

Primary Care Resilience Webinar #8

Long COVID

Webinar #8 Summary | Thursday 7 October 2021

Session 1 – Available guidance, evidence and resources to support the management of Long COVID



Click image below to play this session in YouTube

Introduction the session on the management of long COVID

Dr Michelle Watts, Medical Advisor (Primary Care Division), Scottish Government



SIGN guideline and right decision tool

Dr Moray Nairn, Programme Manager, SIGN, Healthcare Improvement Scotland



Implementation Support note on managing long-term effects of COVID-19

Dr Nafees Admad, Clinical Leadership Fellow at the Scottish Government



Session 2 – Sharing the learning from different care specialties on the management of long COVID



Click image below to play this session in YouTube

Introduction to second session

Dr Scott Jamieson, Royal College of General Practitioners Scotland



Respiratory perspective

Dr Tom Fardon, Respiratory Consultant, NHS Tayside



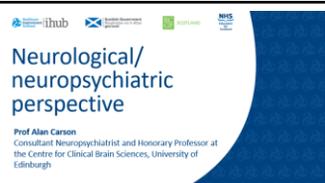
Occupational therapy perspective

Shonaid McCabe, Project Lead Occupational Therapy – Primary Care, NHS Lanarkshire



Neurological/neuropsychiatric perspective

Professor Alan Carson, Consultant Neuropsychiatrist and Honorary Professor at the Centre for Clinical Brain Sciences, University of Edinburgh



Note: due to unforeseeable circumstances Dr David Murdoch was unable to join the webinar and discuss his learning from a cardiology perspective.

Resources mentioned by speakers during the Webinar

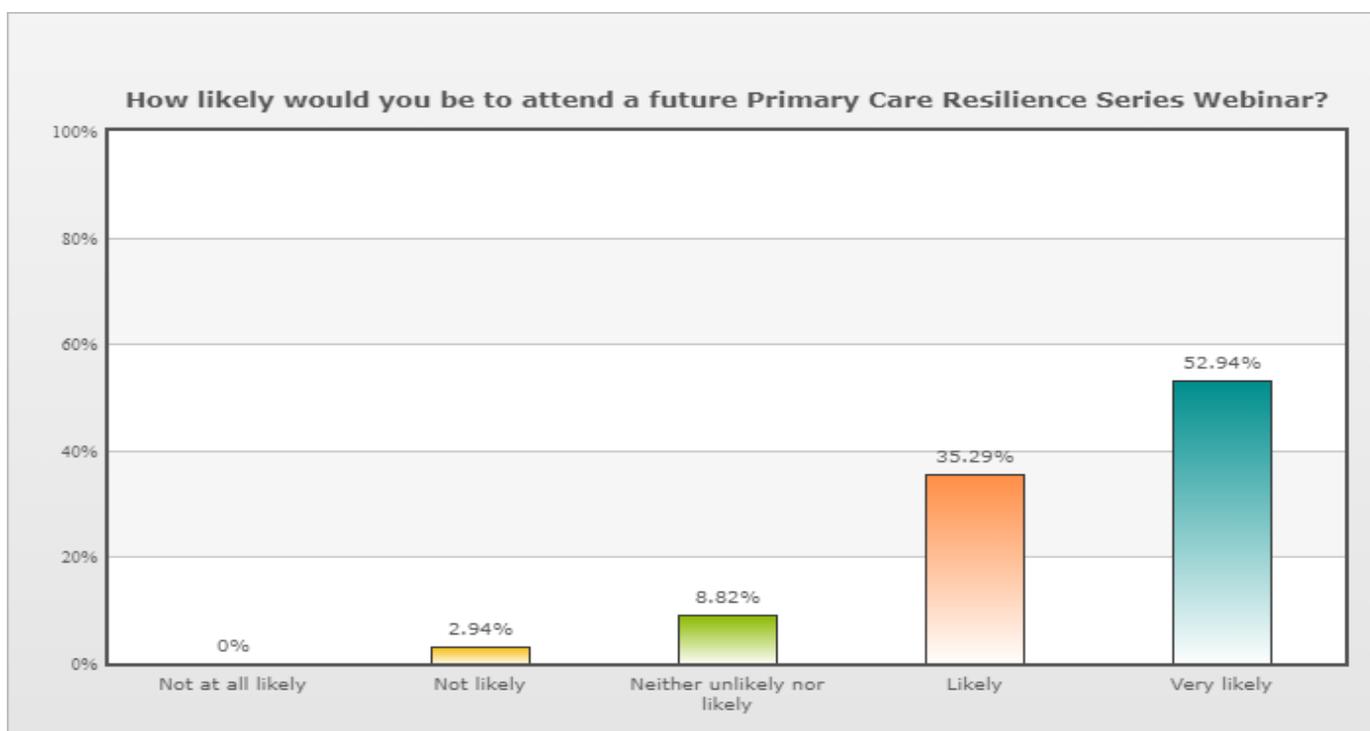
- [SIGN Managing the long-term effects of COVID-19 webpage](#)
- [SIGN 161 Guidelines - Managing the long-term effects of COVID-19](#)
- [SIGN Decision Note](#)
- [Scottish Government – Implementation support note for COVID-19](#)
- [Implementation Support Note Feedback Survey](#)
- [NHS Inform: Longer-term effects of COVID-19 \(long-COVID\)](#)
- [Chest Heart and Stroke Scotland Long-COVID support service](#)
- [Serial Prescription Toolkit](#)

A participant highly recommended going to [PoTSUK website](#) to learn more about postural tachycardia syndrome and access self help information for patients.

