty Brightwell \(NHS Shetland\)](#)

Sent: 27 July 2021 11:49:30

To: [REDACTED] FOISA s 38(1)(b)

Subject: FW: For information: Request from Scottish Government on long term effects of COVID-19

Importance: Normal

Sensitivity: None

Attachments:

[Letter - Mapping exercise - Managing the long term effects of COVID-19.pdf](#);

Hi

I was aware that there had been a bit of a chat about the 3 island boards working together on this but I'm not sure where this got to – no pressure if it wasn't going to work. We don't currently have an AMD for Primary Care so please let me know if I should be doing anything 😊

Did this go anywhere?

Thanks

Kirsty Brightwell

Medical Director, RO and GP

NHS Shetland

PA: FOISA s 38(1)(b) FOISA s 38(1)(b)

FOISA s 38(1)(b)

What is the single best thing we can do for our health?

<https://www.youtube.com/watch?v=aUalnS6HIGo>

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FOISA s 38(1)(b)

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FOIS

As

Senior Programme Manager,
National Network Management Service
NHS National Services Scotland
Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

FOISA s 38(1)(
b)

Twitter: @cypnmcn -Children and Young People's National Managed Clinical Networks

Archived: 01 May 2024 12:09:30

From: [Kirsty Brightwell \(NHS Shetland\)](#)

Sent: 27 July 2021 11:47:23

To: [REDACTED] FOISA s 38(1)(b)

Subject: FW: For information: Request from Scottish Government on long term effects of COVID-19

Importance: Normal

Sensitivity: None

Attachments:

[Letter - Mapping exercise - Managing the long term effects of COVID-19.pdf](#);

Hi chaps

I have been rather hands off on this one as it is small numbers and evolving. We have been looking at how we improve services for all with long term conditions with a current focus on chronic pain and my thinking was that Long COVID was another condition within that realm. We have a handful of folk that are known to their GPs and have been referred into the General Medical team who have done a sterling job as required. We have sent round the SIGN and other guidance when it has come in. I don't know if AHPs and psychology are seeing many but would expect colleagues to receive referrals if appropriate as well as asking NHSG to pick up any complex cases.

This letter is asking for people to complete a survey and for each Board to have a nominated lead for Long COVID. We currently do not have an AMD for Primary Care (where this might sit) and I wondered if an AHP colleague might be appropriate as it may help to get them more involved locally too? I realise that there are people with unmet needs but I am also mindful that this is a political push and that we have many areas of priority.

The AMDs for Primary Care had begun a piece of work between the 3 island boards but I've not heard much from this so will ask where it is at.

Any thoughts?

Kirsty Brightwell

Medical Director, RO and GP

NHS Shetland

PA: [REDACTED] FOISA s 38(1)(b)

[REDACTED] FOISA s 38(1)(b)

What is the single best thing we can do for our health?

<https://www.youtube.com/watch?v=aUalnS6HIGo>

From: nss committee

Sent: 27 July 2021 11:02

To: [REDACTED] FOISA s 38(1)(b)

[Redacted content]

Subject: For information: Request from Scottish Government on long term effects of COVID-19

Dear Colleagues,

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Kind regards,

FOISA

[Redacted signature]

FOISA s 38(1)(b)

Committee Services Team
Strategy, Performance and Service Transformation Directorate

NHS National Services Scotland
Meridian Court

5 Cadogan Street
Glasgow
G2 6QE

FOISA s 38(1)(b)

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FOISA s 38(1)(b)

National Network Management Service

NHS National Services Scotland

Meridian Court

5 Cadogan Street

Glasgow

G2 6QE

FOISA s 38(1)(
b)

Twitter: @cypnmcn -Children and Young People's National Managed Clinical Networks

Archived: 01 May 2024 12:09:23

From: [nss committee](#)

Sent: 27 July 2021 11:02:12

To: [REDACTED] FOISA s 38(1)(b)

Subject: For information: Request from Scottish Government on long term effects of COVID-19

Importance: Normal

Sensitivity: None

Attachments:

[Letter - Mapping exercise - Managing the long term effects of COVID-19.pdf](#);

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Kind regards,

[REDACTED] FOISA

[REDACTED] FOISA s 38(1)(b)

Committee Services Team
Strategy, Performance and Service Transformation Directorate

NHS National Services Scotland

Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

[REDACTED] FOISA s 38(1)(b)

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5 Cadogan Street

Glasgow

G2 6QE

FOISA s 38(1)(
b)

Twitter: @cypnmcn -Children and Young People's National Managed Clinical Networks

Archived: 01 May 2024 12:24:47

From: [REDACTED] FOISA s 38(1)(b)

Sent: 03 August 2021 09:51:38

To: [REDACTED] FOISA s 38(1)(b)

Subject: Primary Care Govt information - Long covid; e-consulting; remote health pathways

Importance: Normal

Sensitivity: None

Attachments:

[GP DACS Newsletter - Issue 1 - 19072021.docx](#); [Letter - Mapping exercise - Managing the long term effects of COVID-19.pdf](#);

Good morning

Apologies for another email from me today – [REDACTED] FOISA s 38(1)(b) for sharing onwards to practices. I have highlighted one part in **yellow**, this requires a response from practices please.

Kirsty, [REDACTED] FOISA s 38(1)(b), I have highlighted one part in **green**, which requires a HB and IJB response please.

[REDACTED] FOISA s 38(1)(b)

Request from Scottish Government on long term effects of COVID-19

Please see attached letter from Jason Leitch, National Clinical Director, Scottish Government and Susi Buchanan, Director of NSD outlining a request for support with mapping of services for the long term effects of COVID-19.

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GP DACS Newsletter - Issue 1

This newsletter aims to keep GP Practice teams, Board eHealth leads and GP Sub-committees up to date about Scottish Government support for the provision of Digital Asynchronous Consultation Systems (DACS) for General Practices across Scotland.

Remote Health Pathways Newsletter - July 2021

Please click the link below to access the July edition of the **Remote Health Pathways** Sway Newsletter.

You can expect information about the Inhealthcare pathways (live and in development), the Florence BP scale-up programme, the RHM National Procurement, GP DACS, Digital Dermatology in association with the MPP Programme, and innovation items in association with DHL.

Please forward this to any colleagues you think would be interested, and please get in touch if you have any questions or require any further information.

Thank you
The Remote Health Pathways Programme Team

Remote Health Pathways - July 2021

Welcome to the July 2021 Technology Enabled Care (TEC), Remote Health Pathways (RHP) Newsletter which provides a brief overview of this exciting programme of work.

[Go to this Sway](#)

FOISA s 38(1)(b)

General Practice Policy Division, Primary Care Directorate, Scottish Government, Area 1ER, St Andrew's House, 1 Regent Road, Edinburgh, EH1 3DG

FOISA s 38(1)(b)

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system and inform the sender immediately by return.

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FOISA s 38(1)(b)

**Health Board Chief Executives
Integration Joint Board Chief Officers**

**Copy to:
Medical Directors
Directors of Nursing/ AHPs
Primary Care clinical leads
Directors of Planning**

For action

26 July 2021

Dear colleagues

MANAGING THE LONG-TERM EFFECTS OF COVID-19 – MAPPING EXERCISE

As you will be aware, on 18 December 2020 the Scottish Intercollegiate Guidelines Network (SIGN), the National Institute for Health and Care Excellence (NICE) and the Royal College of General Practitioners (RCGP) published a rapid clinical [guideline](#) covering the identification, assessment and management of the long-term effects of COVID-19, often described as ‘Long COVID’.

The guideline makes recommendations about care in all healthcare settings for people who have new or ongoing symptoms 4 weeks or more after the start of acute COVID-19. It also includes advice on organising services for Long COVID.

The guideline contains information that NHS Boards will find helpful in the planning and delivery of care to people experiencing Long COVID, and the [Implementation Support Note](#) issued in May 2021 by the Chief Medical Officer provides practical information for Primary Care teams.

Providing safe, person-centred and effective care and support for people with Long COVID is a Ministerial priority.

The Scottish Government recognises that Long COVID has created a new pressure for NHS services to manage.

Therefore, in order to support NHS Boards to better understand and meet the needs of this new condition, the Scottish Government has commissioned National Services Division (NSD) to carry out a mapping exercise with a view to understanding:

- How services are currently being delivered across Scotland to support people with Long COVID.
- Pressures on existing services as a result of this new, emerging condition and responding to the needs of people affected by Long COVID.
- What additional measures and support is required to support NHS Scotland in meeting the needs of people living with Long COVID.

This exercise is being undertaken to inform decision making with a view to making recommendations in relation to support, it is not intended as judgement of performance.

Action: Please cascade the questionnaire appropriately and encourage relevant colleagues to complete it online by **9th August 2021**. If you have any queries or concerns regarding the questionnaire, please contact **FOISA s 38(1)(b)**

Health Board Long COVID Lead

The Scottish Government is looking to have a Long COVID point of contact in each Board, therefore we are asking each Health Board to nominate their Long COVID Lead.

It is our intention to create a network for sharing good practice and keep NHS Boards informed of any Scottish Government initiatives on Long COVID.

Action: I would be most grateful if you could send the contact details of your nominated Long COVID Lead to **FOISA s 38(1)(b)** as soon as possible and no later than **30th July 2021**.

Conclusion

We wish to express again our thanks for your co-operation with this work which is essential to identify the immediate support needs of NHS Boards, Integration Joint Boards and Primary Care.

Yours sincerely

FOISA s 38(1)(b)

Professor Jason Leitch
National Clinical Director
Scottish Government

Susan Buchanan
Director of National Specialist and
Screening Division
National Services Scotland

Archived: 01 May 2024 13:44:35

From: [Kirsty Brightwell \(NHS Shetland\)](#)

To: [REDACTED] FOISA s 38(1)(b)

Subject: ME/CFS National Scoping Questionnaire

Importance: Normal

Sensitivity: None

Attachments:

[ME CFS - Scoping service survey - Questionnaire NHS-Sh.docx](#);

Hi

My response attached

All the best

Kirsty Brightwell

Medical Director, RO and GP

NHS Shetland

[REDACTED] FOISA s 38(1)(b)

What is the single best thing we can do for our health?

<https://www.youtube.com/watch?v=aUaInS6HIGo>

Archived: 01 May 2024 13:44:13

From: [REDACTED] FOISA s 38(1)(b)

Sent: 27 October 2022 16:12:19

To: [Kirsty Brightwell \(NHS Shetland\)](#)

Subject: FW: REMINDER TO COMPLETE: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire - NHS Shetland

Importance: Normal

Sensitivity: None

Attachments:

[ME CFS - Scoping service survey - Questionnaire.docx](#);

Hi Kirsty,

Are you able to complete and return this by Monday?

Thanks

[REDACTED]

From: [REDACTED] FOISA s 38(1)(b)

Sent: 14 October 2022 13:27

To: Kirsty Brightwell (NHS Shetland) [REDACTED] FOISA s 38(1)(b)

Cc: [REDACTED] FOISA s 38(1)(b)

Subject: REMINDER TO COMPLETE: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire - NHS Shetland

Dear Dr Brightwell,

I am following up on the email, below, and attached survey, by way of a reminder, to ask if you would be able to complete and return this to us by the deadline of **Monday 31 October**.

This information will help us understand the effective embedding of the updated [NICE guideline on managing and diagnosing ME/ CFS](#), which was published in October 2021.

The completed survey can be returned to [REDACTED] FOISA s 38(1)(b). If you have any questions around this in the meantime, please don't hesitate to get in touch.

Many thanks in advance,

Clinical Priorities Team

Scottish Government

From: [REDACTED] FOISA s 38(1)(b)

Sent: 03 October 2022 15:58

Subject: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire

Importance: High

Good Afternoon,

The Scottish Government is asking NHS Medical Directors to help us better understand the current offer to people with a diagnosis of Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome (ME/ CFS) across Scotland, and implementation of updated clinical NICE guidance on ME/CFS.

ME/CFS affects an estimated 20,000-25,000 people in Scotland. The National Clinical Director and Interim Director recently [wrote to clinical colleagues](#) to raise awareness of key changes in practice within the [NICE guideline on managing and diagnosing ME/ CFS](#), which was published in October 2021.

We have devised a short, voluntary survey (attached) to help us understand the perspective of Scottish Health Boards, to inform effective embedding of the updated guideline. We would be very grateful if you could provide a response on behalf of the Board. Responses will be used to:

- map current service provision;
- review what implementation of the updated guideline has happened;
- highlight areas of good practice for sharing; and
- highlight areas where support is needed to embed the updated guideline.

The survey asks about services and does **not** ask staff to access or link to any identifiable patient information.

We appreciate any information you can contribute to help us understand how the guidance is being implemented in your Health Board, and encourage you to consider completing the survey in collaboration with relevant colleagues for input.

Survey responses will be analysed and collated into a report which may be published on the Scottish Government website. We are happy to further discuss the survey and/or your response with you if helpful, and are keen to identify any potential areas for shared learning. There may also be future opportunities to feed the data into ongoing wider UK mapping of ME/CFS service provision.

The closing date for responses is Monday 31st October. Please return the survey to **FOISA s 38(1)(b)** and please drop us an email if you have any further questions.

Thank you in advance for your participation.

Clinical Priorities Team
Scottish Government

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Archived: 01 May 2024 13:44:25

From: [Kirsty Brightwell \(NHS Shetland\)](#)

Sent: 24 October 2022 10:27:10

To: [REDACTED] FOISA s 38(1)(b)

Subject: FW: REMINDER TO COMPLETE: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire - NHS Shetland

Importance: Normal

Sensitivity: None

Attachments:

[ME CFS - Scoping service survey - Questionnaire.docx](#);

Hi all

I don't think we have any specific services for ME/CFS nor do we have any plans around the prompts from NICE (though the guidance was circulated to all in the CG Bulletin).

Is there anything you think I can add to this rather short reply?

Thanks

Kirsty Brightwell

Medical Director, RO and GP

NHS Shetland

[REDACTED] FOISA s 38(1)(b)

What is the single best thing we can do for our health?

<https://www.youtube.com/watch?v=aUalnS6HIGo>

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Sent: 14 October 2022 13:27

To: Kirsty Brightwell (NHS Shetland) [REDACTED] FOISA s 38(1)(b)

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From: FOISA s 38(1)(b)

Mail received time: Fri, 14 Oct 2022 12:27:00

Sent: 14 October 2022 13:27:01

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Cc: FOISA s 38(1)(b)

Subject: REMINDER TO COMPLETE: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire - NHS Shetland

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Dear Dr Brightwell,

I am following up on the email, below, and attached survey, by way of a reminder, to ask if you would be able to complete and return this to us by the deadline of **Monday 31 October**.

This information will help us understand the effective embedding of the updated [NICE guideline on managing and diagnosing ME/ CFS](#), which was published in October 2021.

The completed survey can be returned to FOISA s 38(1)(b) If you have any questions around this in the meantime, please don't hesitate to get in touch.

Many thanks in advance,

Clinical Priorities Team

Scottish Government

From: FOISA s 38(1)(b)

Sent: 03 October 2022 15:58

Subject: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire

Importance: High

Good Afternoon,

The Scottish Government is asking NHS Medical Directors to help us better understand the current offer to people with a diagnosis of Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome (ME/ CFS) across Scotland, and implementation of updated clinical NICE guidance on ME/CFS.

ME/CFS affects an estimated 20,000-25,000 people in Scotland. The National Clinical Director and Interim Director recently [wrote to clinical colleagues](#) to raise awareness of key changes in practice within the [NICE guideline on managing and diagnosing ME/ CFS](#), which was published in October 2021.

We have devised a short, voluntary survey (attached) to help us understand the perspective of Scottish Health Boards, to inform effective embedding of the updated guideline. We would be very grateful if you could provide a

response on behalf of the Board. Responses will be used to:

- map current service provision;
- review what implementation of the updated guideline has happened;
- highlight areas of good practice for sharing; and
- highlight areas where support is needed to embed the updated guideline.

The survey asks about services and does **not** ask staff to access or link to any identifiable patient information.

We appreciate any information you can contribute to help us understand how the guidance is being implemented in your Health Board, and encourage you to consider completing the survey in collaboration with relevant colleagues for input.

Survey responses will be analysed and collated into a report which may be published on the Scottish Government website. We are happy to further discuss the survey and/or your response with you if helpful, and are keen to identify any potential areas for shared learning. There may also be future opportunities to feed the data into ongoing wider UK mapping of ME/CFS service provision.

The closing date for responses is Monday 31st October. Please return the survey to
FOISA s 38(1)(b) and please drop us an email if you have any further questions.

Thank you in advance for your participation.

Clinical Priorities Team
Scottish Government

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Archived: 01 May 2024 13:44:41

From: [REDACTED] FOISA s 38(1)(b)

Sent: 13 October 2022 12:48:30

To: [Kirsty Brightwell \(NHS Shetland\)](#) [REDACTED] FOISA s 38(1)(b)

Subject: Re: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire

Importance: Normal

Sensitivity: None

Attachments:

[ME CFS - Scoping service survey - Questionnaire CE notes.docx](#);

Hello

I've added a few notes; part 2 is asking specifically about your (you KB as MD) awareness of NICE guidance changes and plans for services so I've not put anything there.

Like post Covid syndrome, fibromyalgia, chronic pain there is a gap in our services, but we are a small place...

FOIS

[REDACTED] FOISA s 38(1)(b) GP Scalloway Health Centre, Shetland, ZE1 0TN 01595 880219
Associate Medical Director Primary Care, Shetland; Interface and locum GP Oxford

From: Kirsty Brightwell (NHS Shetland) [REDACTED] FOISA s 38(1)(b)

Sent: Sunday, October 9, 2022 08:33

To: [REDACTED] FOISA s 38(1)(b)

Subject: FW: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire

This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

Hi both

I'd be very grateful for your thoughts on this one. I will complete in a couple of weeks

Cheers

Kirsty Brightwell

Medical Director, RO and GP
NHS Shetland

[REDACTED] FOISA s 38(1)(b)

What is the single best thing we can do for our health?
<https://www.youtube.com/watch?v=aUalnS6HIGo>

From: [REDACTED] FOISA s 38(1)(b)

Sent: 03 October 2022 15:58

Subject: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire

Importance: High

Good Afternoon,

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The closing date for responses is Monday 31st October. Please return the survey to [REDACTED] FOISA s 38(1)(b) and please drop us an email if you have any further questions.

Thank you in advance for your participation.

Clinical Priorities Team
Scottish Government

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Archived: 01 May 2024 16:13:26

From: [nss committee](#)

Sent: 11 October 2022 00:21:49

To: [REDACTED] FOISA s 38(1)(b)

[Kirsty Brightwell \(NHS Shetland\)](#)

FOISA s 38(1)(b)

Subject: SAMD Weekly Update for w/c 3 October 2022

Importance: Normal

Sensitivity: None

Attachments:

[REDACTED] FOISA s 38(1)(b)

[4a. ME.CFS - National Scoping Service Survey - Questionnaire.pdf](#); [4b. ME CFS - Scoping service survey - Questionnaire.docx](#); [REDACTED] FOISA s 38(1)(b)

Dear Colleagues,

Please find attached all of the new documents and information received the week of 3 October that relate to SAMD.

This includes:

NOT IN SCOPE OF REQUEST

4. **Invitation to participate:** ME/CFS National Scoping Service Survey

5. **For Information:** NHS Pension Flexibilities

NOT IN SCOPE OF REQUEST

Representation Requests:

New

NOT IN SCOPE OF REQUEST

Outstanding

- NOT IN SCOPE OF REQUEST
-
-
-
-
-

Consultations:

NOT IN SCOPE OF REQUEST

Best wishes,

FOISA

FOISA s 38(1)

(b)

Committee Services Team
Strategy, Performance and Service Transformation Directorate

NHS National Services Scotland

Meridian Court
5 Cadogan Street
Glasgow
G2 6QE

FOISA s 38(1)(b)

Archived: 01 May 2024 13:44:30

From: [Kirsty Brightwell \(NHS Shetland\)](#)

Sent: 09 October 2022 08:33:42

To: [REDACTED] FOISA s 38(1)(b)

Subject: FW: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire

Importance: Normal

Sensitivity: None

Attachments:

[ME CFS - Scoping service survey - Questionnaire.docx](#);

Hi both

I'd be very grateful for your thoughts on this one. I will complete in a couple of weeks

Cheers

Kirsty Brightwell

Medical Director, RO and GP

NHS Shetland

[REDACTED] FOISA s 38(1)(b)

What is the single best thing we can do for our health?

<https://www.youtube.com/watch?v=aUalnS6HIGo>

From: [REDACTED] FOISA s 38(1)(b)

Sent: 03 October 2022 15:58

Subject: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire

Importance: High

Good Afternoon,

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Thank you in advance for your participation.

Clinical Priorities Team
Scottish Government

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Archived: 01 May 2024 13:44:08

From: FOISA s 38(1)(b)

Mail received time: Mon, 3 Oct 2022 14:58:23

Sent: 03 October 2022 15:58:23

Subject: Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire

Importance: High

Sensitivity: None

Attachments:

[ME CFS - Scoping service survey - Questionnaire.docx](#);

Good Afternoon,

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Introduction

This survey has been developed to better understand the current offer to people with a diagnosis of ME/ CFS across Scotland and implementation of updated clinical NICE guidance on Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome (ME/ CFS).

The National Clinical Director and Interim Director wrote to colleagues to raise awareness of key changes in practice within the [NICE guideline on managing and diagnosing ME/ CFS](#), which was published in October 2021.

Recent research commissioned by Scottish Government outlined [stakeholders' views and priorities](#) for implementing the updated guideline. What is needed now is the perspective of Health Boards to inform effective embedding of the updated guideline. Your responses will be used to:

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Your participation is voluntary. We appreciate any information you can contribute to help us understand how the guidance is being implemented in your Health Board. We encourage you to consider completing the survey in collaboration with relevant colleagues for input. Please return one completed survey per NHS Board.

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Thank you in advance for your participation.

Scottish Government - ME/CFS - National Scoping Service Survey - Questionnaire

FOISA s 38(1)(b)

Mon 03/10/2022 15:58

📎 1 attachments (33 KB)

ME CFS - Scoping service survey - Questionnaire.docx;

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ME/CFS affects an estimated 20,000-25,000 people in Scotland. The National Clinical Director and Interim Director recently [wrote to clinical colleagues](#) to raise awareness of key changes in practice within the [Overview%20|%20Myalgic%20encephalomyelitis%20(or%20encephalopathy)/chronic%20fatigue%20syndrome:%20diagnosis%20and%20management%20|%20Guidance%20|%20NICE]NICE guideline on managing and diagnosing ME/ CFS, which was published in October 2021.

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Survey responses will be analysed and collated into a report which will be published on the Scottish Government website. There may also be opportunities to compare or feed the data into ongoing wider UK mapping of ME/CFS service provision.

Thank you in advance for your participation.

About you

1. Which Health Board are you responding on behalf of?

NHS Shetland

Part 1: Local services available

2. What support is being provided to people with ME/ CFS in your area?

You may wish to comment on:

- General and specialist services
- Primary and secondary care
- Services for children and young people, and adults
- Services for those with mild, moderate or severe symptoms
- Therapeutic interventions

Generalist support from GPs, ANPs, physiotherapists, Mental health team (psychology), OT

3. How is support being delivered?

Please select all the mediums that apply.

- Face to face
- Phone consultations
- Email
- Near Me, Zoom or similar
- Web based forums
- Web based service delivery

4. What staff or volunteers provide support to people with ME/ CFS in your local area?

Please select all the roles that apply.

- Occupational Therapist
- Physiotherapist
- Nurse
- Doctor (including GP)
- Clinical Psychologist
- Dietician
- Mental Health Nurse
- Counsellor
- NHS Technical Instructor/Support worker
- Fitness Instructor (Local Authority/Move More etc.)
- Volunteer/Buddy/Peer Supporter
- Don't Know
- Other (please describe)

5. How are individuals in need of support identified?

You may wish to comment on:

- Diagnostic criteria
- How referrals are accepted by adult and paediatric services

Diagnostic criteria as per NICE NG206
Referrals as per usual routes to AHPs and consultants but not all services will accept depending on what is being asked for so sometimes this needs to go on to NHS Grampian.

6. To which services are people with ME/ CFS referred to?

Please mention all services to which people might be referred.

Physiotherapy
CMHT
OT
Third sector – “Mind your head” for mental health tier one support

Part 2: Implementation of the NICE guideline

7. NICE recently published an updated guideline for ME/ CFS in October, 2021.					
How would you describe your awareness of the key changes within the NICE guideline on the following?					
Please put an X in the column that best represents your view.					
	Not aware at all	Slightly aware	Somewhat aware	Moderately aware	Very aware
<ul style="list-style-type: none"> Graded Exercise Therapy, (e.g. establishing an individual's baseline of achievable physical activity, then making fixed incremental increases in the time spent being physically active), should not be offered for the treatment or as a cure for ME/CFS. 					X
<ul style="list-style-type: none"> Cognitive Behavioural Therapy should only be offered to people with ME/CFS who would like to use it to support them in managing their symptoms and to reduce the psychological distress associated with the condition. 					X

8. To what extent has your area started to implement the updated guideline?

You may wish to comment on particular aspects of the updated guideline, for example,

- Training for health and social care staff
- Access to ME/ CFS specialist teams
- Provision of care for people with severe ME/ CFS
- Availability of experts in secondary care to provide guidance to primary care
- Referring children and young people with suspected ME/ CFS
- Reviews of funding and capacity

We are a small board with generalists and so each patient is assessed individually and there are no specific services for ME/CFS. Assessment is usually by Primary Care with Secondary Care to rule out other causes. Ongoing long-term support is limited within the NHS so it is necessary to look to 3rd sector and community options.

9. Are you provided with outcome data or patient feedback from services to understand the impact or experiences of people with ME/ CFS?

- Yes
 No
 Don't know
 Not applicable

9a. If Yes, What types of outcome data or patient feedback do services provide to you?

Part 3: Future plans

10. Do you have plans for a specialist ME/ CFS service in your area?

- Yes
- No
- Don't know
- Service already in place

10a. If Yes, Where will the specialist the team be located, and who will be in this team?

n/a

11. What barriers do you anticipate in implementing the updated guideline?

n/a

12. What opportunities do you anticipate in implementing the updated guideline?

13. What are the potential synergies between a specialist ME/ CFS service and pathways for other long-term conditions, for example, long COVID pathways?

I would see this as crucial. The NHS needs to be clear on its role here and how we transition from acute, reactive, crisis intervention (which we will still need to provide under emergency and urgent care) to a more hands off, supportive service for all those living with long term conditions. I would see this as a series of coaching conversations alongside peer support, community options, self-management etc.

14. Do you have any additional comments on current ME/ CFS services or future plans that you would like to share?

no

Thank you for completing this survey.

