

## Report on future of BSW long COVID service

**Note: This is a report that was shared with local authority overview and scrutiny committees at meetings held in March 2026.**

### Report summary

#### 1 Purpose

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) is reviewing the future of its long Covid service in response to significantly declining demand and increasing financial pressures. This paper sets out the context, options considered, preferred approach, and proposed engagement with local communities and scrutiny committees. It seeks the views of the committee on the scale of the proposed change and the approach to engagement.

The committee is asked to consider and comment on:

1. Whether the proposed changes constitute a substantial variation to services.
2. Whether the proposed engagement approach is proportionate.

#### 2 Discussion

##### Background

Long Covid (post-COVID syndrome) affects a minority of people following COVID-19 infection, with symptoms such as fatigue, breathlessness and cognitive difficulties. While the national prevalence remains uncertain, referrals to the BSW long COVID service have reduced markedly since 2022.

The service, originally established in 2020 and currently delivered by HCRG Care Group, provides assessment, rehabilitation, specialist group programmes and the virtual seven-week Healthy Futures Programme.

##### Case for change

Referral numbers have fallen to an average of only 20 per month (as of April 2025), and uptake of group programmes is consistently low.

Given the low demand, the current standalone service is no longer considered good value for money.

##### Options appraisal

The ICB undertook an options appraisal considering clinical quality, value for money, equality impact, patient experience and deliverability. Four options were considered:

- Option A: Retain the standalone long COVID service.
- Option B: Cease the standalone service; integrate all care into existing pathways.
- Option C: As Option B but retain Healthy Futures and group support sessions.

- Option D: Expand scope to wider chronic conditions.

### **Preferred option**

Option C is identified as the preferred option because it:

- Delivers better value for money by consolidating clinical assessment and treatment pathways.
- Retains the Healthy Futures Programme and group sessions, which are valued by patients and provide ongoing support.
- Minimises impact on patient experience while enabling a structured service transition.

The ICB proposes implementing this option initially for 12 months, with a formal review at six months to assess demand, experience and outcomes before making a final decision.

### **Engagement approach**

The ICB plans a targeted four-week engagement period focusing on people with long COVID and those who have used the service. The approach includes:

- Surveys, direct outreach and engagement with patient support groups.
- Communication through ICB channels, system partners and Healthwatch.
- Ongoing monitoring of feedback from correspondence and social media.

Scrutiny committees across BSW will be briefed and their views sought before the engagement begins.

### **Next steps**

- Complete scrutiny committee briefings by end of March 2026.
- Launch engagement in April 2026.
- Analyse feedback and confirm long-term model.
- Implement any changes by Q2 2026/27.

## **3 Conclusion**

Demand for long COVID services in BSW has fallen significantly, and the standalone service no longer represents good value for money. The preferred option maintains key support elements while integrating clinical care into existing pathways. The ICB considers the proposed changes a limited variation in service and proposes a proportionate, targeted engagement process to inform final decision-making.

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## 1 Purpose of the report

This report sets out a proposal being considered by Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) for the future of the long COVID service. It describes the context, background and rationale for this proposal, as well as details of planned engagement with local people.

## 2 Recommendation/proposal

The committee is asked to consider and comment on the proposal for the future of the long COVID services and on the approach to engagement.

## 3 Background

### 3.1 About long COVID / Post-COVID syndrome

Long COVID, sometimes called post-COVID syndrome, can affect people of all ages. Many people will experience COVID symptoms lasting up to 12 weeks, these usually resolve within this time, and it is common to experience an episodic or relapse/remission pattern.

The National Institute for Health and Care Excellence (NICE) gives the following clinical definitions:

- **ongoing symptomatic COVID-19:** signs and symptoms of COVID-19 from four to 12 weeks
- **post COVID-19 syndrome:** signs and symptoms that develop during or after COVID-19 and continue for more than 12 weeks and are not explained by an alternative diagnosis.

The most common symptoms of long COVID include extreme tiredness (fatigue), shortness of breath, difficulties with concentration and memory, joint pain and aching muscles.

The numbers of people living with of long COVID is uncertain. March 2023 figures from the Office of National Statistics<sup>1</sup> estimated that 1.9 million people living in private households in the UK (2.9% of the population) were experiencing self-reported long COVID (symptoms continuing for more than four weeks after the first confirmed or suspected coronavirus (COVID-19) infection that were not explained by something else).

