RCP Submission: Health Foundation COVID-19 impact inquiry

**Question 2: How did people’s individual, social and economic circumstances affect their experience of COVID-19?**

There is much we don’t yet know about the impact of COVID-19. The pandemic is far from over, and we are still learning about its impacts. However, [as Sir Michael Marmot has said](https://twitter.com/MichaelMarmot/status/1271501880280186880), it seems quite clear that COVID-19 has followed and exacerbated already existing health inequality.

In our response we would like to share evidence on how access to post-COVID-19 care appears to be affected by socioeconomic background and ethnicity, and outline emerging data on non-COVD-19 patients presenting with more severe illnesses and long COVID.

**Data on long COVID and worsening non-COVID conditions**

The following information from [our most recent membership survey](https://www.rcplondon.ac.uk/news/covid-19-and-workforce-facing-second-wave) carried out in late October gives some indication of some of the direct and indirect health impacts of COVID-19:

A third (30%) of respondents said that non-COVID patients are coming to them with more severe illnesses than prior to the pandemic. This is likely due to the impact of the suspension of non-essential care during the pandemic. People may also be more cautious and not seek medical help until their symptoms are severe.

Tackling these backlogs must be a priority. Greater investment in the workforce will likely be needed to achieve this given the well-evidenced and long-term shortages among the health and care workforce.

Many clinicians are seeing long COVID as an emerging problem. A quarter of them (25%) have treated patients with symptoms of long COVID in the two weeks prior to the survey. Fatigue was the most common symptom cited.

**Access to post-COVID-19 care**

There is evidence that people from BAME backgrounds and those from lower socio-economic groupings according to the Index of Multiple Deprivation (IMD) may be find it harder to access care for post-COVID illnesses through their GP.

This data comes from an analysis by Dr Toby Hillman, RCP sustainability fellow, and Dr Melissa Heightman at UCL Hospitals NHS Foundation trust. They analysed the first 519 patients seen by their post-COVID clinic.

They found that of those patients recalled to clinic after attending the emergency department or a hospital ward stay, 45% were from a BAME background, 45% were from white backgrounds, and 11% did not have an ethnicity recorded.

Among those referred to the service by their GPs, just 21% were from BAME backgrounds, 57% were from white backgrounds and 22% did not have their ethnicity recorded.

Of patients seen in the clinic in the most deprived social group, only 17% were referred by their GP. Among the least deprived social groups (IMD 9), 55% of referrals were from their GP.

These disparities could be because post-COVID syndromes are prevalent in patients of BAME ethnicity and from the most deprived socio-economic backgrounds (where there is of course likely to be an overlap), there may be cultural barriers to seeking help, or the disparity may reflect structural inequalities in access to healthcare. Given the well documented elevated prevalence of acute COVID-19 in BAME and deprived communities, these disparities are particularly striking.

More research into this is needed to understand the true nature of any barriers to access to care, and the effect they have on the way post-COVID patients experience their care.

For information on this research, please contact Dr Toby Hillman via [toby.hillman@nhs.net](mailto:toby.hillman@nhs.net) and [policy@rcplondon.ac.uk](mailto:policy@rcplondon.ac.uk)