Please return it to: FOISA s 38(1)(b)

Archived: 01 May 2024 11:40:51

From: [Redacted] FOISA s 38(1)(b)

Sent: 10 February 2022 09:24:09

To: [Kirsty Brightwell \(NHS Shetland\)](#)

FOISA s 38(1)(b)

[Redacted]

Cc: [Redacted] FOISA s 38(1)(b)

[Redacted]

Subject: CMO letter on updated long COVID Implementation Support Note to Primary Care leads

Importance: Normal

Sensitivity: None

Attachments:

[Chief Medical Officer letter - Implementation Support Note - Managing the long-term effects of COVID-19 - 10 February 2022.pdf](#);

Dear all

I would be grateful if you could share with your networks, the attached letter from Dr Gregor Smith - managing the long-term effects of covid-19: updated clinical guideline and implementation support note.

Kind regards

[Redacted] FOISA s 38(1)(b)

General Practice Policy Division, Primary Care Directorate, Scottish Government,
Area 1ER, St Andrew's House, 1 Regent Road, Edinburgh, EH1 3DG

[Redacted] FOISA s 38(1)(b)

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1. Primary Care Leads

10 February 2022

MANAGING THE LONG-TERM EFFECTS OF COVID-19: UPDATED CLINICAL GUIDELINE AND IMPLEMENTATION SUPPORT NOTE

Dear colleague,

As you may be aware, on 11 November 2021 the Scottish Intercollegiate Guidelines Network (SIGN), the National Institute for Health and Care Excellence (NICE) and the Royal College of General Practitioners (RCGP) published an update to the [clinical guideline on the long-term effects of COVID-19](#).

This provided new recommendations and updated existing recommendations on identification; planning care; multidisciplinary rehabilitation; follow up, monitoring and discharge; and service organisation. It also updated the list of common symptoms, emphasising that these may be different for children.

To support the implementation of the guideline's recommendations, the Scottish Government has produced an [updated version of our 'Implementation Support Note on Managing the long-term effects of COVID-19'](#). This provides additional targeted information for clinical teams, developed with input from key stakeholders, including Specialty Advisors to the Chief Medical Officer and senior medical advisors to the Scottish Government.

Colleagues are therefore requested to ensure that they refer to the most up-to-date versions of these documents, which are both available on the ['SIGN – Managing the long-term effects of COVID-19 web page'](#).

Recording of long-term effects of COVID-19

As you will appreciate, accurate recording of information within clinical systems is necessary in order to provide an accurate picture of activity in relation to the long-term effects of COVID-19. To support this, local codes are available for the EMIS PCS and Vision information systems as outlined on page 4 of the Implementation Support Note.

I strongly recommend that local Primary Care teams use these codes where appropriate and would be grateful if you could communicate this to them. Use of these codes will enable us

to develop a better understanding of prevalence over time, and help inform our approach to supporting people with long-term effects of COVID-19.

Additional supporting information

I would like to take this opportunity to highlight a number of additional resources which you may find helpful in supporting patients affected by long-term effects of COVID-19.

Decision Support Tool

SIGN has published a decision support toolkit which provides clinicians with a single, integrated point of access to key information from the clinical guideline on managing the long-term effects of COVID-19 and the Scottish Government's accompanying Implementation Support Note.

You can access the decision support website at <https://www.signdecisionsupport.uk/> or download the mobile version of the toolkit from the [Apple Store](#) and [Google Play Store](#).

NHS inform

A [long COVID information platform](#) is available on NHS inform, providing information for people aged 18 and over about the most common symptoms, how a patient is assessed and help with managing ongoing symptoms. The information is presented in a range of languages and accessible formats.

A [supporting toolkit](#) is available for partners including Primary Care teams, providing information materials to display and share through your channels, to encourage people to consider their symptoms and seek appropriate support.

Chest Heart and Stroke Scotland long COVID Support Service

The Scottish Government is funding Chest, Heart and Stroke Scotland to deliver a long COVID Support Service, whereby Chest Heart & Stroke Scotland's Advice Line nurses can provide confidential advice, support and information to help people living with long COVID, or their family members.

The Advice Line nurses can be contacted by:

- phoning 0808 801 0899 (free from landlines and mobiles)
- emailing adviceline@chss.org.uk
- texting NURSE to 66777

Yours sincerely,

FOISA s 38(1)(b)

Professor Sir Gregor Smith
Chief Medical Officer for Scotland

Archived: 01 May 2024 14:37:02

From: [REDACTED] FOISA s 38(1)(b)

Sent: 11 January 2023 12:36:58

To: [REDACTED] FOISA s 38(1)(b)

Cc: [Kirsty Brightwell \(NHS Shetland\)](#)

Subject: FW: Updated Guidance to Medical Practitioners for Death Certification and Reporting Deaths to the Procurator Fiscal during the recovery from COVID-19 Disease Pandemic

Importance: Normal

Sensitivity: None

Attachments:

[Chief Medical Officer - final version - SGHD-CMO\(2022\)40 - Re- Updated Guidance to Medical Practitioners for Death Certification and Reporting Deaths - 21 December 2022.pdf](#);

Dear all – please see attached.....

Please see the letter attached from Professor Sir Gregor Smith Chief Medical Officer for Scotland, John Logue Crown Agent and Chief Executive of COPFS, Deputy Chief Constable Malcolm Graham Police Scotland and Paul Lowe Registrar General and Keeper of the Records of Scotland.

Kind regards

[REDACTED] FOISA s 38(1)(b)

Chief Medical Officer Directorate
Room 1E.08
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

[REDACTED] FOISA s 38(1)(b)

From: Kirsty Brightwell (NHS Shetland)

Sent: 11 January 2023 12:31

To: [REDACTED] FOISA s 38(1)(b)

Subject: FW: Updated Guidance to Medical Practitioners for Death Certification and Reporting Deaths to the Procurator Fiscal during the recovery from COVID-19 Disease Pandemic

Hi

Please can you send to all junior docs [REDACTED] FOISA s 38(1)(b)

Thanks

Kirsty Brightwell

Medical Director, RO and GP
NHS Shetland

FOISA s 38(1)(b)

What is the single best thing we can do for our health?
<https://www.youtube.com/watch?v=aUalnS6HIGo>

From: FOISA s 38(1)(b) On Behalf Of CMO@gov.scot

Sent: 21 December 2022 12:11

To: FOISA s 38(1)(b)

Kirsty Brightwell (NHS Shetland)

FOISA s 38(1)(b)

FOISA s 38(1)(b)

[REDACTED]

[REDACTED]

Subject: Re: Updated Guidance to Medical Practitioners for Death Certification and Reporting Deaths to the Procurator Fiscal during the recovery from COVID-19 Disease Pandemic

For action

NHS Board Directors of Public Health
NHS Board Medical Directors
NHS Board Primary Care Leads

For information

National Records of Scotland
Police Scotland
Death Certification Review Service
COPFS
NHS Board and Special Board Chairs
NHS Board and Special Board Chief Executives
NHS Board Directors of Nursing
Bereavement Co-ordinators of Health Boards
Chief Officers of Integration Joint Boards
Local Authority Registration Managers
Infection Control Managers
British Medical Association
General Medical Council
Medical and Dental Defence Union of Scotland
Medical Protection Society
Medical Defence Union
Academy of Medical Royal Colleges and Faculties in Scotland
Police Care Network
NHS National Services Scotland (NSS)
Care Inspectorate
National Association of Funeral Directors
The National Society of Allied and Independent Funeral Directors
HIS Independent Healthcare
Regional Resilience Partnerships (RRP)
Association of Registrars of Scotland
HAI Executive Leads

NHS Board Directors of Nursing – Please cascade to Bereavement Co-ordinators of Health Boards

Please see the letter attached from Professor Sir Gregor Smith Chief Medical Officer for Scotland, John Logue Crown Agent and Chief Executive of COPFS, Deputy Chief Constable Malcolm Graham Police Scotland and Paul Lowe Registrar General and Keeper of the Records of Scotland.

Kind regards

FOISA s 38(1)(b)

Chief Medical Officer Directorate
Room 1E.08
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Regent Road
Edinburgh
EH1 3DG

FOISA s 38(1)(b)

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Representation Requests:

Outstanding

- Monkeypox Incident Strategic Response Group
- NHS Scotland National Recruitment Steering Group
- NECU Clinical Governance and Leadership Group
- Sustainability and Value Collaborative

Best wishes,

FOISA
[REDACTED]

FOISA s 38(1)

(b)
[REDACTED]

Committee Services Team

Strategy, Performance and Service Transformation Directorate

NHS National Services Scotland

Meridian Court

5 Cadogan Street

Glasgow

G2 6QE

FOISA s 38(1)(b)
[REDACTED]

Archived: 01 May 2024 14:37:13

From: [Lisa Watt \(NHS Shetland\)](#)

Sent: 21 December 2022 12:47:48

To: [Kirsty Brightwell \(NHS Shetland\)](#)

FOISA s 38(1)(b)

Subject: Updated Guidance to Medical Practitioners for Death Certification and Reporting Deaths to the Procurator Fiscal during the recovery from COVID-19 Disease Pandemic

Importance: Normal

Sensitivity: None

Attachments:

[Chief Medical Officer - final version - SGHD-CMO\(2022\)40 - Re- Updated Guidance to Medical Practitioners for Death Certification and Reporting Deaths - 21 December 2022.pdf](#);

Please see the letter attached from Professor Sir Gregor Smith Chief Medical Officer for Scotland, John Logue Crown Agent and Chief Executive of COPFS, Deputy Chief Constable Malcolm Graham Police Scotland and Paul Lowe Registrar General and Keeper of the Records of Scotland.

Kind regards

FOISA s 38(1)(b)

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Subject: Re: Updated Guidance to Medical Practitioners for Death Certification and Reporting Deaths to the Procurator Fiscal during the recovery from COVID-19 Disease Pandemic

Importance: Normal

Sensitivity: None

Attachments:

[Chief Medical Officer - final version - SGHD-CMO\(2022\)40 - Re- Updated Guidance to Medical Practitioners for Death Certification and Reporting Deaths - 21 December 2022.pdf](#);

For action

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Bereavement Co-ordinators of Health Boards
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Local Authority Registration Managers
Infection Control Managers
British Medical Association
General Medical Council
Medical and Dental Defence Union of Scotland
Medical Protection Society
Medical Defence Union
Academy of Medical Royal Colleges and Faculties in Scotland
Police Care Network
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FOISA s 38(1)(b)

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Dear Colleague

RE: UPDATED GUIDANCE TO MEDICAL PRACTITIONERS FOR DEATH CERTIFICATION AND REPORTING DEATHS TO THE PROCURATOR FISCAL DURING THE RECOVERY FROM COVID-19 DISEASE PANDEMIC

1. This communication is to update the previous 3 CMO letters containing guidance issued on 24 March 2020, 20 May 2020 and 19 April 2022 to doctors, colleagues in Police Scotland, Crown Office and Procurator Fiscal Service and the Scottish Registration Service in relation to the processes for providing the Medical Certificate of Cause of Death (MCCD, or Form 11). Links to the previous CMO letters are below.

[https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)08.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)08.pdf)

[https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)15.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)15.pdf)

[https://www.sehd.scot.nhs.uk/cmo/CMO\(2022\)17.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2022)17.pdf)

2. We are writing to advise you that the Lord Advocate has decided that, with immediate effect, certifying doctors no longer require to report deaths associated with COVID-19 disease (or presumed COVID-19 disease) where the only reason for reporting the death to the PF is because of the instruction contained within CMO letter dated 20 May 2020 i.e. the virus was contracted whilst the deceased was resident in a care home, or where it may have been contracted whilst the deceased was in the course of their employment or occupation.

However, Medical Practitioners are reminded that there will otherwise remain situations where certifying doctors do still require to report a death to the PF where a

**From the Chief Medical Officer for Scotland
Professor Sir Gregor Smith
Crown Agent and Chief Executive of COPFS
John Logue
Registrar General for Scotland and Keeper of the
Records of Scotland - Paul Lowe
Police Scotland - DCC Malcolm Graham**

21 December 2022

SGHD/CMO(2022)40

Addresses

For action

NHS Board Directors of Public Health

NHS Board Medical Directors

NHS Board Primary Care Leads

For information

National Records of Scotland

Police Scotland

Death Certification Review Service

COPFS

NHS Board and Special Board Chairs

NHS Board and Special Board Chief Executives

NHS Board Directors of Nursing

Bereavement Co-ordinators of Health Boards

Chief Officers of Integration Joint Boards

Local Authority Registration Managers

Infection control managers

British Medical Association

General Medical Council

Medical and Dental Defence Union of Scotland

Medical Protection Society

Medical Defence Union

Academy of Medical Royal Colleges and Faculties in Scotland

Police Care Network, NHS National

Services Scotland (NSS)

Care Inspectorate

National Association of Funeral Directors

The National Society Of Allied And

Independent Funeral Directors

Independent healthcare

Regional Resilience Partnerships (RRP)

Association of Registrars of Scotland

HAI Executive Leads

Further Enquiries to:

Clinical – Dr Mini Mishra

Email: mini.mishra@gov.scot

Policy - Katrina McNeill -

Email: BurialandCremation@gov.scot

COPFS – Katrina Parkes

Email: Lynsey.Johnston@copfs.gov.uk

NRS Anne Slater Deputy Registrar general

Email: anne.slater@nrscotland.gov.uk

Police Scotland– Scott McCallum

Email: scott.mccallum2@scotland.police.uk or

SCDHomicideGovernanceReview@scotland.police.uk

person has died as a result of COVID-19 disease or presumed COVID-19 disease, in particular where the death falls under another category defined by section 3 of the aforementioned guidance to Medical Practitioners.

Background

3. Scottish Government's regulations making COVID-19 disease a Notifiable Disease came into force on 22 February 2020. The CMO letter can be accessed through the link below.

[https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)04.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)04.pdf)

4. Subsequently, the World Health Organisation (WHO) declared COVID-19 disease to be Pandemic on the 11 March 2020. The severity, spread in the population and duration of the Pandemic was unprecedented.

5. This letter is also aimed at supporting the adoption of uniform terminology of the disease and the virus and the reduction in time to provide the Medical Certificate of the Cause of Death (MCCD/Form 11).

6. WHO has said that for the purposes of the International Classification of Diseases (ICD), the official name of the Disease is Coronavirus disease (COVID -19) (just as the Disease Acquired Immune Deficiency Syndrome is called AIDS).

The official name of the Virus by the International Committee on Taxonomy of Viruses (ICTV) is Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (just as the relevant virus causing AIDS is called HIV).

7. Therefore, the use of the terms COVID-19 disease or SARS-CoV-2 in MCCD/Form 11 is acceptable, and can also be entered into the register in that way. Medical Practitioners are also reminded that the MCCD is a legal document and it is important to use accurate terminology while completing it.

Long COVID-19 syndrome terminology.

8. The appropriate terminology that has been agreed jointly by RCGP, NICE and SIGN can be found on the following sites –

- NICE website link:
<https://www.nice.org.uk/guidance/ng188/resources/covid19-rapid-guideline-managing-the-longterm-effects-of-covid19-pdf-51035515742>
- SIGN website link:
[Managing the long-term effects of COVID-19 \(sign.ac.uk\)](https://www.sign.ac.uk/guidance/136/managing-the-long-term-effects-of-covid-19)

9. As COVID-19 disease is a notifiable disease, the hazards box on the MCCD/Form 11 (DH1) as always, should be ticked.

Deaths not related to COVID-19 disease although testing positive for the virus within 28 days of the death

10. In circumstances where a death occurs within 28 days of a positive COVID-19 disease test but the death has not been directly caused by COVID-19 disease or COVID-19 disease has not contributed to the death, notification of the positive test is not required on the MCCD.

11. However, the relevant hazard box/es need to be completed as 'Y' (Yes) if a hazard is

present, even if it has not caused or contributed to the death.

Relevant Previous Guidance

12. Medical Practitioners will be familiar with guidance issued by the Crown Office and Procurator Fiscal Service entitled '[Reporting deaths to the Procurator Fiscal - Information and Guidance to Medical Practitioners](#)'. This guidance defines the categories of death reportable to the Procurator Fiscal by Medical Practitioners and should be considered when reporting deaths to the Procurator Fiscal in accordance with Management of Death in the Community (in hours and out of hours) implemented on the 29 February 2016. See link below at **Annex A**.

Principles

13. This additional guidance to certifying doctors, during the recovery phase of the Covid-19 disease pandemic is with the intention that this will help to reduce the demands on the medical profession and other partner agencies, whilst maintaining the overall integrity of the system for reporting and investigating deaths.

14. While certifying doctors no longer require to report deaths associated with COVID-19 disease (or presumed COVID-19 disease) where the virus was contracted whilst the deceased was resident in a care home, or where it may have been contracted whilst the deceased was in the course of their employment or occupation, **certifying doctors do still require to report a death to the PF where a person has died as a result of COVID-19 disease or presumed COVID-19 disease, and the death falls under another category defined by section 3 of the Guidance to Medical Practitioners.**

Nosocomial or Hospital or Hospice Onset COVID-19 Disease

15. The Lord Advocate previously clarified the process that must be followed by Medical Practitioners prior to reporting a nosocomial or hospital onset COVID-19 disease death under section 3(g) of the COPFS guidance, in [CMO letter dated 19 April 2022](#). That continues to apply, as noted below. This includes deaths occurring in hospices.

16. Medical Practitioners should not report hospital or hospice nosocomial or hospital onset COVID-19 disease deaths to the PF under section 3(g) of the Information and Guidance for Medical Practitioners (criteria details in **Annex B**), if the **only** reason the circumstances surrounding the death may be said to cause public anxiety is because the person died of COVID-19 disease or presumed COVID-19 disease in hospital or may have contracted COVID-19 disease in a hospital setting.

17. In addition, no hospital or hospice nosocomial or hospital onset COVID-19 disease deaths should be reported under section 3(e) or 3(g) without the medical practitioner discussing the death with their Health Board's infection control team or other senior clinicians, prior to reporting under section 3(e) or 3(g).

18. When reporting any hospital death to the PF, Medical Practitioners must be able to advise the PF the reason the death is being reported to them, with reference to the subsection of section 3 of the COPFS guidance under which the death is being reported, and must be able to detail any areas of concern by either medical staff or next of kin in respect of the infection control measures in place at the relevant time. Medical practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.

19. In considering whether COVID-19 disease can be said to be probable or definite hospital onset Medical Practitioners are directed to refer to the UK definition contained within the link below.

<https://publichealthscotland.scot/media/16244/202202-hospital-onset-covid-19-surveillance-protocol-v11.pdf>

20. These steps will ensure that all deaths within these categories will be registered within the COPFS system of death investigation, and that each of these deaths can be investigated. The nature and extent of that investigation will depend on the particular circumstances of each case. The purpose is to understand the circumstances of the deaths, to prevent future deaths in similar circumstances and to take any necessary action.

21. The system of investigations of death in Scotland includes Fatal Accident Inquiries (FAIs), but does not require an FAI in every death that is reported to the PF. FAIs are held only where they are required by law and mandatory, or where the Lord Advocate decides that one should be called in the public interest. In most cases, the investigation can be closed in a relatively short period of time and no further action is required.

22. The PF box in the MCCD/Form 11 should not be ticked where the death has not been reported to the PF.

23. The instruction from the Lord Advocate will be kept under review and any decision taken to further extend the reporting requirements in respect of COVID-19 disease or presumed COVID-19 disease will be communicated in a further joint letter.

24. The guidance in **Annex A** 'fast-tracks' the completion of the MCCD to indicate where the cause of death is 'pandemic COVID-19 disease' or 'presumed COVID-19 disease', gives examples of situations, including complications due to vaccination, and outlines the circumstances that can be legitimately considered for certification. It is hoped that this combination will enable doctors to provide an MCCD/Form 11 and reduce delays in the registration of deaths from diagnosed COVID-19 disease. As above, a summary of the categories of deaths now reportable to the Procurator Fiscal can be found at **Annex B**.

25. NRS have taken powers via the Coronavirus Act 2020 to allow for remote registration without face-to-face contact with the informant (usually the next of kin, but now potentially including funeral directors with a family's permission) which have been in operation since March 2020. The copy of the printed/paper MCCD/Form 11 (or the Certificate of Stillbirth/Form 6) produced and signed at the conclusion of the process by the certifying doctor should be scanned and e-mailed to the registration office where the next of kin/informant says they would like to register the death, as well as to the informant themselves if they agree to provide an email address receive it.

26. Certifying doctors should also put a hard copy in the post to the registration office designated by the informant.

27. It is preferable to email or post the MCCD directly to the registrar. If the informant/next of kin wishes to have a copy of the MCCD, then this can be sent to them or be collected in person.

Action

28. We would be grateful if you could bring this guidance to the attention of relevant

colleagues in your organisations and enable the dissemination of this information to all doctors in the area as soon as possible.

Thank you very much for your help in this matter.

Yours sincerely

Gregor Smith

Professor Sir Gregor Smith
Chief Medical Officer for Scotland

FOISA s 38(1)(b)

John Logue Crown Agent and Chief Executive of COPFS

FOISA s 38(1)(b)

Deputy Chief Constable Malcolm Graham Police Scotland

FOISA s 38(1)(b)

Paul Lowe Registrar General and Keeper of the Records of Scotland

Guidance to Medical Practitioners for Death Certification during the COVID-19 disease Pandemic

This guidance is intended to assist Medical Practitioners with their clinical responsibility for the appropriate certification of deaths during the COVID-19 disease Pandemic. Whilst the guidance is not all inclusive, it is intended to give Medical Practitioners assistance and support with their clinical responsibility for the appropriate certification of death and provision of the MCCD/Form 11.

The aim is to provide information that will assist in the certification process and to give Medical Practitioners the confidence to act appropriately and reduce delays to funerals, when operating in a pressurised environment. This approach to deaths during the COVID-19 disease Pandemic has been produced with the approval of the Directorate of the Chief Medical Officer, the Crown Office and Procurator Fiscal Service (COPFS), Police Scotland, and National Records of Scotland (NRS), with the view to assisting Medical Practitioners in the process of certification of death during the recovery from COVID-19 disease Pandemic. There may still be an increased number of deaths that will require to be certified. This increase may be significant enough to put pressure on Medical Practitioners and wider services as a whole, as they Re-mobilise, Recover and Re-design. It is likely that some Medical Practitioners and colleagues from other services such as Police Scotland, Crown Office and Procurator Fiscal Service, forensic pathologists, funeral directors, burial and cremation authorities, local authority registrars and others, will themselves be incapacitated by COVID-19 disease or other infection e.g. winter viral infection, for periods of time, and this will put an even greater strain on capacity within current systems.

In addition, due to public health reasons there may be increased pressure for the rapid disposal of those who have died, as well as requirements about the type of disposal procedures that need to be followed.

Reporting to the Procurator Fiscal

Any deaths, including due to COVID-19 disease are only reportable to COPFS under the current [‘Information and Guidance for Medical Practitioners’](#).

This is on the basis of section 3(d) of the guidance given that COVID-19 disease is an infectious disease that poses an acute and serious risk to public health due to it being a Notifiable Disease or Organism in terms of Schedule 1 of the Public Health (Scotland) Act 2008.

In light of the World Health Organisation declaring COVID-19 disease to be a pandemic on 11 March 2020, the Lord Advocate instructed that Medical Practitioners do not report deaths as a result of COVID-19 disease or presumed COVID-19 disease to the Procurator Fiscal (PF) where they would otherwise require to be reported in terms of section 3(d) only – unless in the circumstances described in **Annex B**.

This instruction from the Lord Advocate has been and will continue to be kept under review and any decision taken to further update the reporting requirements in respect of COVID-19 disease or presumed COVID-19 disease will be communicated in a further joint letter.

It is important to note that where a person has COVID-19 disease or presumed COVID-19

disease but the death falls under another category defined by section 3 of the PF guidance to Medical Practitioners, then the death must be reported to the PF (**Annex B**). This will include the following deaths:

- suspicious deaths
- drugs related deaths
- accidental deaths
- deaths as a result of an accident in the course of employment
- deaths of children from overlaying or suffocation
- deaths where the circumstances indicate the possibility of suicide
- deaths as a result of neglect/fault
- death of a child (other than where COVID-19 disease or presumed COVID-19 disease is the cause of death)
- deaths from other notifiable/infectious diseases
- deaths under medical or dental care in the circumstances defined in section 3(e)
- deaths while subject to compulsory treatment under the mental health legislation
- deaths in legal custody.

It should be borne in mind by Medical Practitioners that their clinical responsibility for appropriate certification of death requires that they be satisfied, **on the balance of probabilities**, as to the likely cause of death. This complies with the concept of certification provided to the **best of one's knowledge and belief** as required by the Registrar General for Scotland and written into the MCCD/Form 11.

There are a number of situations where Medical Practitioners may need to consider whether a cause of death of COVID-19 disease can be certified. It is anticipated that the majority of deaths during the COVID-19 disease Pandemic will be readily identified as such. There may, however, be certain categories where identification of the cause of death is not straightforward:

1. There may well be deaths where there has been recent medical intervention but the Medical Practitioner still has some doubt as to the cause of death. In these circumstances, the Medical Practitioner should consider the symptoms to see whether, on the balance of probabilities and to the best of their knowledge and belief, "COVID-19 Disease" is the likely cause of death. These symptoms should include a persistent cough, high temperature and shortness of breathing in adults, and in children (who may have milder symptoms).

2. There may be cases where there has been little or no recent medical intervention and the Medical Practitioner is short of information as to the deceased's recent state of health. In these circumstances, the Medical Practitioner should consider the symptoms outlined above from relatives or friends, if available, as well as looking at the wider facts and circumstances.

These wider facts and circumstances can include the fact that there is a COVID-19 disease

Pandemic that the COVID-19 disease Pandemic has struck in the locality with community transmission, whether there was any evidence of testing kits or medication suitable for treating the symptoms of a COVID-19 disease or infection found in or near the deceased's possessions e.g. antivirals, analgesics, cough medicine, medicines to reduce the fever, etc.

3. There may also be cases where the Medical Practitioner finds some evidence of symptoms and/or surrounding circumstances that are compatible with, but perhaps not exclusive to, COVID-19 disease as being the cause of death. In such a case, and where there are no other indications as to the cause of death, and where there are no suspicious circumstances, it would be considered clinically responsible to certify the death as “presumed COVID-19 disease”. This will be accepted as a cause of death by the local authority registrar and recorded in that format in the register.

4. If the practitioner is not able to satisfy him or herself on the balance of probabilities of the likely cause of death, then the appropriate action would be to discuss the issue with the PF. The PF may:

- advise that it is not reportable (where the doctor is unsure if the death is reportable and phones for advice)
- advise that a certificate can be issued with “presumed COVID-19 Disease”,
- accept the reporting of the death to them in some instances, and take over the investigation of the case with the help of Police Scotland, which may or may not involve a post mortem examination (autopsy).

The first responders at the death in the community are expected to follow the Management of Death in the Community (in hours and out of hours) implemented on the 29 February 2016. See Link below.

[https://www.sehd.scot.nhs.uk/cmo/CMO\(2016\)02.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2016)02.pdf)

In Scotland, Confirmation of Death (Verification of Death/Pronouncing Life Extinct) can be undertaken by any registered healthcare professionals, trained and competent to do so. See link below.