The University of Southampton published a paper in March 2025<sup>2</sup> that analysed GP Patient Survey responses from 759,149 patients aged 16 years+ in England, which showed that 4.8% of respondents reported having long COVID, and 9.1% were unsure if they may have it.

There's currently no cure for long COVID and the condition is still being researched.

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<sup>1</sup> Office for National Statistics (ONS), released 30 March 2023, ONS website, statistical bulletin, [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK: 30 March 2023](#)

<sup>2</sup> Woodrow, M., Ziauddeen, N., Smith, D. and Alwan, N.A. (2025), Exploring Long Covid Prevalence and Patient Uncertainty by Sociodemographic Characteristics Using GP Patient Survey Data. Health Expectations, 28: e70202. <https://doi.org/10.1111/hex.70202>

## 3.2 Long COVID service in BSW

Since May 2020 a long COVID service has been provided across Bath and North East Somerset, Swindon and Wiltshire (BSW). The service was originally commissioned from Wiltshire Health and Care and transferred to HCRG Care Group in April 2025.

The long COVID service provides assessment, signposting and short-term rehabilitation for adult patients who are experiencing new and long-lasting symptoms of COVID infection, suspected COVID infection or following a virus, which are significantly impacting how they are able to function in day-to-day life (under 18s are referred to paediatric services). Referrals to the service are made by GPs or secondary care clinicians.

Following referral, patients are assessed by an allied health professional (typically an occupational therapist or physiotherapist). A full multi-disciplinary assessment can be completed by the long COVID team if required. Individual treatment plans are developed with patients, based on a comprehensive assessment of needs, and may include occupational therapy, speech and language therapy, physiotherapy, multi-disciplinary team discussion, signposting to self-help resources.

As symptoms often align with conditions managed by existing services, patients are often referred to appropriate secondary care services, for example respiratory services, for support with specific symptoms.

In addition, patients are offered a seven-week 'Healthy Futures Programme'. This virtual programme, currently delivered by a clinician in the long COVID team, offers weekly MS Teams session, and covers strategies for managing long COVID symptoms, including fatigue, brain fog, anxiety, physical activity, breathlessness, managing setbacks, diet, and sleep. Anecdotally, we know that the group dynamics usually help patients feel validated, and less alone with their symptoms.

The Long Covid team also facilitate separate group sessions on wellbeing (3 sessions per month), breathlessness (2 sessions) and physical activity (2 sessions) which are available to everyone referred to the service that don't sign up to the Healthy Futures Programme.

## 3.3 Service demand

From the launch in May 2020 to August 2022, the service received 2,111 referrals (an average of 78 referrals per month).

During 2022/2023, the service received a total of 810 referrals, averaging a referral rate of 67.5 per month, however actual referrals reduced from a peak at 93 referrals in November 2022, down to 33 referrals in August 2023.

The referrals into the service have continued to decline and since HCRG took over the service in April 2025, the referrals received averaged 20 per month.

In November 2023, around 36% of people referred to Healthy Futures accessed the programme, and this has remained consistent since, with around 7 - 10 people in a group.

Current uptake of the group sessions are less than the Healthy Futures Programmes, and demand is between 3 to 8 people on each course, with the breathlessness course running monthly, and the exercise and wellbeing group every other month.

Based on the current level of demand, a standalone service does not offer good value for money. As a result the ICB has decided to review options for the future of the service.

