Post COVID-19 Syndrome in Barnet
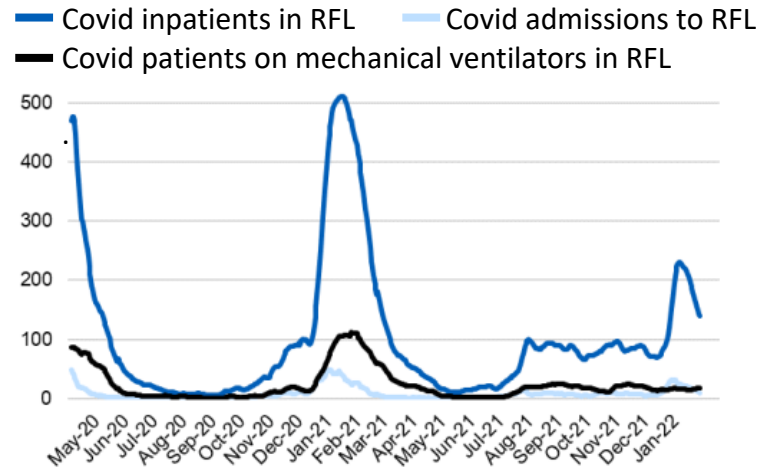
Rapid summary of available data

March 2022

# What do we know so far? Acute COVID

Key points
- Royal Free London saw 3,888 covid admissions in 2021, with 35% of these in January. Sadly, there were 573 deaths in hospital from covid patients in 2021
- All boroughs have seen the same overall trends in case rates, but there has been significant variation in rates between them
- Vaccine uptake is lower in London than in England, with Camden's uptake the lowest of the three boroughs

— Covid inpatients in RFL   — Covid admissions to RFL
— Covid patients on mechanical ventilators in RFL

PCR-confirmed case rate per 100,000
— Barnet   — Camden   — Enfield

Covid at the Royal Free in 2021
- **3,288 covid admissions,** with 1,158 (35%) in January 2021
- A maximum of 520 inpatients with covid (11th January 2021, and a minimum of 10 (several days in May 2021)
- A maximum of 154 patients with covid on mechanical ventilators (28th January 2021) and a minimum of 1 (2nd May 2021)
- **573 deaths in hospital** from patients who had tested positive for covid in the last 30 days
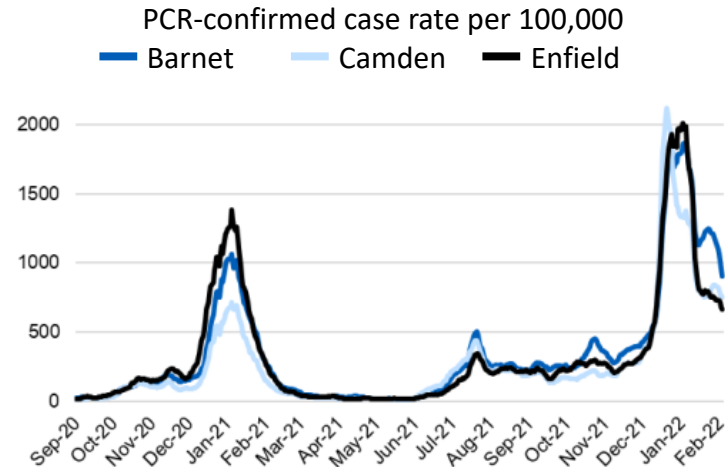
Covid in the community in 2021
While all the boroughs have followed similar trends, rates of PCR-confirmed cases have varied, with no single borough seeing consistently higher or lower rates.

Vaccine uptake
Vaccine uptake is lower in London than in England. As of early Feb 2022, Camden has the lowest uptake (65% first dose, 58% second, 41% third/booster), Enfield has very similar levels to London (69%, 63%, 44%), and Barnet has slightly higher figures (72%, 67%, 49%). By contrast, the England rates
are 91%, 84%, 65%.