<https://www.gov.scot/publications/verification-of-death-by-a-registered-healthcare-professional-chief-nursing-officer-guidance/>

Vaccination

Vaccination should not be included on the death certificate if the vaccination has not caused or contributed to the death to the best of the doctor’s knowledge and belief.

Where there are concerns about potential side effects or efficacy of the vaccine, this should be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) using the [Yellow card Scheme](#)

Should there be an instance where vaccination is believed to have caused or contributed to the death, this would be reportable to the PF as an adverse drug reaction.

If advice is required from the Death Certification Review Service team the service is 08.30 to 17.30 Monday to Friday (his.dcrs@nhs.scot; 03001231898)

Vaccine induced immune thrombotic thrombocytopenia

If this rare condition is confirmed as the condition directly leading to death, the case should be reported to the MHRA and the PF in keeping with the Crown Office & Procurator Fiscal Service (COPFS) guidance.

If thrombocytopenic thrombosis is suspected and the individual dies before a definitive diagnosis is made, then it would be up to the pathologists (in hospital or instructed by COPFS) to decide the cause of death.

The Death Certification Review Service (DCRS)

In parallel, it was realised changes would be required to amend/suspend routine, random review of MCCDs by DCRS, when there was a possible adverse impact on the workload, such as a rapid increase in additional deaths due to COVID-19 disease in the previous 2 years.

From 24 March 2020, and as an interim measure, the percentage of MCCDs selected for review by DCRS were decreased from the current 14% to 4% (3.5% for level 1 reviews and 0.5% for level 2 reviews). The random review of MCCDs was then suspended on 26 March 2020 but reinstated at 4% level 1 reviews on 11 May 2020 with a new hybrid level 1 review being introduced. In August 2020, the percentage of MCCDs selected for review returned to pre-pandemic levels. Since November 2020, the percentage of MCCDs selected for review has fluctuated in response to the pressures placed on the NHS by the Pandemic.

Requests for Interested Person Reviews were also temporarily suspended during this period, but have since resumed, and eligible applicants can apply directly to DCRS. More information can be found [here](#).

In addition, DCRS have throughout this time continued to provide advice via their enquiry line on 03001231898 or his.dcrs@nhs.scot and authorise disposal of repatriations to Scotland. The Death Certification Review Service and normal guidance for death certification will recommence when the Pandemic is declared to be over following any transition period, which may be required.

Categories of death to be reported

In terms of section 3 of the [‘Information and Guidance for Medical Practitioners’](#), the following deaths must be reported to the Procurator Fiscal;

Unnatural cause of death:

Any death which cannot be entirely attributed to natural causes (whether the primary cause or a contributing factor) including:

- Suspicious deaths – i.e. where homicide cannot be ruled out
- Drug related deaths - including deaths due to adverse drug reactions reportable under the Medicines and Healthcare Products Regulatory Agency (MHRA) Yellow Card Scheme
- Accidental deaths (including those resulting from falls)
- Deaths resulting from an accident in the course of employment
- Deaths of children from overlaying or suffocation
- Deaths where the circumstances indicate the possibility of suicide

Natural cause of death:

Deaths, which may be due in whole or part to natural causes but occur in the following circumstances:

(a) Any death due to natural causes where the cause of death cannot be identified by a medical practitioner to the best of his or her knowledge and belief

(b) Deaths as a result of neglect/fault

Any death:

- which may be related to a suggestion of neglect (including self- neglect) or exposure
- where there is an allegation or possibility of fault on the part of another person, body or organisation

(c) Deaths of children

Any death of a child:

- which is a sudden, unexpected and unexplained perinatal death
- where the body of a newborn is found
- where the death may be categorised as a Sudden Unexpected Death in Infancy (SUDI) which arises following a concealed pregnancy

Any death of a child or young person under the age of eighteen years who is ‘looked after’ by a local authority, including:

- a child whose name is on the Child Protection Register
- a child who is subject to a supervision requirement made by a Children’s Hearing
- a child who is subject to an order, authorisation or warrant made by a Court or

- Children's Hearing (e.g. a child being accommodated by a local authority in foster care, kinship care, residential accommodation or secure accommodation)
- a child who is otherwise being accommodated by a local authority

(d) Deaths from notifiable industrial/infectious diseases

Any death:

- due to a notifiable industrial disease or disease acquired as a consequence of the deceased's occupation in terms of column 1 of Part 1 of Schedule 3 to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (see Section 10 of this guidance)
- which poses an acute and serious risk to public health due to either a Notifiable Infectious Disease or Organism in terms of Schedule 1 of the Public Health (Scotland) Act 2008 or any other infectious disease or syndrome. **In terms of CMO letter dated 24 March 2020, the Lord Advocate has suspended the requirement to report deaths due to COVID-19 disease or presumed COVID-19 disease under this category. Certifying doctors do continue to require to report a death to the Procurator Fiscal where a person had COVID-19 disease or presumed COVID-19 disease and the death falls under another category defined under section 3.**

(e) Deaths under medical or dental care (see Section 9 below)

Any death:

- the circumstances of which are the subject of concern to, or complaint by, the nearest relatives of the deceased about the medical treatment given to the deceased with a suggestion that the medical treatment may have contributed to the death of the patient
- the circumstances of which might indicate fault or neglect on the part of medical staff or where medical staff have concerns regarding the circumstances of death
- the circumstances of which indicate that the failure of a piece of equipment may have caused or contributed to the death
- the circumstances of which are likely to be subject to an Adverse Event Review (as defined by Healthcare Improvement Scotland)
- where, at any time, a death certificate has been issued and a complaint is later received by a doctor or by the Health Board, which suggests that an act or omission by medical staff caused or contributed to the death
- caused by the withdrawal of life sustaining treatment or other medical treatment to a patient in a permanent vegetative state (whether with or without the authority of the Court of Session). (See Section 13 below)
- which occurs in circumstances raising issues of public safety.

(f) Deaths while subject to compulsory treatment under mental health legislation

Any death of a person who was, at the time of death:

- detained or liable to be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or Part VI of the Criminal Procedure (Scotland) Act 1995; or
- subject to a community based compulsory treatment order or compulsion order under the above provisions.

(g) Any death not falling into any of the foregoing categories where the circumstances surrounding the death may cause public anxiety.

The Lord Advocate has decided that, with immediate effect, certifying doctors no longer require to report deaths associated with COVID-19 disease (or presumed COVID-19 disease) where the only reason for reporting the death to the PF is because of the instruction contained within [CMO letter dated 20 May 2020](#) i.e. the virus was contracted whilst the deceased was resident in a care home, or where it may have been contracted whilst the deceased was in the course of their employment or occupation.

However, Medical Practitioners are reminded that there will otherwise remain situations where certifying doctors do still require to report a death to the PF where a person has died as a result of COVID-19 disease or presumed COVID-19 disease and the death falls to be reported to the PF under another category defined by section 3 of the aforementioned guidance to Medical Practitioners.

Also in terms of the guidance detailed in CMO letter dated 20 April 2022, hospital or hospice acquired COVID-19 disease deaths should not be reported to the Procurator Fiscal's office, if the only reason the circumstances surrounding the death may be said to cause public anxiety is because the person died of COVID-19 disease or presumed COVID-19 disease in hospital or may have contracted COVID-19 disease in a hospital or hospice setting.

In addition, no hospital or hospice nosocomial or hospital onset COVID-19 disease deaths should be reported under section 3(e) or 3(g) without the medical practitioner discussing the death with their Health Board's infection control team or other senior clinicians, prior to reporting under section 3(e) or 3(g).

When reporting any hospital death to the PF, Medical Practitioners must be able to advise the PF the reason the death is being reported to them, with reference to the subsection of section 3 of the COPFS guidance under which the death is being reported, and must be able to detail any areas of concern by either medical staff or next of kin in respect of the infection control measures in place at the relevant time. Medical Practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.

Where a hospital or hospital nosocomial or hospital onset COVID-19 disease death is being reported under section 3(e) the medical practitioner should discuss the death with their Health Board's infection control team or other senior clinicians prior to reporting. Medical Practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.

Archived: 01 May 2024 14:36:50

From: [Kirsty Brightwell \(NHS Shetland\)](#)

Sent: 19 April 2022 15:55:12

To: [REDACTED] FOISA s 38(1)(b)

Subject: FW: SGHD/CMO (2022)17 - Reporting deaths to Procurator Fiscal Covid- 19 Pandemic - 19th April

Importance: Normal

Sensitivity: None

Attachments:

[eF5 - final.doc](#); [CMO-COPFS - PS - NRS LETTER - SGHDCMO \(2022\)17 - Pandemic COVID-19 - Reporting deaths to PF - 19 April 2022.pdf](#);

Hi both

I think there is some information on the intranet which now will need updating hence I have copied in [REDACTED] FOISA s [REDACTED] Please can you disseminate [REDACTED] FOISA and [REDACTED] FOI to the docs.

[REDACTED] FOI – I am not sure how this is organised currently in terms of scanning and emailing the death certificates – is this done by medical records/docs/nursing staff? Please can you send on to whomsoever needs to know and if there is no process please can you let [REDACTED] FOISA know.

Thanks

Kirsty Brightwell

Medical Director, RO and GP

NHS Shetland

[REDACTED] FOISA s 38(1)(b)

What is the single best thing we can do for our health?

<https://www.youtube.com/watch?v=aUalnS6HIGo>

From: Lisa Watt (NHS Shetland)

Sent: 19 April 2022 14:00

To: Kirsty Brightwell (NHS Shetland) [REDACTED] FOISA s 38(1)(b)

[REDACTED]

Subject: SGHD/CMO (2022)17 - Reporting deaths to Procurator Fiscal Covid- 19 Pandemic - 19th April

Good afternoon

Please take the time to read the attached – it is quite lengthy but gives an update on reporting deaths to the Fiscal. It also states:

29. NRS have taken powers via the Coronavirus Act 2020 to allow for remote registration without face-to-face contact with the informant (usually the next of kin, but now potentially including funeral directors with a family's permission) which have been in operation since March 26. Certifying doctors will also need to stop face-to-face contact and the handing over a paper MCCD/Form 11 (or the Certificate of Stillbirth/Form 6) to whoever usually collects the MCCD/Form 11 (usually the next of kin/informant). Instead the copy of the printed/paper MCCD/Form 11 (or the Certificate of Stillbirth/Form 6) produced and signed at the conclusion of the process by the certifying doctor should be scanned and e-mailed to the registration office where the next of kin/informant says they would like to register the death, as well as to the informant themselves.

Please take the time to familiarise yourself with the document and share with colleagues.

Many thanks
Lisa

Dear Colleagues,

Please see the letter attached from Professor Sir Gregor Smith, Chief Medical Officer, David Harvie, Crown Agent and Chief Executive of COPFS, DCC Malcolm Graham, Police Scotland and Paul Rowe, Registrar General and Keeper of Records of Scotland.

The attached eF5 template for reporting to the PF has been recently updated and is for your information. It is also available in Annex 3 of the COPFS guidance for Medical Practitioners - [Information following a death \(copfs.gov.uk\)](#). Any further updates in the future will be available in the same place i.e. Annex 3 of the COPFS guidance to Medical Practitioners.

Kind regards

FOISA s 38
(1)(b)
CMO/DCMO Private Office
1E09, St Andrews House, Edinburgh

F

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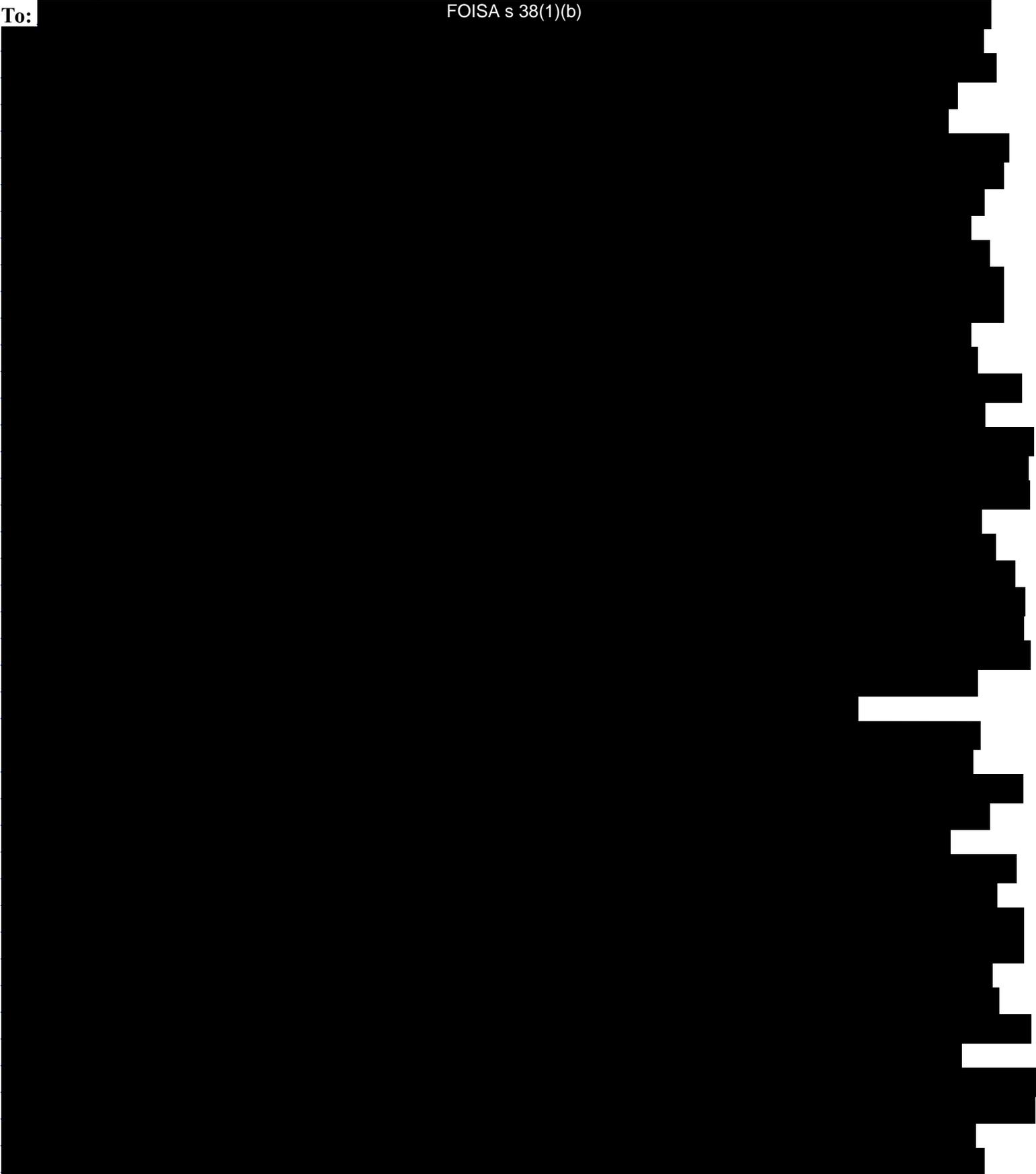
Archived: 01 May 2024 12:00:01

From: FOISA s 38(1)(b)

Mail received time: Tue, 19 Apr 2022 12:30:06

Sent: 19 April 2022 13:30:06

To: FOISA s 38(1)(b)



Subject: CMO/COPFS/Police Scotland/NRS Letter - SGHD/CMO (2022)17 - Reporting deaths to Procurator Fiscal Covid-19 Pandemic - 19th April

Importance: Normal

Sensitivity: None

Attachments:

[eF5 - final.doc](#); [CMO-COPFS - PS - NRS LETTER - SGHDCMO \(2022\)17 - Pandemic COVID-19 - Reporting deaths to PF - 19 April 2022.pdf](#);

For action

NHS Board Directors of Public Health

NHS Board Medical Directors

NHS Board Primary Care Leads

For information

National Records of Scotland

Police Scotland Death Certification Review Service

COPFS

NHS Board and Special Board Chairs

NHS Board and Special Board Chief Executives

NHS Board Directors of Nursing

Bereavement Co-ordinators of Health Boards

Chief Officers of Integration Joint Boards

Local Authority Registration Managers

Infection control managers

British Medical Association

General Medical Council

Medical and Dental Defence Union of Scotland

Medical Protection Society
Medical Defence Union
Academy of Medical Royal Colleges and Faculties in Scotland
Police Care Network, NHS National Services Scotland (NSS)
Care Inspectorate
National Association of Funeral Directors
The National Society Of Allied and Independent Funeral Directors
Independent healthcare
Regional Resilience Partnerships (RRP)
Association of Registrars of Scotland

FOISA s 38(1)(b) – please cascade to NHS Board Directors of Nursing

NHS Board Directors of Nursing – please cascade to Bereavement Co-ordinators of Health Boards

Dear Colleagues,

Please see the letter attached from Professor Sir Gregor Smith, Chief Medical Officer, David Harvie, Crown Agent and Chief Executive of COPFS, DCC Malcolm Graham, Police Scotland and Paul Rowe, Registrar General and Keeper of Records of Scotland.

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Kind regards

FOISA s 38
(1)(b)
CMO/DCMO Private Office
1E09, St Andrews House, Edinburgh
F

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Archived: 01 May 2024 14:37:24

From: [Lisa Watt \(NHS Shetland\)](#)

Sent: 19 April 2022 14:02:04

To: [Kirsty Brightwell \(NHS Shetland\)](#)

FOISA s 38(1)(b)

Subject: SGHD/CMO (2022)17 - Reporting deaths to Procurator Fiscal Covid- 19 Pandemic - 19th April

Importance: Normal

Sensitivity: None

Attachments:

[eF5 - final.doc](#); [CMO-COPFS - PS - NRS LETTER - SGHDCMO \(2022\)17 - Pandemic COVID-19 - Reporting deaths to PF - 19 April 2022.pdf](#);

Good afternoon

Please take the time to read the attached – it is quite lengthy but gives an update on reporting deaths to the Fiscal. It also states:

29. NRS have taken powers via the Coronavirus Act 2020 to allow for remote registration without face-to-face contact with the informant (usually the next of kin, but now potentially including funeral directors with a family's permission) which have been in operation since March 26. Certifying doctors will also need to stop face-to-face contact and the handing over a paper MCCD/Form 11 (or the Certificate of Stillbirth/Form 6) to whoever usually collects the MCCD/Form 11 (usually the next of kin/informant). Instead the copy of the printed/paper MCCD/Form 11 (or the Certificate of Stillbirth/Form 6) produced and signed at the conclusion of the process by the certifying doctor should be scanned and e-mailed to the registration office where the next of kin/informant says they would like to register the death, as well as to the informant themselves.

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Many thanks

Lisa

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Please see the letter attached from Professor Sir Gregor Smith, Chief Medical Officer, David Harvie, Crown Agent and Chief Executive of COPFS, DCC Malcolm Graham, Police Scotland and Paul Rowe, Registrar General and Keeper of Records of Scotland.

The attached eF5 template for reporting to the PF has been recently updated and is for your information. It is also available in Annex 3 of the COPFS guidance for Medical Practitioners - [Information following a death \(copfs.gov.uk\)](http://copfs.gov.uk). Any further updates in the future will be available in the same place i.e. Annex 3 of the COPFS guidance to Medical Practitioners.

Kind regards

FOISA s 38
(4)(b)
CMO/DCMO Private Office
1E09, St Andrews House, Edinburgh
F [REDACTED]

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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.

Dear Colleague

RE: UPDATED GUIDANCE TO MEDICAL PRACTITIONERS FOR DEATH CERTIFICATION AND REPORTING DEATHS TO THE PROCURATOR FISCAL DURING THE COVID-19 PANDEMIC

1. This communication is to update the previous guidance issued on 24th March 2020 and 20th May 2020, to doctors, colleagues in Police Scotland, Crown Office and Procurator Fiscal Service and the Scottish Registration Service in relation to the processes for providing the Medical Certificate of Cause of Death (MCCD, or Form 11), during the COVID-19 Pandemic. Links to the previous CMO letters are below.
[https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)08.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)08.pdf)
[https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)15.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)15.pdf)

Background

2. Scottish Government's regulations making COVID-19 a Notifiable Disease came into force on 22 February 2020. The CMO letter can be accessed through the link below.
[https://www.sehd.scot.nhs.uk/cmo/CMO\(2020\)04.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2020)04.pdf)

3. Subsequently, the World Health Organisation (WHO) declared COVID-19 to be Pandemic on the 11 March 2020. The severity, spread in the population and duration of the Pandemic was unprecedented.

Principles

4. This letter is intended to adopt uniform terminology of the disease and the virus and support the reduction in time to provide the Medical Certificate of the Cause of Death (MCCD/Form 11) during this challenging time.

5. WHO has said that for the purposes of the International Classification of Diseases (ICD), the official name of the Disease is Coronavirus disease (COVID -19) (just as the Disease Acquired Immune Deficiency Syndrome is called AIDS).

**From the Chief Medical Officer
Professor Sir Gregor Smith,
Crown Agent and Chief Executive of
COPFS
David Harvie,
Paul Lowe, Registrar General for
Scotland and Keeper of the Records of
Scotland and
DCC Malcolm Graham, Police Scotland**
19th April 2022

SGHD/CMO (2022)17

Addresses

For action

NHS Board Directors of Public Health
NHS Board Medical Directors
NHS Board Primary Care Leads

For information

National Records of Scotland
Police Scotland Death Certification
Review Service
COPFS
NHS Board and Special Board Chairs
NHS Board and Special Board Chief
Executives
NHS Board Directors of Nursing
Bereavement Co-ordinators of Health
Boards
Chief Officers of Integration Joint Boards
Local Authority Registration Managers
Infection control managers
British Medical Association
General Medical Council
Medical and Dental Defence Union of
Scotland
Medical Protection Society
Medical Defence Union
Academy of Medical Royal Colleges and
Faculties in Scotland
Police Care Network, NHS National
Services Scotland (NSS)
Care Inspectorate
National Association of Funeral Directors
The National Society Of Allied And
Independent Funeral Directors
Independent healthcare
Regional Resilience Partnerships (RRP)
Association of Registrars of Scotland

Further Enquiries to:

Clinical – Dr Mini Mishra

Email: mini.mishra@gov.scot

Policy – Cheryl Paris

Email: BurialandCremation@gov.scot

COPFS – Katrina Parkes

Email: Lynsey.Johnston@copfs.gov.uk

NRS -

Email: grusupport@nrscotland.gov.uk

Police Scotland - Suzanne Chow

Email: suzanne.chow@scotland.police.uk

or

SCDHomicideGovernanceReview@scotland.police.uk

6. The official name of the Virus by the International Committee on Taxonomy of Viruses (ICTV) is Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (just as the relevant virus causing AIDS is called HIV).

7. Therefore, the use of the terms COVID-19 disease or SARS-CoV-2 infection in MCCD/Form 11 is acceptable, and can also be entered into the register in that way.

Long COVID-19 syndrome terminology

8. The appropriate terminology that has been agreed jointly by RCGP, NICE and SIGN can be found on the following sites -

- NICE website link <https://www.nice.org.uk/guidance/ng188/chapter/context#ongoing-symptomatic-covid-19>
- SIGN website link <https://www.sign.ac.uk/our-guidelines/managing-the-long-term-effects-of-covid-19/>

9. As COVID-19 disease is a notifiable disease, the hazards box on the MCCD/Form 11 (DH1) as always, should be ticked.

Deaths not related to COVID-19 disease although testing positive for the virus within 28 days of the death

10. In circumstances where a death occurs within 28 days of a positive COVID-19 test but the death has not been directly caused by COVID-19 disease or COVID-19 disease has not contributed to the death, notification of the positive test is not required on the MCCD.

11. However, the relevant hazard box/es need to be completed as 'Y' (Yes) if a hazard is present, even if it has not caused or contributed to the death.

12. Medical Practitioners will be familiar with guidance issued by the Crown Office and Procurator Fiscal Service entitled 'Reporting deaths to the Procurator Fiscal - Information and Guidance to Medical Practitioners'. This guidance defines the categories of death reportable to the Procurator Fiscal by medical practitioners. In the CMO letter dated 24 March 2020 mentioned above, medical practitioners were advised that whilst s3(d), requires certifying doctors to report a death to the Procurator Fiscal (PF), where the individual dies of a disease or organism which poses an acute and serious risk to public health due to either a Notifiable Infectious Disease or Organism in terms of Schedule 1 of the Public Health (Scotland) Act 2008, the Lord Advocate had directed that during the pandemic, the exception to this was deaths due to COVID-19 disease or SARSCoV-2 infection or presumed COVID-19 disease or SARS-CoV-2 infection. This remains the guidance to certifying doctors with the intention that this will help to reduce the demands on the medical profession, whilst maintaining the overall integrity of the system for reporting and investigating deaths.

13. Medical practitioners will also be familiar with the guidance contained in the CMO letter dated 20 May 2020 mentioned above where medical practitioners were advised that, in light of significant public anxiety around deaths in care homes and deaths of those who may have contracted COVID-19 in their place of work, any such deaths must be reported to the PF in terms of section 3(g) of the aforementioned guidance.

14. **No other specific categories of death due to COVID-19 disease are required to be reported by medical practitioners on the grounds of section 3(g). That remains the position.**

15. The guidance also confirmed that others e.g. employers, registrars and others can report a death to the PF if they fall under the two specific categories described above. That remains the position. However, that does not absolve the certifying medical practitioner of the responsibility to report any death in either of these two categories.

16. Otherwise, there remain situations when certifying doctors do still require to report a death to the PF where a person has died as a result of COVID-19 disease or presumed COVID-19 disease. In particular where the death falls under another category defined by section 3(e) of the guidance to medical practitioners.

17. The Lord Advocate has clarified the process that must be followed by medical practitioners prior to reporting a nosocomial or hospital onset COVID-19 disease death under section 3(g) of the COPFS guidance. This includes deaths occurring in hospices.

18. Medical practitioners should not report hospital or hospice nosocomial or hospital onset COVID-19 disease deaths to the PF under section 3(g) of the Information and Guidance for Medical Practitioners (criteria details in **Annex B**), if the *only* reason the circumstances surrounding the death may be said to cause public anxiety is because the person died of COVID-19 disease or presumed COVID-19 disease in hospital or may have contracted COVID-19 in a hospital setting.

19. In addition, no hospital or hospice nosocomial or hospital onset COVID-19 disease deaths should be reported under section 3(g) without the medical practitioner discussing the death with their Health Board's infection control team or other senior clinicians, prior to reporting under section 3(g).

20. When reporting any hospital death to the PF, medical practitioners must be able to advise the PF the reason the death is being reported to them, with reference to the subsection of section 3 of the COPFS guidance under which the death is being reported, and must be able to detail any areas of concern by either medical staff or next of kin in respect of the infection control measures in place at the relevant time. Medical practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.