Evaluation Feedback

How likely would you be to attend a future Primary Care Resilience Series Webinar?

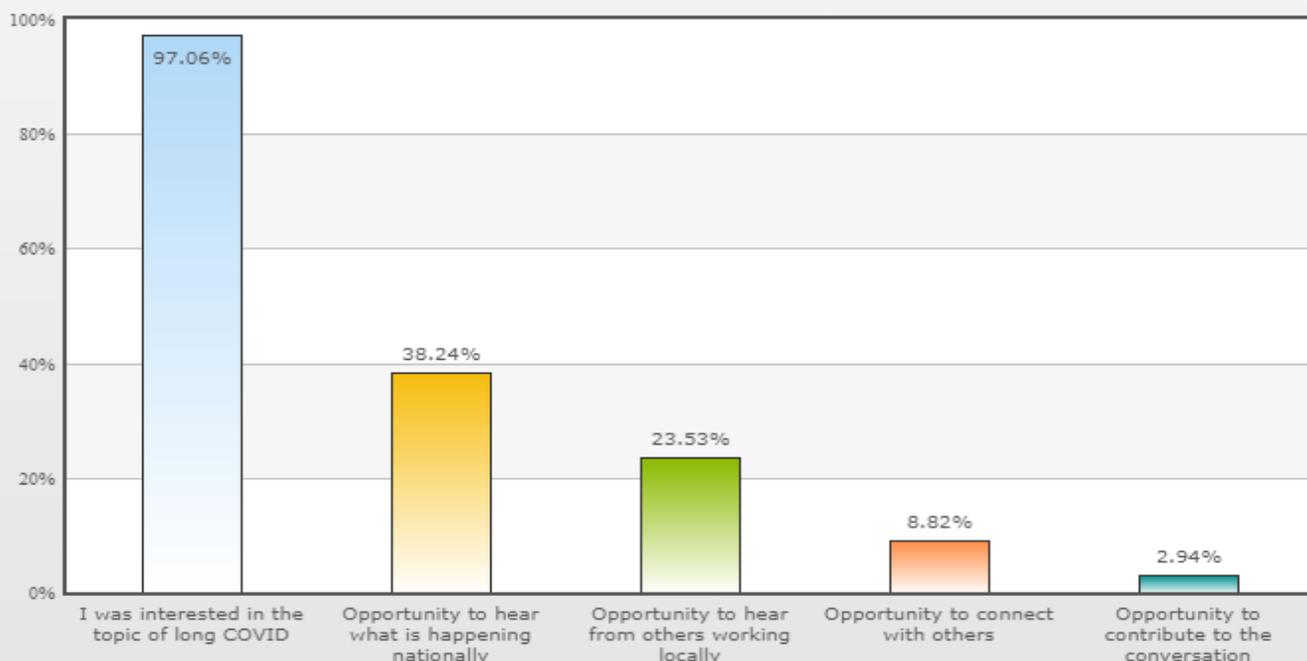
36 attendees completed the evaluation survey. Over 88% of respondents said it was very likely/likely they would attend a future Primary Care Resilience Series Webinar.



Top Reasons for attending

Respondents' reasons for attending the webinar were mainly having an interest in the topic of long COVID and hearing what is happening at a national level.

What made you attend today's Webinar? (Please select all that apply)



What will you take away from today's Webinar and apply at to your own work?

Increased understanding

Evidence and resources available

- SIGN decision support tool.
- SIGN guideline publication.
- Long-COVID guidelines.
- I've learnt about the new app.

Support from OT and others

- Quite a few things - the OT input and neuropsychiatry perspective was interesting.
- I learned of the fabulous support from OT services.
- The role of OT, the possibility of MDT rehab clinics.
- It's not all doom and gloom. Many people do get better. We all need an OT in the surgery.