What do we know so far? Post COVID Syndrome (PCS)
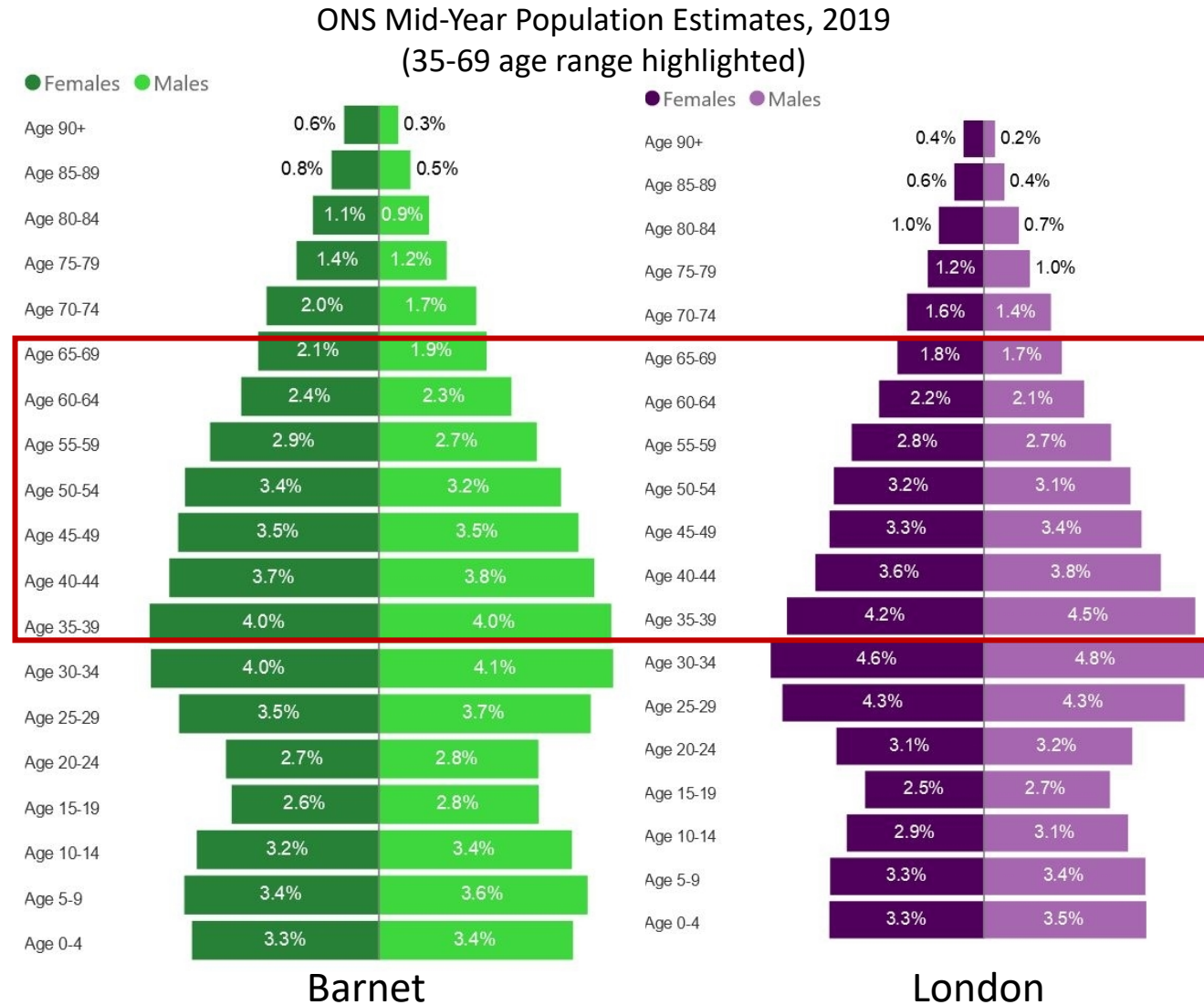