21. Medical Practitioners are reminded that deaths due to COVID-19 or presumed COVID-19 must be reported to the PF, as per the CMO letter of 20 May 2022 ([CMO\(2020\)15 - Re: Updated Guidance to Medical Practitioners for Death Certification during the COVID-19 Pandemic \(scot.nhs.uk\)](#)). These specific criteria are as below:

- where the deceased was resident in a care home (including adults, the elderly and children) at the time the virus was contracted;
- where the deceased may have contracted the virus in the course of their employment or occupation; or
- where they are reportable under section 3 (criteria details in **Annex B**) of the Information and Guidance to Medical Practitioners.

22. Where a hospital or hospital nosocomial or hospital onset COVID-19 disease death is being reported under section 3(e) the medical practitioner should discuss the death with their Health Board's infection control team or other senior clinicians prior to reporting. Medical practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.

23. In considering whether COVID-19 can be said to be probable or definite hospital onset medical practitioners are directed to refer to the UK definition contained within the link below. <https://www.publichealthscotland.scot/media/11059/2022-01-hospital-onset-covid-19-surveillance-protocol-v1.pdf>

24. These steps will ensure that all deaths within these categories will be registered within the COPFS system of death investigation, and that each of these deaths can be investigated. The nature and extent of that investigation will depend on the particular circumstances of each case. The purpose is to understand the circumstances of the deaths, to prevent future deaths in similar circumstances and to take any necessary action.

25. The system of investigations of death in Scotland includes FAIs, but does not require an FAI in every death that is reported to the PF. FAIs are held only where they are required by law and mandatory, or where the Lord Advocate decides that one should be called in the public interest. In most cases, the investigation can be closed in a relatively short period of time and no further action is required.

26. The PF box in the MCCD/Form 11 should not be ticked where the death has not been reported to the PF.

27. This guidance from the COPFS will be kept under review and any decision taken to either revert to the status quo or extend the requirements will be communicated in a further joint letter.

28. The new guidance in **Annex A** 'fast-tracks' the completion of the MCCD to indicate where the cause of death is 'pandemic COVID-19 disease' or 'presumed COVID-19 disease', gives examples of situations, including complications due to vaccination, and outlines the circumstances that can be legitimately considered for certification. It is hoped that this combination will enable doctors to provide an MCCD/Form 11 and reduce delays in the registration of deaths from diagnosed COVID-19 disease. As above, a summary of the categories of deaths now reportable to the Procurator Fiscal can be found **at Annex B**.

29. NRS have taken powers via the Coronavirus Act 2020 to allow for remote registration without face-to-face contact with the informant (usually the next of kin, but now potentially including funeral directors with a family's permission) which have been in operation since March 26. Certifying doctors will also need to stop face-to-face contact and the handing over a paper MCCD/Form 11 (or the Certificate of Stillbirth/Form 6) to whoever usually collects the MCCD/Form 11 (usually the next of kin/informant). Instead the copy of the printed/paper MCCD/Form 11 (or the Certificate of Stillbirth/Form 6) produced and signed at the conclusion of the process by the certifying doctor should be scanned and e-mailed to the registration office where the next of kin/informant says they would like to register the death, as well as to the informant themselves.

30. Certifying doctors should also put a hard copy in the post to the registration office designated by the informant.

Action

31. We would be grateful if you could bring this guidance to the attention of relevant colleagues in your organisations and enable the dissemination of this information to all doctors in the area as soon as possible.

Thank you very much for your help in this matter.

Yours sincerely

Gregor Smith

Professor Sir Gregor Smith
Chief Medical Officer

David Harvie
Crown Agent and Chief Executive of COPFS

FOISA s 38(1)(b)

A large black rectangular redaction box covering the signature and name of David Harvie.

Police Scotland

Paul Lowe
Registrar General and Keeper of the Records of Scotland

Guidance to Medical Practitioners for Death Certification during the COVID-19 disease Pandemic

This guidance is intended to assist medical practitioners with their clinical responsibility for the appropriate certification of deaths during the COVID-19 disease Pandemic. Whilst the guidance is not all inclusive, it is intended to give medical practitioners assistance and support with their clinical responsibility for the appropriate certification of death and provision of the MCCD/Form 11.

The aim is to provide information that will assist in the certification process and to give medical practitioners the confidence to act appropriately when operating in an environment altered and pressurised by the COVID-19 disease Pandemic. This approach to deaths during the COVID-19 disease Pandemic has been produced with the approval of the Directorate of the Chief Medical Officer, the Crown Office and Procurator Fiscal Service (COPFS), Police Scotland, and National Records of Scotland (NRS), with the view to assisting medical practitioners in the process of certification of death during the COVID-19 disease Pandemic.

During the COVID-19 disease Pandemic, there will be an increased number of deaths that will require to be certified. This increase may be so significant that that it will put pressure on medical practitioners and wider services as a whole. It is likely that some medical practitioners and colleagues from other services such as Police Scotland, Crown Office and Procurator Fiscal Service, forensic pathologists, funeral directors, burial and cremation authorities, local authority registrars and others, will themselves be incapacitated by COVID-19 disease or infection for periods of time and this will put an even greater strain on capacity within current systems.

In addition, due to public health reasons there may be increased pressure for the rapid disposal of those who have died, as well as requirements about the type of disposal procedures that need to be followed.

Reporting to the Procurator Fiscal

Any deaths due to COVID-19 disease are reportable to COPFS under the current 'Information and Guidance for Medical Practitioners'. [See link](#)

This is on the basis of section 3(d) of the guidance given that COVID-19 disease is an infectious disease that poses an acute and serious risk to public health due to it being a Notifiable Disease or Organism in terms of Schedule 1 of the Public Health (Scotland) Act 2008.

In light of the World Health Organisation declaring COVID-19 disease to be a pandemic on 11 March 2020, the Lord Advocate instructed that medical practitioners do not report deaths as a result of COVID-19 disease or presumed COVID-19 disease to the Procurator Fiscal where they would otherwise require to be reported in terms of section 3(d) only – unless in the circumstances described in Annex B.

This suspension and guidance will be kept under review and any decision taken to either revert to the status quo or extend the requirements will be communicated in a further joint letter.

It is important to note that where a person has COVID-19 disease or presumed COVID-19 disease but the death falls under another category defined by section 3 of the PF guidance to medical practitioners, then the death must be reported to the Procurator Fiscal (**Annex B**).

This will include the following deaths:

- suspicious deaths
- drugs related deaths
- accidental deaths
- deaths as a result of an accident in the course of employment
- deaths of children from overlaying or suffocation
- deaths where the circumstances indicate the possibility of suicide
- deaths as a result of neglect/fault
- death of a child (other than where COVID-19 disease or presumed COVID-19 disease is the cause of death)
- deaths from other notifiable/infectious diseases
- deaths under medical or dental care in the circumstances defined in section 3(e)
- deaths while subject to compulsory treatment under the mental health legislation
- deaths in legal custody.

It should be borne in mind by medical practitioners that their clinical responsibility for appropriate certification of death requires that they be satisfied, ***on the balance of probabilities***, as to the likely cause of death. This complies with the concept of certification

provided ***to the best of one's knowledge and belief*** as required by the Registrar General for Scotland and written into the MCCD/Form 11.

There are a number of situations where medical practitioners may need to consider whether a cause of death of COVID-19 disease can be certified. It is anticipated that the majority of deaths during the COVID-19 disease Pandemic will be readily identified as such. There may, however, be certain categories where identification of the cause of death is not straightforward:

1. There may well be deaths where there has been recent medical intervention but the medical practitioner still has some doubt as to the cause of death. In these circumstances, the medical practitioner should consider the symptoms to see whether, ***on the balance of probabilities and to the best of their knowledge and belief***, "COVID-19 Disease" is the likely cause of death. These symptoms should include a persistent cough, high temperature and shortness of breathing in adults, and in children (who may have milder symptoms).

2. There may be cases where there has been little or no recent medical intervention and the medical practitioner is short of information as to the deceased's recent state of health. In these circumstances, the medical practitioner should consider the symptoms outlined above from relatives or friends, if available, as well as looking at the wider facts and circumstances.

These wider facts and circumstances can include the fact that there is a COVID-19 disease Pandemic, that the COVID-19 disease Pandemic has struck in the locality with community transmission, whether there was any evidence of testing kits or medication suitable for treating the symptoms of a COVID-19 disease or infection found in or near the deceased's possessions e.g. analgesics, cough medicine, medicines to reduce the fever, etc.

3. There may also be cases where the medical practitioner finds some evidence of symptoms and/or surrounding circumstances that are compatible with, but perhaps not exclusive to, COVID-19 disease as being the cause of death. In such a case, and where there are no other indications as to the cause of death, and where there are no suspicious circumstances, it would be considered clinically responsible to certify the death as "presumed COVID-19 disease". This will be accepted as a cause of death by the local authority registrar and recorded in that format in the register.

4. If the practitioner is not able to satisfy him or herself on the balance of probabilities of the likely cause of death, then the appropriate action would be to discuss the issue with the Procurator Fiscal. The Procurator Fiscal may:

- advise that a certificate can be issued with “presumed COVID-19 Disease”,
- accept the reporting of the death to them in some instances, and take over the investigation of the case with the help of Police Scotland, which may or may not involve a post mortem examination (autopsy).

The first responders at the death in the community are expected to follow the Management of Death in the Community (in hours and out of hours) implemented on the 29 February 2016. See Link below.

[www.sehd.scot.nhs.uk/cmo/CMO\(2016\)02.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2016)02.pdf)

In Scotland, Confirmation of Death (Verification of Death/Pronouncing Life Extinct) can be undertaken by any registered healthcare professionals, trained and competent to do so. See link below.

<https://www.gov.scot/publications/verification-of-death-by-a-registered-healthcare-professional-chief-nursing-officer-guidance/>

Vaccination

Vaccination should not be included on the death certificate if the vaccination has not caused or contributed to the death to the best of the doctor’s knowledge and belief.

Where there are concerns about potential side effects or efficacy of the vaccine, this should be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) using the [Yellow card Scheme](#)

Should there be an instance where vaccination is believed to have caused or contributed to the death, this would be reportable to the PF as an adverse drug reaction.

If advice is required from the [Death Certification Review Service](#) team the service is 0830 to 1730 Monday to Friday (dcrs@nhs24.scot.nhs.uk; 03001231898)

Vaccine induced immune thrombotic thrombocytopenia

If this rare condition is confirmed as the condition directly leading to death, the case should be reported to the MHRA and the PF in keeping with the Crown Office & Procurator Fiscal Service (COPFS) guidance.

If thrombocytopenic thrombosis is suspected and the individual dies before a definitive diagnosis is made, then it would be up to the pathologists (in hospital or instructed by COPFS) to decide the cause of death.

The Death Certification Review Service (DCRS)

In parallel, it was realised changes would be required to amend/suspend routine, random review of MCCDs by DCRS, when there was a possible adverse impact on the workload, such as a rapid increase in additional deaths due to COVID-19 disease.

From 24 March 2020, and as an interim measure, the percentage of MCCDs selected for review by DCRS were decreased from the current 14% to 4% (3.5% for level 1 reviews and 0.5% for level 2 reviews). The random review of MCCDs was then suspended on 26 March 2020 but reinstated at 4% level 1 reviews on 11 May 2020. In August 2020, the percentage of MCCDs selected for review returned to pre-pandemic levels. Since November 2020, the percentage of MCCDs selected for review has fluctuated in response to the pressures placed on the NHS by the Pandemic.

Requests for Interested Person Reviews were also temporarily suspended during this period, but have since resumed, and eligible applicants can apply directly to DCRS. More information can be found [here](#).

In addition, DCRS have throughout this time continued to provide advice via their enquiry line on 03001231898 or dcrs@nhs24.scot.nhs.uk and authorise disposal of repatriations to Scotland. The Death Certification Review Service and normal guidance for death certification will recommence when the Pandemic is declared to be over following any transition period, which may be required.

Categories of death to be reported

In terms of section 3 of the '[Information and Guidance for Medical Practitioners](#)', the following deaths must be reported to the Procurator Fiscal;

Unnatural cause of death:

Any death which cannot be entirely attributed to natural causes (whether the primary cause or a contributing factor) including:

- Suspicious deaths – i.e. where homicide cannot be ruled out
- Drug related deaths - including deaths due to adverse drug reactions reportable under the Medicines and Healthcare Products Regulatory Agency (MHRA) (Yellow Card Scheme)
- Accidental deaths (including those resulting from falls)
- Deaths resulting from an accident in the course of employment
- Deaths of children from overlaying or suffocation
- Deaths where the circumstances indicate the possibility of suicide

Natural cause of death:

Deaths which may be due in whole or part to natural causes but occur in the following circumstances:

- (a) Any death due to natural causes where the cause of death cannot be identified by a medical practitioner to the best of his or her knowledge and belief
- (b) Deaths as a result of neglect/fault Any death:
 - which may be related to a suggestion of neglect (including self- neglect) or exposure
 - where there is an allegation or possibility of fault on the part of another person, body or organisation
- (c) Deaths of children
Any death of a child:
 - which is a sudden, unexpected and unexplained perinatal death
 - where the body of a newborn is found

- where the death may be categorised as a Sudden Unexpected Death in Infancy (SUDI)
- which arises following a concealed pregnancy

Any death of a child or young person under the age of eighteen years who is 'looked after' by a local authority, including:

- a child whose name is on the Child Protection Register
- a child who is subject to a supervision requirement made by a Children's Hearing
- a child who is subject to an order, authorisation or warrant made by a Court or Children's Hearing (e.g. a child being accommodated by a local authority in foster care, kinship care, residential accommodation or secure accommodation)
- a child who is otherwise being accommodated by a local authority

(d) Deaths from notifiable industrial/infectious diseases

Any death:

- due to a notifiable industrial disease or disease acquired as a consequence of the deceased's occupation in terms of column 1 of Part 1 of Schedule 3 to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (see Section 10 of this guidance)
- which poses an acute and serious risk to public health due to either a Notifiable Infectious Disease or Organism in terms of Schedule 1 of the Public Health (Scotland) Act 2008 or any other infectious disease or syndrome. **In terms of CMO letter dated 24 March 2020, the Lord Advocate has suspended the requirement to report deaths due to COVID-19 disease or presumed COVID-19 disease under this category. Certifying doctors do continue to require to report a death to the Procurator Fiscal where a person had COVID-19 disease or presumed COVID-19 disease and the death falls under another category defined under section 3.**

(e) Deaths under medical or dental care (see Section 9 below)

Any death:

- the circumstances of which are the subject of concern to, or complaint by, the nearest relatives of the deceased about the medical treatment given to the deceased with a suggestion that the medical treatment may have contributed to the death of the patient.

- the circumstances of which might indicate fault or neglect on the part of medical staff or where medical staff have concerns regarding the circumstances of death
- the circumstances of which indicate that the failure of a piece of equipment may have caused or contributed to the death
- the circumstances of which are likely to be subject to an Adverse Event Review (as defined by Healthcare Improvement Scotland)
- where, at any time, a death certificate has been issued and a complaint is later received by a doctor or by the Health Board, which suggests that an act or omission by medical staff caused or contributed to the death
- caused by the withdrawal of life sustaining treatment or other medical treatment to a patient in a permanent vegetative state (whether with or without the authority of the Court of Session). (See Section 13 below)
- which occurs in circumstances raising issues of public safety.

(f) Deaths while subject to compulsory treatment under mental health legislation

Any death of a person who was, at the time of death:

- detained or liable to be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or Part VI of the Criminal Procedure (Scotland) Act 1995; or
- subject to a community based compulsory treatment order or compulsion order under the above provisions.

(g) Any death not falling into any of the foregoing categories where the circumstances surrounding the death may cause public anxiety. **In terms of the guidance detailed in [CMO letter dated 20 May 2020](#), the Lord Advocate directed that this includes any death due to COVID-19 or presumed COVID-19 (a) where the deceased was resident in a care home (this includes residential homes for adults, the elderly and children) when the virus was contracted or (b) where to the best of the certifying doctor's knowledge, there are reasonable grounds to suspect that the deceased may have contracted the virus in the course of their employment or occupation. Whilst not exhaustive, this may include deaths of care home workers, frontline NHS staff and emergency services personnel.**

In terms of the guidance detailed in this letter, the Lord Advocate has clarified that any hospital acquired COVID death should not be reported to the Procurator Fiscal's office, if the only reason the circumstances surrounding the death may be said to cause public anxiety is because the person died of COVID-19 disease or presumed COVID-19 disease in hospital or may have contracted COVID-19 in a hospital or hospice setting.

In addition, no hospital or hospice nosocomial or hospital onset COVID-19 disease deaths should be reported under section 3(g) without the medical practitioner discussing the death with their Health Board's infection control team or other senior clinicians, prior to reporting under section 3(g).

When reporting any hospital death to the PF, medical practitioners must be able to advise the PF the reason the death is being reported to them, with reference to the subsection of section 3 of the COPFS guidance under which the death is being reported, and must be able to detail any areas of concern by either medical staff or next of kin in respect of the infection control measures in place at the relevant time. Medical practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.

Where a hospital or hospital nosocomial or hospital onset COVID-19 disease death is being reported under section 3(e) the medical practitioner should discuss the death with their Health Board's infection control team or other senior clinicians prior to reporting. Medical practitioners should be clear on which category they believe applies to the case and specify this in the report to the PF.

Archived: 01 May 2024 15:12:08

From: [Kirsty Brightwell \(NHS Shetland\)](#)

Sent: 15 April 2021 15:47:55

To: [REDACTED] FOISA s 38(1)(b)

Subject: FW: long covid

Importance: Normal

Sensitivity: None

Hi [REDACTED] FOISA

We were having an exchange re Long COVID and I wondered where you'd got to with this? We've laid out our worries below "FOIS" re stopping something to do this and me about not creating something specific for COVID when it could benefit those with other chronic functionally limiting conditions. It struck me that Long COVID is like a fast track to frailty so could we use the same processes? I know we'd suggested you speaking to [REDACTED] FOISA s 38(1)(b) our local geriatrician, who had volunteered to look at this.

Perhaps we can combine with a catch up?

Cheers

Kirsty Brightwell

Medical Director, RO and GP

NHS Shetland

[REDACTED] FOISA s 38(1)(b)

What is the single best thing we can do for our health?

<https://www.youtube.com/watch?v=aUalnS6HIGo>

From: Kirsty Brightwell (NHS Shetland)

Sent: 15 April 2021 09:02

To: [REDACTED] FOISA s 38(1)(b)

Subject: RE: long covid

Thanks [REDACTED] FOIS

I am also thoughtful as to what marks this out from other patients with chronic fatigue/SOB/pain/mental health. I can understand the need for a holistic review but we should be doing that anyway it's just there are some specific things to incorporate re COVID (CXR at 6 weeks). We have small numbers so it could create inequalities, a little like cancer vs COPD or heart failure feels.

I've offered my thoughts locally but will catch up with [REDACTED] FOISA to see what I am missing.

Cheers

Kirsty Brightwell
Medical Director, RO and GP
NHS Shetland

FOISA s 38(1)(b)

What is the single best thing we can do for our health?
<https://www.youtube.com/watch?v=aUalnS6HIGo>

From: FOISA s 38(1)(b)
Sent: 14 April 2021 18:12
To: FOISA s 38(1)(b) Kirsty Brightwell (NHS Shetland)
FOISA s 38(1)(b)
Subject: Re: long covid

We were waiting for the SG guidance - have seen a draft of that and then going to raise at our exec management, as this is a new service would technically require commissioning by our IJB. FOISA s 38(1)(b) is the local GP keen to move on it all - my worry is there is a desire to create a service with no consideration re what we will need to decommission /service re profile to make things work. It feels like all our services want more resource at the moment - I will be encouraging our exec management team to try and align any local provision with the draft SG guidance, with primary care dealing with most of the issues as they normally would (especially with the additional PCIP support that has gone in).

So consideration of where there might be benefit in a 3 island approach implementing the SG guidance is a possibility.

FOISA s 38(1)(b)

From: FOISA s 38(1)(b)
Sent: 14 April 2021 17:53
To: FOISA s 38(1)(b) Kirsty Brightwell (NHS Shetland) FOISA s 38(1)(b)
Subject: Fw: long covid

afternoon folks

long covid and a potential 3 Island joint approach

FOI is really keen to drive this, and has already been chatting with colleagues within all 3 Islands. Any thoughts, including potential decision making representation??

cheers

f

FOISA s 38(1)(b)
Medical Director
NHS Western Isles
37 South Beach Street, Stornoway, HS1 2BB
FOISA s 38(1)(b)

FOISA s 38(1)(b)

From: FOISA s 38(1)(b)

Sent: Wednesday, April 14, 2021 5:39 PM

To: FOISA s 38(1)(b)

Subject: Re: long covid

hmmm, maybe.

The SIGN/NICE guidelines are about as clear as could be, basically anything goes, presentation, symptoms, length of disease, treatment as per symptoms...

We just need to get on with something soon, did you get any information/hope of joint working from the other medical directors in Orkney and Shetland? FOIS will be gone very soon, and I really need someone to work with there, if we are to realise the dream of joint working.

FOISA s 38(1)

Associate Medical Director
Western Isles Health Board.
Portfolio GP.

From: FOISA s 38(1)(b)

Sent: 14 April 2021 17:06

To: FOISA s 38(1)(b)

Subject: Fw: long covid

hi
a bit of clarity around the unclear long covid pathway and process
!!
f

FOISA s 38(1)(b)

Medical Director
NHS Western Isles
37 South Beach Street, Stornoway, HS1 2BB
T FOISA s 38(1)(b)

From: FOISA s 38(1)(b)

Sent: Wednesday, April 14, 2021 3:52 PM

To: FOISA s 38(1)(b)

Subject: Re: long covid

Hi FOISA

Apologies for taking so long to get back to you, after checking with Tracey I had passed the query onto SG and it seems the answer was not as straight forward as I thought it would be. I've attached their response.

Best wishes,

FOISA

FOISA s 38
(1)(b)

Strategy, Performance & Service Transformation
NHS National Services Scotland

FOISA s 38(1)(b)

From: FOISA s 38(1)(b)

Sent: 15 March 2021 12:54

To: FOISA s 38(1)(b)

Subject: long covid

afternoon FOISA

do you know who has taken on long covid??
and no, im not offering just asking for a friend!!

f

FOISA s 38(1)(b)

Medical Director
NHS Western Isles

37 South Beach Street, Stornoway, HS1 2BB

FOISA s 38(1)(b)

[Redacted]

From: [REDACTED] FOISA s 38(1)(b)

Sent: 09 February 2021 12:59

To: [REDACTED] FOISA s 38(1)(b)

Cc: Kirsty Brightwell (NHS Shetland) [REDACTED] FOISA s 38(1)(b)

Subject: Re: Long COVID / Chronic Fatigue / Chronic Pain / Functional Disorders - An Island Approach?

Thanks [REDACTED] that's great.

I had been thinking we could ask our 'off island support ' if they might be interested in an MDT approach to Long Covid. For example; a respiratory physician e.g Lung problems from multiple PEs etc , a cardiologist because of Covid related chronic heart failure, a dermatologist for Covid skin conditions and a neurologist for those with neurological damage. All these can be done remotely e.g bluetooth stethoscopes, use of Apps like Kardia, sharing results and imaging electronically. We all have consultants remotely managing our patients and I hoped some might be interested in supporting this?

Also we need to think about age range that would be seen and talking with our paediatric and CAMHs colleagues about how they are planning the management of young people with Long Covid symptoms and the move to 'adult'

services in the future if they haven't recovered by then.

Another way of approaching who is seen is to encourage self-referral - if someone believes they have symptoms of Long Covid then we believe them, see and work with them and don't focus on the cause, just the symptoms and cure (being realistic). It's a good way of empowering patients with post-viral/fatigue symptoms, they can then be included in the initial biopsychosocial assessment. It also helps prevent creating a problem rather than solving it and hopefully develops a pool of expert patients who can help develop the service going forward.

FOISA s 38(1)

Associate Medical Director
Western Isles Health Board.
Portfolio GP.

From: [REDACTED] FOISA s 38(1)(b)

Sent: 09 February 2021 12:23

To: [REDACTED] FOISA s 38(1)(b)

Cc: Kirsty Brightwell (NHS Shetland) [REDACTED] FOISA s 38(1)(b)

Subject: Re: Long COVID / Chronic Fatigue / Chronic Pain / Functional Disorders - An Island Approach?

Thanks FOISA s 38(1)

I think Shetland probably brings a little less to the table to be honest.

Our pain service has a long legacy of patients who want/are accustomed to a biomedical only approach to their chronic pain, i.e. spinal injections as often as they can get them. Our newer anaesthetists trying bravely to wean people off this approach but we have no psychosocial arm to refer to.

No GPs with chronic pain interest, though we are as a GP community very keen for a MDT approach to chronic pain (comes up at GP cluster frequently but no concrete plan to take forward yet, as it's not just a 1ry care issue) and most if not all current Shetland GPs do adopt a Realistic Medicine approach to chronic pain - I know in Lerwick we keep a close eye on opioids, benzos, gabapentinoids etc. and we have adopted a clinical team meeting approach to prescribing for people with unhelpful/demanding approaches to prescribing "my hands are tied, this is one I will have to discuss with the practice team" and that has worked well.

Some of our physios have done the "explain pain" training course, but they run that entirely separately from the pain service which is anaesthetist-only.

Our OTs are great and were really helpful in supervising [REDACTED] FOISA s 38(1)(b)

I agree that there is huge overlap with CFS/functional disorders, and many may subconsciously use this as their "time to present" their functional fatigue, which as Frank says can be very resource intensive.

So what I'd see as a useful model is to pool resources in initial case management? specialist nurse led. Those with potentially organ-specific issues may need 2ry/tertiary referral, but the majority with more diffuse symptomatology are likely to benefit most from a non-medical approach concentrating on pacing, self-help and stoic acceptance, with involvement of social work/job centre if work an issue. Ideally, some lower-level mental health input would be good too, again aiming at a "behavioural activation" or CBT approach to accepting health impact, but with the capacity to

refer to CMHT/GP re mental health problems for those with significant mental health problems.

Best Wishes

FOIS

From: [REDACTED] FOISA s 38(1)(b)

Sent: 08 February 2021 13:29

To: [REDACTED] FOISA s 38(1)(b)

Cc: Kirsty Brightwell (NHS Shetland) [REDACTED] FOISA s 38(1)(b)

Subject: Re: Long COVID / Chronic Fatigue / Chronic Pain / Functional Disorders - An Island Approach?

hi all

long covid - definitely. looks like we can expect some sort of national guidance and resourcing - makes sense to be ahead of the game etc. and to share resources (people!) as opposed to trying to employ bits of a wte

there will be crossover with other longterm conditions. i always get uneasy when opening this door - a challenging group of patients who do / can eat up huge amounts of resources. if this is the preferred direction, then we would definitely need clear exit and entry criteria, and an agreed understanding regarding what would not be offered

sounds good though

F

[REDACTED]
Medical Director
NHS Western Isles

37 South Beach Street, Stornoway, HS1 2BB

[REDACTED] FOISA s 38(1)(b)

[REDACTED] FOISA s 38(1)(b)

From: [REDACTED] FOISA s 38(1)(b)

Sent: Friday, February 5, 2021 6:01 PM

To: [REDACTED] FOISA s 38(1)(b)

[REDACTED] Kirsty Brightwell (NHS Shetland)

[REDACTED] FOISA s 38(1)(b)

Subject: Long COVID / Chronic Fatigue / Chronic Pain / Functional Disorders - An Island Approach?

