

Joint Committee

on

Health

OPENING STATEMENT

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Introduction

Good morning A Chathaoirligh agus a Chairde. Thank you for the invitation to meet with the Joint Committee on Health to consider the delivery of health services for patients with Long COVID. I am joined by my colleagues:

- Ms Catherine Clark, Assistant National Director, Acute Operations,
- Dr. Ciaran Bannan, Consultant in Infectious Diseases, St. James's Hospital,
- Dr. Brian Kent, Consultant Respiratory Physician, St. James's Hospital, and
- Dr Grant Jeffrey, Director Workplace Health & Wellbeing Unit.

Today I will discuss the following:

- The development of the HSE Interim Model of Care for Long Covid,
- Progress on implementation of the Interim Model of Care for Long Covid,
- The HSE Fada Study,
- Up to date information on Long Covid and its management,

Interim Model of Care: The HSE developed an Interim Model of Care for Long Covid that was launched in Sept 2021. The Model was developed by a multi-disciplinary, multi-specialty committee with public health support. The development of the model was guided by the principles of Sláintecare, with the aim of ensuring that there would be access to clinics around the country. Funding of €2.2M was agreed for the first year of implementation, with an overall cost of €6.6M per annum. The HSE commissioned an independent review of the Model by HIQA in 2022 which confirmed that the Model is broadly in line with other models internationally.

[Progress on implementation of the interim Long Covid Model of Care](#)

The Model recommended the establishment of supports and services for those suffering from Long Covid, with a clear pathway for assessment and management. Subsequent to its launch, work immediately began on the implementation of recommendations from the Model. The Model recommended the establishment of eight Post-Acute Covid clinics and six Long Covid clinics across the country representing each hospital group, with appropriate staffing supports. Six Long Covid clinics are operational and receiving patients, with each clinic supported by an interdisciplinary team with expertise in the management of Long COVID.

Two hospital groups have combined their post-acute and Long Covid clinics. As of the 23rd of February 2024, 53.6 WTE of 65.9 WTE approved posts for the Long Covid, Post-Acute and Neurology clinics have been recruited. Capacity to receive patients is based on staffing at each clinic. Long COVID clinics are established in Beaumont University Hospital, St James's University Hospital, St Vincent's University Hospital, Cork University Hospital, University Hospital Limerick and Galway University Hospital.

[Post-acute clinics](#)

Patients can be referred between Post-Acute and Long Covid clinics, depending on their symptoms. In some patients that are referred, the symptoms with which they present are not attributed to Long Covid, and the patient may be experiencing worsening of an illness, eg. asthma, or present with a new diagnosis. There are six Post-Acute clinics nationally, these are in Cork University Hospital, Galway University Hospital, St. James's Hospital, Mater Hospital, University of Limerick and Tallaght University Hospital. It is worth noting that for many the referrals to the Post-Acute Covid Clinics, symptoms originally attributed to Covid are, in fact, explained by other specific Respiratory diagnoses. The most common diagnoses are Asthma and Obstructive Sleep Apnoea.

[Neurology clinics](#)

There is currently a neurology clinic at St James' Hospital that receives referrals for patients with neurological symptoms that may be attributed to Long Covid. This clinic accepts referrals from Long Covid clinics around the country.

The vast majority have been internal referrals, followed by SVUH, Cork and Limerick. Tallaght & Beacon also send referrals, along with occasional referrals from neurology colleagues. The cognitive issues that present are largely attentional deficits resulting from chronic fatigue, and these can be very difficult to manage as there is no known treatment available. A neuropsychologist has been in post since January 2024 and quality improvement work to optimize management for patients is ongoing. Approximately 17% of patients have a diagnosis of functional neurological disorder (FND) or functional symptoms.

[Up to Date Information on Long Covid & its management](#)

Long Covid refers to the continuation or development of new symptoms 3 months after the initial infection with Covid-19 that cannot be explained by alternative diagnoses.

Symptoms may change over time and affect any system in the body, but common symptoms include coughing, neuropsychological symptoms, shortness of breath and fatigue. Exact numbers of those living with Long Covid vary, ranging from 1.8% to 8.3% in studies with a diagnosis of, or referral for Long Covid, and from 15% to 53% based on self-reported data.¹ Approximately 200 symptoms have now been described as part of Long Covid, although the most common lingering symptoms are fatigue, shortness of breath, difficulties with memory and thinking and joint and muscle pain. People can also suffer from palpitations and dizziness and psychological symptoms such as depression and anxiety.

There is limited evidence on how to treat Long Covid, with current management based on symptoms experienced. Information on this is provided on the HSE website.² The systematic review conducted by HIQA in 2023 of interventions to improve Long Covid concluded that *'in the absence of strong evidence to support the effectiveness of interventions for Long COVID, a holistic approach should be used to support those living with Long COVID'*.¹ There is also no evidence-based medication licensed to treat Long Covid, with prescribing of medications based on existing guidelines for specific symptoms. However, ongoing research in this area may provide evidence-based options in the future.

Supports for HCWs with Long Covid

The Temporary Special Scheme of Paid Leave for Healthcare Workers affected by Covid-19 set out in [HR Circular 022/2022](#) for certain eligible employees ceased on 31 March 2024, has been temporarily reinstated by the Department of Health for a further three months to conclude on 30 June 2024 for those individuals previously availing of the Special Scheme.

The public health service trade unions have referred the termination of the Scheme to the WRC and conciliation conferences will take place on 17th April 2024. The HSE continue to provide supports to staff who have Long Covid through our Occupational Health Services, Employee Assistance Programme and working with colleagues in specialist services.

¹ HIQA Review, at [Interventions to improve Long COVID symptoms: A systematic review \(hiqa.ie\)](#)

² HSE Long Covid [Living with long COVID - HSE.ie](#)

Fada survey

The FADA survey (Follow-up After Disease Acquisition) is a HSE-funded epidemiological study which aims to provide insight and understanding into the prevalence of Long Covid in Ireland and its impact on those affected. The study is led by HSE Public Health and supported by a team that includes infectious diseases clinicians, academics, health and social care professionals and patient representatives. The aim of FADA is to estimate the prevalence of self-reported Long COVID in Ireland, describe its risk factors, describe type of symptoms including their severity and impact on those affected, and measure health care utilisation and quality of life.

In total, 49,642 people were invited to participate in the FADA Survey and 4,671 (9.4%) valid responses were received. It is much appreciated that a large number of people that previously had COVID-19 responded to the survey, however, a response rate of less than 10% is a limitation in terms of drawing inferences about the occurrence of Long COVID in the population in Ireland. Most international studies of the occurrence of Long COVID have encountered similar challenges with validity. To address this, the FADA Survey team secured reconfiguration of the Healthy Ireland 2024 Survey to include a focused subset of questions from the FADA Survey to improve the validity of the estimate of the occurrence of Long COVID.

The published report will quantify and characterise behavioural and lifestyle factors, the nature and impact of symptoms, healthcare utilisation and quality of life. A proportion of those who reported persistent symptoms with regard to fatigue, cognitive problems, pain, mental health, neurological, respiratory and cardiovascular issues will also be explored in the report.

In summary, Long Covid is a new clinical entity, characterised by a wide variety of symptoms, for which there is, as yet, no evidence-based treatment. It is the subject of ongoing research in Ireland and internationally and the HSE responded to the need by establishing clinics nationally to support this newly emerging condition.

This concludes my Opening Statement.

Go raibh mile maith agaibh.