New post-COVID-19 cases by Local authority
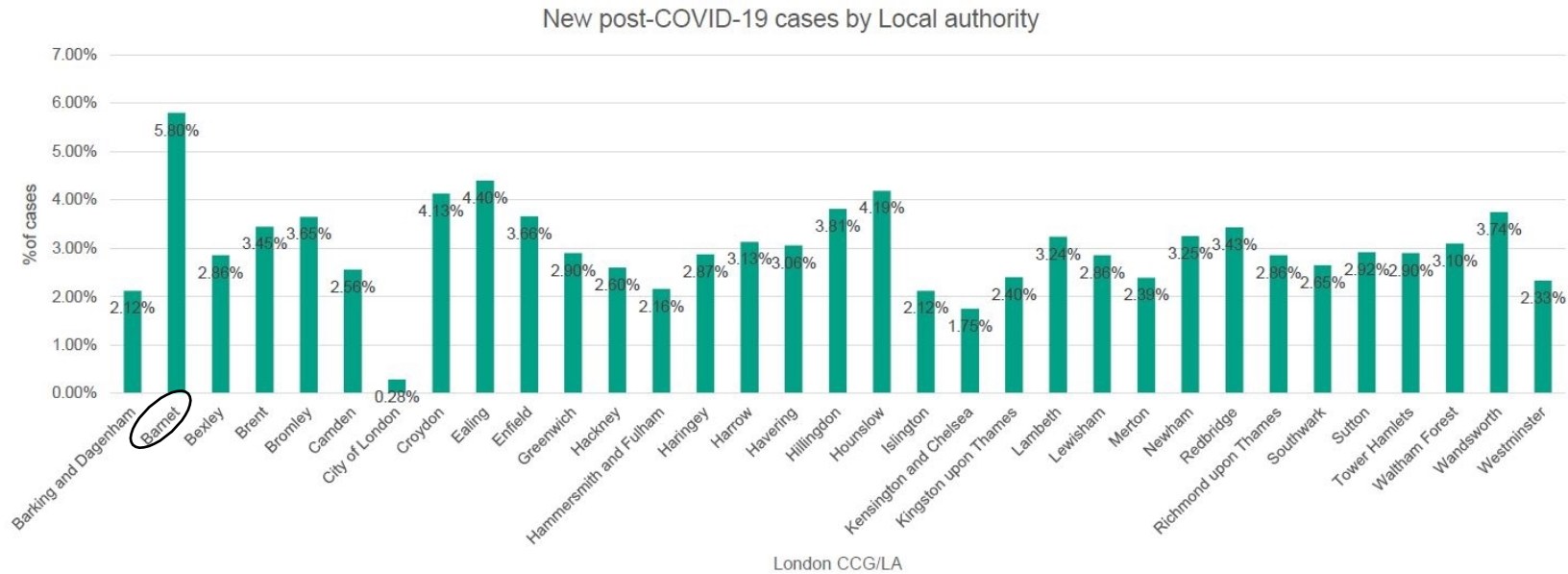
- From Nov 2021-Feb 2022 Barnet had the greatest proportion of GP-recorded post-COVID syndrome (PCS) in London (5.8%)

- In the 2021 ONS PCS projections, Barnet was expected to have the highest proportion of PCS in London (4.43%). However, Barnet's GP-recorded PCS makes up an even higher proportion of total PCS cases in London (5.8%). This is a percentage point difference of +1.37%.

- The difference as a percentage point between the ONS projection and the GP-recorded PCS share of Long COVID for the London region was greatest for Kingston Upon Thames (+1.96%) and Sutton (+1.92%), followed by Barnet (+1.37%)

- The percentage of the local authority population with PCS (ONS 2021 projection) for Barnet is 0.47%. This is similar to Kingston Upon Thames, Richmond Upon Thames, Sutton & Hounslow. The OHID Needs Assessment did not provide a GP-recorded PCS figure for percentage of the population with PCS and it did not provide a raw figure for GP-recorded PCS. Therefore, no comparison between the ONS projection and GP-recorded figure is possible at this time.

- ONS Infection survey data predicts that 7.5% of people who test positive for COVID-19 self-report symptoms of PCS (August 2021).

Please note GP-recorded rates of Long COVID are calculated as following:
Numerator: Total number of GP Registered people with recorded PCS
Denominator: Overall GP registered population

Post COVID-19 Syndrome Non-Modifiable Risk Factors

Barnet's older, less deprived population have lower rates of some of the known risk factors for PCS. The borough has a slightly higher proportion of white residents and rates of recorded PCS are known to be highest in those from a white background.