FOISA s 38(1)(b)

(Kirsty, FOISA s 38(1)(b) copied in for information as I think there has been some discussion about long COVID at MD level)

FOI had the idea that we could think together about the provision of services for patients with long COVID to see if we could be more effective in bringing something together by working across the 3 island HBs.

FOI and I met yesterday and discussed it. We wondered if rather than making it exclusively about long COVID, whether we could think about it in terms of the heterogenous and difficult group of conditions that include, chronic fatigue, chronic pain, functional

disorders as well as long COVID. Could we pool our resources and create a supportive MDT across the 3 islands to work together and learn together?

What might each Board bring to the table?

- WI:
 - GP with an interest in chronic pain and functional disorders.
 - OT
 - Another GP with a potential research interest.
- Orkney
 - Respiratory Specialist Physio
 - GP with chronic pain interest
 - Anaesthetist with chronic pain experience and interested in widening out an MDT approach
 - Potentially psychological services - would need to ask.

Is this something worth exploring further together?

FOISA

FOISA s 38(1)(b)

Orkney Health and Care | Primary Care Department | The Balfour | Foreland Road | Kirkwall | KW15 1NZ

FOISA s 38(1)(b)

FOISA s 38(1) **Scottish Rural Medicine Collaborative**

<https://www.srmc.scot.nhs.uk/>

Archived: 01 May 2024 15:27:12

From: [Long COVID 2024](#)

Mail received time: Thu, 21 Mar 2024 17:31:56

Sent: Thu, 21 Mar 2024 17:31:41

To: [Kirsty Brightwell \(NHS Shetland\)](#)

Subject: New Speakers - Keynotes: Imperial College & NHS England - WHF policy conference - 21st May 2024

Importance: Normal

Sensitivity: None

Attachments:

[1.png](#); [2.png](#); [3.png](#);

You don't often get email from long.covid.2024@westminsterhealthforum.co.uk. [Learn why this is important](#)

Next steps for long COVID care and research in England

[The long COVID plan](#) | [Commissioning, diagnosis and treatment pathways](#) | [Rehabilitation](#) | [Patient experience and involvement](#) | [Priorities for research and future investment](#)

Morning, Tuesday, 21st May, 2024

Westminster Health Forum policy conference **taking place online**

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with

Professor Paul Elliott, Chair, Epidemiology and Public Health Medicine, Imperial College London

Dr Melissa Heightman, Clinical Lead, Post-COVID Services, University College London Hospitals NHS Trust; and National Specialty Advisor, Long COVID Programme, NHS England

and

Ruth Barlow, Mid and South Essex Integrated Care System; **Professor Carolyn Chew-Graham**, The Chorlton Family Practice and Keele University; **Sammie McFarland**, Long COVID Kids; **Dr Betty Raman**, University of Oxford; **Natalie Rogers**, Long COVID Support; **Dr Terry Segal**, University College London Hospitals; **Melissa Sundrum**, East London Foundation Trust; **Dr Emma Wall**, University College London Hospitals NHS Foundation Trust and Francis Crick Institute; **Russell Watkins**, Health Innovation North East and North Cumbria

Chaired by:

Wendy Chamberlain MP, Liberal Democrat Spokesperson for Work and Pensions

This conference will discuss next steps for long COVID care and research in England.

Taking place following long COVID services transitioning from the national programme to ICBs in March 2023, delegates will discuss priorities for developing effective long COVID commissioning, services and care pathways, as well as options for earlier diagnosis, population health approaches and tackling health inequalities.

It will be an opportunity to examine progress made on *The NHS plan for improving long COVID services*, including next steps for assessment clinics, clinical education, rehabilitation, and improving access to innovative treatments.

The agenda will bring out latest thinking on characteristics and risk factors associated with long COVID, and developing the role of patient experience in informing decision-making processes.

Sessions will also assess progress in long COVID research following investment in recent years, looking at priorities for building the evidence-base, and for advancing research and development of long COVID treatments, including next steps for the use of data and AI.

Further areas for discussion include addressing challenges with clinical trials and options for improving participant recruitment.

We are pleased to be able to include keynote sessions with: **Professor Paul Elliott**, Chair, Epidemiology and Public Health Medicine, Imperial College London; and **Dr Melissa Heightman**, Clinical Lead for Post COVID Services, University College London Hospitals NHS Foundation Trust.

Overall, areas for discussion include:

- **latest developments**: assessing trends, key issues and progress - priorities from the long COVID plan - the role and impact of assessment clinics
- **care pathway for long COVID**: the role of integrated care systems in commissioning and oversight of post-COVID services - utilising population health approaches
- **earlier diagnosis**: evaluating access to services - tackling health inequalities - clinician education - improving service referral
- **living with long COVID**: access to psychological therapies - self-management plans and peer support - rehabilitation and its impact on employment
- **clinical research**: developing understanding of long COVID symptoms - addressing challenges in clinical trials - improving participation - building the evidence-base
- **data studies**: understanding the prevalence of long COVID - use of big data studies to identify vulnerable populations - identifying and addressing health inequalities - the role of AI
- **innovative treatments**: improving patient outcomes - prediction and prevention - applying latest developments in research - opportunities for advancing treatment development - potential for repurposing drugs approved for other conditions

[\[jump to more detail on the discussion\]](#)

The conference will be an opportunity for stakeholders to consider the issues alongside key policy officials who are due to attend from DHSC; DWP; MHRA; The Scottish Government; UKHSA; and the Welsh Government.



The agenda:

Draft subject to change

8.30 Registration

9.00 **Chair's opening remarks**
Senior Parliamentarian

9.05 **Progress and priorities for long COVID care, and the impact of assessment clinics**
Dr Melissa Heightman, Clinical Lead, Post-COVID Services, University College London Hospitals NHS Trust; and National Specialty Advisor, Long COVID Programme, NHS England
Questions and comments from the floor

9.30 **Assessing new commissioning arrangements, improving diagnosis and developing effective care pathways for long COVID**
the role of integrated care systems / service referral and accessibility to services / using data and population health approaches / progress on the NHS long COVID plan / tackling inequalities and priorities for public awareness / care and pathways for young people
Professor Carolyn Chew-Graham, GP Principal, The Chorlton Family Practice, Manchester; and Professor of General Practice Research, Faculty of Medicine and Health Sciences, Keele University
Dr Terry Segal, Consultant Adolescent Paediatrician and Co-Lead, Pan London CYP Post-COVID Service, University College London Hospitals
Melissa Sundrum, Clinical Lead for Long COVID and Pulmonary Rehab Services, East London Foundation Trust
Ruth Barlow, Long COVID Team Lead, Mid and South Essex Integrated Care System
Natalie Rogers, Trustee, Long COVID Support
Questions and comments from the floor

10.20 **Priorities for rehabilitation and improving outcomes for patients living with long COVID**
developing personalised care self-management plans and peer support / the role of innovation and digital self-management apps / rehabilitation services and

access to psychological therapies | impact on employment | utilising lived experience in service development

Russell Watkins, Commercial Director, Health Innovation North East and North Cumbria

Senior representative, rehabilitation

Senior representative, occupational health

Senior representative, mental health

Senior representative, digital health

Questions and comments from the floor

11.10 **Chair's closing remarks**

Senior Parliamentarian

11.15 Break

11.25 **Chair's opening remarks**

Wendy Chamberlain MP, Liberal Democrat Spokesperson for Work and Pensions

11.30 **Examining latest data and research on the experience of long COVID within the community and implications for future research and policy**

Professor Paul Elliott, Chair, Epidemiology and Public Health Medicine, Imperial College London

11.40 **Advancing long COVID treatment research and development, and building the evidence-base to improve patient access to treatments**

characteristics, symptoms and associated risk factors | next steps for clinical trials, participant recruitment and listening to patient experience | the role of AI learning, data, information and knowledge sharing | options for accelerating treatment development

Sammie McFarland, Founder, Long COVID Kids

Dr Emma Wall, Consultant Acute Medicine and Infectious Diseases, University College London Hospitals NHS Foundation Trust; and Senior Clinical Research Fellow, Francis Crick Institute

Dr Betty Raman, Principal Investigator, Radcliffe Department of Medicine, University of Oxford
Senior representative, data

12.00 Questions and comments from the floor

12.30 **Next steps for long COVID research and investment going forward**

Senior representative, research

Questions and comments from the floor

12.55 **Chair's and Westminster Health Forum closing remarks**

Wendy Chamberlain MP, Liberal Democrat Spokesperson for Work and Pensions

Jessica Lear, Associate Editor, Westminster Health Forum

Additional senior participants are being approached, but if you or a colleague would like to be considered as a speaker at this seminar, please contact us at speakeroffers@forumsupport.co.uk specifying the event and session where you would like to speak and we'll get back to you as soon as possible. If you are offering to speak yourself please don't fill in the booking form, as this will be taken as an order and you will be charged for a place subject to our T&Cs.

Relevant developments:

- [The NHS plan for improving long COVID services](#) - updated by NHS England in July 2022, outlining progress made on the 10 actions set out in the plan and establishing a framework for deploying the £90m committed by the NHS to long COVID services
- [Commissioning guidance for post-COVID services for adults, children and young people](#) - published by NHS England in December 2023
- [National guidance for post-COVID syndrome assessment clinics](#) - published by NHS England in July 2022, aiming to support the commissioning of assessment clinics and the delivery of local long COVID services
- [UKHSA review shows vaccinated less likely to have long COVID than unvaccinated](#) - announced in February 2022
- [£19.6m awarded to new research studies to help diagnose and treat long COVID](#) - announced by NIHR in July 2021
- [Our plan for improving access for patients and supporting general practice](#) - published by NHS in October 2021, including a Winter Access Fund
- [NHS Long Term Plan](#) - published by NHS in August 2019, detailing plans to ensure better access for patients with mental health concerns, support for people with non-urgent concerns within four weeks and urgent care within 24 hours

Key areas for discussion:

Key priorities for improving long COVID care

- **assessment centres**: establishing efficient referrals from primary care services - improving early intervention - impact

on patient care outcomes

- **commissioning changes**: transition from commissioning of long COVID services to Integrated Care Boards - minimising disruption to funding flows for adult long COVID services
- **care pathways**: service referral - access to services using data - population health approaches
- **workforce and education**: training NHS staff to identify long COVID symptoms - improving accuracy of diagnosis - addressing co-morbidity symptoms
- **early diagnosis**: challenges in comorbidity with similar conditions - raising public understanding - increasing capacity
- **service referral**: prioritisation of care and service delivery - commissioning and oversight of long COVID services - prioritisation of services
- **prediction and prevention**: identifying risk factors and causes of long COVID - utilising data studies - driving public health awareness
- **health inequalities**: utilising population health approaches - personalised care - tackling variation in services
- **living with long COVID**: self-management plans and peer support - development and uptake of digital self-management apps - rehabilitation services - impact on employment - access to psychological therapies

Advancing research and development of long COVID treatments

- **big data studies**: understanding the prevalence of long COVID in the community - identifying at-risk groups - methodological issues and challenges - building the evidence base - implications for research and policy
- **long term health impacts**: improving understanding - effects on comorbidity - implications of untreated long COVID - the role of AI in prediction and prevention
- **patient experience**: the role of voices with lived experience in treatment - impact on most vulnerable groups - improving participant recruitment for clinical trials
- **treatment methods**: developing safe and effective treatment approaches - the potential for repurposing drugs approved for other conditions - opportunities for accelerating treatment development
- **clinical trials**: overcoming challenges with recruitment, logistics and delays to trial approvals
- **next steps**: latest thinking on how long COVID is affecting the community - driving treatment and innovative approaches - turning research into accessible, evidence-based treatments patients - investment and progress so far

Booking arrangements:

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Once submitted, this will be taken as a confirmed booking and will be subject to our terms and conditions below.

You can also pay in advance by credit card on 01344 864796. If advance credit card payment is not possible, please let me know and we may be able to make other arrangements.

Options and charges are as follows:

- Access to *Next steps for long COVID care and research in England* (plus a permanent record of proceedings) is **£260** plus VAT per delegate
- Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£115** plus VAT. Please be sure to apply for this at the time of booking.

For those who cannot attend on the day:

- full transcripts of all presentations, the questions and comments sessions, and further articles from interested parties, will be available [via our website](#) approximately 12 days after the event for **£95** plus VAT
- Concessionary rate: **£50** plus VAT

If you find the charge for places a barrier to attending:

- please let me know as concessionary and complimentary places are made available in certain circumstances
- typical eligibility: individual service users or carers not supported by or part of an organisation, full-time students, unemployed and fully retired people with no paid work, and small charities
- concessions are not offered to businesses, individuals funded by an organisation, or larger charities/not-for-profit companies.

Please note [terms and conditions](#) below (including **cancellation charges**).

I do hope that you will be able to join us for what promises to be a most useful morning, and look forward to hearing from you soon.

Yours sincerely,

Jessica

Jessica Lear
Associate Editor, **Westminster Health Forum**

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Attendees

Places have been reserved by officials from the **Department for Work and Pensions; Department of Health and Social Care; Medicines and Healthcare products Regulatory Agency; The Scottish Government; UK Health Security Agency** and the **Welsh Government**. Also due to attend are representatives from **Business Disability Forum; Croydon Sickle Cell & Thalassaemia Support Group; Lancashire Clinical Trials Unit; ReCognition Health; Swansea Bay University** and **University of York**

Overall, we expect speakers and attendees to be a senior and informed group including Members of both Houses of Parliament, senior government and regulatory officials in this area of public policy, together with other stakeholders from across the health sector, including industry representatives, primary care and community health specialists, research and development organisations, executive agencies, regulators, the independent and third sector, patient groups, manufacturers, law firms and consultancies, academics, commentators and think tanks, and others with an interest in the issues.



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The Westminster Health Forum is strictly impartial and cross-party, and draws on the considerable support it receives from within Parliament, government and regulatory bodies, and amongst the wider stakeholder community. The Forum has no policy agenda of its own. Forum meetings are frequently the platform for major policy statements from senior ministers, regulators and other officials, opposition speakers and senior opinion formers in industry and interest groups. Conferences regularly receive prominent coverage in the national and specialist media. We cover our costs through the sale of modestly priced places at seminars and appropriate sponsorship. All seminars adhere to the core proposition of impartiality, not to the agenda of any sponsor.

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Archived: 01 May 2024 15:26:55

From: [Michael Ryan](#)

Mail received time: Tue, 11 Jan 2022 20:20:11

Sent: 11 January 2022 20:20:11

To: [Kirsty Brightwell \(NHS Shetland\)](#)

Subject: Long Covid - speakers: NIHR, RCGP & Imperial College - WHF policy conference - 22nd March 2022

Importance: Normal

Sensitivity: None

Long Covid

Improving patient care and access to support, progress in service development, and priority areas for research

Morning, Tuesday, 22nd March 2022

Westminster Health Forum policy conference: This full-scale conference is [easily accessed online](#) for full participation

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with

Professor Nick Lemoine, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR

Dr Gail Allsopp, Clinical Lead for Clinical Policy, Royal College of General Practitioners

Professor Brendan Delaney, Chair in Medical Informatics and Decision Making, Imperial College London

and

Professor Chris Brightling, Clinical Professor in Respiratory Medicine, University of Leicester; **Dr Katrina Delargy**, Managing Director, TIYGA health; **Claire Hastie**, Co-Founder, Long Covid Support

Rebecca Logan, Long Covid Patient; and **Sammie Mcfarland**, CEO and Founder, Long Covid Kids

and

Dr Peter Bagshaw, Somerset CCG; **Ekpemi Irune**, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust; **Dr Andrew Potter**, NHS Bedfordshire, Luton and Milton Keynes Integrated Care System; and **Dr David Strain**, University of Exeter

Chaired by:

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

[\[full chair and speaker details\]](#)

Please share this email with interested colleagues

Note: fees apply for most delegates, but concessionary and complimentary places are available [\[subject to terms and conditions - see below\]](#).

I hope you can join us on the morning of Tuesday, 22nd March 2022.

This conference will examine developments in Long Covid research and treatment following the updated NICE guidelines for managing its long-term effects.

Delegates will discuss policy priorities for furthering clinical understanding, improving care provision, and supporting the health workforce.

It will also be an opportunity to discuss the implementation of the NHS Long Covid plan for 2021/22, how to utilise funding set out for the expansion of services, reducing variation, management of Long Covid within primary care, the future outlook for Long Covid research, and the impact of new NIHR-funded projects.

We are pleased to include keynote sessions with **Professor Nick Lemoine**, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR; **Dr Gail Allsopp**, Clinical Lead for Clinical Policy, Royal College of General Practitioners; and **Professor Brendan Delaney**, Chair in Medical Informatics and Decision Making, Imperial College London.

Key areas for discussion include:

- **the Long Covid Plan** - delivery and the utilisation of allocated funding
- **research** - priority areas for further improving understanding of Long Covid and the effectiveness of services developed for the condition
- **care pathways within ICS** - leadership, implementation and commissioning, service development, rehabilitation, the impact of health inequalities, and integrating care
- **Long Covid assessment clinics:**
 - assessing progress and what more is needed to improve accessibility and support referrals from primary care
 - priorities for the development of services for children
- **the health workforce** - support, training and education priorities and sharing best practice in Long Covid care
- **data** - scaling up its use and improving understanding of Long Covid and its prevalence
- **involving patients** - the development of Long Covid services, driving awareness of expanded online support, and improving accessibility to information

The discussion is bringing together stakeholders with key policy officials who are due to attend from the DHSC; the Department of Health, NI; the DfT; the DWP; the FCDO; the Health and Safety Executive; HMRC; the MHRA; the NAO and the UK Health Security Agency - as well as parliamentary pass-holders from both Houses of Parliament and the Scottish Parliament.

[\[Book Online\]](#)

The agenda: [\[taking place online - further details\]](#)

Draft subject to change

8.30 Registration

9.00 **Chair's opening remarks**

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

9.05 **Latest developments in the understanding of Long Covid and implications for clinical guidance and service provision**

Professor Brendan Delaney, Chair in Medical Informatics and Decision Making, Imperial College London

Questions and comments from the floor

9.30 Break

9.35 **Improving accessibility to Long Covid support and the role of assessment centres**

Claire Hastie, Co-Founder, Long Covid Support

9.45 **Priorities for patient rehabilitation, mitigating the impact of health inequalities, the future for Long Covid pathways in local health systems, and next steps for care integration**

Dr David Strain, Senior Clinical Lecturer, University of Exeter

Ekpemi Irune, Consultant Ear, Nose and Throat, Head & Neck and Thyroid Surgeon, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust

Dr Peter Bagshaw, Mental Health and Dementia Clinical Lead, Somerset CCG

Dr Andrew Potter, Clinical Lead, Post Covid Assessment Service, NHS Bedfordshire, Luton and Milton Keynes Integrated Care System

10.10 Questions and comments from the floor

10.35 **Delivering effective Long Covid provision in primary care and providing support for the workforce**

Dr Gail Allsopp, Clinical Lead for Clinical Policy, Royal College of General Practitioners

Questions and comments from the floor

11.00 **Chair's closing remarks**

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

11.05 Break

11.15 **Chair's opening remarks**

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

11.20 **The use of data to improve understanding of Long Covid**

Dr Katrina Delargy, Managing Director, TIYGA health

11.30 **Utilising patient experience in research and the development of Long Covid services**

Rebecca Logan, Long Covid Patient

11.40 **Long Covid in children - research priorities and developing effective services**

Sammie Mcfarland, CEO and Founder, Long Covid Kids

11.50 **Hospitalised patients - latest understanding of long-term health impacts and supporting rehabilitation**

Professor Chris Brightling, Clinical Professor in Respiratory Medicine, University of Leicester

12.00 Questions and comments from the floor

12.25 Break

12.30 **The way forward for Long Covid research, improving understanding, and developing effective treatments**

Professor Nick Lemoine, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR

Questions and comments from the floor

12.55 **Chair's and Westminster Health Forum closing remarks**

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

Jessica Lear, Forum Lead, Westminster Health Forum

[\[Book Online\]](#)

Key areas for discussion: [\[back to the agenda\]](#)

The Long Covid Plan

- **progress** - assessing what has been achieved in terms of delivery and the utilisation of allocated funding, including for expanding Long Covid services, and possible next steps

Research priorities

- **future of research** - assessing:
 - the outlook for Long Covid research going forward, priorities for investment, and identifying areas which require improved understanding
 - the effectiveness of the services and treatments developed so far and keeping these up to date with the latest research
- **guidance** - strategies for regularly updating clinical guidance with the latest understanding of Long Covid and developments around effective treatment and service provision
- **Long Covid in children** - what is needed from research to improve understanding of how Long Covid occurs in children, and taking forward effective paediatric service development
- **patient experience** - sharing the effects of Long Covid on patients and how these experiences can contribute to research and the development of services

Long Covid pathways within local health systems

- **implementation priorities** - assessing:
 - the development of pathways within local areas to support patients with rehabilitation
 - the role of patient-centred care in delivering effective pathways
 - implementation challenges and how these can be overcome
 - what is needed for developing pathways for less common symptoms
- **integrated care** - how best to support integration within local areas, encourage collaboration and partnerships, and provide integrated services for Long Covid patients
- **rehabilitation** - opportunities for:
 - utilising specialist knowledge to develop effective pathways to support patients with symptoms

- identifying areas of understanding which need more attention
- **hospitalised patients** - examining:
 - the common Long Covid symptoms that present in patients severely affected by COVID-19
 - latest thinking on how to support the development of pathways and the rehabilitation of patients in these cases

Assessment clinics, accessibility, and health inequalities

- **implementation** - addressing challenges being faced in local areas in setting up clinics alongside other operational pressures
- **accessibility** - how best to:
 - improve access to Long Covid support within the community
 - raise awareness of support available online, including the Your COVID Recovery rehabilitation platform
- **health inequalities** - priorities for:
 - reaching vulnerable groups in the community and raising awareness of Long Covid among harder to reach groups
 - improving understanding of service uptake by gender and ethnicity
 - ensuring information and support is accessible to those for whom English isn't their first language

Primary care and support for the health workforce

- **support** - evaluating the impact of funding for Long Covid services within primary care and priorities going forward
- **workforce** - identifying the training and support needed for the general practice workforce to understand and feel confident in diagnosing Long Covid and refer effectively, as well as wider workforce challenges
- **management** - supporting patients to manage their condition, developing best practice, and monitoring recovery

Utilising data

- **the potential** - exploring:
 - opportunities presented by the use of data in understanding the condition
 - how this can be used to identify knowledge gaps and develop services and treatments
- **health inequalities** - assessing how data can be used to support the mitigation of health inequalities

[\[Book Online\]](#)

Relevant developments: [\[back to the agenda\]](#)

- [£19.6m awarded to new research studies to help diagnose and treat Long Covid](#) - new NIHR-funded research aiming to look across the full condition from diagnosis to recovery and rehabilitation
- [Long Covid: the NHS plan for 2021/22](#) - which sets out what is already known about Long Covid and the priorities for advancing this going forward
- [National guidance for post-COVID syndrome assessment clinics](#) - published to support the commissioning of assessment clinics and the delivery of Long Covid local services
- [Our plan for improving access for patients and supporting general practice](#) - which includes a Winter Access Fund
- [COVID-19 rapid guideline: managing the long-term effects of COVID-19](#) - updated NICE guidance
- [Coronavirus and the social impacts of 'Long COVID' on people's lives in Great Britain](#) - ONS data
- [cross-party letter to the Secretary of State](#) - coordinated by the APPG on Coronavirus, calling for a strategy to address Long Covid and giving recommendations following research
- [Your COVID Recovery](#) - the launch of an online platform to support recovery from COVID-19
- [NHS England 2022/23 Priorities and Operational Planning Guidance](#) - which includes aims to address waiting times

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Policy officials attending:

Our forums are known for attracting strong interest from policymakers and stakeholders. [\[About Us\]](#)

There's an outline of the government departments, regulators and other interested parties who we expect to take part [here](#).

I do hope that you will be able to join us for what promises to be a most useful morning, and look forward to hearing from you soon.

Yours sincerely,

Michael

Michael Ryan
Deputy Editor, **Westminster Health Forum**



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Speakers also confirmed: **Dr Peter Bagshaw**, Mental Health and Dementia Clinical Lead, Somerset CCG; **Ekpemi Irune**, Consultant Ear, Nose and Throat, Head & Neck and Thyroid Surgeon, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust; **Dr Andrew Potter**, Clinical Lead, Post Covid Assessment Service, NHS Bedfordshire, Luton and Milton Keynes Integrated Care System; and **Dr David Strain**, Senior Clinical Lecturer, University of Exeter.

Chaired by: **Dr Daniel Poulter MP**, Chair, All-Party Parliamentary Group for Global Health; and **Baroness Thornton**, Shadow Spokesperson for Health, House of Lords.

Further senior participants are being approached.

Attendees [\[back\]](#)

Places have been reserved by parliamentary pass-holders from both **Houses of Parliament** and the **Scottish Parliament**, and officials from the **Department of Health, NI**; the **Department of Health and Social Care**; the **Department for Transport**; the **Department for Work and Pensions**; the **Foreign, Commonwealth & Development Office**; **Health and Safety Executive**; **HM Revenue & Customs**; the **Medicines and Healthcare products Regulatory Agency**; **Office for Health Improvement and Disparities**; the **National Audit Office** and the **UK Health Security Agency**. Also due to attend are representatives from **Acquired Brain Injury Ireland**; **Association of Clinical Psychologists UK**; **Brent Council**; **Cardiff University**; **CLL Support Association**; **EHCAP**; **Health and Safety Executive**; **Herefordshire and Worcestershire Health and Care Trust**; **ISRCTN registry**; **Mayden House**; **NHS Ayrshire & Arran**; **NHS Salford Royal**; **NIHR**; **OPPC**; **Respiratory Innovation Wales**; **Royal Devon and Exeter NHS Foundation Trust**; **Southern Health and Social Care Trust**; **South Gloucestershire Council**; **Stansted Surgery**; **The Health and Social Care Alliance Scotland (the ALLIANCE)**; **University of Plymouth**; and **Worcestershire Association of Carers**.

Press passes have been reserved by representatives from the **DVV Media International**; **GPonline**; **Politico** and **The Sunday Times**.

Overall, we expect speakers and attendees to be a senior and informed group including Members of both Houses of Parliament, senior government officials in this area of public policy, together with industry representatives, primary care and community health specialists, research and development organisations, executive agencies, regulators, the independent and third sector, patient groups, manufacturers, law firms and consultancies, academics and think tanks, and reporters from the national and specialist media.