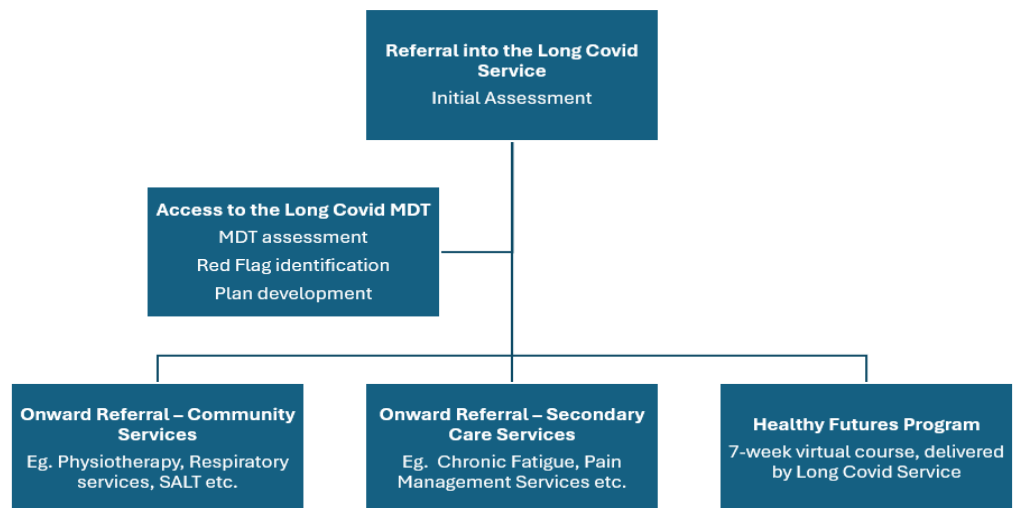
## 4 Potential options for future long COVID services

BSW ICB has considered four options for the future of the long COVID service. These were:

- **Option A:** Continue a standalone long COVID service (status quo)
- **Option B:** Cease a standalone long COVID service and meet patient needs through existing community services, via a single point of access for referrals
- **Option C:** As for Option B, but also continue to offer long COVID patients access to the Healthy Futures Programme and group support sessions
- **Option D:** Continue the long Covid Service but expand the scope of the service to include other chronic conditions.

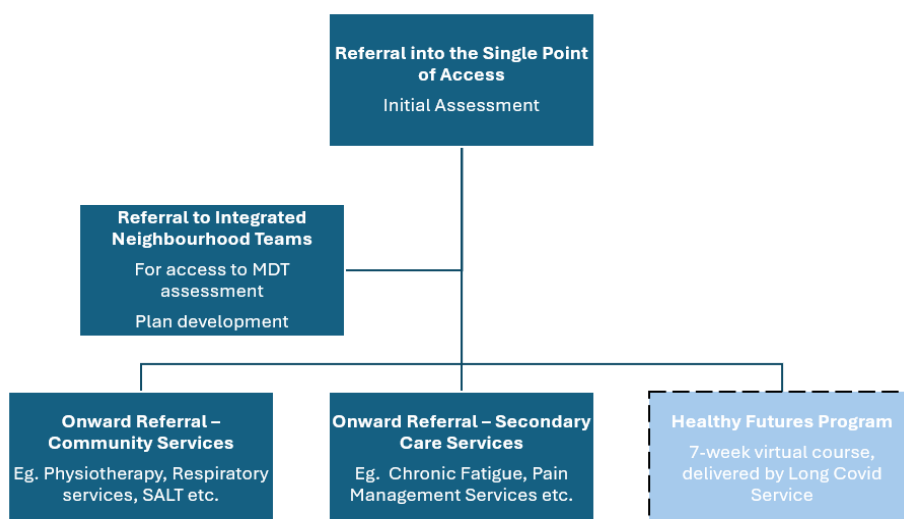
The patient pathway diagrams below provide further detail on each of the four options considered.

### Option A: No change to current service



- Patient Initiated Follow-Up available
- Single referral point for patients and referring clinician
- All onward referrals managed by the long covid team