Risk Factor	Barnet	London Region
Age: *Prevalence of PCS is greatest in those aged 35-69 years*	• 50.62% of the population is between the ages of 35-69 (ONS, 2019). • Of those working age, there is a larger proportion who are 50-69 yrs compared to London.	• 57.95% of the population is between the ages of 35-69 (ONS, 2019) • Compared to Barnet, there is a larger proportion who are 35-50 yrs compared to Barnet.
Ethnicity: *There is ongoing research to understand the relationship. At present, rates of recorded PCS are highest in those from a white background.*	• 64% of Barnet's Population is white (ONS, 2019). • The proportion of the population that is white increases with age	• 60% of London's population is white (ONS, 2019). • The proportion of the population that is white increases with age
Deprivation: *PCS prevalence is predicted to be higher in more deprived areas.* **Healthcare utilisation is higher in less deprived areas which may impact recorded prevalence*	• Barnet has less income deprivation than 20 London boroughs and more income deprivation than 11 (IMD, 2019)	

ONS Mid-Year Population Estimates, 2019
(35-69 age range highlighted)

● Females ● Males   ● Females ● Males

	Barnet Females	Barnet Males		London Females	London Males
Age 90+	0.6%	0.3%	Age 90+	0.4%	0.2%
Age 85-89	0.8%	0.5%	Age 85-89	0.6%	0.4%
Age 80-84	1.1%	0.9%	Age 80-84	1.0%	0.7%
Age 75-79	1.4%	1.2%	Age 75-79	1.2%	1.0%
Age 70-74	2.0%	1.7%	Age 70-74	1.6%	1.4%
Age 65-69	2.1%	1.9%	Age 65-69	1.8%	1.7%
Age 60-64	2.4%	2.3%	Age 60-64	2.2%	2.1%
Age 55-59	2.9%	2.7%	Age 55-59	2.8%	2.7%
Age 50-54	3.4%	3.2%	Age 50-54	3.2%	3.1%
Age 45-49	3.5%	3.5%	Age 45-49	3.3%	3.4%
Age 40-44	3.7%	3.8%	Age 40-44	3.6%	3.8%
Age 35-39	4.0%	4.0%	Age 35-39	4.2%	4.5%
Age 30-34	4.0%	4.1%	Age 30-34	4.6%	4.8%
Age 25-29	3.5%	3.7%	Age 25-29	4.3%	4.3%
Age 20-24	2.7%	2.8%	Age 20-24	3.1%	3.2%
Age 15-19	2.6%	2.8%	Age 15-19	2.5%	2.7%
Age 10-14	3.2%	3.4%	Age 10-14	2.9%	3.1%
Age 5-9	3.4%	3.6%	Age 5-9	3.3%	3.4%
Age 0-4	3.3%	3.4%	Age 0-4	3.3%	3.5%

Barnet   London

(List of Risk factors taken from the OHID London Long COVID Needs Assessment, 2022)