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- full, four-hour programme including comfort breaks - you'll also get a full recording and transcript to refer back to
- information-rich discussion involving key policymakers and stakeholders
- conference materials provided in advance, including speaker biographies
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- opportunities for live delegate questions and comments with all speakers
- a recording of the addresses, all slides cleared by speakers, and further materials are made available to all delegates

afterwards as a permanent record of the proceedings

- delegates are able to add their own written comments and articles following the conference, to be distributed to all attendees and more widely
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- Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£95** plus VAT. Please be sure to apply for this at the time of booking.

If you find the charge for places a barrier to attending:

- please let me know as concessionary and complimentary places are made available in certain circumstances
- typical eligibility: individual service users or carers not supported by or part of an organisation, full-time students, unemployed and fully retired people with no paid work, and small charities
- concessions are not offered to businesses, individuals funded by an organisation, or larger charities/not-for-profit companies.

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Archived: 01 May 2024 15:26:29

From: [Long Covid 2023](#)

Mail received time: Thu, 5 Jan 2023 14:51:03

Sent: 05 January 2023 14:51:03

To: [Kirsty Brightwell \(NHS Shetland\)](#)

Subject: Keynotes: NHS England, NIHR Clinical Research Network, Long COVID Kids, LC-COS project & Long Covid Nurses and Midwives UK - WHF policy conference - 31st Jan. 2023

Importance: Normal

Sensitivity: None

Attachments:

[1.png](#); [2.png](#); [3.png](#);



Priorities for long COVID services, care and research

Morning, Tuesday, 31st January 2023

Westminster Health Forum policy conference taking place online



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with

Dr Melissa Heightman, Clinical Lead for Post COVID services and Integration in Medical Specialities, University College London Hospitals NHS Trust; and National Specialty Advisor, Long Covid Programme, NHS England

Professor Paul Dark, Deputy Medical Director, NIHR Clinical Research Network

Sammie Mcfarland, Founder, Long Covid Kids

Dr Daniel Munblit, Co-Investigator, Long COVID Core Outcome Set (LC-COS) project

Professor Carolyn Chew-Graham, GP Principal, Central Manchester and Professor of General Practice Research, Keele University

Alison Twycross, Founder, Long Covid Nurses and Midwives UK

and

Professor Nisreen Alwan, University of Southampton and STIMULATE-ICP Project; **Sarah Baz**, University of York; **Dr Rachael**

Evans, University of Leicester and Leicester's Hospitals; **Professor Nicholas Hart**, Guy's and St Thomas' NHS Foundation Trust;

Professor Peter Openshaw, Imperial College London; **Natalie Rogers**, Long COVID Support; **Dr Laura Sheard**, University of York;

Dr Manoj Sivan, Leeds Community Healthcare NHS Trust; **Dr Carole Sudre**, Kings College London; **Emma Tucker**, Oxford Health NHS Foundation Trust

Chaired by:

Andrew Gwynne MP, Shadow Minister for Health and Social Care

Wendy Chamberlain MP, Liberal Democrat Spokesperson for Work and Pensions

This conference will discuss the future for long COVID research, services and care.

It will be an opportunity to assess *Long COVID: the NHS plan for improving long COVID services* and how its ambitions for improving access to services, patient experience and outcomes for patients can be achieved.

Further sessions examine priorities for research and improving understanding of long COVID, looking at implementing the latest developments in research to improve services, and the long-term health implications of long COVID.

We also expect discussion on addressing concerns around inequalities, capacity and wait times for long COVID services, as well as the primary care referral system, and utilisation of investment.

Sessions in the agenda include:

- **latest developments:** trends - key issues - assessing the *NHS plan for improving long COVID services*
- **clinical research:**
 - taking forward the understanding of long COVID - advancing clinical trials - utilising data - funding and investment
 - improving patient outcomes, prediction and prevention - accelerating the development of effective treatments - areas for focus, such as cardiology
 - examining the increased risk of long-term health conditions and impacts of reinfection for long COVID patients
- **improving specialist long COVID services:**
 - progress made so far and priorities moving forward
 - options for increasing capacity - addressing inequalities in provision, access to services and information - applying latest developments from research
- **children's long COVID services:** assessing delivery - implications for child development and attainment
- **primary care:** tackling key challenges for diagnosis and referral
- **the workforce:** priorities for education and training - support for long COVID patients in the workforce

[\[jump to more detail on the discussion\]](#)

We are pleased to be able to include keynote sessions with: **Dr Melissa Heightman**, National Specialty Advisor, Long COVID Programme, NHS England; **Professor Paul Dark**, Deputy Medical Director, NIHR Clinical Research Network; **Sammie Mcfarland**, Founder, Long COVID Kids; **Dr Daniel Munblit**, Co-Investigator, Long COVID Core Outcome Set (LC-COS) project; **Professor Carolyn Chew-Graham**, GP Principal, Central Manchester and Professor of General Practice Research, Keele University; and **Alison Twycross**, Founder, Long Covid Nurses and Midwives UK.

The conference will be an opportunity for stakeholders to consider the issues alongside key policy officials who are due to attend from DHSC; MHRA; the DWP; ONS; and The Scottish Government.



The agenda:

Draft subject to change

- 8.30 Registration
- 9.00 **Chair's opening remarks**
Wendy Chamberlain MP, Liberal Democrat Spokesperson for Work and Pensions
- 9.05 **Long COVID - trends, latest developments, key issues, and the NHS plan for improving long COVID services**
Senior commentator
Questions and comments from the floor
- 9.25 **Assessing the delivery of children's long COVID services, and implications for child development and attainment**
Sammie Mcfarland, Founder, Long Covid Kids
- 9.35 **Improving long COVID specialist services and assessing the NHS plan - options for increasing capacity, addressing inequalities in provision, access to services and information, and applying latest developments from research**
Natalie Rogers, Founding Trustee, Long Covid Support
Professor Nicholas Hart, Deputy Medical Director, Heart Lung and Critical Care Clinical Group, Guy's and St Thomas' NHS Foundation Trust
Sarah Baz, Qualitative Research Fellow, CONVALESCENCE Long Covid study, University of York
Dr Laura Sheard, Qualitative Co-Lead, CONVALESCENCE Long Covid study, and Senior Research Fellow, University of York
Emma Tucker, Post COVID Rehabilitation Specialist and Service Lead, Oxford Health NHS Foundation Trust
Professor Nisreen Alwan, Professor of Public Health, University of Southampton and Member, STIMULATE-ICP Project
- 10.00 Questions and comments from the floor
- 10.20 Break
- 10.25 **Tackling key challenges for diagnosis and referral in primary care**
Professor Carolyn Chew-Graham, GP Principal, Central Manchester and Professor of General Practice Research, Keele University
- 10.35 **Priorities and next steps for workforce education and training, as well as support for long COVID patients in the workforce**
Alison Twycross, Founder, Long Covid Nurses and Midwives UK

- 10.45 - Questions and comments from the floor
- 10.55 **Assessing the progress made so far and priorities for moving forward with specialist long COVID services**
Dr Melissa Heightman, Clinical Lead for Post COVID services and Integration in Medical Specialities, University College London Hospitals NHS Trust; and National Specialty Advisor, Long Covid Programme, NHS England
 Questions and comments from the floor
- 11.20 **Chair's closing remarks**
Wendy Chamberlain MP, Liberal Democrat Spokesperson for Work and Pensions
- 11.25 - Break
- 11.35 **Chair's opening remarks**
Andrew Gwynne MP, Shadow Minister for Health and Social Care
- 11.40 **Examining the increased risk of long-term health conditions and impacts of reinfection for long COVID patients**
Dr Daniel Munblit, Co-Investigator, Long COVID Core Outcome Set (LC-COS) project
- 11.50 **Taking forward clinical research and understanding of long COVID - priorities for improving patient outcomes, advancing clinical trials, prediction and prevention, investment, utilising data, and areas for focus such as cardiology**
Dr Manoj Sivan, COVID Rehabilitation Service, Leeds Community Healthcare NHS Trust
Professor Peter Openshaw, Professor of Experimental Medicine, Imperial College London
Dr Rachael Evans, Associate Professor, University of Leicester; and Respiratory Consultant, Leicester's Hospitals
Dr Carole Sudre, Research Fellow, Kings College London
 Senior representative, patients
- 12.15 Questions and comments from the floor
- 12.30 Break
- 12.35 **Priorities for long COVID research and accelerating the development of effective treatments**
Professor Paul Dark, Deputy Medical Director, NIHR Clinical Research Network
 Questions and comments from the floor
- 12.55 **Chair's and Westminster Health Forum closing remarks**
Andrew Gwynne MP, Shadow Minister for Health and Social Care
Jessica Lear, Producer, Westminster Health Forum

Additional senior participants are being approached, but if you or a colleague would like to be considered as a speaker at this seminar, please contact us at speakeroffers@forumsupport.co.uk specifying the event and session where you would like to speak and we'll get back to you as soon as possible. If you are offering to speak yourself please don't fill in the booking form, as this will be taken as an order and you will be charged for a place subject to our T&Cs.

Relevant developments:

- [The NHS plan for improving long COVID services](#) - published July 2022, with aims including:
 - o increasing capacity of specialist services
 - o prioritising treatment
 - o providing better information and support for patients
 - o educating the workforce
 - o investing in services
 - o quarterly reviews of the most recent evidence
- [Long COVID: A framework for nursing, midwifery and care staff](#) - published by NHS England in September 2022
- [National commissioning guidance for post COVID services](#) - NHS England guidance published in July 2022, on service provision for local healthcare systems, including:
 - o ensuring integrated referral pathways between primary care and specialist services
 - o details of the three main referral routes into specialist services and criteria for referral
 - o providing a multidisciplinary and holistic rehabilitation service
 - o details of a patient pathway for children and young people
 - o supporting the workforce through education
- [COVID-19 rapid guideline: managing the long-term effects of COVID-19](#) - clinical definitions for long COVID, published by NICE in March 2022
- [Guidelines for supporting our NHS people affected by Long COVID](#) - from NHS England, published July 2022
- [NHS Long Term Plan](#) - with a focus on developing a patient-focused approach and integrated care, published January

2019

- [Long COVID SOS letter to former Health Secretary Thérèse Coffey](#) - an open letter published in September 2022, calling for increased investment in long COVID research and NHS services, better support for patients and safety measures to limit transmission of COVID

Key areas for discussion:

The updated long COVID Plan

- **progress:** assessing successes in long COVID research and services - evaluating the impact of the introduction of specialist services
- **next steps:** delivering the updated long COVID plan - increasing capacity, workforce education, improving patient support, prioritising treatment and utilisation of funding

Research priorities

- **treatment methods:** developing safe and effective approaches for long COVID - the potential for repurposing drugs that are already approved for other conditions
- **long-term health impacts:** improving understanding - respiratory and cardiovascular impacts - understanding the impact of untreated long COVID
- **diagnosis and definition:** the role of definitions in diagnosis of long COVID - understanding the pathology to develop diagnosis methods
- **prediction and prevention:** identifying risk factors and the causes of long COVID - building evidence for prevention
- **clinical research and data:** the next steps for randomised clinical trials - utilising data to take forward long COVID research - maximising patient engagement in trials
- **long COVID in children and young people:** increasing knowledge and assessing the wider implications of long COVID on children and young people and their development

Healthcare services

- **specialist services:**
 - priorities for addressing waiting times, increasing capacity in specialist services and managing demand for services - inequalities in service provision
 - defining the parameters of success of specialist services - improving services by examining patient experience
 - delivery of an integrated, multidisciplinary service
 - workforce education and support
- **overcoming challenges in primary care:**
 - reviewing service models
 - workforce education on symptoms of long COVID - improving diagnosis methods
 - strengthening the referral system from primary care to specialist services - developing referral routes and criteria
- **children and young people's long COVID services:** assessing the next steps for specialist long COVID services for children and young people
- **community services:** priorities for rehabilitation and community services - home recovery information - community and financial support
- **integrated care systems:** role in improving quality of life for patients with long COVID - addressing health inequalities
- **inequalities:** identifying and addressing inequalities in service provision
- **guidance:** assessing quality of current guidance - improving long COVID service guidance including best practice

Booking arrangements:

To book places, please use our [online booking form](#).

Once submitted, this will be taken as a confirmed booking and will be subject to our terms and conditions below.

You can also pay in advance by credit card on 01344 864796. If advance credit card payment is not possible, please let me know and we may be able to make other arrangements.

Options and charges are as follows:

- Access to *Priorities for long COVID services, care and research* (plus a permanent record of proceedings) is **£260** plus VAT

per delegate

- Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£115** plus VAT. Please be sure to apply for this at the time of booking.

For those who cannot attend on the day:

- full transcripts of all presentations, the questions and comments sessions, and further articles from interested parties, will be available [via our website](#) approximately 12 days after the event for **£95** plus VAT
- Concessionary rate: **£50** plus VAT

If you find the charge for places a barrier to attending:

- please let me know as concessionary and complimentary places are made available in certain circumstances
- typical eligibility: individual service users or carers not supported by or part of an organisation, full-time students, unemployed and fully retired people with no paid work, and small charities
- concessions are not offered to businesses, individuals funded by an organisation, or larger charities/not-for-profit companies.

Please note [terms and conditions](#) below (including **cancellation charges**).

I do hope that you will be able to join us for what promises to be a most useful morning, and look forward to hearing from you soon.

Yours sincerely,

Jessica

Jessica Lear
Producer, Westminster Health Forum
01344 864796

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Attendees

Places have been reserved by parliamentary pass-holders from the **Houses of the Oireachtas**; and officials from **DHSC**; **DWP**; **Medicines and Healthcare Regulatory Agency**; **Office for National Statistics**; and **The Scottish Government**. Also due to attend are representatives from **Berkshire Healthcare Foundation Trust**; **Bristol University**; **Camberley Alzheimer Cafe CIO**; **Harrogate and District NHS Foundation Trust**; **Kingston University London**; **NHS Highland**; **OML**; **Pfizer**; **South Eastern Health & Social Care Trust**; **Strategic Planning and Performance Group**; **Swansea Bay UHB**; **University College London Hospitals NHS Foundation Trust**; **University of Derby**; **University of Edinburgh**; **University of Essex**; and the **University of Leicester**.

A press pass has been reserved by a representative from the **BMJ**.

For this conference, as is typical of our meetings, we expect speakers and other delegates to be an informed group comprised of Members of both Houses of Parliament, and senior government officials involved in this area of public policy, together with other stakeholders from across the health sector, including industry representatives, primary care and community health specialists, research and development organisations, executive agencies, regulators, pharmaceutical

companies and the life sciences sector, representatives from the NHS, executive agencies including clinical staff, pharmacists and primary care, workforce education and training, the independent and third sectors, patients groups, patient safety representatives, law firms, consultancies, and others affected by the issues discussed as well as academics and think tanks.



About Us

The Westminster Health Forum is strictly impartial and cross-party, and draws on the considerable support it receives from within Parliament, government and regulatory bodies, and amongst the wider stakeholder community. The Forum has no policy agenda of its own. Forum meetings are frequently the platform for major policy statements from senior ministers, regulators and other officials, opposition speakers and senior opinion formers in industry and interest groups. Conferences regularly receive prominent coverage in the national and specialist media. We cover our costs through the sale of modestly priced places at seminars and appropriate sponsorship. All seminars adhere to the core proposition of impartiality, not to the agenda of any sponsor.

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Archived: 01 May 2024 15:27:03

From: [Long Covid 2022](#)

Mail received time: Wed, 16 Feb 2022 20:31:54

Sent: 16 February 2022 20:31:55

To: [Kirsty Brightwell \(NHS Shetland\)](#)

Subject: New speaker - note policy officials attending - keynotes: NIHR, RCGP & Imperial College - WHF policy conference - 22nd March 2022 - Long Covid

Importance: Normal

Sensitivity: None

Attachments:

[1.png](#); [2.png](#); [3.png](#);

Long Covid

Improving patient care and access to support, progress in service development, and priority areas for research

Morning, Tuesday, 22nd March 2022

Westminster Health Forum policy conference: This full-scale conference is [easily accessed online](#) for full participation

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with

Professor Nick Lemoine, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR

Dr Gail Allsopp, Clinical Lead for Clinical Policy, Royal College of General Practitioners

Professor Brendan Delaney, Chair in Medical Informatics and Decision Making, Imperial College London

and

Professor Chris Brightling, Clinical Professor in Respiratory Medicine, University of Leicester; **Dr Katrina Delargy**, Managing Director, TIYGA health; **Jo House**, Member, Long Covid Support; **Rebecca Logan**, Long Covid Patient; and **Sammie Mcfarland**, CEO and Founder, Long Covid Kids

and

Dr Peter Bagshaw, Somerset CCG; **Ekpemi Irune**, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust; **Dr Andrew Potter**, NHS Bedfordshire, Luton and Milton Keynes Integrated Care System; and **Dr David Strain**, University of Exeter

Chaired by:

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

[\[full chair and speaker details\]](#)

Please share this email with interested colleagues

Note: fees apply for most delegates, but concessionary and complimentary places are available [\[subject to terms and conditions - see below\]](#).

I hope you can join us on the morning of Tuesday, 22nd March 2022.

This conference will examine developments in Long Covid research and treatment following the updated NICE guidelines for managing its long-term effects.

Delegates will discuss policy priorities for furthering clinical understanding, improving care provision, and supporting the health workforce.

It will also be an opportunity to discuss the implementation of the NHS Long Covid plan for 2021/22, how to utilise funding set out for the expansion of services, reducing variation, management of Long Covid within primary care, the future outlook for Long Covid research, and the impact of new NIHR-funded projects.

We are pleased to include keynote sessions with **Professor Nick Lemoine**, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR; **Dr Gail Allsopp**, Clinical Lead for Clinical Policy, Royal College of General Practitioners; and **Professor Brendan Delaney**, Chair in Medical Informatics and Decision Making, Imperial College London.

Key areas for discussion include:

- **the Long Covid Plan** - delivery and the utilisation of allocated funding
- **research** - priority areas for further improving understanding of Long Covid and the effectiveness of services developed for the condition
- **care pathways within ICS** - leadership, implementation and commissioning, service development, rehabilitation, the impact of health inequalities, and integrating care
- **Long Covid assessment clinics**:
 - assessing progress and what more is needed to improve accessibility and support referrals from primary care
 - priorities for the development of services for children
- **the health workforce** - support, training and education priorities, and sharing best practice in Long Covid care
- **data** - scaling up its use and improving understanding of Long Covid and its prevalence
- **involving patients** - the development of Long Covid services, driving awareness of expanded online support, and improving accessibility of information

The conference will be an opportunity for stakeholders to consider the issues alongside key policy officials who are due to attend from the DHSC; the MHRA; OHID; ONS; the Prime Minister's Office; UKHSA; the DWP; the Department of Health, NI; Defra; the DfT; the FCDO; HSE; HMRC; the NAO; The Scottish Government; and the Welsh Government - as well as parliamentary pass-holders from both Houses of Parliament and the Scottish Parliament.

[\[Book Online\]](#)

The agenda: [\[taking place online - further details\]](#)

Draft subject to change

8.30 Registration

9.00 **Chair's opening remarks**

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

9.05 **Latest developments in the understanding of Long Covid and implications for clinical guidance and service provision**

Professor Brendan Delaney, Chair in Medical Informatics and Decision Making, Imperial College London

Questions and comments from the floor

9.30 Break

9.35 **Improving accessibility to Long Covid support and the role of assessment centres**

Jo House, Member, Long Covid Support

9.45 **Priorities for patient rehabilitation, mitigating the impact of health inequalities, the future for Long Covid pathways in local health systems, and next steps for care integration**

Dr David Strain, Senior Clinical Lecturer, University of Exeter

Ekpemi Iruone, Consultant Ear, Nose and Throat, Head & Neck and Thyroid Surgeon, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust

Dr Peter Bagshaw, Mental Health and Dementia Clinical Lead, Somerset CCG

Dr Andrew Potter, Clinical Lead, Post Covid Assessment Service, NHS Bedfordshire, Luton and Milton Keynes Integrated Care System

10.10 Questions and comments from the floor

10.35 **Delivering effective Long Covid provision in primary care and providing support for the workforce**

Dr Gail Allsopp, Clinical Lead for Clinical Policy, Royal College of General Practitioners

Questions and comments from the floor

11.00 **Chair's closing remarks**

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

11.05 Break

11.15 **Chair's opening remarks**

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

11.20 **The use of data to improve understanding of Long Covid**

Dr Katrina Delargy, Managing Director, TIYGA health

11.30 **Utilising patient experience in research and the development of Long Covid services**

Rebecca Logan, Long Covid Patient

11.40 **Long Covid in children - research priorities and developing effective services**

Sammie Mcfarland, CEO and Founder, Long Covid Kids

11.50 **Hospitalised patients - latest understanding of long-term health impacts and supporting rehabilitation**

Professor Chris Brightling, Clinical Professor in Respiratory Medicine, University of Leicester

12.00 Questions and comments from the floor

12.25 Break

12.30 **The way forward for Long Covid research, improving understanding, and developing effective treatments**

Professor Nick Lemoine, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR

Questions and comments from the floor

12.55 **Chair's and Westminster Health Forum closing remarks**

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

Jessica Lear, Producer, Westminster Health Forum

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Key areas for discussion: [\[back to the agenda\]](#)

The Long Covid Plan

- **progress** - assessing what has been achieved in terms of delivery and the utilisation of allocated funding, including for expanding Long Covid services, and possible next steps

Research priorities

- **future of research** - assessing:
 - the outlook for Long Covid research going forward, priorities for investment, and identifying areas which require improved understanding
 - the effectiveness of the services and treatments developed so far and keeping these up to date with the latest research
- **guidance** - strategies for regularly updating clinical guidance with the latest understanding of Long Covid and developments around effective treatment and service provision
- **Long Covid in children** - what is needed from research to improve understanding of how Long Covid occurs in children, and taking forward effective paediatric service development
- **patient experience** - sharing the effects of Long Covid on patients and how these experiences can contribute to research and the development of services

Long Covid pathways within local health systems

- **implementation priorities** - assessing:
 - the development of pathways within local areas to support patients with rehabilitation
 - the role of patient-centred care in delivering effective pathways
 - implementation challenges and how these can be overcome
 - what is needed for developing pathways for less common symptoms
- **integrated care** - how best to support integration within local areas, encourage collaboration and partnerships, and provide integrated services for Long Covid patients
- **rehabilitation** - opportunities for:
 - utilising specialist knowledge to develop effective pathways to support patients with symptoms
 - identifying areas of understanding which need more attention
- **hospitalised patients** - examining:
 - the common Long Covid symptoms that present in patients severely affected by COVID-19
 - latest thinking on how to support the development of pathways and the rehabilitation of patients in these cases

Assessment clinics, accessibility, and health inequalities

- **implementation** - addressing challenges being faced in local areas in setting up clinics alongside other operational pressures

- **accessibility** - how best to:
 - improve access to Long Covid support within the community
 - raise awareness of support available online, including the Your COVID Recovery rehabilitation platform
- **health inequalities** - priorities for:
 - reaching vulnerable groups in the community and raising awareness of Long Covid among harder to reach groups
 - improving understanding of service uptake by gender and ethnicity
 - ensuring information and support is accessible to those for whom English isn't their first language

Primary care and support for the health workforce

- **support** - evaluating the impact of funding for Long Covid services within primary care and priorities going forward
- **workforce** - training and support for the general practice workforce to build understanding and confidence in diagnosis and referrals for Long Covid, as well as wider workforce challenges
- **management** - supporting patients to manage their condition, developing best practice, and monitoring recovery

Utilising data

- **the potential** - exploring:
 - opportunities presented by the use of data in understanding the condition
 - how this can be used to identify knowledge gaps and develop services and treatments
- **health inequalities** - assessing how data can be used to support the mitigation of health inequalities

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Relevant developments: [\[back to the agenda\]](#)

- [£19.6m awarded to new research studies to help diagnose and treat Long Covid](#) - new NIHR-funded research aiming to look across the full condition from diagnosis to recovery and rehabilitation
- [Long Covid: the NHS plan for 2021/22](#) - which sets out what is already known about Long Covid and the priorities for advancing this going forward
- [National guidance for post-COVID syndrome assessment clinics](#) - published to support the commissioning of assessment clinics and the delivery of Long Covid local services
- [Our plan for improving access for patients and supporting general practice](#) - which includes a Winter Access Fund
- [COVID-19 rapid guideline: managing the long-term effects of COVID-19](#) - updated NICE guidance
- [Coronavirus and the social impacts of 'Long COVID' on people's lives in Great Britain](#) - ONS data
- [cross-party letter to the Secretary of State](#) - coordinated by the APPG on Coronavirus, calling for a strategy to address Long Covid and giving recommendations following research
- [Your COVID Recovery](#) - the launch of an online platform to support recovery from COVID-19
- [NHS England 2022/23 Priorities and Operational Planning Guidance](#) - which includes aims to address waiting times

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Policy officials attending:

Our forums are known for attracting strong interest from policymakers and stakeholders. [\[About Us\]](#)

There's an outline of the government departments, regulators and other interested parties who we expect to take part [here](#).

I do hope that you will be able to join us for what promises to be a most useful morning, and look forward to hearing from

you soon.

Yours sincerely,

Jessica

Jessica Lear
Producer, **Westminster Health Forum**



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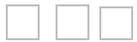
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Mail received time: Fri, 17 Dec 2021 21:00:33

Sent: 17 December 2021 21:00:34

To: [Kirsty Brightwell \(NHS Shetland\)](#)

Subject: Long Covid - patient care and support, service development, research - speakers: NIHR, RCGP & Imperial College - WHF policy conference - 22nd March 2022

Importance: Normal

Sensitivity: None

Long Covid

Improving patient care and access to support, progress in service development, and priority areas for research

Morning, Tuesday, 22nd March 2022

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with

Professor Nick Lemoine, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR

Dr Gail Allsopp, Clinical Lead for Clinical Policy, Royal College of General Practitioners

Professor Chris Brightling, Clinical Professor in Respiratory Medicine, University of Leicester

Professor Brendan Delaney, Chair in Medical Informatics and Decision Making, Imperial College London

Dr Katrina Delargy, Managing Director, TIYGA health

Claire Hastie, Co-Founder, Long Covid Support

Rebecca Logan, Long Covid Patient

Sammie Mcfarland, CEO and Founder, Long Covid Kids

and

Dr Peter Bagshaw, Somerset CCG; **Ekpemi Irune**, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust;

Dr Andrew Potter, NHS Bedfordshire, Luton and Milton Keynes Integrated Care System; and **Dr David Strain**, University of Exeter

Chaired by:

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

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I hope you can join us on the morning of Tuesday, 22nd March 2022.

This conference will examine developments in Long Covid research and treatment following the updated NICE guidelines for managing its long-term effects.

Delegates will discuss policy priorities for furthering *clinical understanding*, improving *care provision*, and supporting the *health workforce*.

It will be an opportunity to discuss the implementation of the NHS Long Covid plan for 2021/22, how to utilise *funding* set out for the expansion of services and management of Long Covid within *primary care*, the future outlook for Long Covid *research*, and the impact of new *NIHR-funded projects*.