## Options B and C: Cessation of current service (with option to continue Healthy Futures Programme)



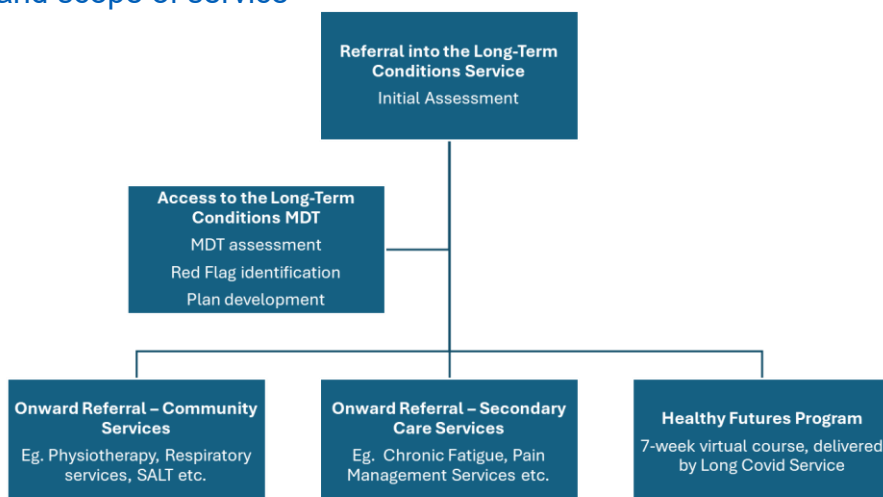
### Remaining the same

- Patient Initiated Follow-Up available
- Single referral point for patients and referring clinician
- All onward referrals managed by the SPA team

### Changes to pathway

- Access to general MDT rather than specialist
- Healthy Futures programme no longer available
- Option to continue Healthy Futures programme

## Option D: Expand scope of service



- Patient Initiated Follow-Up available
- Single referral point for patients and referring clinician
- All onward referrals managed by the long covid team

## 4.1 Options appraisal including quality and equalities impact assessment

In order to identify a preferred way forward, the ICB has carried out an options appraisal, including a quality and equalities impact assessment. A summary is set out in the table on the following page.

Option	Option A: Continue standalone long COVID service	Option B: Cease standalone service; integrate all care into existing pathways	Option C: Cease standalone service; continue Healthy Futures & group sessions	Option D: Standalone service expanded to other chronic conditions
<b>Benefits</b>	Strongest specialist expertise and clinical quality; clearly defined service for referrers.	Most efficient; reduces duplication; supports sustainable workforce deployment	Preserves valued self management and peer support programmes; supports smoother transition.	Addresses unmet need; holistic MDT rehab; potential system-wide impact.
<b>Alignment with national guidance</b>	Strongest alignment with NHSE/NICE specialist model.	Broadly aligned with integration expectations but loses specialist component.	Strong alignment - integrated model plus structured rehab programmes.	Broadly aligned with wider NHS chronic condition strategy, but beyond Long COVID guidance.
<b>Risks</b>	Underutilisation; higher cost; sustainability and recruitment challenges.	Loss of specialist expertise; loss of group programmes; reputational risks.	Requires retaining skilled staff; small but ongoing funding needed; may be viewed as partial reduction.	Uncertain caseload; risk of diluting specialist focus; increased governance complexity.
<b>Financial consideration and value for money (VFM)</b>	Requires ongoing recurrent funding. Low VFM relative to demand	Lowest cost; only Q1 26/27 funding needed while decision making takes place; no recurrent cost. High VFM.	Low cost. Moderate to high VFM.	Higher cost; requires business case. Moderate to low VFM.
<b>Equality/ quality Impact</b>	Strongest outcomes; lowest risk of unmet need.	Risk of reduced support; mitigated by SPA training and clear communication.	Mitigates isolation and loss of structured support; supports fluctuating conditions.	Likely positive wider impact; improves equity; requires robust governance.
<b>Patient experience impact</b>	Offers strongest specialist experience.	Largest reduction in structured and specialist support.	Retains support groups/ programmes, minimising impact.	Potentially strong but dependent on successful expansion.
<b>Deliverability</b>	Deliverable with redesign and investment; may not be efficient due to low demand.	Highly deliverable; requires transition planning and SPA training.	Moderately deliverable; virtual programmes easy to sustain.	Most complex; dependent on modelling, workforce and mobilisation time.
<b>Overall evaluation</b>	Clinically strong option with highest service quality, but financially least favourable relative to demand.	A financially sustainable option with manageable clinical risk, though patient experience impacts will require close monitoring.	A balanced option offering good value for money while maintaining key elements of support that positively impact outcomes and patient experience. <b>Preferred option.</b>	High benefit, high complexity option with wider system impact but significant financial implications and operational risk.

## 4.2 Preferred option

Based on the evaluation of the options above, the preferred option is Option C. This is a balanced option that offers good value for money while maintaining key elements of support that positively impact outcomes and patient experience.

The ICB's preferred approach is that this option is initially implemented for 12 months, with a view to evaluating ongoing demand, patient experience and uptake after 9 months, before making a final decision about the long-term future of the service.