Post COVID-19 Syndrome Risk Factors

Barnet has higher rates of some modifiable risk factors (coronary heart disease, hypertension) and similar rates of others (high BMI, diabetes, mental health need)
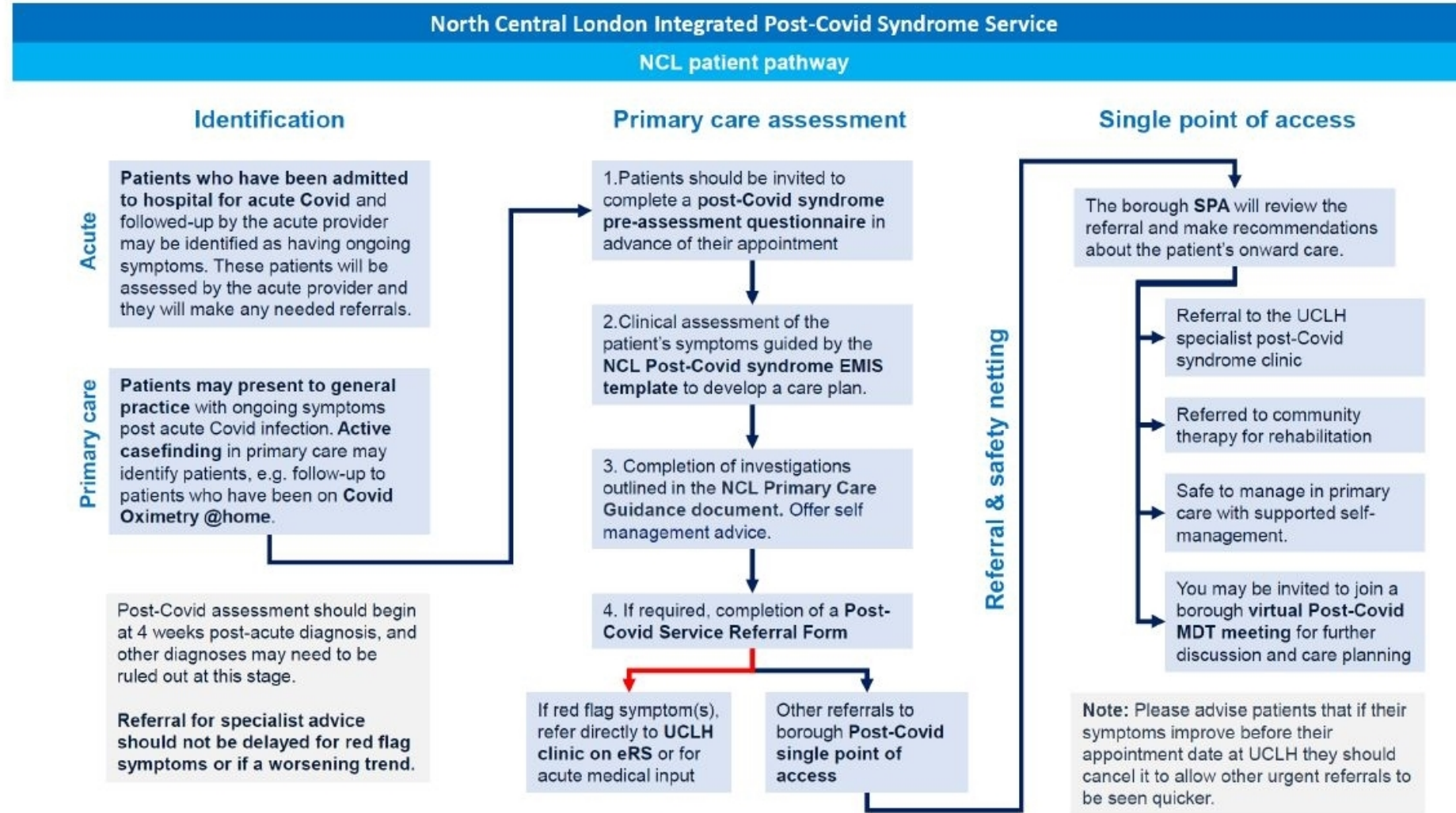Caveat: "Risk factors" may not be causal – they may indicate a shared cause

Modifiable risk factors		
Risk Factor	**Barnet**	**London Region**
Obesity: *A higher BMI has been associated with higher rates of PCS*	57.7% of residents are overweight or obese (similar to London)	55.7% of residents are overweight or obese
Pre-existing Health Conditions: *Moderate evidence to support that hypertension was the most common comorbidity. Diabetes and high cholesterol also have an increased risk of PCS.*	• 2.4% of Barnet residents have coronary heart disease (higher than London) • 6.6% have diabetes (similar to London) • 11.5% have hypertension (higher than London)	• 1.9% of residents have coronary heart disease • 6.7% of residents have diabetes • 10.8% of residents have hypertension
Mental health: *Increasing evidence to support poor mental health as being part of PCS.*	• 1.8% of Adults are in contact with secondary mental health services (similar to London)	• 2.2% of Adults are in contact with secondary mental health services

Post COVID-19 Syndrome Other Risk Factors

- Individuals who reported more than five symptoms in the first week of active COVID were significantly more likely to experience PCS (ONS).

- PCS prevalence is estimated to be higher in women than men (ONS).