We are pleased to include keynote sessions with **Professor Nick Lemoine**, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR; **Professor Brendan Delaney**, Chair in Medical Informatics and Decision Making, Imperial College London; and **Dr Gail Allsopp**, Clinical Lead for Clinical Policy, Royal College of General Practitioners.

Key areas for discussion include:

- **delivery of the Long Covid Plan** and the utilisation of allocated funding
- **priority areas for research** to further improve understanding of Long Covid and the effectiveness of services developed for the condition
- **care pathways within local health systems** - leadership, implementation and commissioning, service development, rehabilitation, the impact of health inequalities, and integrating care
- **Long Covid assessment clinics:**
 - assessing progress and what more is needed to improve accessibility and support referrals from primary care
 - priorities for the development of services for children
- **support for the health workforce** - training and education priorities and sharing best practice in Long Covid care
- **utilising data** - scaling up its use and improving understanding of Long Covid and its prevalence
- **involving patients** - the development of Long Covid services, driving awareness of expanded online support, and improving accessibility to information

The discussion is bringing together stakeholders with key policy officials who are due to attend from the DHSC; the Department of Health, NI; the DfT; the DWP; the FCDO; HMRC; the MHRA; and the NAO - as well as parliamentary pass-holders from both Houses of Parliament and the Scottish Parliament.

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The agenda: [\[taking place online - further details\]](#)

Draft subject to change

8.30 Registration

9.00 **Chair's opening remarks**

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

9.05 **Latest developments in the understanding of Long Covid and implications for clinical guidance and service provision**

Professor Brendan Delaney, Chair in Medical Informatics and Decision Making, Imperial College London

Questions and comments from the floor

9.30 Break

9.35 **Improving accessibility to Long Covid support and the role of assessment centres**

Claire Hastie, Co-Founder, Long Covid Support

9.45 **Priorities for patient rehabilitation, mitigating the impact of health inequalities, the future for Long Covid pathways in local health systems, and next steps for care integration**

Dr David Strain, Senior Clinical Lecturer, University of Exeter

Ekpemi Irune, Consultant Ear, Nose and Throat, Head & Neck and Thyroid Surgeon, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust

Dr Peter Bagshaw, Mental Health and Dementia Clinical Lead, Somerset CCG

Dr Andrew Potter, Clinical Lead, Post Covid Assessment Service, NHS Bedfordshire, Luton and Milton Keynes Integrated Care System

10.10 Questions and comments from the floor

10.35 **Delivering effective Long Covid provision in primary care and providing support for the workforce**

Dr Gail Allsopp, Clinical Lead for Clinical Policy, Royal College of General Practitioners

Questions and comments from the floor

11.00 **Chair's closing remarks**

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

11.05 Break

11.15 **Chair's opening remarks**

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

11.20 **The use of data to improve understanding of Long Covid**

Dr Katrina Delargy, Managing Director, TIYGA health

11.30 **Utilising patient experience in research and the development of Long Covid services**

Rebecca Logan, Long Covid Patient

11.40 **Long Covid in children - research priorities and developing effective services**

Sammie Mcfarland, CEO and Founder, Long Covid Kids

11.50 **Hospitalised patients - latest understanding of long-term health impacts and supporting rehabilitation**

Professor Chris Brightling, Clinical Professor in Respiratory Medicine, University of Leicester

12.00 Questions and comments from the floor

12.25 Break

12.30 **The way forward for Long Covid research, improving understanding, and developing effective treatments**

Professor Nick Lemoine, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR

Questions and comments from the floor

12.55 **Chair's and Westminster Health Forum closing remarks**

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

Jessica Lear, Forum Lead, Westminster Health Forum

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Key areas for discussion: [\[back to the agenda\]](#)

The Long Covid Plan

- **progress** - assessing what has been achieved in terms of delivery and the utilisation of allocated funding, including for expanding Long Covid services, and possible next steps

Research priorities and ensuring clinical guidance keeps pace

- **future of research** - assessing:
 - the outlook for Long Covid research going forward, priorities for investment, and identifying areas which require improved understanding
 - the effectiveness of the services and treatments developed so far and keeping these up to date with the latest research
- **guidance** - strategies for regularly updating clinical guidance with the latest understanding of Long Covid and developments around effective treatment and service provision
- **Long Covid in children** - what is needed from research to improve understanding of how Long Covid occurs in children, and taking forward effective paediatric service development
- **patient experience** - sharing the effects of Long Covid on patients and how these experiences can contribute to research and the development of services

Long Covid pathways within local health systems

- **implementation priorities** - assessing:
 - the development of pathways within local areas to support patients with rehabilitation
 - the role of patient-centred care in delivering effective pathways
 - implementation challenges and how these can be overcome
 - what is needed for developing pathways for less common symptoms
- **integrated care** - how best to support integration within local areas, encourage collaboration and partnerships, and provide

integrated services for Long Covid patients

- **rehabilitation** - opportunities for:
 - utilising specialist knowledge to develop effective pathways to support patients with symptoms
 - identifying areas of understanding which need more attention
- **hospitalised patients** - examining:
 - the common Long Covid symptoms that present in patients severely affected by COVID-19
 - latest thinking on ways in which to support the development of pathways and the rehabilitation of patients in these cases

Assessment clinics, accessibility, and health inequalities

- **implementation** - addressing challenges being faced in local areas in setting up clinics alongside other operational pressures
- **accessibility** - how best to improve access to Long Covid support within the community and raising awareness of support available online, including the Your COVID Recovery rehabilitation platform
- **health inequalities** - priorities for:
 - reaching vulnerable groups in the community and raising awareness of Long Covid among harder to reach groups
 - improving understanding of service uptake by gender and ethnicity
 - ensuring information and support is accessible to those for whom English isn't their first language

Primary care and support for the health workforce

- **support** - evaluating the impact of funding for Long Covid services within primary care and priorities going forward
- **workforce** - identifying the training and support needed for the general practice workforce to understand and feel confident in diagnosing Long Covid and refer effectively, as well as wider workforce challenges
- **management** - supporting patients to manage their condition, developing best practice, and monitoring recovery

Utilising data

- **the potential** - exploring:
 - opportunities presented by the use of data in understanding the condition
 - how this can be used to identify knowledge gaps and develop services and treatments
- **health inequalities** - assessing how data can be used to support the mitigation of health inequalities

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Relevant developments: [\[back to the agenda\]](#)

- *£19.6m awarded to new research studies to help diagnose and treat Long Covid* - new NIHR-funded research aiming to look across the full condition from diagnosis to recovery and rehabilitation
- *Long Covid: the NHS plan for 2021/22* - which sets out what is already known about Long Covid and the priorities for advancing this going forward, including:
 - the expansion of services, such as the assessment clinics which were introduced as part of the previous plan in 2020
 - the requirement for all health systems to develop Long Covid service plans by July 2021
 - supporting the management of Long Covid within primary care as well as improving referrals and access to specialist assessment clinics
 - the establishment of 15 post-Covid assessment hubs for children
 - initiatives to improve the coordination of care through care coordinators
 - expanding the Your COVID online programme with improvements for accessibility

- collecting and publishing of Long Covid data to support performance and research, including for improving understanding and mitigating health inequalities
- offering comprehensive support for the health workforce affected by Long Covid
- [National guidance for post-COVID syndrome assessment clinics](#) - published to support the commissioning of assessment clinics and the delivery of Long Covid local services
- [Our plan for improving access for patients and supporting general practice](#) - which includes a Winter Access Fund, aiming to address challenges within general practice over the winter and improve patient accessibility
- [COVID-19 rapid guideline: managing the long-term effects of COVID-19](#) - updated NICE guidance which defines Long Covid and includes recommendations for practitioners, commissioners, and staff involved in service delivery, as well as more guidance for Long Covid in children
- [Coronavirus and the social impacts of 'Long COVID' on people's lives in Great Britain: 7 April to 13 June 2021](#) - ONS data finding that 6.2% of adults had experienced Long Covid over this period
- [cross-party letter to the Secretary of State](#) - coordinated by the APPG on Coronavirus, calling for a strategy to address Long Covid and giving recommendations following research
- [Your COVID Recovery](#) - the launch of an online platform to support recovery from COVID-19

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Policy officials attending:

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I do hope that you will be able to join us for what promises to be a most useful morning, and look forward to hearing from you soon.

Yours sincerely,

Michael

Michael Ryan
Deputy Editor, **Westminster Health Forum**



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Archived: 01 May 2024 15:26:39

From: [Michael Ryan](#)

Mail received time: Fri, 3 Dec 2021 14:32:09

Sent: 03 December 2021 14:32:10

To: [Kirsty Brightwell \(NHS Shetland\)](#)

Subject: Long Covid - patient care and support, service development, research - speakers: NIHR, RCGP & Imperial College - WHF policy conference - 22nd March 2022

Importance: Normal

Sensitivity: None

Long Covid

Improving patient care and access to support, progress in service development, and priority areas for research

Morning, Tuesday, 22nd March 2022

Westminster Health Forum policy conference: This full-scale conference is [easily accessed online](#) for full participation

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with

Professor Nick Lemoine, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR

Dr Gail Allsopp, Clinical Lead for Clinical Policy, Royal College of General Practitioners

Professor Chris Brightling, Clinical Professor in Respiratory Medicine, University of Leicester

Professor Brendan Delaney, Chair in Medical Informatics and Decision Making, Imperial College London

Dr Katrina Delargy, Managing Director, TIYGA health

Claire Hastie, Co-Founder, Long Covid Support

Rebecca Logan, Long Covid Patient

Sammie Mcfarland, CEO and Founder, Long Covid Kids

and

Dr Peter Bagshaw, Somerset CCG; **Ekpemi Irune**, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust; **Dr Andrew Potter**, NHS Bedfordshire, Luton and Milton Keynes Integrated Care System; and **Dr David Strain**, University of Exeter

Chaired by:

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

[\[full chair and speaker details\]](#)

Please share this email with interested colleagues

Note: fees apply for most delegates, but concessionary and complimentary places are available [\[subject to terms and conditions - see below\]](#).

I hope you can join us on the morning of Tuesday, 22nd March 2022.

This conference will examine developments in Long Covid research and treatment and follows the updated NICE guidelines for managing the long-term effects of Long Covid.

Delegates will discuss policy priorities for furthering *clinical understanding*, improving *care provision*, and supporting the *health workforce*.

It will be an opportunity to discuss the implementation of the NHS Long Covid plan for 2021/22, how to utilise *funding* set out for the expansion of services and management of Long Covid within *primary care*, the future outlook for Long Covid *research*, and the impact of new *NIHR-funded projects*.

We are pleased to include keynote sessions with **Professor Nick Lemoine**, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR; **Professor Brendan Delaney**, Chair in Medical Informatics and Decision Making, Imperial College London; and **Dr Gail Allsopp**, Clinical Lead for Clinical Policy, Royal College of General Practitioners.

Key areas for discussion include:

- **delivery of the Long Covid Plan** and the utilisation of allocated funding
- **priority areas for research** to further improve understanding of Long Covid and the effectiveness of services developed for the condition
- **care pathways within local health systems** - leadership, implementation and commissioning, service development, rehabilitation, the impact of health inequalities, and integrating care
- **Long Covid assessment clinics:**
 - assessing progress and what more is needed to improve accessibility and support referrals from primary care
 - priorities for the development of services for children
- **support for the health workforce** - training and education priorities and sharing best practice in Long Covid care
- **utilising data** - scaling up its use and improving understanding of Long Covid and its prevalence
- **involving patients** - the development of Long Covid services, driving awareness of expanded online support, and improving accessibility to information

The discussion is bringing together stakeholders with key policy officials who are due to attend from the DHSC; the DWP; the FCDO; HMRC; the MHRA; and the NAO - as well as parliamentary pass-holders from both Houses of Parliament and the Scottish Parliament.

[\[Book Online\]](#)

The agenda: [\[taking place online - further details\]](#)

Draft subject to change

8.30 Registration

9.00 **Chair's opening remarks**

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

9.05 **Latest developments in the understanding of Long Covid and implications for clinical guidance and service provision**

Professor Brendan Delaney, Chair in Medical Informatics and Decision Making, Imperial College London

Questions and comments from the floor

9.30 Break

9.35 **Improving accessibility to Long Covid support and the role of assessment centres**

Claire Hastie, Co-Founder, Long Covid Support

9.45 **Priorities for patient rehabilitation, mitigating the impact of health inequalities, the future for Long Covid pathways in local health systems, and next steps for care integration**

Dr David Strain, Senior Clinical Lecturer, University of Exeter

Ekpemi Irune, Consultant Ear, Nose and Throat, Head & Neck and Thyroid Surgeon, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust

Dr Peter Bagshaw, Mental Health and Dementia Clinical Lead, Somerset CCG

Dr Andrew Potter, Clinical Lead, Post Covid Assessment Service, NHS Bedfordshire, Luton and Milton Keynes Integrated Care System

10.10 Questions and comments from the floor

10.35 **Delivering effective Long Covid provision in primary care and providing support for the workforce**

Dr Gail Allsopp, Clinical Lead for Clinical Policy, Royal College of General Practitioners

Questions and comments from the floor

11.00 **Chair's closing remarks**

Dr Daniel Poulter MP, Chair, All-Party Parliamentary Group for Global Health

11.05 Break

11.15 **Chair's opening remarks**

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

11.20 **The use of data to improve understanding of Long Covid**

Dr Katrina Delargy, Managing Director, TIYGA health

11.30 **Utilising patient experience in research and the development of Long Covid services**

Rebecca Logan, Long Covid Patient

11.40 **Long COVID in children - research priorities and developing effective services**

Sammie Mcfarland, CEO and Founder, Long Covid Kids

11.50 **Hospitalised patients - latest understanding of long-term health impacts and supporting rehabilitation**

Professor Chris Brightling, Clinical Professor in Respiratory Medicine, University of Leicester

12.00 Questions and comments from the floor

12.25 Break

12.30 **The way forward for Long Covid research, improving understanding, and developing effective treatments**

Professor Nick Lemoine, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR

Questions and comments from the floor

12.55 Chair's and Westminster Health Forum closing remarks

Baroness Thornton, Shadow Spokesperson for Health, House of Lords

Jessica Lear, Forum Lead, Westminster Health Forum

[\[Book Online\]](#)

Key areas for discussion: [\[back to the agenda\]](#)

The Long Covid Plan

- **progress** - assessing what has been achieved in terms of delivery and the utilisation of allocated funding, including for expanding Long Covid services, and possible next steps

Research priorities and ensuring clinical guidance keeps pace

- **future of research** - assessing:
 - the outlook for Long Covid research going forward, priorities for investment, and identifying areas which require improved understanding
 - the effectiveness of the services and treatments developed so far and keeping these up to date with the latest research
- **guidance** - strategies for regularly updating clinical guidance with the latest understanding of Long Covid and developments around effective treatment and service provision
- **Long Covid in children** - what is needed from research to improve understanding of how Long Covid occurs in children, and taking forward effective paediatric service development
- **patient experience** - sharing the effects of Long Covid on patients and how these experiences can contribute to research and the development of services

Long Covid pathways within local health systems

- **implementation priorities** - assessing:
 - the development of pathways within local areas to support patients with rehabilitation
 - the role of patient-centred care in delivering effective pathways
 - implementation challenges and how these can be overcome
 - what is needed for developing pathways for less common symptoms
- **integrated care** - how best to support integration within local areas, encourage collaboration and partnerships, and provide integrated services for Long Covid patients
- **rehabilitation** - opportunities for utilising specialist knowledge to develop effective pathways to support patients with symptoms and identifying areas of understanding which need more attention
- **hospitalised patients** - examining:
 - the common Long Covid symptoms that present in patients severely affected by COVID-19
 - latest thinking on ways in which to support the development of pathways and the rehabilitation of patients in these cases

Assessment clinics, accessibility, and health inequalities

- **implementation** - addressing challenges being faced in local areas in setting up clinics alongside other operational

pressures

- **accessibility** - how best to improve access to Long Covid support within the community and raising awareness of support available online, including the Your COVID Recovery rehabilitation platform
- **health inequalities** - priorities for:
 - reaching vulnerable groups in the community and raising awareness of Long Covid with harder to reach groups
 - improving understanding of service uptake by gender and ethnicity
 - ensuring information and support is accessible to those for whom English isn't their first language

Primary care and support for the health workforce

- **support** - evaluating the impact of funding for Long Covid services within primary care and priorities going forward
- **workforce** - identifying the training and support needed for the general practice workforce to understand and feel confident in diagnosing Long Covid and refer effectively, as well as wider workforce challenges
- **management** - supporting patients to manage their condition, developing best practice, and monitoring recovery

Utilising data

- **the potential** - exploring:
 - opportunities presented by the use of data in understanding the condition
 - how this can be used to identify knowledge gaps and develop services and treatments
- **health inequalities** - assessing how data can be used to support the mitigation of health inequalities

[\[Book Online\]](#)

Relevant developments: [\[back to the agenda\]](#)

- [£19.6m awarded to new research studies to help diagnose and treat Long Covid](#) - new NIHR-funded research aiming to look across the full condition from diagnosis to recovery and rehabilitation
- [Long Covid: the NHS plan for 2021/22](#) - which sets out what is already known about Long Covid and the priorities for advancing this going forward, including:
 - the expansion of services, such as the assessment clinics which were introduced as part of the previous plan in 2020
 - the requirement for all health systems to develop Long Covid service plans by July 2021
 - supporting the management of Long Covid within primary care as well as improving referrals and access to specialist assessment clinics
 - the establishment of 15 post-Covid assessment hubs for children
 - initiatives to improve the coordination of care through care coordinators
 - expanding the Your COVID online programme with improvements for accessibility
 - collecting and publishing of Long Covid data to support performance and research, including for improving understanding and mitigating health inequalities
 - offering comprehensive support for the health workforce affected by Long Covid
- [National guidance for post-COVID syndrome assessment clinics](#) - published to support the commissioning of assessment clinics and the delivery of Long Covid local services
- [Our plan for improving access for patients and supporting general practice](#) - which includes a Winter Access Fund, aiming to address challenges within general practice over the winter and improve patient accessibility
- [COVID-19 rapid guideline: managing the long-term effects of COVID-19](#) - updated NICE guidance which defines Long Covid and includes recommendations for practitioners, commissioners, and staff involved in service delivery, as well as more guidance for Long Covid in children
- [Coronavirus and the social impacts of 'Long COVID' on people's lives in Great Britain: 7 April to 13 June 2021](#) - ONS data finding that 6.2% of adults had experienced Long Covid over this period
- [cross-party letter to the Secretary of State](#) - coordinated by the APPG on Coronavirus, calling for a strategy to address Long Covid and giving recommendations following research

- [Your COVID Recovery](#) - the launch of an online platform to support recovery from COVID-19

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Policy officials attending:

Our forums are known for attracting strong interest from policymakers and stakeholders. [\[About Us\]](#)

[There's an outline of the government departments, regulators and other interested parties who we expect to take part here.](#)

I do hope that you will be able to join us for what promises to be a most useful morning, and look forward to hearing from you soon.

Yours sincerely,

Michael

Michael Ryan
Deputy Editor, **Westminster Health Forum**



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Chairs and speakers [\[back\]](#)

Keynote contributions: **Dr Gail Allsopp**, Clinical Lead for Clinical Policy, Royal College of General Practitioners; **Professor Chris Brightling**, Clinical Professor in Respiratory Medicine, University of Leicester; **Professor Brendan Delaney**, Chair in Medical Informatics and Decision Making, Imperial College London; **Dr Katrina Delargy**, Managing Director, TIYGA health; **Claire Hastie**, Co-Founder, Long Covid Support; **Professor Nick Lemoine**, Chair, Long Covid Funding Committee and Medical Director, Clinical Research Network, NIHR; **Rebecca Logan**, Long Covid Patient; and **Sammie Mcfarland**, CEO and Founder, Long Covid Kids.

Speakers also confirmed: **Dr Peter Bagshaw**, Mental Health and Dementia Clinical Lead, Somerset CCG; **Ekpemi Irune**, Consultant Ear, Nose and Throat, Head & Neck and Thyroid Surgeon, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust; **Dr Andrew Potter**, Clinical Lead, Post Covid Assessment Service, NHS Bedfordshire, Luton and Milton Keynes Integrated Care System; and **Dr David Strain**, Senior Clinical Lecturer, University of Exeter.

Chaired by: **Dr Daniel Poulter MP**, Chair, All-Party Parliamentary Group for Global Health; and **Baroness Thornton**, Shadow Spokesperson for Health, House of Lords.

Further senior participants are being approached.

Attendees [\[back\]](#)

Places have been reserved by parliamentary pass-holders from both **Houses of Parliament** and the **Scottish Parliament**, and officials from the **Department of Health, NI**; the **Department of Health and Social Care**; the **Department for Work and Pensions**; the **Foreign, Commonwealth & Development Office**; **HM Revenue & Customs**; the **Medicines and Healthcare products Regulatory Agency**; and the **National Audit Office**. Also due to attend are representatives from **Acquired Brain Injury Ireland**; **CLL Support Association**; **EHCAP**; **ISRCTN registry**; **NHS Ayrshire & Arran**; **NIHR**; **Royal Devon and Exeter NHS Foundation Trust**; **South Gloucestershire Council**; **Stansted Surgery**; **University of Plymouth**; and **Worcestershire Association of Carers**.

A press pass has been reserved by a representative from **GPonline**.

Overall, we expect speakers and attendees to be a senior and informed group including Members of both Houses of Parliament, senior government officials in this area of public policy, together with industry representatives, primary care and community health specialists, research and development organisations, executive agencies, regulators, the independent and third sector, patient groups, manufacturers, law firms and consultancies, academics and think tanks, and reporters from the national and specialist media.

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- information-rich discussion involving key policymakers and stakeholders
- conference materials provided in advance, including speaker biographies
- speakers presenting via webcam, accompanied by slides if they wish, using the Cisco WebEx professional online conference platform (easy for delegates - we'll provide full details)
- opportunities for live delegate questions and comments with all speakers
- a recording of the addresses, all slides cleared by speakers, and further materials are made available to all delegates afterwards as a permanent record of the proceedings
- delegates are able to add their own written comments and articles following the conference, to be distributed to all attendees and more widely
- video recordings - including slides - are also available to purchase

Full information and guidance on how to take part will be sent to delegates before the conference

To book places, please use our [online booking form](#).

Once submitted, this will be taken as a confirmed booking and will be subject to our terms and conditions below.

You can also pay in advance by credit card on 01344 864796. If advance credit card payment is not possible, please let me know and we may be able to make other arrangements.

Options and charges are as follows:

- Access to *Long Covid - improving patient care and access to support, progress in service development, and priority areas for research* (plus a permanent record of proceedings) is **£210** plus VAT per delegate
- Concessionary rate places for small charities, unfunded individuals and those in similar circumstances are **£95** plus VAT. Please be sure to apply for this at the time of booking.

If you find the charge for places a barrier to attending:

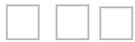
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- typical eligibility: individual service users or carers not supported by or part of an organisation, full-time students, unemployed and fully retired people with no paid work, and small charities
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From: [REDACTED] FOISA s 38(1)(b)

Mail received time: Wed, 1 Jun 2022 10:55:47

Sent: 01 June 2022 11:55:48

To: [REDACTED] FOISA s 38(1)(b)

[REDACTED]

Subject: Letter to SIGN - Chief Medical Officer

Importance: Normal

Sensitivity: None

Attachments:

[CMO SIGN letter - Spring 22.pdf](#);

Good morning,

Please find attached a letter from the Chief Medical Officer.

Kind regards,

FOISA s 38(1)(b)

Deputy Private Secretary to Chief Medical Officer

CMO Private Office

1E.09 | St Andrews House | Edinburgh | EH1 3DG

Scottish Government



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Chief Medical Officer Directorate
Chief Medical Officer

T: 0131-244 2799
E: CMO@gov.scot



1 June 2022

Dear Chief Executive Officers, Medical and Nursing Directors and Directors of Pharmacy,

Scottish Intercollegiate Guidelines Network (SIGN)

I wrote to you in November 2021 to raise awareness of the importance I attach to SIGN, and the supportive guidelines and patient booklets SIGN produces.

SIGN is part of Healthcare Improvement Scotland's (HIS) Evidence Directorate, which is responsible for evidence-based advice, guidance and intelligence. The Directorate also includes the Scottish Medicines Consortium (SMC), Scottish Health Technologies Group (SHTG), Standards and Indicators, Scottish Antimicrobial Prescribing Group (SAPG) and Data Measurement and Business Intelligence (DMBI).

SIGN's guidelines contain recommendations for effective practice based on current evidence and continue to have primacy in NHSScotland. Other guidelines, such as those from the National Institute for Health and Care Excellence (NICE), should only be used if there is no current SIGN guideline available.

Continuous Professional Development (CPD) Opportunities

One of SIGN's many strengths is establishing and working with multidisciplinary guideline development groups, with patient and lay representatives, to carefully review and appraise the evidence and apply considered judgement when translating the evidence into recommendations for practice. These recommendations form the basis of the guidelines and patient booklets.

In order for NHSScotland to maintain the high quality of SIGN's products, we need to ensure that staff across Health and Social Care have the opportunity to engage with SIGN. This activity includes:

- working on the development of guidelines and patient booklets;
- peer review work;
- attendance at open meetings.

As individuals and line managers in NHSScotland, we are all responsible for our own CPD. Staff across NHSScotland should be provided with opportunities to engage with SIGN where possible. Details of how to get involved, and the benefits of doing so, are available on the [SIGN website](#).

Latest Priorities

SIGN is currently working on guidelines on managing dementia, diabetes in pregnancy, deteriorating patients and migraine. It has plans to develop the following topics in 2022/23: melanoma, prevention of type 2 diabetes, type 1 diabetes, leg ulcer, non-pharmacological management of depression and antibiotic prophylaxis during surgery.

SIGN's recent achievements

SIGN has worked collaboratively to develop three COVID-19-specific rapid guidelines (see Table A). SIGN worked closely with the Scottish Government's Clinical Cell to develop guidance on venous thromboembolism in COVID-19 and collaborated with the University of Glasgow to develop a rapid review to support general practice. A collaboration with the NICE and the Royal College of General Practitioners (RCGP) resulted in guidance on the long-term effects of COVID-19.

Table A

SIGN Rapid Guidance on COVID-19	Publication Date	Collaborations	Aim of Guidance
SIGN 162 - Assessment of COVID-19 in primary care	May 2020; updated July 2020, February 2021, April 2022	Primary care researchers at the University of Glasgow	Guidance for GPs, primary care, Community Assessment Centres on identifying and triaging patients presenting with potential COVID-19
SIGN 163 – Prevention and management of venous thromboembolism in COVID-19	December 2021	Initially developed with the Clinical Cell, the Scottish Government	Recommendations for best practice in the pharmacological prophylaxis and management of thrombotic

			complications of COVID-19
SIGN 161 - COVID-19 rapid guideline: managing the long term effects of COVID-19	December 2020; updated November 2021	NICE; the RCGP	Identifying, assessing and managing the long-term effects of COVID-19, often described as 'long COVID'

Other recently published guidelines.