## 5 Approach to engagement

The ICB is proposing to undertake a targeted four week engagement on the proposed change to the long COVID service. The focus will be on seeking the views of people with long COVID and those who have used the long COVID service. We will use surveys, direct outreach and engagement with groups representing those with long COVID. We will also publicise the engagement more widely and seek views from the wider BSW population in recognition that long COVID can affect anyone who contracts the virus, and there may be people living with the condition who have not sought treatment.

The ICB is aware that national and local messaging around vaccination uptake for COVID continue to be a priority for national and local services and there is an important public message that while the pandemic has ended, COVID hasn't gone away. Awareness of the symptoms and impact of long COVID is relatively high across the wider public and within health care staff groups. Our engagement approach is sensitive to these issues and will focus on hearing from those affected by long COVID.

Our proposed engagement approach will be proportionate, targeted and robust and will include:

- Briefing local authority scrutiny committees through written and verbal updates, setting out the rationale for the proposed changes and the approach to engagement, and seeking their views to inform engagement and decision-making.
- Developing a core narrative, key and consistent messages, supported by FAQs and website content to explain the proposed changes to patients, stakeholders and the public.
- A targeted four week engagement period, focused on long COVID patients (but open to everyone who would like to respond), making use of surveys, direct outreach to relevant patient and stakeholder groups, and information-sharing to promote opportunities to respond via the ICB's existing communications channels and via system partner and stakeholder channels i.e. Healthwatch.
- Identifying local long COVID support groups or patient groups working in this area and approaching them about supporting this engagement work. These groups would include Swindon-based Foggys Invisible Illness Support, Long Covid South West Facebook group, Salisbury based Live & Breath support group for people with respiratory conditions, including long covid and the national Long Covid Support organisation.
- Informing wider stakeholders including MPs, system partners, Healthwatch etc about the engagement.
- Learning from other systems approaches to long COVID service provision and engagement, for example NHS Mid and South Essex ICB, NHS Lancashire and South Cumbria ICB and NHS Cheshire and Merseyside ICB

- Reviewing stakeholder and PALS correspondence for references to long COVID services and review related social media discussions.

## 5.1 Example engagement timeline

The table below shows an example of our anticipated engagement approach over the four week engagement period.

Timeline	Activity
Week 1	Launch engagement process: <ul style="list-style-type: none"> <li>• Publish online survey</li> <li>• Promote through ICB and system partner channels where appropriate</li> <li>• Issue media release</li> </ul>
Ongoing throughout engagement period	Promotion through existing and one-off channels of survey and other opportunities to engage  Reviewing correspondence, social media and other channels for mentions of long COVID service experiences, feedback and themes.
Weeks 1 to 2	Targeted engagement with patient and stakeholder groups
Week 2	Mid-point review, adjusting approach as needed to address any gaps in engagement/responses
Week 4	Close survey
Week 5-6	Analyse responses
Week 7	Create a report and update programme/board
Week 8+	Update scrutiny committees on outcome of engagement and proposed next steps
Following scrutiny committee meetings	Publicise changes to patients, public and stakeholders

## 6 Next steps

The ICB is currently briefing the three health scrutiny committees across BSW on these proposals. Once we have met with all three committees to seek their views, we will finalise the proposed options and our approach to engagement.

Our intention is to begin the four week engagement later in April 2026. Once the engagement is completed we propose to update each of the scrutiny committees on the outcome of the engagement and which option (or new option) we intend to implement.

Our expectation is to introduce the new long COVID service by the second quarter of the 2026/27 financial year.

## 7 Conclusion

Long COVID services in BSW no longer represent a good use of limited resource or value for money. The demand for long COVID care has fallen significantly over the past few years and now just over 200 patients a year across BSW are referred for support.

The preferred way forward for long COVID services in BSW set out in this paper is a balanced solution that offers improved value for money while maintaining key elements of support for patients.

Given the relatively small scale of change being proposed, the ICB believes that the preferred option does not constitute a substantial variation to services, and that the proposed approach to engagement is proportionate considering the limited change to services and number of patients impacted.

The committee is asked to consider and comment on:

1. The proposed changes to long COVID services and whether, given the scale of proposed change, this constitutes a substantial variation to services.
2. The ICB's proposed approach to engagement with local communities including whether the length of engagement and proposed activities are proportionate.

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