- ONS analysis from the COVID-19 Infection survey found that 1st vaccine dose reduced odds of self-reported PCS by 12.8% and the 2nd vaccine does reduced odds by a further 8.8% (Sudre et al.) Barnet's vaccine uptake rates are slightly higher than London's.

- ONS Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in theUK: 5 August 2021
- Sudre, C. H., Murray, B., Varsavsky, T., Graham, M. S., Penfold, R. S., Bowyer, R. C., ... & Steves, C. J. (2021). Attributes and predictors of long COVID.Nature Medicine,27(4), 626-631.https://www.nature.com/articles/s41591-021-01292-y

What services are available in Barnet?

North Central London Integrated Post-Covid Syndrome Service
NCL patient pathway

Identification

Acute

Patients who have been admitted to hospital for acute Covid and followed-up by the acute provider may be identified as having ongoing symptoms. These patients will be assessed by the acute provider and they will make any needed referrals.

Primary care

Patients may present to general practice with ongoing symptoms post acute Covid infection. Active casefinding in primary care may identify patients, e.g. follow-up to patients who have been on Covid Oximetry @home.

Post-Covid assessment should begin at 4 weeks post-acute diagnosis, and other diagnoses may need to be ruled out at this stage.

Referral for specialist advice should not be delayed for red flag symptoms or if a worsening trend.

Primary care assessment

1. Patients should be invited to complete a post-Covid syndrome pre-assessment questionnaire in advance of their appointment

2. Clinical assessment of the patient's symptoms guided by the NCL Post-Covid syndrome EMIS template to develop a care plan.

3. Completion of investigations outlined in the NCL Primary Care Guidance document. Offer self management advice.

4. If required, completion of a Post-Covid Service Referral Form

If red flag symptom(s), refer directly to UCLH clinic on eRS or for acute medical input

Other referrals to borough Post-Covid single point of access

Referral & safety netting

Single point of access

The borough SPA will review the referral and make recommendations about the patient's onward care.

Referral to the UCLH specialist post-Covid syndrome clinic

Referred to community therapy for rehabilitation

Safe to manage in primary care with supported self-management.

You may be invited to join a borough virtual Post-Covid MDT meeting for further discussion and care planning

Note: Please advise patients that if their symptoms improve before their appointment date at UCLH they should cancel it to allow other urgent referrals to be seen quicker.

Nationally, it has been found that PCS care can be complex with significant variation between areas. The [BMC's Health Service Research](#) found that 32% of those with self-reported PCS had not been able to access all of the healthcare they thought they needed. Furthermore, many patients with PCS expressed concerns that their primary care clinician did not recognise their condition, did not know how to diagnose it and did not know how to manage it.

Feedback from Barnet's PCS Clinic Staff

Data collection & reporting:

- Clinicians raised concerns about how Long COVID was being measured (GP-recorded, those accessing services, ONS projections & NHS projections will all differ and have varying degrees of accuracy)
- Clinicians raised concerns that Barnet PCS data is missing from the NCL rapid needs assessment and service update meetings (all other NCL boroughs have data reported). Work is ongoing to understand why this might be.
- Identified need to work closely with NCL CCG when trying to understand the NCL pathway and what the main challenges are

How do nationally identified risk factors compare with those seen in the community clinic?

please note that no service data was shared. Statements below were anecdotally shared.

- Almost everyone is in the 25-50 age range – very few in that older working age group, and maybe one or two over 70
- "Not just white women" using service – range in terms of ethnicity, gender

What makes Barnet different?

- Anecdotally, clinicians felt that in NCL, Barnet has the greatest demand for PCS services
- Clinicians felt Barnet's referral pathway to the community service was significantly easier than in other boroughs – more liberal about who they'll accept, better staffing levels and shorter wait times (3-4 weeks rather than 6 months)
- The community clinic has a strong relationship with primary & acute care. For example, an acute trust staff member said it was too complex for them to refer to the PCS community clinic directly, whereas in Barnet, the PCS clinic receives referrals directly from acute care.
- Strong links with UCLH – Community clinic staff speaks highly of referral pathways into UCLH, whereas anecdotally others have experienced high barriers to being seen by UCLH