SIGN Guideline	Publication Date	Aim of Guidance
SIGN 164 - Eating disorders	January 2022	Recommendations based on current evidence for best practice in the management of people with eating disorders of all ages and gender groups, in any health or social care setting
SIGN 159 - Epilepsies in children and young people: Investigative procedures and management	May 2021	Evidence-based recommendations on the investigation and management of epilepsies in children and young people aged from one month to 19 years (remaining in secondary education)
SIGN 142 - Management of osteoporosis and the prevention of fragility fractures	January 2021	Recommendations based on current evidence for risk factors for fracture, commonly-used tools for fracture risk assessment, approaches to targeting therapy, pharmacological, and non-pharmacological treatments to reduce fracture risk in different patient groups, treatment of painful vertebral fractures and systems of care
SIGN 160 - Management of suspected bacterial lower urinary tract infection in adult women	September 2020	Recommendations based on current evidence for best practice in the diagnosis and management of suspected bacterial lower urinary tract infection in adult women

Board Chief Executives, Medical and Nursing Directors and Directors of Pharmacy are asked to:

- ensure colleagues have the opportunity to work with SIGN as part of their CPD;

- ensure SIGN guidelines are used first when developing local clinical practice protocols and procedures;
- promote the use of SIGN patient booklets to enable meaningful conversations that support patients and carers to make informed choices about their treatment and care.

Yours sincerely

FOISA s 38(1)(b)

Professor Sir Gregor Smith

Chief Medical Officer

Archived: 01 May 2024 15:39:56

From: [REDACTED] FOISA s 38(1)(b)

Sent: 23 July 2021 13:54:39

To: [Kirsty Brightwell \(NHS Shetland\)](#)

FOISA s 38(1)(b)

Subject: Long covid; skin cancer; Research priorities

Importance: Normal

Sensitivity: None

Attachments:

[Diagnosing Skin Cancer within 25 minutes by 2025.pdf](#); [20July_21_Primary care research priorities REPORT FINAL_.pdf](#);
[Service Mapping NSD draft for PC.docx](#);

Long COVID Service Mapping

In order to better understand Board needs around post -Covid support, NSD and SG are planning to undertake a whole system mapping exercise. Information will be going to Boards over the next week or so, with an ask that the primary care section is shared with practice managers and PQL's in each practice for feedback. Board responses will be collated nationally.

I'm sharing this with you at this stage for your early awareness prior to final documentation going out. If there are any showstopper issues, please let myself and Francesca know by return,

Best wishes

[REDACTED] FOISA s 38(1)(b)

Senior Medical Adviser
Directorate for primary care
Area 1ER
St Andrew's House
1 Regent Road
Edinburgh
EH1 3DG

SSPC Primary Care Research Priorities Final Report

In 2020, the Scottish School of Primary Care carried out a primary care research prioritisation exercise. Please find attached a copy of the report.

Kind regards,

[REDACTED] FOISA s 38(1)(b)

Research Administrator
Scottish School of Primary Care
General Practice and Primary Care
1 Horselethill Road, Glasgow

G12 9LX

FOISA s 38(1)(b)

Diagnosing Skin Cancer

Please see attached an open invite to a series of workshops which have the potential to reshape the handing of images and accuracy of diagnosis of skin cancer in primary care in Scotland.

There are notable challenges in good governance, storage and GDPR constraints to safely manage images from patients and seamlessly transition the images across interfaces.

These issues need a national solution and with novel AI innovation could be augmented by help in decision making.

Your help to describe the challenges faced, effective local solutions and to help describe what a better pathway may look like would be appreciated.

We understand there will be competing clinical and other commitments, but any time you can offer, would be appreciated. Any questions or to sign up please email: FOISA s 38(1)(b)

Best wishes,

FOISA s 38(1)(b)

Kirriemuir Medical Practice

MBChB MRCPG DRCOG DFRSH DPD

FOISA s 38(1)(b)

FOISA s 38(1)(b)

General Practice Policy Division, Primary Care Directorate, Scottish Government,
Area 1ER, St Andrew's House, 1 Regent Road, Edinburgh, EH1 3DG

FOISA s 38(1)(b)

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Long COVID Service Mapping

The Scottish Government recognises that the longer term effects of COVID-19 infection for some people have created a new cohort of patients for NHS Scotland to manage.

[Clinical Guidance and the Implementation Support Note](#) providing practical information for Primary Care teams have been available for some time. The Scottish Government recognises that the longer term effects of COVID-19 have created a new pressure for NHS services to manage.

In order to support NHS Scotland to better understand and meet the needs of this new cohort of patients, the Scottish Government has commissioned a mapping exercise with a view to understanding:

- How services to treat these patients are currently being delivered across Scotland.
- The pressures that have been created trying to deal with the needs of affected patients who have long term effects of COVID-19.
- What additional measures are required to be put in place to support NHS Scotland in meeting the needs of these patients.

This exercise is being undertaken to inform decision making with a view to making recommendations in relation to support, it is not intended as judgement of performance.

Section 3 - Assessment – General Practice

Suggest that this would be set up as Microsoft Form with supporting letter from CMO/DCMO sent to General Practices asking Practice Managers and Practice Quality Leads to complete this online discrete questionnaire on behalf of their clinicians working within the practice:

Prior to receiving this questionnaire, were you aware of the SIGN Guideline 161- Managing the long-term effects of COVID-19 which has been produced by SIGN, NICE and RCGP?

Yes No

Prior to receiving this questionnaire were you aware of the supporting Implementation Note produced by Scottish Government?

Yes No

For patients who present with ongoing symptomatic COVID-19 and post-COVID-19 syndrome, with or without a positive SARS-CoV-2 test, do you routinely (based upon clinical presentation) have access to +/- undertake the following investigations?

Diagnostic Modality	Access	Undertake	Please indicate any barriers to using these assessments when appropriate or any support required to enable use
Biochemistry +/- Haematology Investigations	Available	Yes No	Freetext
BNP (Direct access)	Yes No	Yes No	Freetext
Chest X-Ray (Direct access)	Yes No	Always Usually Sometimes Never	Freetext

ECG	In Practice Via Secondary Care	Yes No	Freetext
Brief clinical exercise tolerance test e.g. 1 min sit to stand (RR, HR, SpO ₂)		Yes No	Freetext
Lying and standing BP		Yes No	Freetext
Do you have enough time to allow for an assessment to reflect impact on day to day life pre and post COVID?	Yes No		Freetext
Do use any Screening tools to capture symptoms and functional impact?		Yes No	Freetext
Do you feel able to undertake care planning for the ongoing needs of the patient according to shared decision making?	Yes No	Yes No	Freetext

For patients who present with ongoing symptomatic COVID-19 and post-COVID-19 syndrome, with or without a positive SARS-CoV-2 test, do the clinicians have access to/ would they refer to the following services where appropriate for symptoms:

	Access	Refer	Please indicate any barriers to using these services when appropriate or any support required to enable use
Neurology	Yes No	Yes No	Freetext
Cardiology	Yes No	Yes No	Freetext
Respiratory	Yes No	Yes No	Freetext
Other specialty care	Yes No	Yes No	Freetext
Integrated community MDT assessment service for rehabilitation	Yes No	Yes No	Freetext
Physiotherapy	Yes No	Yes No	Freetext

Occupational therapy	Yes No	Yes No	Freetext
Speech and Language Therapy	Yes No	Yes No	Freetext
Psychology/ mental health services	Yes No	Yes No	Freetext
Dietetics	Yes No	Yes No	Freetext

For patients who present with ongoing symptomatic COVID-19 and post-COVID-19 syndrome, with or without a positive SARS-CoV-2 test, do you have access to/ provide the following services where appropriate for symptoms:

	Access	Provide	Please indicate any barriers to providing these services when appropriate or any support required to enable use
Signposting to information resources on ongoing COVID-19 symptoms	Yes No	Yes No	Freetext
Signposting to self-management resources for ongoing COVID-19 symptoms	Yes No	Yes No	Freetext
Follow up to assess ongoing symptom severity/ adjust support where required	Yes No	Yes No	Freetext

Do you consider increased workload for the practice as a result of the new cohort of patients with ongoing symptomatic COVID-19 and post-COVID-19 syndrome to be:

Dropdown – 1 response

- Very significant
- Significant
- Manageable
- Minimal

What additional support would you need to be able to manage the new cohort of patients with ongoing symptomatic COVID-19 and post-COVID-19 syndrome effectively?

Freetext

From: [Westminster Insight Events](#)

Mail received time: Wed, 21 Dec 2022 11:43:51

Sent: 21 December 2022 11:43:52

To: [Kirsty Brightwell \(NHS Shetland\)](#)

Subject: Managing and Supporting Employees with Long Covid | Online Training | 28 Feb 23

Importance: Normal

Sensitivity: None

Archived: 01 May 2024 15:41:34

Early bird discount available until Friday 6th January 2023 – Register your place now – details below*

Managing and Supporting Employees with Long Covid - Tuesday 28th February 2023 - Online Training
09:30 - 13:30

Dear ,

I wanted to let you know that there is still time to book your place to attend our Managing and Supporting Employees with Long Covid Online Training and that the early bird rate expires Friday 6th January.

With an estimated 2.3 million people in the UK in September 2022 experiencing Long COVID*, supporting employees with Long Covid to return to and stay in work, is in the interest of individuals, employers and the wider economy.

Attend this online course to develop your confidence and skills in supporting and managing people with long Covid and other long term health conditions or disabilities at work.

Hear about the key considerations and latest best practice in managing Long Covid in the workplace from our expert trainer, Clare Rayner and colleagues from Long Covid Work Consultancy. They have recently contributed to the World Health Organisation Living Guideline on Covid Rehabilitation, written leaflets for workers and employers published by Society of Occupational Medicine and published papers on the management of Post Covid Condition in the workplace.

Clare has collaborated internationally with the Department of Rehabilitation Innovation at Mount Sinai Hospital, New York, and with UK doctors published a consensus document on management of Long Covid. Long Covid Work have partnered with CIPD, SOM, TUC Equality and DWP to advocate and advise on Long Covid at work.

*ONS 6th October 2022

* View Agenda

<<https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.westminsterinsight.com%2Fevents%2Fmanaging-and-supporting-employees-with-long-covid%2F%3F>

FOISA s 38(1)(b)

* Book Now

<<https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.westminsterinsight.com%2F>

Confirmed speakers

- Clare Rayner, Specialist Occupational Health Physician and Honorary Lecturer, University of Manchester Medical School

Clare qualified in 1990 from St Andrew and Manchester Universities. She is a retired consultant occupational physician and has worked across several sectors such as worked across many sectors, including Transport, Manufacturing, Healthcare, Heavy metals, Chemical Electronics, Food + pharmaceutical, Construction, Service, and Utilities. She was an Honorary Lecturer at the Centre for Occupational and Environmental Health, University of Manchester until 2018 and worked as a Trainer for the National Education Project for Health and Work (2010-13). Clare is an experienced trainer and group facilitator with CIPD and Myers-Briggs Type Indicator® qualifications and particular expertise and experience as a communication skills trainer.

Clare talks with first-hand experience of Long Covid and has written several papers on this novel condition including two editorials on returning to work after Long Covid, leaflets for workers and employers published by Society of Occupational Medicine, and a recent Delphi Consensus on management of Long Covid. She addressed the WHO as a spokesperson for patient groups with post-Covid health issues and is collaborating with various groups to develop appropriate health services for these patients, including the Department of Rehabilitation at in New York.

Key points

- Long Covid explained – symptoms, prognosis and uncertainties
- Policies and procedures – sickness absence and pay, flexible working
- Legislation – Health and Safety and the Equality Act
- Managing a successful return to work – key messages
- Reasonable adjustments – what works?
- Supporting psychological and mental wellbeing
- Case studies

Who should attend

- This event is for professionals from private, public and voluntary sectors.

* Discounts available

- Early Bird Discount - 20% off – available until Friday 6th January 2023 (Please enter the discount code EARLY3913 in the payment section when you book online)
- Please email us for group bookings - info@westminsterinsight.com
- Pay online by credit card and receive a further 10% off (This will be automatically applied when you book online).

Please don't hesitate to contact us to discuss multiple bookings and discounts or in-house training

opportunities.

Kind regards,

Westminster Insight

t: 0345 647 9000

e: info@westminsterinsight.com

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<https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.westminsterinsight.com%2Fprivacy-policy%2F&data=05%7C01%7C> **FOISA s 38(1)(b)**

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This email was sent to **FOISA s 38(1)(b)**

Archived: 01 May 2024 15:57:40

From: [REDACTED] FOISA s 38(1)(b)

Sent: 22 March 2024 12:07:55

To: [REDACTED] FOISA s 38(1)(b)

[REDACTED] [Kirsty Brightwell \(NHS Shetland\)](#)

Subject: Re: (Case Ref: FOISA s 38(1)(b))

Importance: Normal

Sensitivity: None

Hi All

I have added some potential bullet points - please add/take away suggest alternatives etc that might be worth covering in radio interview.

- The available funding was a relatively small non-recurring amount and what we often find is that this is difficult to directly translate into dedicated specialist services which often require multiple professionals for relatively small numbers of people.
- For this specific funding for long Covid, we have considered different ways of making best use of it however have faced ongoing challenges with recruitment and capacity within existing services. To attract suitable candidates to the islands to take up post requires a post of viable size and most often a substantive post.
- We will be reviewing again going into the next financial year and considering options to makes use of available but as with each year this often depends on having part-time staff who have capacity to increase their contracted hours.
- We note challenges in other boards both bigger and smaller in size.
- We manage people who need help with Long Covid within our resources, this means that clinicians, physicians and therapist integrate Long Covid related work into their existing roles.
- We have a range of specialist generalist staff, this means that they have a wide range of skills and experience allowing them to respond to a wide range of needs and can where ever possible make the response person centred to individuals
- Professionals should use SIGN and NICE guidelines for long covid as we would expect with other conditions to make assessment and any intervention as evidence based as possible. There is also a Long Covid training resource available the training platform used by NHS board to develop general "informed" knowledge.
- Individuals can be referred to a range of professionals that are best suited to support their own set of symptoms - this might be physicians in secondary care or therapists delivering a range of assessment and interventinservices best suited to individuals symptoms.
- When individuals engage with service there are resources that we have available to support people such as a nationally developed Long Covid Workbook that covers a wider range of symptoms and concerns and offers guided self management.
- People can also access a range of information through Chest Heart and Stroke including a nurse led advice line

and a wealth of resources. Long Covid Support Service on 0808 801 0899

[Long Covid on demand - Scottish Ballet](#)

FOISA s 38(1)(

AHP Executive Manager

Community Health and Social Care Partnership

NHS Shetland/Shetland Islands Council

FOISA s 38(1)(b)

I may work some flexible hours outside these core hours.

FOISA s 38(1)(b)

NOT IN SCOPE OF REQUEST

Subject: Implementation Support Note for Long COVID

Please see letter attached from Gregor Smith, Chief Medical Officer.

Kind regards

FOISA s 38(1)(b)

Business Support Officer
Chief Medical Officer Directorate
Room 1E.08
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

FOISA s 38(1)(b)

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1. Medical Directors of NHS Boards

5 May 2021

MANAGING THE LONG-TERM EFFECTS OF COVID-19: IMPLEMENTATION SUPPORT NOTE FOR PRIMARY AND COMMUNITY CARE

Dear Colleague,

As you may be aware, on 18 December 2020 the Scottish Intercollegiate Guidelines Network (SIGN), the National Institute for Health and Care Excellence (NICE) and the Royal College of General Practitioners (RCGP) published [a rapid clinical guideline](#) covering the identification, assessment and management of the long-term effects of COVID-19, often described as 'Long COVID'.

To support the implementation of the guideline's recommendations, the Scottish Government has produced additional targeted information for primary care teams, developed with input from key stakeholders, including Specialty Advisors to the Chief Medical Officer and senior medical advisors to the Scottish Government. The Implementation Support Note provides primary care teams with practical information about implementing the SIGN guideline from a whole system perspective and has been developed as a 'living' document which will be updated as required in line with emerging evidence.

The document provides information to support a consistent national approach to:

- Recording long-term effects of COVID-19 within clinical information systems
- Screening tools which can be used alongside clinical assessment to capture a person's symptoms and their functional impact
- An accessible flow-chart to guide primary care management of people with Long COVID
- Advice from national specialty advisors to support appropriate investigation and need for referral where clinically appropriate, as part of local pathways which should be jointly developed through good interface arrangements
- Sources of self-management support

[Access 'Managing the Long-term effects of COVID-19: Implementation Support Note for Clinicians to support the management of long-term effects of COVID-19 in primary and community care'.](#)

Please could Medical Directors forward this alert to;

- General Practitioners
- Allied Health Professionals
- Primary/Secondary Care Interface Groups

Yours sincerely

FOISA s 38(1)(b)

Dr Gregor Smith
Chief Medical Officer for Scotland

1. Medical Directors of NHS Boards

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- Sources of self-management support

[Download 'Managing the Long-term effects of COVID-19: Implementation Support Note V1.0 \(PDF\)](#).

The Implementation Support Note has been developed as a 'living' document which will be updated as required in line with emerging evidence.

Colleagues are therefore requested to ensure that they refer to the most up-to-date version of this guidance, available on the [‘SIGN – Managing the long-term effects of COVID-19 web page’](#) in the ‘supporting material’ menu.

Please could Medical Directors forward this alert to;

- General Practitioners
- Allied Health Professionals
- Primary/Secondary Care Interface Groups

Yours sincerely

FOISA s 38(1)(b)

Dr Gregor Smith
Chief Medical Officer for Scotland

Archived: 01 May 2024 16:12:09

From: [NSS UUCTeam](#)

Sent: 02 February 2023 14:43:25

To: [REDACTED] FOISA s 38(1)(b)

[Kirsty Brightwell \(NHS Shetland\)](#)

FOISA s 38(1)(b)

Subject: Respiratory Clinical Network Meeting - Action Note - 25 January

Importance: Normal

Sensitivity: None

Attachments:

[20230125 - VC - Respiratory Network - Action Note v.01.pdf](#); [CHSS - Respiratory Resources.pdf](#);

Good Afternoon All,

Please find attached the action note from the Respiratory Clinical Network meeting on 25th January.

Please review this note and if you have any updates or comments to make please advise by no later than next **Thursday 9th February**.

We are still looking for feedback on the CHSS patient resources document and I have attached this again for your convenience. Any feedback on this paper would be greatly appreciated.

Many thanks in advance,

Best Wishes,

FOISA s

[REDACTED]
FOISA s 38(1)(b)

Programme Management Services (PgMS)

NHS National Services Scotland

FOISA s 38(1)(b)

FOISA s 38(1)(b)

CHSS Health Information Publications

CHSS have a range of booklets and short, easy-to-read '**Essential Guides**' and '**Factsheets**' on a number of important topics to help & support people to manage their condition. These include:

- C1 - [Living with COPD](#)
 - C4 - [Living with bronchiectasis](#)
 - E5 - [Physical Activity](#)
 - E9 - [Driving with a Medical Condition](#)
 - E10 - [Breathlessness](#)
 - E20 - [Chronic Obstructive Pulmonary Disease \(COPD\)](#)
 - E21 - [Pulmonary Rehabilitation](#)
 - E22 - [Oxygen Therapy](#)
 - E25 - [Idiopathic Pulmonary Fibrosis](#)
 - F48 - [Travel and Motor Insurance](#)
 - F49 - [Life and Income Insurance](#)
 - F50 - [Finding Information Online](#)
 - LC1 - [Long Covid](#)
 - LC4 - [Managing breathlessness with Long Covid](#)
- [Traffic lights for COPD](#) (also available in Arabic, Simplified Chinese, Czech, Hindi, Japanese, Polish, Romanian, Urdu).

To view, download or order from the full range of publications visit our CHSS [Resources Hub](#).

CHSS Website: Chest Information & Support

The CHSS website has lots of information, advice and support available to support people to manage their condition. For more information visit: chss.org.uk/chest-information-and-support/

CHSS Respiratory eLearning Resources

The CHSS eLearning portfolio is the result of an innovative collaborative partnership between Chest Heart & Stroke Scotland and the University of Edinburgh's Interactive Content service. This work is commissioned by **Scottish Government**. eLearning for resources are available to service users and healthcare professionals across chest, heart and stroke conditions. These online resources are quite unique, having been created by multidisciplinary healthcare professionals, patients & carers from across Scotland. Created in Scotland and utilised worldwide. To date over **4 million** users have accessed CHSS eLearning resources.

Service User Resources

My Lung My Life resource: <https://mylungsmylife.org/>

My Lungs My Life is a comprehensive, free to use website for anyone living with COPD (Chronic Obstructive Pulmonary Disease), asthma or for parents/guardians of children with asthma. My Lungs My Life will enable you to understand more about your COPD or asthma and help you to use self-management effectively as an equal partner with your healthcare professionals. Topics covered in this resource are: **I have COPD, I have Asthma & My child has Asthma.**

I have COPD is for people living with Chronic Obstructive Pulmonary Disease (COPD). This resource includes information, tips and advice to make choices about your COPD, reduce the risk of an exacerbation or flare up by knowing the early warning signs and what to do. Get to know all the resources you can use to help you manage your COPD in partnership with healthcare professionals, local facilities and family and friends. Topics covered: **What is COPD, Diagnosis, Treatments & Self Management.** Available @: <https://mylungsmylife.org/i-have-copd/>

I have Asthma is for people living with asthma. This resource includes information, tips and advice to help you make choices about your asthma, reduce the risk of an exacerbation, attack or infection by knowing your early warning signs and what to do. Get to know all the resources you can use to help you manage your asthma in partnership resources you can use to help you manage your asthma in partnership with healthcare professionals, local facilities and family and friends. Topics covered: **What is Asthma, Diagnosis, Treatments & Self Management.** Available @: <https://mylungsmylife.org/topics/i-have-asthma/>

My child has Asthma is for parents of children living with asthma. This resource includes information, tips and advice to help you make choices about your child's asthma, reduce the risk of an exacerbation, attack or infection by knowing their early warning signs and what to do. Get to know all the resources you can use to help you and your child manage their asthma in partnership with healthcare professionals, local facilities and family and friends. Help your child to manage their asthma as they grow up. Topics covered: **What is Asthma (a parents guide), Diagnosis, Treatments & Self Management.** Available @: <https://mylungsmylife.org/topics/my-child-has-asthma/>

Professional Resources

RESPe resource: <http://www.respelearning.scot/>

RESPe is a free, interactive, resource which provides a basic knowledge of common respiratory conditions. The aim of the resource is to improve patient/client care by increasing the knowledge and skills of any member of health and social care staff working with people living with respiratory conditions in health, social or private care settings. The RESPe professional resources have optional assessments which, if successfully completed, provide certificatory documentation of learning that can be used as evidence of continuous professional development. Topics covered in this resource are: **Anatomy & Physiology, Assessment & Common Lung Diseases, Treatment & Management.**

Anatomy & Physiology covers anatomy & physiology of the lungs and normal breathing. Available @: <http://www.respelearning.scot/topic-1-anatomy-and-physiology>

Assessment & Common Lung Diseases provides information and advice on respiratory emergencies, basic respiratory assessment, respiratory investigations & common lung diseases. Available @: <http://www.respelearning.scot/topic-2-assessment-and-common-lung-diseases>

Treatment provides information and advice on medication, inhalers, nebulisers, oxygen therapy & non-pharmacological treatment. Available @: <http://www.respelearning.scot/topic-3-treatment>

Management provides information and advice on accessing support in your community, lifestyle advice, living well with a long term respiratory condition, activities of daily living, supported self management, personal outcomes, what matters to me, information for carers, assessing care needs, end of life & advanced care plans. Available @: <http://www.respelearning.scot/topic-4-management>

Other sources of advice and support

[Actions for Pulmonary Fibrosis](#) is a patient-driven charity that supports patients and families, and raises awareness of pulmonary fibrosis through campaigning, fundraising and education.

[Advisory, Conciliation and Arbitration Service | ACAS](#) provide employees and employers free, impartial advice on workplace rights, rules and best practice. They also offer training and help to resolve disputes.

[Asthma+ Lung UK](#) believe that every breath matters and that the right to breathe freely applies to everybody, regardless of income, age, ethnicity, gender or background. They offer support to help people live well with a lung condition.

[Breathing Matters](#) aims to improve the lives of every pulmonary fibrosis, bronchiectasis and respiratory/lung infection sufferer through ground-breaking medical research, carried out at UCLH and UCL Respiratory. Their website also provides information, support and tips for everyday living with these condition(s).

[British Thoracic Society \(BTS\)](#) Respiratory guidelines section. Access to guidelines for various respiratory conditions.

[British Thoracic Society \(BTS/SIGN158\)](#) British guideline on the management of Asthma. National clinical guideline for the management of Asthma.

[Dynamic Scot](#) offers individuals with COPD a package of support including remote monitoring of their condition using new technologies, support from clinicians and tools for self-management.

[Let's Go With It Together \(LGOWIT\)](#) is a project managed by a partnership of public, private and third sector (voluntary) organisations and is hosted by the Highland Third Sector Interface. LGOWIT has been active for ten years, promoting and supporting the vision of self-management of health for those living with long-term conditions.

[My COPD app](#) is the complete app for patients living with COPD to get the very best in COPD care. It provides easy-to-follow inhaler videos to

help individuals perfect inhaler technique and learn how to manage their COPD from world experts. It also provides online pulmonary rehabilitation classes.

[mygov.scot Help with Benefits](#) provide employees and employers free, impartial advice on workplace rights, rules and best practice. They also offer training and help to resolve disputes.

[National Association for the Relief of Apnoea \(Nara\)](#) the Breathing Charity assists people who suffer or know those who suffer from a variety of respiratory conditions. Nara provides medical equipment, advice, information and a 24hour helpline supporting all ages from tiny babies through to the elderly. Offering help through their Community Care Programme, Local Community Scheme, Palliative Care and much more.

[National Institute of Clinical Excellence \(NICE\) Respiratory guidelines](#) access to guidelines for various respiratory conditions.

[NHS Guys & St Thomas' Long Covid breathing advice](#) provides advice and exercises to manage breathlessness.

[NHS Inform Idiopathic Pulmonary Fibrosis](#) provides an overview of Idiopathic Pulmonary Fibrosis, diagnosis and treatment.

[NHS Inform Lungs and Airways section](#) provides information on illnesses, infections and disorders of the lungs and airways.

[NHS Inform Quit Your Way Scotland](#) is an advice and support service for anyone trying to stop smoking in Scotland.

[Post-COVID HUB](#) for people left with breathing difficulties after COVID-19, their family members, carers, healthcare professionals, policy makers and researchers.

[Technology Enabled Care \(TEC\) Highland Pathfinder](#) the aim of this project is to transform the Highland Respiratory Care pathway towards a pathway that is truly patient centred, by co-designing it with patients and all those who either use or provide respiratory services from the outset.