What will you take away from today's Webinar and apply at to your own work? (continued)

Increased understanding (continued)

Treat conditions and exclude other serious differentials

- Ensure all patients treated individually and fully worked up to ensure all other, and potentially more serious, differentials are excluded at the earliest opportunity.
- Long COVID should be treated in its component parts.
- Don't assume that symptoms are long-COVID - exclude other things.
- Treat conditions as you would normally e.g. treat migraine worsened by COVID as migraine.
- Complex symptom mix. Listen to patient. Be aware of other possibilities. Inducible hypoxaemia as a valuable prognostic tool.
- To consider and treat symptoms of COVID and not to get hung up on the diagnosis of long-COVID and fixate on not having a treatment for this, e.g. if headache a symptoms and assessment highlights possible migraine then treat for migraine.
- Exclusion of important differentials in cases of long-COVID.
- Confusion round is it long-COVID, is there definitely long-COVID, ensure not another diagnosis, investigate.
- Not to specifically treat as 'the condition', look at bigger picture. How to assess neurological function better and exclude other causes.
- Continue to assess for other underlying conditions and do not assume long-COVID.
- Use of 60 seconds talking at beginning of consultation to see chances of cognitive disorder. Use of sit stand test. Remember treat conditions for themselves not label long-COVID as actual illness.
- How to be reassured that the patient does not have other significant underlying disease and not long COVID.
- Long-COVID is a diagnosis of exclusion. Investigate symptoms as normally would.
- Not all long-COVID is long-COVID.
- What diagnosis not to be missed.
- Really fascinating conversations. Really interested to hear what GPs are finding particularly around importance of differential diagnosis.
- Give patients realistic goals and the truth about poverty of service provision at present.
- Holistic approach to support - ensure nothing is being missed.
- Plethora of symptoms, explore other causes - don't be misled and miss other important disease entities.
- To take care not missing other pathology. Managing headache the same way I manage migraine - but now with much more confidence.

What will you take away from today's Webinar and apply at to your own work? (continued)

Increased understanding (continued)

General awareness	Greater awareness of long-COVID.
	Management of patient with long-COVID.
	Management of long-COVID.
	Certainly introduced varying ideas regarding long-COVID symptoms and for further discussion.
	Clearer now on the symptoms of long-COVID, especially autonomic dysregulation.
	Accepting of a wide plethora of symptoms that may contribute to the long lasting and impactful presentations that are 'long-COVID'.

Encouraged to explore and/or share the learning

Explore/use the evidence and resources available	Look up the SIGN guidance.
	Review of SIGN 161.
	Download APP.
	Use of guideline and apps and signposting for patients.
Explore support available	Find out what funding is available for additional resources i.e. specialist physio and OT services.
Share/apply the learning	Sharing with colleagues as part of role as well as 1:1.
	Plan to share knowledge with colleagues.
	Going to download the app first of all! Then I'm going to circulate to all my GP colleagues, then I'm going to phone my Post COVID patients and tell them about the patient-facing app!
	Will feed back to our team for all our general knowledge. Was particularly interested in the neuropsychology bit. Will look forward to reading the presentation afterwards.
	Already made one patient better by persisting with migraine algorithm - got better finally with an ACE2 - thank you!

Other comments

**Thank you/
positive**

Thanks to all, very interesting speakers.
 Very good webinar today, glad I took time to join.
 Many thanks for useful presentations. I would be grateful of a copy of today's slides.
 Really enjoyable thanks.

**Longer
session
needed**

Sessions were so helpful but would have appreciated longer - first part especially was very rushed.
 Longer time on this specific topic would have been very useful.
 It might have been useful for time at the end to address more of the questions i.e. need for dedicated long-COVID services.
 Think this topic really needed longer and perhaps better do over 2-3 webinars focusing on different aspects of long-COVID.

More clarity

Clarity of presentation not always good - one speaker spoke so quickly that I virtually didn't catch a word that was said. And during the presentation many of the materials presented were so small you couldn't read them.

**Widen the
clinical
viewpoint**

Enjoyed OT in GP practice discussion but there are so many more AHP that have a key role in managing long-COVID that felt that the opportunity to share this was lost. From a [board name] perspective where I work still don't have permanent funding for Pul Rehab.
 The speakers seemed to be rather biased that this was largely a functional disorder. Children and long-COVID weren't mentioned at all. No discussion about the possible pathophysiology of it. I think this was a potentially very damaging webinar to people with long-COVID. I could go on about this but largely very disappointed over all. This was a real opportunity to share some good info to help GPs manage their patients better but the take home message was that it was functional and swathes of long-COVID patients are going to be let down now.

**Webinar
resources**

I would like a copy of the recording please to review - missed some info and links etc.

**Easy to use
platform**

Very useful (Ms Teams Live).
 Yes it went really well, easy to use.
 Prefer to Zoom - easy to use and familiar because using daily for meetings.
 I use Teams frequently and so very comfortable with it, easy platform to use and especially when accessing webinar and no dial ins, separate audio etc.
 This was very easy to use and the quality was perfect.
 Was a bit worried wouldn't get in, and initially I couldn't (just because of local technology), but once in it was fine.

**Some sound
issues
initially**

Some sound issues but otherwise very accessible
 Some sound issues initially